

British Pregnancy Advisory Service

BPAS - Doncaster

Inspection report

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

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

Our rating of this location improved. We rated it as requires improvement because:

- The service had suitable premises and equipment. There were enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept detailed records of patients' care and treatment and followed BPAS processes when prescribing, administering, recording and storing medicines. Staff completed and updated risk assessments for patients undergoing surgical and late medical terminations of pregnancy. The service reported and managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff assessed and monitored patients regularly to see if they were in pain. Staff followed appropriate consent processes. Staff supported patients to make informed decisions about their care and treatment. Staff promoted sexual health in line with national guidance. There was an emergency transfer agreement with the nearest acute hospital.
- Staff cared for patients with compassion and provided emotional support to patients. Staff involved patients' decisions about their care and treatment.
- The service managed and investigated concerns and complaints appropriately. The service coordinated care with other services and providers.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. Managers promoted a positive culture that supported and valued staff. There was inclusive and effective leadership at all levels. Leaders demonstrated the experience, capacity and capability needed to deliver sustainable care.
- Staff throughout the service were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities, were proud of the organisation as a place to work and spoke highly of the culture. Staff were actively encouraged to speak up and raise concerns.

However, we found the following areas where the service could improve:

- Staff could not articulate how to assess risk of deterioration in children and there were no supplies of emergency equipment suitable for intubation of children.
- There was no thermometer to monitor the temperature of the nurses' office where the to take out (TTO) medicine cupboard was located. This could impact on the stability of the medicines stored within this area.
- People could not access the service when they needed it to receive the right care promptly. Although waiting times had improved, these were not in line with national standards.
- Although leaders had begun to operate effective governance processes throughout the service and used systems to manage performance effectively, these were new processes and had not had time to become embedded in practice or show consistent improvements.

Summary of findings

Our judgements about each of the main services

Service

Termination of pregnancy

Requires Improvement

Rating



Summary of each main service

We rated this service as requires improvement because it was effective and caring although safe, responsive, and leadership requires improvement. See summary for more information.

In the reporting period 1 September 2021 to 31 March 2022., the centre carried out 638 surgical terminations of pregnancy (SToP) under local anaesthetic/conscious sedation and under general anaesthetic, 7294 early medical abortions including oral medicines by collection and by post, and no late medical terminations of pregnancy. The service also carried out 196 vasectomy consultations and 172 non scalpel vasectomies. The centre held a current Department of Health licence to practice under the Abortion Act and displayed copies of the licence at each of its registered locations

Two surgeons were directly employed by BPAS. Track record on safety:

- No never events and one serious incident requiring investigation reported from September 2021 to March 2022.
- Four patients were transferred out to another hospital from September 2021 to March 2022.
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA)
- Two complaints were received within the reporting period from September 2021 to March 2022.

Summary of findings

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Summary of this inspection

Background to BPAS - Doncaster

The British Pregnancy Advisory Service was established as a registered charity in 1968 to provide a safe, legal abortion service following the 1967 Abortion Act. BPAS Doncaster opened in 1982 and provided a satellite site in York.

BPAS Doncaster provides medical and surgical termination of pregnancy services, feticide treatment, screening for sexually transmitted diseases, contraception advice, counselling, contraception, and vasectomy procedures. Facilities included three screening rooms, seven consultation rooms, and a treatment room. Following the last inspection, the service had suspended late medical terminations of pregnancy and closed eight inpatient beds for overnight stays for patients undergoing these treatments.

The BPAS Doncaster clinic carries out; early medical and surgical abortion under local anaesthetic, with or without conscious sedation, and under general anaesthetic.

The location is registered to provide the following regulated activities:

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

The location has a manager registered with CQC.

BPAS Doncaster was last inspected 4 August 2021 following information highlighted at routine engagement on 15 June 2021. Following the last inspection, CQC took enforcement action which included the use of our urgent enforcement powers, conditions were placed on the location's registration in relation to safe care and treatment, consent and safeguarding. This inspection found significant improvements to policy and practice in these areas.

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.

How we carried out this inspection

This was an unannounced comprehensive inspection, carried out on 20 April 2022 to ensure improvements had been made following the urgent implementation of conditions and following the provider's action plan.

Summary of this inspection

During the inspection visit, the inspection team:

- visited all areas of the clinic including, waiting areas, recovery areas and treatment rooms.
- looked at the quality of medicines and emergency equipment and observed how staff were caring for patients
- spoke with 11 staff including medical staff, nurses and midwives, a senior pharmacist, clinical support staff, administrators and managers.
- spoke with four patients
- reviewed seven patient care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service
- observed care and treatment in theatre and the recovery room

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

Outstanding practice

We found the following outstanding practice:

- BPAS Doncaster had improved the way it cared for people who experienced difficult circumstances and gave examples of meeting individual needs.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

- The service must ensure that governance systems and processes, including operational audits and performance continue to improve and are reflected in practice and processes. (Regulation 17 (1) (2) (a))
- The service must implement an effective system for assessing, managing, and responding to risk of deterioration in children and store appropriate equipment to treat children in emergency situations. (Regulation 12 (1) (2) (a) (b))
- The service must ensure medicines are stored safely. (Regulation 12 (1) (2) (a))

Action the service **SHOULD** take to improve:

- The service should continue to monitor and improve referral to treatment times in line with national guidelines.






Our findings

Overview of ratings

Our ratings for this location are:

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

Termination of pregnancy

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

Are Termination of pregnancy safe?

Requires Improvement 

Our rating of safe improved. We rated it as requires improvement.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The registered manager maintained a computer spreadsheet of mandatory training completed by all staff, along with copies of training certificates in staff files. The service provided information that showed 93% of staff had completed mandatory training. This included 100% of non-clinical staff and was in line with the organisation's compliance target of 90%. Courses included; infection prevention and control, health and safety, and immediate life support.

The mandatory training was comprehensive and met the needs of patients and staff. The service delivered training face to face and on-line to suit the needs of staff. During Covid-19, staff completed online theory courses followed by teleconference sessions but some of these had returned to face to face training again. Medical staff completed mandatory training specific to BPAS alongside multidisciplinary training programmes.

Managers monitored mandatory training and alerted staff when they needed to update their training. The on-line training system sent an automated prompt to staff when training was due.

Safeguarding

Safeguarding processes and practice had improved since the last inspection. Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. This included safeguarding adults and children to level three and 100% of staff had completed the training.

Termination of pregnancy

Staff could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act. Safeguarding concerns were discussed routinely in the morning safety huddle attended by the whole multidisciplinary team. Staff provided examples of safeguarding clients following processes implemented since the last inspection.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Safeguarding information was available on the web site and in all areas of the clinic to signpost clients to help and support. The provider had updated its national guidance for staff which included clear instructions on how to manage safeguarding concerns and who should be contacted in the event a woman did not attend their appointment. This had improved staff confidence in their own processes.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff followed safe procedures for children visiting the clinic. There were two named safeguarding leads at the service. Staff reported concerns to the safeguarding lead, and documented concerns and actions in the client record. CAS (patient record) system incorporated a safeguarding tab to alert staff if a concern was raised. The initial assessment process included standard safeguarding prompts to ask all clients and these were different for under 18 age group.

Staff were also aware of FGM and how this must be reported on a national database.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect women, 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. Environmental cleaning was completed by a dedicated housekeeper, from 4am- 12 pm on days the service was open. All areas were clean.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. There were cleaning records in toilet areas to evidence regular cleaning. Clinical equipment was cleaned by the clinical staff. Cleaning schedules and cleaning records were kept in each room and records indicated when the room was not used, or the clinic was closed. An infection prevention and control audit poster displayed in waiting room two indicated 100% compliance for IPC for the month. It showed zero cases of MRSA and C-Difficile but was not dated.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff carried out hand hygiene procedures appropriately before and after contact with every client. Environmental cleaning was completed using a colour coding system. All client seating was wipe clean and in good order. Examination couches had disposable paper roll covers. There were single sachets of lubrication gel available to ensure single client use. Staff had access to PPE in wall mounted dispensers. For example, non-latex gloves and aprons. Clinical wash hand basins had sink seals intact and elbow taps. There were posters at each sink showing good hand washing technique. Staff uniform compliance had improved, and all were appropriately dressed in uniform and compliant with bare arms below the elbows policy.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. All equipment was clean and fit for purpose. For example, trolleys and ultrasound scanning machines had 'I am clean' tags to indicate date of last cleaning. All curtains in clinical areas were disposable, visibly clean and showed the date they were last changed.

Termination of pregnancy

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.

The service had suitable facilities to meet clients' needs and staff carried out daily safety checks of specialist equipment. Care was provided in two adjacent buildings. There was a detached building where clinical interventions were undertaken and a separate tele-hub building, used for initial telephone and face to face consultations. Although not purpose built, the premises appeared fit for purpose and were well maintained. The service was located close to the local NHS trust.

The service had enough suitable equipment to help them to provide safe care. All clinical areas had arrangements in place for the handling, storage and disposal of domestic and clinical waste and sharps. There was a planned preventive maintenance schedule in place held locally by the support services coordinator. Larger theatre equipment was maintained under a maintenance agreement. Portable electrical equipment, for example, plug in heaters, IT equipment and associated cabling, and ultrasound scanning machines had been tested within an appropriate timeframe and had a sticker that showed when the next test was due.

Staff disposed of clinical waste safely. Waste bins were pedal operated and contained the correct liner for the waste stream. All sharps waste bins were assembled and labelled correctly and off the floor. Clinical waste was removed safely from clinical areas by staff and collected weekly by a contractor. Fire extinguisher appliances were signposted and had been tested within an appropriate timeframe. All emergency exits and corridors were free of obstructions. A full evacuation training and a full drill were completed within the last year. There was a spillage kit available.

Women could reach call bells and staff responded quickly when called.

Assessing and responding to patient risk

Assessment of patient risk had improved since the last inspection. Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and quickly acted upon women at risk of deterioration. However, staff could not articulate how to assess risk of deterioration in children and there were no supplies of emergency equipment suitable for intubation of children.

The service had implemented a system to assess, manage and respond to patient risk to ensure all women who attended the service were cared for in a safe and effective manner and in line with national guidance. This had reduced the risk of patient harm.

Staff used a nationally recognised tool to identify women at risk of deterioration and escalated them appropriately. The organisation had an escalation tool with set criteria to follow for all staff. This was used twice during the inspection. There were emergency trollies with equipment for dealing with clinical emergencies. However, there was no equipment specifically for use for intubation of children.

Staff completed risk assessments for each woman, using a recognised tool, and reviewed this regularly, including after any incident. At the point of booking, staff risk assessed clients individually and if the service was unsuitable for the client's specific needs, they were referred to another independent provider or the NHS. Staff completed an assessment for each woman on arrival and reviewed this regularly, including after any incident. Patient wellbeing checks had been implemented for women in the waiting room which was situated away from the nursing station and administration

Termination of pregnancy

office. Patients undergoing elective surgery had a pre-assessment as part of this process. This was a means to identify patient's suitability and other pre-conditions that may lead to complications during the surgery or recovery period. Prior to surgical procedures, the whole clinical team including the anaesthetist, were informed of high-risk patients and a plan was made to manage their care before the procedure began.

Staff knew about and dealt with any specific risk issues. Documented clinical pathways included a Modified Early Warning Score (MEWS), a system adapted for the needs of termination of pregnancy from the National Early Warning Score (NEWS) developed by the Royal College of Physicians for the detection and response to clinical deterioration in adult patients. Staff responded to increased MEWS scores during the inspection, by increasing frequency of observations and escalation to the surgeon and anaesthetist on duty. It was noted the service was not using PEWS and staff could not articulate how to assess children. This was a requirement from the last inspection; however, we were advised the provider had begun a review. Records showed staff used this tool to identify deteriorating patients during surgical procedures and recovery. A sample of four MEWS records found all were fully completed, and staff were aware of the threshold for initiating medical support as needed.

The service used a safer surgery checklist for service users undergoing a SToP procedure and this was used in all records reviewed.

Staff knew about and dealt with any specific risk issues including sepsis and venous thromboembolism (VTE). There were policies and procedures in place to recognise and respond to risks such as venous thromboembolism (VTE) a condition in which a blood clot or thrombus forms in a vein, and sepsis (severe blood infection) a rare but serious complication of an infection that can lead to multiple organ failure and death if not treated promptly, in line with national guidance. The provider had introduced a national standard operating procedure to respond to emergency situations, including in the event of absence of key clinical staff members. This included a clear escalation and risk assessment process. Staff described their confidence in management of emergencies of any nature following its implementation. Staff attended 'skills and drills' each month in which they practiced their response to an emergency such as post abortion haemorrhage or anaphylaxis. The service was developing their programme to ensure that staff were prepared to respond in line with the new policies in the event of emergency.

Staff shared key information to keep women safe when handing over their care to others. An example of an emergency transfer due to suspected infection showed verbal discussions between the multidisciplinary team, effective planning, and clear communication with the receiving team. A situation, background, assessment, and recommendation (SBAR) handover was undertaken where client needs and wellbeing were discussed. Staff carried out regular checks and observations until the arrival of ambulance staff.

All client areas had call bells within easy reach. During the inspection there were no bells activated, but staff ensured they conducted intentional rounding to check that clients were safe.

The service had created further service level agreements with NHS Trusts and other private healthcare providers of ToPs to reduce the distance women would have to travel or transfer in the event of an emergency.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep people 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.

The service had enough staff to keep women safe.

Termination of pregnancy

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. To meet specific needs staff could be redeployed to other areas within the service, if they were appropriately trained and experienced.

The service had low vacancy, turnover and sickness rates.

Managers used regularly agency staff to fill a part time operating department practitioner (ODP) vacancy. Managers recognised there was a shortage of ODPs and planned to re advertise this post for a nurse or midwife with theatre experience to attract a wider range of applicants.

Managers made sure all bank and agency staff had a full induction and understood the service. Staff records reviewed included completed bank staff induction documentation.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave treatment unit doctors staff a full induction.

The service had enough medical staff to keep women safe.

Management of medical staffing had improved since the last inspection. Following a serious incident in July 2021, the provider had revised its business continuity plan in November 2021 to include action required in the event of staff absence including relocating staff within their remit and using members of other services if required. A workforce mapping tool had been developed to inform decision making around staff absence.

An anaesthetist cared for every woman undergoing SToP with general anaesthetic. The anaesthetist and surgeon stayed on site until the last client was discharged. For SToP with conscious sedation, the treatment doctor would administer the sedation and stay onsite until all clients were discharged.

Sickness and vacancy rates for medical staff were reducing. The provider had recently appointed a new surgeon to post and had a surgeon return from a period of sickness which had reduced staffing pressures to offer SToP.

The provider had a number of treatment unit doctors who were employed or have Practising Privileges, who could provide cover when required.

Managers made sure that Doctors who had not worked at the service before had a full induction before they started work.

Records

Record keeping had improved. Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Women's notes were comprehensive and all staff could access them easily. The service used an electronic record system. If the system failed, the contingency was to revert to paper records. Staff explained the system had only failed once. IT failure was covered in the business continuity policy and acute disruption to business policy.

Termination of pregnancy

Each record was date and time stamped and showed the name of the persons that had submitted data. There was a paper record made available for those patients undergoing a surgical termination of pregnancy procedure. Tele-med operators initiated the record and the details were checked by nursing staff to identify any risks. Seven sets of patients' records were reviewed. The records contained detailed information of patients' assessments and records from surgical procedures. These included observations during procedures and in recovery, nursing notes and discharge checklists and assessments which were appropriate to the patient's clinical pathway. All information and risk assessments were completed. There were prompts and a specific area defined for safeguarding risks and mental health capacity was assessed routinely.

Records included GP contact details and documented permission was signed by patients if they agreed to share their records with the GP. There was a flow chart used to assess whether a scan was required prior to EMA treatment. Consent forms were electronic and a copy could be printed off for the client if required. Prescriptions for early medical abortion medicines were electronic.

Records were stored securely. There was restricted access to prevent unauthorised access to confidential patients' records. Access to the electronic patients' notes was password protected and staff ensured they logged off when the computers were not in use.

Medicines

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

Emergency medicines and the seal on emergency trolleys were checked daily. Provided the seal had not been broken medicine expiry dates were checked monthly. A list of each trolley's contents, with expiry dates was kept with the record of checks. There was no piped gas in the building. Oxygen cylinders were all secured. There was a building plan for each floor that showed the location of oxygen cylinders.

The medicine fridge in recovery on 2nd floor was locked and the current, min, max temperature was recorded daily when the building was open. All readings were in range.

Staff followed systems and processes to prescribe and administer medicines safely. The provider had a comprehensive medicines management policy. Controlled drugs (CD) were managed safely. Records in the CD register in recovery were complete and the stock balance of two CDs selected at random was correct. The CD accountable officer submitted quarterly occurrence reports to the Local Intelligence Network (LIN) and had recently attended a LIN meeting. There had been no concerns to report from that meeting.

The governance arrangements for the use of Patient Group Directions (PGDs) were robust and records of the use were clear and uploaded into patient records. PGDs are written instructions which allow specified healthcare professionals to supply or administer certain medicines in the absence of a written prescription. These met all legal requirements and were in date.

Staff managed all medicines and prescribing documents safely. Staff completed medicines records accurately.

Records for the use of medicines in theatre were clearly written, allergies were recorded and VTE assessments were completed to ensure that patients were safe to continue with their procedures.

Termination of pregnancy

Staff provided advice to clients about their medicines. Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines. Patients were informed what medicines they were taking, in what order to take the medicines and what side effects could occur from the medicines. Where patients were supplied with medicines to take at home, a 24-hour contact number was available for advice.

Staff stored and managed all medicines and prescribing documents in line with the provider's policy. Medicines including controlled drugs were stored securely and appropriate checks were in place in line with the providers policy.

However, there was no thermometer to monitor the temperature of the nurses' office where the to take out (TTO) medicine cupboard was located. Staff said the room could be "quite warm". This could impact on the stability of the medicines stored within this area.

New trollies for emergency situations were in place, records showed checks had been performed to ensure that medicines within these trolleys were fit for use.

Staff followed current national guidance to check patients had the correct medicines at all stages of their treatment and to take home.

Policies and procedures were in date. These were available and accessible to staff.

Patients were asked about routine medicines they took to check for interactions with medicines used as part of the termination procedure, and this was recorded in the clinical history.

Incidents – and Duty of Candour

The reporting and management of incidents had improved. The service managed safety incidents well. Staff recognised and reported incidents and near misses. 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 could access the incident management policy on the intranet. Staff raised concerns and reported incidents and near misses in line with the provider's policy. The service used an electronic system to report and record incidents. Staff had received training in the electronic system since the last inspection, knew what incidents to report, and were confident in using the reporting system.

Staff were clear about what types of incident and near misses should be reported on the electronic incident reporting platform. Incidents were notified to and investigated by the local Treatment Unit Manager and Lead Nurse or Clinical Nurse Manager and the Regional Clinical Director if surgical treatment was involved.

The provider electronic incident reporting system automatically required managers to take specific actions for incidents rated moderate harm and above. Managers investigated incidents thoroughly. Local managers oversaw any necessary local or immediate action and submitted initial reports and 72-hour reviews and escalated to the risk and governance team who decided whether incidents were escalated as a Serious Incident Requiring Investigation (SIRI). The service had introduced a training course in human factors and best practice examples of 24- hour and 72- hour reports to ensure staff captured all necessary information about patient safety incidents.

Staff received feedback from investigation of incidents, both internal and external to the service.

Termination of pregnancy

The service had no never events. Staff reported serious incidents clearly and in line with policy. Staff met to discuss the feedback and look at improvements to patient care. Managers debriefed and supported staff after any serious incident. Incidents were discussed at safety huddles and at staff briefs, and a staff information board had been created to make outcomes and learning from incidents easily accessible to staff. Examples of learning from incidents that had happened at other BPAS facilities were shared and staff completed a register sheet to indicate they had read the serious incident summaries and action plans. Staff were able to describe changes that had been made as a result of incidents and the last CQC inspection in August 2021.

Staff told us about incidents they had recently reported. For example, a scan with results outside of the normal range prompted staff to follow a clinical algorithm to establish next steps. They made a referral to the Early Pregnancy Unit and arranged to follow up on the outcome.

Another example was a lift breakdown on a day when clients were scheduled to attend theatre. Staff referred to policy which was unclear whether theatres should be postponed or continue as clients would have to use the stairs. Staff explained they risk assessed and decided it was not safe for clients to use the stairs following procedures. They delayed the list and communicated the delay to the clients that were waiting. There was evidence that changes had been made as a result of feedback. This incident resulted in policy changes to define actions should a breakdown happen again, and the scenario was incorporated into the Acute Disruption to Services policy.

Staff understood the Duty of Candour under the Health and Social Care Act (Regulated Activities Regulations) 2014. The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify women (or other relevant persons) of “certain notifiable safety incidents” and provide them with reasonable support. Examples of Duty of Candour showed this was provided in an open and transparent way which gave women a full explanation if and when things went wrong. Staff explained a senior member of the clinical team would provide the explanation and apology to the patient. There had been one serious incident in November 2021 that met criteria for carrying out the Duty of Candour process. The provider’s 24 hour and 72 hour incident reports showed the treatment unit manager spoke to the client following the incident and the client had thanked them for their care and support but declined to be part of the investigation. Following the call a letter was sent to the client with the same explanation in writing. A new standard operating procedure (SOP) had been introduced to identify actions to be taken when carrying out Duty of Candour. Staff meeting minutes showed the team had discussed where to file the Duty of Candour letter when the client had not wanted a copy. The team had followed the SOP and agreed a copy of the letter would be filed in the client paper record.

Staff submitted statutory notification of incidents to external organisations and the Care Quality Commission.

Are Termination of pregnancy effective?

Good 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. The provider monitored outcomes and the complication rate was low. Staff protected the rights of women subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. The provider monitored outcomes and complication rates were low. Staff followed up to date BPAS

Termination of pregnancy

policies to plan and deliver care. At the last inspection were found that policies did not always include best practice and national guidance. Managers had more assurance that staff followed national guidance as some audits, including patient records and consent, had been reintroduced since the last inspection. However, these were new and could not prove consistency until further audit had been carried out.

Staff followed patient pathways and documented consultations with women in an electronic patient record. Seven records were reviewed, and all had been completed in line with BPAS policy and procedure. Since the previous inspection, the service had introduced areas within the electronic system for best practice and national guidance. For example, there was a new section within the record that was required to be completed for all women attending clinic to record the assessment of a person's mental capacity, these records were then audited to ensure that capacity and consent was recorded accurately.

Staff protected the rights of women subject to the Mental Health Act and followed the Code of Practice. Staff referred to the psychological and emotional needs of patients and this was documented in their records.

Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could update.

Women were encouraged to discuss contraception following ToP. Women undergoing SToP were given the option to have long-acting reversible contraception (LARC) in the forms of a contraceptive implant, coil or intrauterine device (IUD) fitted by the surgeon or a long-acting contraception injection, and women undergoing medical ToP were offered a contraceptive pill or signposted to local services for other methods of contraception. The service had plans to make LARC an optional part of the pathway for all women attending clinic.

Women were given online information and advice prior to, during their treatment and following discharge. Staff could offer a My BPAS booklet containing the same information should a woman prefer paper-based information.

Nutrition and hydration

Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

Staff made sure women had enough to eat and drink, including those with specialist nutrition and hydration needs. Clients were provided with written information about fasting requirements prior to their procedures and staff checked they had complied as part of pre-procedural checks. Clients with conditions such as diabetes were placed first on the list where possible, so they did not have to wait too long without food and fluids. There was a supply of glucose-rich juice and intravenous glucose to reverse hypoglycaemia (low blood sugars) if required. After their treatment, clients were offered tea and toast in a dedicated rest room. There was a food hygiene rating of five shown on the certificate displayed.

Patients were provided snacks, water and hot drinks after surgery.

Pain relief

Management of client pain and discomfort had improved. Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Termination of pregnancy

Staff gave pain relief in line with individual needs and best practice. Staff prescribed, administered and recorded pain relief accurately. Pain relief was clearly and appropriately prescribed during and after theatre. Records included clinical pathways where pain scores and pain relief were documented. These showed medical staff monitored pain during and post-surgery and pain relief was prescribed to take home. In addition, PGDs for pain relief were available for staff to use. Records showed PGD use was recorded in client records. An audit of PGD use showed analgesics were accessed and administered appropriately by staff.

Women received pain relief soon after requesting it. Staff carried out intentional rounding every hour as part of wellbeing checks and if a client experienced pain or discomfort in between these rounds they were advised they could call for a nurse or midwife to come.

Staff prescribed, administered and recorded pain relief accurately. Women received pain relief soon after requesting it. Pain scores were documented following surgical procedures and documented as part of the MEWS. Staff described how in most cases patients were counselled that they could feel pain post-procedure at home. Medicines were supplied after day case surgery to be taken at home. The service also provided patients a 24-hour help line for those who experienced pain or complications at home.

Staff assessed women's pain and gave pain relief in line with individual needs both pre- and post- procedure. Records we reviewed showed that pain assessments, called wellbeing checks, had been completed for women who were to have a SToP and had received cervical preparation medicines, pain scores were documented following surgical procedures as part of the patient MEWS. As part of surgical procedures pain relief was appropriately prescribed and staff had access to a prescriber in the event of additional pain relief being requested.

Patient outcomes

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

The service participated in provider and commissioner audits and outcomes for women were positive and consistent.

Managers and staff used the results to improve women's outcomes. The service had revised its audit schedule since the August 2021 inspection where only three audits were in place. Although very new, this now included a programme of audits including record keeping, consent, operation notes and surgical checklists. These were repeated monthly to monitor improvement over time.

Managers shared and made sure staff understood information from the audits through team meetings and a communication board where the results of audits were displayed monthly.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women.

Managers gave all new staff a full induction tailored to their role before they started work made up of face to face and online learning. Staff attended scheduled, formal clinical supervision sessions. These were facilitated by a clinical midwife manager.

Termination of pregnancy

Managers supported staff to develop through yearly, constructive appraisals of their work. Managers made sure staff attended team meetings or had access to full notes. Out of 28 staff two were overdue but job chats had been planned to complete these in April and May.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff described additional, specialised training they received to keep skills and knowledge up to date. They were supported to attend training and received protected time to complete training.

Managers made sure staff received any specialist training for their role. Staff attended emergency scenario training and attended a debrief afterwards to identify any learning and good practice. Managers had organised training in the use of the evacuation chair and all staff had attended and completed an evacuation exercise in February 2022.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff referred in to the local multi agency safeguarding hub (MASH). The Treatment Unit Manager and Clinical Nurse Manager attended the CCG safeguarding meetings to network and learn from other local professionals. The registered manager had offered to speak at a future meeting to help local teams understand the complex needs of some vulnerable BPAS clients.

Multi agency collaboration was observed during transfer of a patient with a suspected infection.

Seven-day services

Telephone helpline and booking services were available seven days a week and the clinic was open to clients five days a week to support timely care.

Service users could contact the clinic via telephone and website booking form. The website prompted service users to complete an on-line form and stated they would receive a call back to arrange an appointment via email within 48 hours.

The clinic was operational for ToP and consultations Monday and Tuesday 8am – 5pm, Wednesday 8am – 6pm, Thursday 8am – 4pm and Saturday 8.30am - 12.30pm. Vasectomy clinics were provided on alternate Mondays. Clients were provided with a 24-hour help line number if they had concerns out of hours after discharge.

Medical staff authorised any changes to theatre lists. If lists over-ran, staff stayed on duty to ensure cases were not cancelled.

Health Promotion – Access to information

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

The service had relevant information promoting healthy lifestyles and support in client areas. The service had obtained support materials from charities, but these were no longer provided so the treatment unit manager produced them to ensure clients still had access to information.

Termination of pregnancy

Staff assessed each woman's health when admitted and provided support for any individual needs to live a healthier lifestyle. This included encouragement to use the most appropriate method of contraception for each individual following their termination of pregnancy. Clients were able to make their own choice and there was no pressure to accept contraception as part of their treatment.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

The consent process had been improved. Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit women's liberty.

The provider had made improvements to the consent process and documentation of the assessment of mental capacity. Four patient records for women who had undergone a surgical termination of pregnancy (SToP) were reviewed and all evidenced staff had documented two-stage consent.

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. A process had been implemented to evidence the assessment of mental capacity. The electronic recording system had been adapted to include a section detailing mental capacity assessment, staff were unable to complete a patient record without completing the assessment of mental capacity.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and clearly recorded consent in the woman's records. All patient records reviewed documented all the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005.

Staff made sure women consented to treatment based on all the information available. Patient information leaflets were given prior to any procedure to inform women of the risks of a ToP procedure, and now included the risk of travelling significant distances following administration of medicines.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary. A monthly audit of five consultation records and five surgical case notes, including the documentation of consent, had been introduced since the August 2021 inspection to ensure that staff were accurately recording assessments and any shortfalls in the documentation process identified.

Staff received training in the Mental Capacity Act. All staff had attended the training course in mental capacity which was introduced following the findings of the last inspection, staff told us this was a significant improvement as they had not received any training from the service previously in the Mental Capacity Act 2005.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act, staff told us they could escalate any queries regarding mental capacity to the central BPAS safeguarding team for advice and support.

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment.

Are Termination of pregnancy caring?

Termination of pregnancy

Good 

Compassionate care

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

Women said staff treated them well and with kindness. Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way. Staff treated clients with kindness throughout their stay and they ensured privacy and dignity were maintained.

Staff followed policy to keep women's care and treatment confidential. Staff carried out consultations in private rooms and marked these as engaged when having discussions with women. They exited rooms discreetly when in use and locked doors and cabinets where information may have been accessible.

Records captured the individual needs of each woman; staff completed these showing an understanding and non-judgmental attitude when caring for or discussing women, in particular those with mental health needs and signposting to appropriate services. Women were offered counselling services through BPAS to discuss their decision to terminate a pregnancy.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs. Staff took care to maintain clients' privacy and dignity before, during and after procedures. The service provided care for women from different regions and countries who had experienced difficulties accessing ToP.

Emotional support

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

Staff gave women and those close to them help, emotional support and advice when they needed it. Staff supported women to access the service in difficult circumstances and checked to ensure they were safe, especially if travelling alone and between clinics or regions. Staff provided an example of care, consideration, and support given over two days to a client. Staff did not see this as going out of their way, they were just helping the client to access the service they needed.

Staff supported women who became distressed and supported them to make individual decisions.

Medical staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff described how they provided care, empathy and support to clients and their families during difficult times.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

The service offered the option for pregnancy remains to be taken away for self-disposal in a safe and discreet way. Staff supported clients when making these decisions. They also provided signposting to local funeral directors and directed clients to bereavement support provided on line.

Termination of pregnancy

The website clearly defined the current COVID-19 measures in place and restrictions regarding persons accompanying service users. For example, staff ensured that service users understood they could bring another person in to the clinic if they were under 18 years of age. Other clients who could be accompanied included those confined due to being a prisoner or detained under the Mental Health Act, vulnerable adults or where the treatment was for foetal anomaly requiring a separate private room. However, staff held kind and compassionate interactions with unaccompanied clients. For example, clients that were distressed could sit in a secondary waiting area and staff made frequent welfare checks on them.

Staff gave women emotional support and advice when they needed it. Staff comforted women during their treatment.

Understanding and involvement of women and those close to them

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

Staff made sure women and those close to them understood their care and treatment. Staff supported women to make informed decisions about their care. All treatment options appropriate for the woman's gestation were discussed and their personal needs and preferences were considered when choosing a treatment option. Women received information in leaflet form, the website, or both, depending on their individual needs. They could access the 'BPAS Helpbot,' an artificial intelligence communication aid on the BPAS website should they have any difficulties understanding the information.

Staff talked with women, families and carers in a way they could understand, using communication aids where necessary. Staff and clients used interpretation services as required. There were posters in clinic rooms offering clients a chaperone if they wanted one.

Staff supported women to make informed decisions about their care. The website had links to comprehensive information about procedures and what to expect from the service.

Women and their families could give feedback on the service and their treatment and staff supported them to do this. There were examples of cards given to staff at the service by clients and their families thanking staff for their care and kindness. The client satisfaction report from 1 September 2021 to 31 March 2022 showed 96.2% of clients surveyed would recommend BPAS to someone they knew who needed similar care. The reasons stated for disagreeing with this were due to appointment times and locations did not meet their needs.

Are Termination of pregnancy responsive?

Service delivery to meet the needs of local people

People could not access the service when they needed it to receive the right care promptly. However, 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 needs of the local population and worked with services including substance abuse and care services.

Termination of pregnancy

Facilities and premises were appropriate for the services being delivered. The service catchment included Doncaster and surrounding areas, however, women could also travel large distances to access the specific services offered by the service. Service users could use the clinic locator on the website to find the nearest or preferred facility. The service offered appointments four days a week; Monday to Thursday, and on Saturday mornings. The service offered a vasectomy service on alternate Mondays. Clients gave positive feedback about free on street parking local to the unit.

The service had systems to help care for women in need of additional support or specialist intervention. There was a service level agreement in place with the local NHS trust where patients could be transferred in the event of an emergency. Since the last inspection this process had been reviewed, in conjunction with the business continuity plan, to include the risk of staff shortages and to transfer women to the closest available service, including an alternative ToP provider if required.

Managers monitored and took action to minimise missed appointments and kept a list of clients able to attend at short notice should a vacant appointment become available.

Managers ensured that women who did not attend appointments were contacted to ensure they were aware of all options dependant on their gestation and could make informed decisions, respecting the choice of women if they did not want to continue with a termination of pregnancy.

The website had links to educational resources for schools, and training establishments.

Pregnancy remains were stored appropriately and disposed of sensitively and complied with the Human Tissue Authority (HTA) Code of Practice (April 2017).

Meeting people's individual needs

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

The service provided vasectomy procedures and there was appropriate information about the procedure itself and costs for self-funded service users available on the website. Planned clinics were arranged on Fridays when there were no procedures booked for women.

The service had suspended the late medical termination service and service users requiring this were directed to the NHS.

Patients were able to choose their preferred treatment option at the most convenient location for them, subject to their gestation and medical assessment. If patients needed to use services on other days, they could be signposted to alternative BPAS clinics in the North of England.

Consultations were long enough to enable staff to spend enough time with each patient to meet their individual needs.

Women were given online information and advice prior to, during their treatment and following discharge. Staff could offer a My BPAS booklet containing the same information should a woman prefer paper-based information.

Termination of pregnancy

Staff understood and applied the policy on meeting the information and communication needs of women with a disability or sensory loss. The website landing page had a translation tool at the top to allow the information to be translated into over 100 different languages.

Managers made sure staff, women, loved ones and carers could get help from interpreters or signers when needed. There was an option to request an interpreter during the initial booking process. There were informational videos presented with British Sign Language on the website.

The buildings were accessible for people living with a disability or who used a wheelchair. There was a ramp at the front door and a lift to the procedure rooms. The building was old with many steps but staff were able to use accessible rooms on the ground floor for any client with mobility needs.

Clients living with autism or who were vulnerable were permitted to bring a carer, relative, or friend for support and could be accommodated on a quiet area to allow more privacy.

The service had information leaflets available in languages spoken by the women and local community. Staff described how they facilitated an appointment for a client whose first language was not English. They ensured an interpreter was available and the client was provided with transport to another clinic. They telephoned the client to check they had arrived safely, had suitable accommodation, and had completed their treatment.

The website booking form had options for service users to specify communication preferences. For example, whether the service could leave a voice mail, whether an interpreter was required, whether or not discharge information could be shared with their GP and whether the service could contact the service user to obtain feedback. The preferred options for contact were also provided, for example, email, telephone, text or letter.

There was comprehensive information for service users who travelled from Ireland. This service was offered free with overnight stay expenses covered.

The website provided links and signposting to information and support for service users and their partners/family/carers. For example, what to expect on the day of the appointment and afterwards.

Access and flow

People could not access the service when they needed it to receive the right care promptly. Although waiting times from referral to treatment and arrangements to admit, treat and discharge women had improved, these were not in line with national standards.

Managers and a central team monitored waiting times but could not always ensure women could access services when needed and receive treatment within agreed timeframes and national targets. The Royal College of Obstetricians and Gynaecologists (RCOG) and the Department of Health (DoH) state that patients should not have to wait more than two weeks between first making contact and having treatment. The service had previously had difficulty in meeting national targets for consultations and procedures, but managers said this had significantly improved over the months prior to the inspection with a successful recruitment campaign for Telemed practitioners and additional lists added. However, waiting times continued to exceed the Department of Health RSOP 11: Access to Timely Abortion which states that patients should be offered an appointment within five working days of referral or two weeks from referral to treatment. Data provided from 1 September 2021 to 31 March 2022 showed the Doncaster clinic carried out 14473 consultations, of which 8947 were carried out within seven days of contact. This meant the service met the target for only 62% of clients. The service carried out 7950 treatments, of which 7077 were within 7 days of the client's consultation (89% of clients).

Termination of pregnancy

Managers reported the provider had implemented a new SOP in March 2022 to escalate concerns should waiting times drop below 90% of clients accessing consultation within 4 days of contact. Since implementing this SOP the clinic reported significant improvements and the percentage of clients seen for consultation within seven days of initial contact had increased to 82%. However, although the data showed an improving picture, this was a new process and had been in place for less than two months.

The service was able to adjust lists and add additional appointments to meet demand. The service also expedited patients who were nearing the legal limit for termination or who were under the age of 18.

Clients that required an urgent appointment due to advanced gestation date were referred on to other appropriate local independent or NHS services.

There was a telephone consultation and booking service (Telehub) which carried out an initial consultation and offered appointments for treatments and times suitable for their gestation. The Telehub was based at the Doncaster clinic and clients could also attend for face to face consultations. The website stated that service users who requested a booking would receive an appointment within 48 hours and clients confirmed this. Clients who walked in without an appointment were directed to the booking service.

Managers and staff worked to make sure women did not stay longer than they needed to. Clients were informed during booking of their procedure they should expect to stay at the clinic for the day. Clients understood the appointment time was their arrival time and not the treatment time. Clients stayed in recovery until they were well enough to leave. Staff monitored waiting times in waiting areas and had implemented wellbeing checks for all women in waiting areas. Staff were very pleased to have added these to their patient pathway since the last inspection and had been able to identify quickly and manage patients in pain or distress.

Managers and staff started planning each woman's discharge as early as possible and delays were rare. Discharges were nurse-led. Discharge summary letters were given to all clients and copied to the GP with the client's permission. Letters to GPs were sent electronically by email or by post as appropriate. Clients were also given a booklet to take away with post procedure advice, 24 hour helpline and contraception advice.

Managers worked to keep the number of cancelled appointments, treatments, or operations to a minimum and when these were cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Staff offered short notice appointments and extra bookings in case of cancellations.

Managers monitored that patient moves between clinics were kept to a minimum. The service moved women only when there was a clear medical reason or in their best interest. Staff supported women when they were referred or transferred between services.

Managers monitored transfers and followed national standards. There had been four transfers to the local NHS trust between December 2021 and March 2022 following raised MEWS scores and staff concerns about women undergoing ToP. The local monitoring of the deteriorating patient policy included guidance on abortion-related complications and provided clear actions to be taken by staff.

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 women in the investigation of their complaint.

Termination of pregnancy

Women, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes and women 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.

Staff could give examples of how they used women's feedback to improve daily practice. The service had implemented wellbeing checks for clients in the waiting room following concerns raised by clients who had been unable to tell staff they were experiencing pain. Staff had adapted to include hourly rounds and reported feeling more confident clients were cared for during waits between treatments.

Are Termination of pregnancy well-led?

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. 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.

Leadership had improved. The unannounced inspection on 4 August 2021 identified breaches of regulation and the leadership team had provided an action plan to address concerns found across the three sites inspected at that time, with local action plans for each site. Senior leaders had coordinated the implementation of the action plan and provided CQC with a monthly update of its progress. Local managers then engaged with CQC monthly to demonstrate how the improvements were being embedded at local level.

There had been changes in leadership both nationally and locally. The service was managed by a registered manager (Treatment Unit Manager, TUM) who had been in post since December 2021. They were supported by an Operational Quality Manager (OQM).

Local and senior managers were visible, available and approachable. Regional managers met with staff regularly and staff were able to contact clinical leads for advice and guidance as required.

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

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Termination of pregnancy

The service had a clear vision including values and a strategy they wished to achieve. This was informed by best practice guidance and the needs of women nationally. For example, the service was setting up a not-for-profit fertility service to provide fertility treatment for those who did not qualify for NHS funding.

A vision day had been held to inform the business strategy and to share the vision and strategy with all staff. The service had used different forums to collect information from its staff, external stakeholders and healthcare professionals as well as the public about the current and future directions of the business. The manager disseminated any updates through the team meetings.

BPAS national and local strategic plans changed in line with legislation and the needs of women. The service had tailored its provision to provide early medical abortions only while managers had suspended late MToPs. They had reassessed the service and were making plans to reconfigure the environment to improve safety, dignity, and privacy for women who may need to stay overnight for the course of a late MToP.

The service had been able to tailor its provision community since the introduction of “Pills by Post” during the COVID-19 pandemic and kept up to date with changes in legislation. This had meant fewer women needed to attend the service for consultation or treatment and more women overall had been able to access early medical abortion (EMA). Learning had been taken from incidents that occurred to ensure the delivery of EMA at home was as safe as possible.

Staff treated patients with respect and provided confidential and non-judgmental care. Staff attitudes and behaviour reflected these values.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Culture had improved. Staff told us they felt valued and were proud of the service they provided for their local community and vulnerable women. They spoke passionately about the delivery and importance of ToPs and staff interacted with women in a caring and compassionate way.

They could identify changes made since the last inspection and how these had benefitted their clients, but also helped increase motivation and confidence in staff to provide a better service.

Staff described how they could speak up if they had concerns. The service had a freedom to speak up guardian in place for staff to escalate concerns. Staff were confident in reporting incidents and concerns internally and BPAS encouraged learning from all incidents and audits. Managers had organised staff training on “just culture” and human factors, and whilst staff had always been able to discuss events or raise concerns after events had happened, staff now raised concerns at the time of the event. Managers reported this was a big change in culture.

Staff explained the service was supported by a named regional area manager, who they found to be approachable and supportive. Local managers were approachable and receptive. Staff reported working relationships at all levels were respectful and they worked well as a team with a common focus of delivering high-quality care to clients. Morale was good and staff participated in annual staff feedback surveys,

The service provided met the equality and diversity needs of clients including religious and cultural needs, providing effective translation services and providing additional weekend clinics.

Termination of pregnancy

Staff were encouraged to develop professionally and take part in additional training opportunities.

Governance

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

The service had a clear governance structure and had improved its quality assurance processes with a new monthly audit plan introduced in January 2022. At the August 2021 inspection, most audits had been put on hold since February 2020 except for clinical supervision, infection control and medicine's management. Therefore, managers had not been aware if quality issues existed. The dashboard had been reviewed following that inspection and now included audit of: surgical case notes, safeguarding adults and children, client wellbeing checks, treatment pathways, infection control, crash trolley and medicines management. These had been in place and completed for three months prior to this inspection. Previous governance systems had not always been effective at location level because processes for declaring and investigating serious incidents, reporting safeguarding concerns and patient feedback were centralised. This meant local staff and managers had not been empowered to operate effective local governance systems and manage risks and performance in line with specific local situations or requirements.

The service submitted documentation in line with its legal requirements. To provide termination of pregnancy, it is legally required that two doctors agree with the reason for the termination and sign a form to indicate their agreement (HSA1 Form). Seven patient records were reviewed and all forms included two signatures and the reason for the termination documented on the BPAS client administration system (CAS). No patients were treated without two signatures.

The service submitted HSA4 forms to the Chief Medical Officer electronically through the provider's patient record system as recommended by the Department of Health. Registered nurses administering the second stage of medical termination or the surgeon completing the surgical procedure were responsible for submitting the HSA4 form on the system which was then sent to the Department of Health within 14 days of the termination taking place. The TUM reviewed and checked form submissions on a weekly basis to ensure compliance.

Medicines audits had previously been postponed due to the COVID-19 pandemic except for a CD count. Medicines audits introduced in January 2022 were more comprehensive covering disposal, storage, CD's and emergency equipment, and included the sample size, whether the measures were compliant with standards, and a comments section to reflect any findings.

Governance processes had improved throughout the service, with the revised audit dashboard which allowed for better management oversight of systems and patient care, However, because these were new, there had not been time for them to become embedded in practice or reflect consistent improvements. Actions identified from audits had not yet been fully implemented and audits had not yet been reviewed to ensure they captured a full picture of the service.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Termination of pregnancy

Since the unannounced inspection on 4 August 2021, which had identified a lack of business continuity planning and risk management in the event of an emergency, the leadership team had worked in response to the inspection to improve patient safety. The business continuity plan had been improved to include measures in the event of a shortage of key staff members. This was supported by a new standard operating procedure for unforeseen circumstances, such as the absence of a member of the surgical team. This included a robust escalation process, risk assessment tool and staff simulation training to ensure they were familiar with the procedure should an emergency occur.

There were local management processes relevant to each location in the event of an emergency. For example, in the event of a lift breakdown or staff absence when there were surgical lists in which women had received cervical preparation. The process included staff moving to clinics to meet the needs of women, increasing service level agreements with more NHS trusts and other independent ToP providers to reduce a duration of travel, and staff undertaking skills and drills training to ensure they were competent to assess, document and escalate risk appropriately.

Managers escalated local risks up to a quality and risk committee who discussed risks at a leadership level.

The local risk register reflected risks identified at the previous inspection and local managers kept up to date action plans to ensure risks were highlighted and managed in everyday practice.

Information Management

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

The service had developed their quality dashboards to support the collection of reliable data and analysis and staff had access to these.

Staff conducted monthly audits that were input into the quality dashboards and the findings of these were collated and compared on a monthly basis to enable improvement. Managers also ensured that audit results were displayed in areas used by staff such as offices and staff rooms to make them easily accessible and promote learning.

The service had improved its policy for reporting information to external organisations. A new policy was introduced which gave clarity on which incidents should be appropriately notified to the regulator in line with their statutory duty. Leaders had sought advice and clarity from CQC on the efficiency of their policy and local managers had opened dialogue with CQC to ensure that their notifications were made appropriately in line with registration requirements for providers.

Surgical records were on paper and contained within a booklet. Staff found the electronic record system was easy to navigate and could easily find any paper records they required.

Staff could request records held by GPs if they were required.

There were enough computers for staff to use. Staff completed GDPR training and records management reflected good adherence to the principles of data protection and good information governance. For example, records not in use were locked away and computer monitors were closed when unattended.

Termination of pregnancy

Engagement

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

Managers openly engaged with staff and involved them in the management of service. Local team meetings were held bi-monthly which detailed attendees and reviewed safeguarding, audits, complaints and feedback, risks and incidents. Staff were given an opportunity to raise any other business such as training needs or clarity on new policies.

Staff received weekly emails to detail any issues and improvements in the service and receive regular updates. This included satisfaction reports, results of audits such as safeguarding and organisational updates such as changes in opening hours or policy change.

Staff reported performance information to CCGs who monitored contract requirements. Managers reviewed service level agreements with third parties.

Surgical huddles took place between clinicians on the day of surgical TOP lists. Staff followed WHO surgical checklist practice and documentation was completed before, during and after each surgical procedure. Staff met at the beginning of every shift to discuss the day ahead and staff responsibilities.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Staff were actively encouraged to attend training opportunities and described a learning culture.

Learning from incidents, safeguarding and daily practice was shared locally within the team. Staff described the formal processes for sharing learning and elements of good practice with the wider organisation through registered managers.

Staff were proud of the improvements made in the service since the last inspection in August 2022.