

## British Pregnancy Advisory Service

# BPAS – Merseyside

### 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?

Outstanding



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Summary of findings

## Overall summary

This was a comprehensive, unannounced inspection to follow up on enforcement action taken during an inspection in August 2021 where we identified specific areas of concern.

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

- The service did not have a system for the observation of children under the age of 18 years using the modified early warning score (MEWS) to ensure early recognition and safe timely escalation of a deteriorating children.
- Staff did not always give an effective handover, which included all relevant information, when women moved between different stages of their treatment.
- Women did not always receive treatment within agreed timeframes and national targets.
- Not all staff felt respected, supported and valued.
- Though improvements had been made since our last inspection the service had not had sufficient time to show improvement was embedded and could be sustained.

However:

- The service had improved its processes and systems to safeguard people from abuse and manage patient safety incidents. Staff now comprehensively assessed and documented risk assessments.
- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. The service managed medicines well.
- Staff provided good care and treatment and gave women 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 women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Staff followed national guidance to gain women's consent, this was an improvement from our last inspection.
- Staff consistently treated women 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 women, families and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- 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. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and local services to plan and manage services and all staff were committed to improving services continually.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

#### Termination of pregnancy

Requires Improvement



Our rating of this service improved. We rated it as requires improvement. See overall summary for more information. In the reporting period April 2021 to March 2022 the service carried out 978 surgical terminations of pregnancy and 931 early medical abortions. The service 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.

- One patient was transferred out to another hospital from January 2022 to May 2022
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin- susceptible Staphylococcus aureus (MSSA), Escherichia coli (E.coli) or Clostridium difficile (C.diff).
- One complaint was received within the reporting period from September 2021 to May 2022.

# Summary of findings

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# Summary of this inspection

## Background to BPAS - Merseyside

BPAS Merseyside is operated by British Pregnancy Advisory Service. The British Pregnancy Advisory Service was established as a registered charity in 1968 to provide a safe, legal abortion service following the 1967 Abortion Act. BPAS Merseyside opened in 1970.

The BPAS Merseyside clinic provides termination of pregnancy services for women from Merseyside and surrounding areas as well as patients from Ireland and across the United Kingdom. It also offers pregnancy testing, unplanned pregnancy counselling/consultation, miscarriage management, sexually transmitted infection testing and treatment, contraceptive advice, contraception supply and abortion aftercare. The clinic has three screening rooms, three consulting rooms and one treatment room. It operates surgical lists from Wednesday to Saturday and a consultation list on a Tuesday.

BPAS Merseyside provides consultation and early medical abortion treatments up to 10 weeks gestation, including home use pills by post. Surgical termination of pregnancy is offered up to 23 weeks and 6 days gestation using local anaesthetic and conscious sedation or general anaesthetic. In addition, the Merseyside clinic offers vasectomies at a monthly clinic, though this remained suspended at the time of our inspection.

BPAS Merseyside has one satellite clinic in Warrington which has two consulting rooms for consultation, pre-treatment scanning and dispensing of take home early medical abortion medicines. It operates Tuesday and Wednesday each week in a suite of rooms leased from the building landlord.

BPAS Merseyside closed in April 2022 for one month due to building works, all relevant notifications were submitted to CQC. BPAS Warrington remained open during this time and one surgical termination of pregnancy list each week was carried out by BPAS Merseyside at another BPAS location.

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 Merseyside clinic was last inspected 4 August 2021 following information highlighted at routine engagement with another BPAS location on 15 June 2021. Following the last inspection, we took enforcement action which included the use of our urgent enforcement powers, where we placed conditions on the location's registration in relation to safe care and treatment, consent and safeguarding.

# Summary of this inspection

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 25, 26 and 30 May 2022 to ensure improvements had been made following the urgent implementation of conditions and in line with the provider's action plan.

During the inspection visit, the inspection team:

- visited all areas of the clinic including, waiting areas, recovery areas and treatment rooms and observed care and treatment
- visited the satellite clinic at Warrington
- looked at the quality of medicines and emergency equipment and observed how staff were caring for patients
- spoke with the registered manager, clinical leads and quality matron
- spoke with 19 staff including managers, surgeons, anaesthetists, nurses and midwives and support staff
- spoke with four women
- reviewed eight patient care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service

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

- The service offered post-abortion support to women which was not time limited.

## 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 implement a safe system and process reflecting the observation of children under the age of 18 years using the modified early warning score (MEWS) to ensure early recognition and safe timely escalation of a deteriorating patient. (Regulation 12 (1) (2) (a) (b))
- The service must ensure that patient waiting times are kept within national targets. (Regulation 12 (1) (2) (a) (b))

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

- The service should consider implementing a system of regular check on freezers used to store fetal remains.
- The service should ensure effective and comprehensive handovers take place between staff at all stages of the woman's care and treatment.


## Summary of this inspection

- The service should continue to work with interpretation providers to ensure all women who need it have access to interpreters during consultation and treatment.

# Our findings






## Overview of ratings

Our ratings for this location are:

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



# Termination of pregnancy

Safe	Requires Improvement 
Effective	Good 
Caring	Outstanding 
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. Compliance with mandatory training was 100%.

The mandatory training was comprehensive and met the needs of women and staff. Mandatory training was completed online with some face to face training such as intermediate life support and skills and drills. All nursing and midwifery staff had completed intermediate life support training.

Staff we spoke with told us the online training was easy to access and spoke highly of the quality of the scenario-based training they had received.

Staff told us the closure had given the opportunity to undertake all mandatory and some additional training. Staff had completed acute service disruption training and safety culture training whilst the clinic was closed in April 2022. The service had plans to create a training room with computer access to improve staff access to online training in future.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff could access their mandatory training records online to track progress and this was monitored and tracked by clinical leads and the registered manager.

### Safeguarding

**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. This was an improvement from our last inspection.**

All staff received training specific for their role on how to recognise and report abuse. All staff including administration staff received level three safeguarding children and adults training and compliance was 100%. Safeguarding training included a module on the Mental Capacity Act.

# 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. Staff were able to describe their duties to report female genital mutilation (FGM) and gave examples of FGM cases they had reported and escalated through safeguarding processes.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave several examples of women where they had escalated safeguarding concerns both to the central BPAS safeguarding team and local authorities and agencies. Between April 2021 and March 2022, 39 children aged between 15 and 14 and one under the age of 13 were treated at BPAS Merseyside. Staff alerted the central safeguarding team to all under 18 year olds and place a safeguarding flag on their records.

Since our last inspection, the service had strengthened local safeguarding processes including a process for staff to follow up women with a safeguarding alert on their record if they did not attend their appointment in the clinic. These women were tracked and followed up by the client care manager.

Staff worked in partnership with local agencies involved in safeguarding such as the PREVENT team and multi-agency child exploitation team. PREVENT is a government led programme which aims to safeguard vulnerable people from being drawn into terrorism.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Since our last inspection, the local process for safeguarding referrals had been revised and a standard operating procedure put in place. Staff now had access to comprehensive and clear information in the clinic, in a folder and on the intranet. We were given examples of when staff had challenged the central safeguarding team's decisions.

The treatment unit manager received safeguarding supervision twice a year.

## 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.**

The clinic was clean and had suitable furnishings which were clean and well-maintained. All areas we visited were visibly clean and dust and clutter-free.

The service generally performed well for cleanliness. The service employed a cleaner who was responsible for laundry and cleaning of all areas.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We saw cleaning checklists were completed in all areas. There was a monthly audit of cleaning checklists which showed 100% compliance in April 2022.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff wore PPE appropriately and there was plentiful supply throughout the clinic. Staff washed their hands before and after providing care using the World Health Organisation five moments for hand hygiene. We observed staff followed 'bare below the elbows' guidance.

Women attending the clinic were asked to wear surgical face masks and sanitise their hands on entry. Clear visors were available for women who struggled to wear a face covering.

# Termination of pregnancy

Staff cleaned equipment after patient contact and labelled equipment with green 'I am clean' stickers to show when it was last cleaned.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff mostly managed clinical waste well.**

Women could reach call bells and staff mostly responded quickly when called. However, during our inspection we saw a call bell in a toilet was not answered quickly as the staff in admissions rooms could not hear it. We escalated this to managers, and they took immediate action to rectify this and called engineers to carry out remedial work the same day.

Staff carried out daily safety checks of specialist equipment. This included daily checks of the emergency equipment kept at the Warrington satellite clinic. We checked resuscitation trolleys and saw they were stored in line with Resuscitation Council (UK) guidelines with the drawers sealed with a tamper evident tag.

The service had enough suitable equipment to provide safe care. There was a programme of testing for electrical appliances and alarms such as fire alarms, generators and call bells. The service had a preventative maintenance plan delivered by an in-house maintenance person and overseen by a support services manager. We saw evidence planned maintenance of equipment had taken place.

Staff could access a specialist haemorrhage kit for women who experienced severe bleeding during procedures and post-operatively.

Staff disposed of clinical waste safely. Clinical waste was stored in a locked compound outside the building and collected regularly by an external company.

The service had recently purchased a new freezer for the storage of fetal remains and had two in total. Freezers were checked weekly by the client care manager and remains collected by an external company three times a week. However, there was not a system to check the freezer between weekly checks, the older freezer was stored in the outbuilding basement near to the boiler. This meant there was a risk that if it broke down or the temperature rose this would not be recognised and acted on in a timely manner.

## Assessing and responding to patient risk

**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 did not use a modified scoring system to recognise children at risk of deterioration, this was a requirement at the last inspection.**

Since the last inspection in August 2021, the service had implemented an effective 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 clinic used 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. Records showed staff used this tool to identify deteriorating patients during the surgical procedure and recovery. We reviewed a sample of seven MEWS records and found all were completed and six of the seven were escalated in line with BPAS policy.

# Termination of pregnancy

All staff had received training in completing MEWS and managing deteriorating patients in March 2022, and MEWS training was now included in annual intermediate life support (ILS) training. However, some staff told us they felt the MEWS chart was not fit for purpose as it did not include diastolic blood pressure. Some newer staff told us they had not received training in completing MEWS, this was because they were new starters and had yet to complete the ILS training at the time of inspection.

At our last inspection, we told the service it should implement a safe system and process reflecting the observation of children under the age of 18 years. The service was not using a Paediatric Early Warning Score (PEWS) to assess children. However, BPAS nationally had reviewed the process for children and issued a position statement based on a review of tools and current guidance. BPAS told us they were working with other providers of abortion care to agree a unified tool. Between April 2021 and March 2022, the service treated 134 children under the age of 18, of which 50 had surgical terminations of pregnancy.

Staff completed risk assessments for each woman at consultation and on admission and these were present in all records we reviewed.

Staff knew about and dealt with any specific risk issues. 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 forms in a vein, and sepsis (severe blood infection) a rare but serious complication of an infection. We saw VTE assessments were completed, where appropriate, in all records we reviewed.

Staff referred any women who wanted early medical abortion and was not sure of her last date of menstrual period (LMP) within two days for an ultrasound scan to confirm the gestation of the pregnancy.

Since our last inspection, the service had introduced a checklist for hourly comfort rounds for women waiting for treatment following admission. This included a note of cervical preparation given and at what time and a documentation of any concerns. We saw staff using and fully completing this checklist.

The service used a safer surgery checklist for women undergoing surgical termination of pregnancy. We observed all elements of this in theatre and found it was fully completed and completed in all records reviewed.

Staff shared key information to keep women safe when handing over their care to others. The service level agreement with the local NHS maternity provider with regards to the transfer of women in an emergency was due for review. Managers were aware of this and working with the local trust and clinical commissioning group to review this agreement. The service had been able to transfer a woman in an emergency, when it was required recently. The procedure for the transfer of women to the local NHS trust was clearly displayed in staff areas and included all relevant telephone numbers for the receiving hospital. There was also a local standard operating procedure for staff to follow post any transfer.

However, shift changes and handovers did not always include all necessary key information to keep women safe. We observed the daily huddle, which took place at the beginning of the day prior to treatment starting. This was comprehensive and included all key information about each woman attending that day. Staff used a situation, background, assessment and recommendation (SBAR) format for verbal handovers between admission, theatre, recovery and discharge. However, some staff told us the daily huddle was not always as comprehensive as we observed. The verbal handovers were not recorded, in line with BPAS policy, and during our inspection we saw the handover

# Termination of pregnancy

between first and second stage recovery was brief and did not follow the SBAR format. We saw handover from theatre notes being written on the back of a gloved hand by first stage recovery staff. However, following our inspection the service told us they had implemented a new system of verbal and written handovers which both followed the SBAR format.

## Staffing

**The service had enough 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 bank, agency and locum staff a full induction.**

The service had enough staff to keep women safe. 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. The service had introduced an online tool for planning and managing staff rotas.

The service was staffed using a staffing matrix set by BPAS nationally which established the roles and numbers of staff required for each type of treatment list. We reviewed the rota for the week of our inspection and saw staff were allocated in line with this matrix.

Managers could adjust staffing levels daily according to the needs of women. During our inspection we saw staff attending from another BPAS location and bank staff used to ensure minimum safe staffing levels were maintained and to cover staff sickness absence. Managers told us it was rare to cancel a surgical list due to staff issues as rotas and lists were planned six to eight weeks in advance.

The service had low vacancy rates. There was ongoing recruitment of health care assistants and the service had over-recruited to build resilience into the staff rotas.

There were two vacancies for operating department practitioners which were currently advertised. Any gaps in rotas were being covered by the theatre manager who was an operating department practitioner, agency staff or an anaesthetist.

The service had low turnover rates. Some staff who had left following our last inspection had applied to return to the service. The same number of staff had joined the service in the last 12 months as had left.

The service had reducing sickness rates. In November 2021 293 hours were lost to sickness absence this had reduced each month to 26.5 hours in April 2022.

Managers limited their use of bank and agency staff and made sure all bank and agency staff had a full induction and understood the service. The service used an internal staff bank to ensure staff were familiar with the service.

## Records

**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. This was an improvement from our previous inspection.**

Women's notes were comprehensive and all staff could access them easily. The service used a mix of online and electronic patient records. Paper records were used for patients undergoing surgical termination of pregnancy and all consultation records were electronic.

# Termination of pregnancy

We reviewed eight sets of records and found they were all fully completed with patient identifiers, legible, dated and signed. The records contained detailed information of patients' assessments, records of surgical procedures where relevant, observations during procedures and in recovery, nursing notes and discharge checklists and letters which were appropriate to the patient's clinical pathway.

Records were stored securely. Paper records were stored in a secure, airtight, fireproof external container and collected regularly to be securely archived. Access to electronic patient records was password protected and staff logged off computers when not using them.

At our last inspection, there was no audit of women's records, this has restarted and included an audit of submission of HSA1 and HSA4 forms. An HSA1 form is legally required and shows that two doctors agree with the reason for the termination of pregnancy and sign the form to indicate their agreement.

## Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

At the previous inspection we found issues with incomplete patient records, including unclear prescribing and allergy statuses not recorded. At this inspection this had been addressed, records we checked were complete and accurate.

The service had introduced a robust process of monitoring medicines stocks to ensure that they were stored safely and safe to administer to patients. Staff were aware and had recorded all items that were due to expire, and replacement stock was available. At the previous inspection fridge monitoring was an issue, at this inspection records demonstrated that this was managed and safe.

Management of Patient Group Directions (PGDs) was robust and records of their use was clear in the patient records we checked. PGDs are written instructions which allow specified healthcare professionals to supply or administer certain medicines in the absence of a written prescription.

Theatre records were clearly written, allergies were recorded and VTE assessments were completed to ensure that patients were safe to continue with their procedures. Prescribing and administration of medicines in theatre was appropriate and correct.

Controlled drugs were stored securely and monitored daily. Centralised purchasing meant the service held a larger than usual stock as the lead time for delivery was long, which meant staff had to ensure regular orders were placed.

Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines.

Records showed that patients were included in conversations about their medicines and guidance was provided for patients who took medicines at home. Telephone contact details and information leaflets were also provided

Staff followed current national practice/guidance to check patients had the correct medicines.

Policies and procedures were regularly reviewed and in date. These were available and accessible to staff. We saw that patients were asked about routine medicines that they took and this was recorded in the clinical history. We were also shown how this was checked against suitability criteria for access to the service to ensure the right patients were seen.

# Termination of pregnancy

## Incidents

**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. We saw in the daily huddle an example of an incident being recognised and submitted through the online incident reporting system.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff we spoke with gave examples of the types of incidents they had reported. There was a paper system in theatre for staff to note any incidents in 'real time' as there was no computer in theatre. This was then inputted into the online system by administration staff.

The service had no never events in the last 12 months.

Managers shared learning with their staff about never events that happened elsewhere. The provider issued a 'red top alert' which shared learning about events and incidents that had taken place in other BPAS locations. This was circulated to all staff and clearly displayed in staff areas of the clinic and available in a folder for staff who could not access their emails.

Staff reported serious incidents clearly and in line with policy. There had been no incidents meeting the serious incident criteria in the last 12 months. Learning from incidents and emergency transfers was shared with staff through clinical supervision, daily huddles and team meetings.

Staff understood the duty of candour. This was an improvement from our previous inspections, where we saw no written confirmation of duty of candour. Managers now ensured all patients were offered a written apology as well as verbal. Where a woman asked that a letter was not sent, this was clearly recorded in the woman's notes alongside a copy of the letter, which could be sent if the woman changed her mind.

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. Staff were open and transparent, and gave women and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents and met to discuss the feedback and look at improvements to patient care. Information from 'red top alerts' was available to all staff in the clinic and discussed at team meetings.

Managers investigated incidents thoroughly. Women were involved in these investigations. Managers debriefed and supported staff after any serious incident.

The service had introduced a 'transfer review' since our last inspection. This was a system to thoroughly investigate the events that occurred when a woman was transferred to NHS care in an emergency and identify any lessons learnt. This included all staff involved and the woman, if she wished and was led by the area quality matron. This included a debrief for any staff involved in the transfer.

# Termination of pregnancy

## Are Termination of pregnancy effective?

Good 

Our rating of effective improved. We rated it as good.

### Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. Staff inputted onto the online human resources system to say they had read understood policies.

Staff followed patient pathways and documented consultations with women in an electronic patient record. We reviewed eight records, 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.

Since our last inspection, the service had re-introduced audits based on women's case notes. Therefore, managers had assurance staff were following national guidance and BPAS policy. However, they had not carried retrospective audits relating to the period they did not carry out audits during the pandemic.

Women undergoing surgical termination of pregnancy were offered long acting reversible contraception (LARC) in line with national best practice. We saw contraception was discussed at scans and consultations for women having an early medical abortion.

At handover meetings, staff routinely referred to the psychological and emotional needs of women. We observed the daily huddle and saw information was shared regarding women's mental health and emotional needs, such as women who were known to be highly anxious.

### 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.**

Women received appropriate advice on fasting prior to a surgical procedure and staff checked this had been followed during the admission consultation.

Staff ensured that those with specific dietary requirements, such as being diabetic, fasted prior to their treatment for as minimal a time as possible, such as being booked first on the list for treatment or receiving an alternative treatment to reduce fasting time if needed.

Hot drinks, water and snacks were provided to women following surgery.



# Termination of pregnancy

## Pain relief

**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.**

Staff assessed women's pain using a recognised tool and gave pain relief in line with individual needs and best practice. We saw pain charts were fully completed in all women's records we reviewed.

Women received pain relief soon after requesting it. Records showed women were given pain relief in a timely manner and prior to their procedure. Staff gave women advice on pain relief at home for those taking home early medical abortion medicines and this advice was also in the leaflet given to women.

Staff prescribed, administered and recorded pain relief accurately, using patient group directives (PGDs). 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.

## Patient outcomes

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

The provider monitored outcomes overall and the complication rate was low. Between April 2021 and March 2022, 22 women experienced complications as a result of their treatment, of these one had two complications. The number of complications experienced had fallen from 13 in quarter two to one in quarter four. There was one woman who required transfer to other facilities between September 2021 and April 2022 as a result of complications of their procedure.

Managers and staff used the results to improve women's outcomes. In January 2022, the service introduced a new audit programme and areas of non-compliance had an action plan, with an action tracker monitored by the treatment unit manager and quality matron.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. At our last inspection all audits had been paused except for clinical supervision, infection control and medicine's management as a result of the COVID-19 pandemic. A full programme of audits had been reinstated since then and there were clear plans to review audit outcomes over time to check any improvement required or areas for further work.

Managers shared and made sure staff understood information from the audits. Outcomes were shared with staff at team meetings and there was communication board in the staff room which displayed the results of audits and key actions.

Improvement was checked and monitored. There was a structure in place to report the outcomes of audits and improvement plans through monthly meetings and a quarterly analysis of trends and themes.

## 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.

# Termination of pregnancy

The electronic staff rota system flagged any registration or disclosure and barring service checks which were needed. The registered manager checked the registration of all new staff, where relevant, prior to them starting at the service.

Managers gave all new staff a full induction tailored to their role before they started work. Staff confirmed they received a full induction. They told us they received a supernumerary period at the start of their employment where they could shadow existing staff.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had yearly personal development reviews and compliance was 100% at the time of our inspection.

The clinical leads received monthly clinical supervision from an area quality matron.

The national clinical educator and facilitator supported the learning and development needs of staff.

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. In addition to the national BPAS skills matrix which defined mandatory training the service had developed a clinical skills and administration skills matrix based on a local gap analysis. Staff had completed training over and above the requirements of mandatory training such as cannulation training.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Each staff member completed a competency booklet, which was role specific and included records of training and competency observations signed off by a manager.

Managers made sure staff received any specialist training for their role. Some staff had received ultrasound scanning training and more staff were booked to do this training from July 2022. The clinical nurse manager was submitting a business case to access anaesthetic training for nurses from a local university.

Managers identified poor staff performance promptly and supported staff to improve, through regular one to ones and performance plans, where necessary.

## 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. There was a daily multidisciplinary team huddle prior to the start of the surgical list, which was attended by all key members of the team including managers and support services.

During our inspection we saw staff worked across health care disciplines to care for women. We observed positive relationship across members of the multidisciplinary team with all members focused on the needs of the women.

Managers worked with partner organisations such as substance misuse services, prisons, mental health services, local safeguarding authorities and local NHS trusts to ensure women received safe and effective care.

# Termination of pregnancy

## Seven-day services

**Key services were available seven days a week to support timely care.**

The service provided surgical termination of pregnancy services on four days of the week, including Saturday. The clinic also offered consultations and medical abortions five days a week, Tuesday to Saturday.

Women could contact the BPAS contact centre seven days a week and up to 7pm on weekdays to book a consultation. BPAS offered a range of face to face and teleconsultations to suit women's needs.

## Health Promotion

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

The service had relevant information promoting healthy lifestyles and support throughout the clinic. We saw advice posters for domestic violence, modern slavery and refugee services in waiting areas and toilets.

Staff assessed each woman's health when admitted and provided support for any individual needs to live a healthier lifestyle. Records we reviewed showed women were signposted to relevant services where necessary.

## Consent, Mental Capacity Act and Deprivation of Liberty safeguards

**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. This was an improvement since our last inspection.**

Staff clearly recorded consent in the woman's records. The service had made improvements to the consent process and documentation of consent. We reviewed seven patient records for women who had undergone a surgical termination of pregnancy (SToP) and saw staff had documented two-stage consent in all.

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. A new process was implemented to evidence the assessment of a woman's mental capacity following our last inspection. 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. All patient records reviewed documented all the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Staff made sure women consented to treatment based on all the information available. Information leaflets were given prior to any procedure to inform women of the risks of termination of pregnancy procedures, and now included the risk of travelling significant distances following administration of medications.

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

Staff received and kept up to date with training in the Mental Capacity Act. All staff had completed online training on the Mental Capacity Act 2005 when the updated policy was released.

# Termination of pregnancy

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 told us they could get advice and support from the central safeguarding team as well as clinical leads onsite.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act. All relevant policies were available to staff online as well as paper copies in the clinic.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary. The monthly audit of 10 case notes which had been introduced earlier in the year included an audit of consent and capacity assessment documentation.

## Are Termination of pregnancy caring?

Outstanding



Our rating of caring improved. We rated it as outstanding.

### Compassionate care

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

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. We observed highly compassionate and reassuring interactions between staff and women who were scared and anxious.

Women said staff treated them well and with kindness. Women we spoke with during our inspection told us they felt they received high levels of reassurance from staff. One woman told us she had opted to come to BPAS Merseyside rather than another service due to the high levels of care she had received from staff during a previous surgical termination of pregnancy.

Staff followed policy to keep women's care and treatment confidential. Staff carried out consultations in private rooms, which had an engaged sign on the door to prevent interruptions. Staff protected women's privacy and dignity during ultrasound scans, with curtains for the women to undress behind and providing cover ups.

Staff understood and respected the individual needs of each woman and showed understanding and a non-judgmental attitude when caring for women. Feedback from women confirmed they 'did not feel judged' by staff. We were told of an example, where a woman prisoner had attended with prison officers and staff arranged for her to be cared for in the enhanced recovery room on her own to protect her confidentiality and dignity.

### Emotional support

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

# Termination of pregnancy

Staff gave women and those close to them help, emotional support and advice when they needed it. We saw staff had compassionate conversations with women regarding their options during consultations and scans. Staff appropriately signposted women to other services such as their GP or counselling services.

Client care coordinators based at the consultation hubs offered pre and post abortion counselling as well as the client care managers based at Merseyside. Both client care managers were trained in pre and post abortion counselling. Women could also access ongoing counselling from another agency which BPAS staff could refer them to. We saw posters throughout the building with the post abortion counselling line number on.

Women could access post-abortion counselling and support no matter how long after the procedure they requested it. We were given examples of support offered many years after termination of pregnancy had been carried out.

Staff supported women who became distressed in an open environment, and helped them maintain their privacy and dignity.

Staff demonstrated empathy when having difficult conversations.

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 had specific pathways for women attending for termination of pregnancy due to fetal abnormality. Staff allowed partners to stay with the woman throughout her treatment and used a private recovery area at all stages.

Women could request a chaperone for their medical examination and there were posters throughout the clinic informing women of this.

## 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. During observations we saw staff explained clearly to women what they were seeing, what their options were and what would happen. Staff were mindful of women's level of emotional distress and understanding when explaining care and treatment to them.

Women received all information in leaflet form relevant to their treatment and staff took time to go through this and explain the instructions during consultations.

Staff talked with women in a way they could understand, using communication aids where necessary. We saw staff used interpretation services when required.

Women and their families could give feedback on the service and their treatment and staff supported them to do this. There were several ways women could leave feedback including through the website and by email. Poster across the clinic gave women a QR code they could scan and access from their mobile phones or computer to leave feedback.

Staff supported women to make informed decisions about their care. All staff completed client support skill training.

# Termination of pregnancy

The service had a 'Women's Wishes' policy in place which supported staff to have conversations regarding the disposal of fetal remains. Women who wished to take the remains were given an information leaflet so they knew what to expect and the disposal options available and contacts for relevant organisations.

Women gave consistently positive feedback about the service, most commonly commenting on the kindness of staff, feeling 'looked after' and feeling surprised at not being judged by staff. We saw thank you cards sent by grateful women, including from women who had terminations due to fetal abnormality who commented staff had made 'things a little bit easier for women in my position'.

## Are Termination of pregnancy responsive?

Requires Improvement 

Our rating of responsive went down. We rated it 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 needs of the local population. Managers met regularly with local clinical commissioning groups (CCG) to ensure services met the needs of local women. However, the service continued to suspend access to vasectomies, though they were required by the CCG to deliver this service. The service offered sexually transmitted disease testing for women aged under 25 years old.

Facilities and premises were appropriate for the services being delivered. Since our last inspection, the service had carried out building maintenance work and reconfigured areas to improve flow through the building for women attending. The work had improved the experience for women as the separate client consultation wing meant that women yet to make a decision on termination of pregnancy were not mixing with women who were undergoing surgical termination of pregnancy. There was an ongoing programme of works to improve waiting areas and consulting rooms.

Managers monitored and took action to minimise missed appointments. Between April 2021 and March 2022, 5% of women did not attend for treatment.

Managers ensured that women who did not attend appointments were contacted. This was an improvement from our last inspection. The service had a system to follow up all women with a safeguarding flag, and/or who were under the age of 18 or who had taken cervical preparation who did not attend their appointment. Staff kept a track of these women and made multiple attempts to contact them to find out why they had not attended.

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 women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.**

# Termination of pregnancy

Staff supported women living with learning disabilities and other vulnerabilities. They were developing a clinical passport for vulnerable women based on the 'This is me' documents used in hospitals. We saw staff supported a woman with learning disabilities by using a different waiting area so it was quieter. Staff gave examples of women with additional needs visiting the clinic before their procedure to reduce anxiety.

The service had improved signage to ensure it was gender neutral, for example using toilet sign instead of male/female on toilets.

The service used discreet methods to highlight and support women who may have been exposed to domestic violence or modern slavery.

Staff understood and applied the policy on meeting the information and communication needs of women with a disability or sensory loss. Posters encouraged women to tell staff if they needed additional support. Staff could access additional support such as information in braille, a hearing loop, large print leaflets and British Sign Language to support women with communication needs.

The service had information leaflets available in languages spoken by the women and local community.

Managers made sure staff, women, loved ones and carers could get help from interpreters or signers when needed. The service used a telephone interpretation service and all staff knew how to access this for women. Staff could also access British Sign Language interpreters for women who were deaf.

However, staff told us they sometimes had difficulties getting interpreters, as some refused to interpret once they knew the nature of the service and this could happen during a consultation. Managers told us there was a system to escalate this to the interpretation service each time this happened, and they were working to improve access to interpretation services.

## Access and flow

**People could not always access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge women were not consistently in line with national standards.**

Managers monitored waiting times and made sure women could access services when needed. However, women did not always receive treatment within agreed timeframes and national targets. Providers should have arrangements in place to minimise delays in women accessing services with best practice stating women should receive an assessment within one week of referral and receive their treatment a week from assessment (NICE QS199).

Between April 2021 and March 2022, 84% of women were treated within 21 days of referral, the target agreed with commissioners. However, only 53% of women had an initial assessment within seven days of contacting the service. This had improved from quarter two to quarter four with the median number of days from booking to assessment improving from nine days to three. This was similar for the time from decision to proceed with treatment to getting treatment which took an average of four days between January and March 2022. In the same quarter the average time from first contact with the service to treatment was nine days.

Women were given flexible appointment times appropriate to their gestation. The service had a telephone consultation service which carried out an initial consultation and offered patients a choice of appointments suitable to their gestation and individual requirements.

# Termination of pregnancy

The service operated accelerated bookings for women whose gestation was near the legal limits to access an abortion. During our inspection we saw examples of staff acting flexibly to accommodate women who needed treatment within certain deadlines. For example, staff ensured a woman who needed to receive medicines for early medical abortion within a tight timescale had her appointment brought forward to accommodate this. The service blocked times in the rota for scan appointments to ensure they had sufficient available to meet women's needs.

Staff planned each woman's attendance as early as possible. Staff told women to expect to be at the clinic for the whole day with their appointment time being time of arrival as opposed to treatment. This allowed for staff to adapt women's treatment dependent on their consultation and individual needs.

Managers and staff worked to make sure women did not stay longer than they needed to. Staff told us the new surgical termination of pregnancy pathway had improved the waiting times from admission to procedure and discharge.

## 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.**

Women, relatives and carers knew how to complain or raise concerns. The service received one complaint between April 2021 and March 2022.

The service clearly displayed information about how to raise a concern in patient areas. We saw posters advising how to complain throughout the clinic.

Staff understood the policy on complaints and knew how to handle them. Staff reported all complaints on the online incident system so any themes and trends could be identified.

Managers investigated complaints and identified themes. We saw the one complaint raised had been thoroughly investigated and a manager's report produced.

Staff knew how to acknowledge complaints and women received feedback from managers after the investigation into their complaint. Women received a written response to their complaint from the treatment unit manager.

Managers kept a register of local informal complaints. If a complaint was received an initial response was made within three days and the woman given a named point of contact.

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers shared feedback directly with staff involved in the complaint but also anonymously through team meetings.

Staff could give examples of how they used women's feedback to improve daily practice. Since the new pathway had been introduced for women attending for a surgical termination of pregnancy, the service had seen a decrease in the number of complaints from women about the waiting time from admission to procedure.

## Are Termination of pregnancy well-led?



# Termination of pregnancy

Our rating of well-led improved. We rated it as requires improvement.

## 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 women and staff. They supported staff to develop their skills and take on more senior roles. However, changes in leadership were recent and had not had time to evidence the impact of improvements.**

The service was managed by a registered manager who was the treatment unit manager with oversight from an Operational Quality Manager (OQM) and Quality Matron (QM) for the North region. The treatment unit manager was supported by a management team which included a clinical nurse lead, lead midwife, theatre manager, client care manager and support services manager. All managers could access leadership training and had completed three face to face training days.

Clinical leadership had been strengthened since our last inspection by the appointment of the clinical nurse manager and regional quality matron. Lead midwives and clinical nurse managers completed a six-month leadership course. However, some appointments were recent and there had not been enough time to fully evidence the impact of strengthened clinical and local leadership.

Managers told us they felt supported by the BPAS senior leadership team to deliver change at a local level.

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 at this inspection over 80% of actions had been completed. Local managers then engaged with CQC regularly to demonstrate how the improvements were being embedded at local level.

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.

However, some staff told us local clinical managers were not always visible and approachable.

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.**

BPAS national and local strategic plans changed in line with legislation and the needs of women.

# Termination of pregnancy

The service had a clear vision for what it wanted to achieve and the vision and mission statement were displayed in staff areas. The vision was 'to be a centre of excellence for BPAS, providing gold standard care to every client every time'. This was underpinned by six mission statements.

Staff were able to articulate this vision and were focused on providing the best care they could to women. Staff told us they felt clear about what the service wanted to achieve, and staff attitude and behaviour reflected the values within the vision and mission statements to provide a caring and compassionate environment.

Staff had been involved in developing the vision and recent changes through development days which were facilitated whilst the clinic was closed due to building work.

Managers worked with local clinical commissioning groups to ensure the vision was aligned with local health plans. For example, managers were looking to develop services to increase access to contraception for women, as they had recognised the difficulties women were having due to the impact of the COVID-19 pandemic. They had a plan to offer accredited training to staff to deliver this.

## Culture

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

Throughout our inspection, we saw staff working together as a team with a common focus to provide high-quality care to women.

Staff were proud of the service they provided to women, especially those who were vulnerable. Staff spoke passionately about the importance of women's access to the service and to good women's health services.

Most staff told us they felt morale was good and there was a positive culture with improved communication. Most staff told us they were included in conversations about changes and improvement and asked for their ideas.

We saw examples of staff accessing development opportunities, such as internal promotion to management roles.

Managers had introduced a reward and recognition scheme since our last inspection. This gave a small prize each month to a member of staff who had gone the extra mile.

Staff support services were available for staff to support their mental wellbeing including specialist counselling and a support line for abortion care providers.

Staff could access one of three national freedom to speak up guardians for support if they had concerns about patient safety. A Freedom to Speak Up Guardian works alongside the organisation's senior leadership team to ensure staff have the capability to speak up effectively and are supported appropriately if they have concerns regarding patient care.

However, some staff felt that though they could give feedback, their opinion was not always considered in changes. Some staff told us they felt clinical leaders were not always approachable and accessible.

# Termination of pregnancy

## 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. However, changes to the governance system to monitor compliance and standards were not yet fully embedded or still being developed.**

The service had improved its quality assurance and governance processes following our last inspection. The service displayed the governance structure in staff areas, so it was clear to all staff.

The new local governance structure gave clear lines of reporting and oversight from each area and clinical nurse manager up to the treatment unit manager. It ensured information flowed from the manager to staff and encouraged staff and clinical leadership to take ownership of their areas of responsibility and performance.

A monthly audit plan was introduced in January 2022. During the August 2021 inspection, we identified that 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. However, the dashboard had been reviewed and included all key areas. It had been completed for three months prior to inspection. The audit report and action tracker was monitored through regional and national monthly governance reporting structures.

Although governance processes had improved throughout the service, with a revised audit dashboard which allowed for better management oversight of systems and patient care, these had not had time to become embedded in practice or show consistent improvements.

Managers acknowledged that local pathways and standard operating procedures were new and not yet fully embedded or still in development. However, there were systems in place to monitor compliance with these and continue improvements within the governance structure locally.

## 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.**

Audits of performance had restarted in January 2022. Managers and staff met monthly to review the local clinical audit compliance board and the first quarterly trend analysis from these audits had been completed. The trend analysis had shown an improvement in compliance with surgical case note standards, client wellbeing checks and adult safeguarding referrals over the three months.

The compliance board report was accompanied by an exception report which identified the reasons for non-compliance and ensured these were added to an action tracker.

There was a plan to conduct annual 'mock CQC inspections' annually. This was a system for managers from another area to conduct a site visit and assess the service's performance against CQC key lines of enquiry. The first of these had already taken place at Merseyside.

The risk register was comprehensive and reflected current risks in the service. Risks were given actions to mitigate them and an owner assigned to ensure actions were completed. Managers included risks that had been found in other BPAS services until actions were completed to ensure this was not a risk locally also.

# Termination of pregnancy

Where risks were identified, such as operating department practitioner (ODP) recruitment, managers took action to mitigate the risks. For example, the immediate risk was mitigated by using an anaesthetist as an ODP, and longer-term actions had been identified such as accessing additional anaesthetics training for nurses so they could act in this role.

Managers submitted a quarterly performance report to the local clinical commissioning group (CCG) which measured key performance indicators. They also met bi-monthly with the CCG to monitor performance.

Since the unannounced inspection on 4 August 2021, which 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 service had a business continuity plan and information on how to access this both online and hard copies was displayed in staff areas.

The business continuity plan now included 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 with robust escalation process, risk assessment tool and staff simulation training to ensure they were familiar with the procedure should an emergency occur.

## 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. Data or notifications were consistently submitted to external organisations as required.**

The service had developed compliance dashboards to support them in collecting reliable data and shared these with staff. Managers ensured audit results were displayed in staff areas to make them easily accessible and promote learning.

The service had improved its process 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.

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). We looked at eight patient records and found that 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. Managers reviewed and checked form submissions on a monthly basis to ensure compliance.

## Engagement

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

# Termination of pregnancy

The service engaged with women regarding the impact the presence of protestors may have on them. There were posters around the building encouraging women to share their experience about this and tell BPAS how they felt confidentially. There was a link to online feedback and the feedback was used to inform work the clinic was doing with local authority and the police to develop an approach to managing the impact of protestors, including developing an exclusion zone.

Managers openly engaged with staff and involved them in the management of service. Staff were given opportunities to raise ideas and issues at regular team meetings and at recent development and training days. We saw examples of staff being encouraged to develop ideas to improve the service such as being given time to develop 'this is me' documents for women.

The service worked with local mental health providers to access mental health training for staff.

Managers actively engaged with local organisations to plan and manage services. Managers and staff reported open and constructive relationships with local clinical commissioning groups (CCGs). CCGs had conducted site compliance visits since our last inspection and the service received regular feedback from CCGs.

Managers held regular meetings with a local NHS trust to review any emergency transfers. They worked with them through an informal referral pathway to ensure women had access to the NHS termination of pregnancy unit and specialist placements, when required.

## 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 and managers told us they were proud of the improvements made since the last inspection and were able to give examples of how these had improved the experience for women attending the service.

Managers and staff were committed to improving services and had actively participated in opportunities for feedback and learning. The service invited an external company to conduct a compliance audit in March 2022 and had identified action points to improve their compliance with the Health and Social Care Act 2008.

The service was to be a pilot site for a new standardised quality improvement approach for BPAS. This was based on quality improvement methodology and the quality improvement and performance board had been developed ready for use at the time of our inspection. The service had identified as member of staff to be a quality champion and they had been offered quality improvement masterclass training.