

# BPAS - Peterborough




## Quality Report

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Date of inspection visit: 16 May 2019  
Date of publication: 05/09/2019

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

### Ratings

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

### Overall summary

BPAS Peterborough is operated by British Pregnancy Advisory Service. BPAS Peterborough provides consultation and early medical abortion (EMA) and medical termination of pregnancy up to 10 weeks gestation and surgical termination of pregnancy up to 13 weeks gestation. There is one treatment room where surgical termination of pregnancy by vacuum aspiration is undertaken, with the options of local anaesthetic and/

or conscious sedation for pain management. This is performed as day case surgery and no overnight accommodation is provided. The service had two ultrasound screening rooms and five consultation rooms.

The service provides termination of pregnancy, sexual health screening and family planning services. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 16 May 2019.

# Summary of findings

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

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

## Services we rate

We did not previously rate this service. We rated it as **Good** overall.

We found the following areas of good practice:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- 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.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

- The nursing team were highly committed to giving patients a personalised service. Care was delivered by an exceptional team.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- 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.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- 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.
- Leaders had the integrity, 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.
- 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. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation.

We found areas of outstanding practice:

- Staff always took people's personal, cultural, social and religious needs into account and found innovative ways to meet them. For example, using alternative equipment so that the patient wouldn't have to hear the sound of a vacuum to alleviate their anxiety about the noise and allowing patients to be accompanied by a relative.

# Summary of findings

- Consideration of patient's dignity was consistently embedded within all staff member's practice. One patient had returned to the treatment unit on the day of our inspection after bleeding heavily, staff ensured provided her with reassurance and clothing to ensure she was comfortable leaving the treatment unit.

We found areas of practice that require improvement:

- Waiting times from referral to treatment were not in line with national standards.

## **Heidi Smoult**

Deputy Chief Inspector of Hospitals (Central)

# Summary of findings

## Our judgements about each of the main services

### Service

#### Termination of pregnancy

### Rating

Good



### Summary of each main service

BPAS Peterborough is operated by the British Pregnancy Advisory Service (BPAS). It comprises of one main location in Peterborough and one satellite location in Cambridge.

The service provides termination of pregnancy as a single speciality service.

# Summary of findings

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Good 

# BPAS Peterborough

## Services we looked at

Termination of pregnancy.

# Summary of this inspection

## Background to BPAS - Peterborough

BPAS Peterborough is operated by British Pregnancy Advisory Service. BPAS Peterborough is a treatment unit that provides termination of pregnancy and family planning services to private and NHS patients. It comprises of one main location in Peterborough town centre and a satellite location in Cambridge at a General Practitioners surgery.

The service provides termination of pregnancy as a single speciality service; We inspected this service using our comprehensive inspection methodology. We last inspected the service on 17 May 2016. We did not rate the service previously and there were no compliance or enforcement actions associated with this service.

The treatment unit is registered to provide the regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

- Family planning
- Termination of pregnancy.

At the time of our inspection the treatment unit has a registered manager who was onsite supporting the treatment unit manager one day a week. Following our inspection, the service's treatment unit manager became the service's registered manager.

The centre does not provide surgery under general anaesthetic. Opening days are currently Tuesday, Wednesday and Thursday each week at BPAS Peterborough and Tuesdays at Cambridge treatment unit.

Staff employed consisted of three registered nurses (whole time equivalent (wte) 1.81) and six administration staff (wte 3.04). No medical doctors are directly employed at BPAS Peterborough, but one doctor supports the bi-monthly surgical list working under practising privileges.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor who was a registered nurse. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

## Information about BPAS - Peterborough

BPAS Peterborough is part of the provider group British Pregnancy Advisory Service (BPAS), which is an independent healthcare charity which has provided a service to patients for nearly 50 years. BPAS Peterborough opened in the current location in 2006 and provides consultations, ultrasound scans, medical and surgical termination of pregnancy, and counselling and support for people who use the service. In addition, all methods of contraception, including long acting reversible contraception, and sexually transmitted infection testing and screening are offered.

BPAS Peterborough also provides services via one satellite unit in Cambridge. The treatment unit is located in the community, where medical termination and consultations in the early stages of pregnancy are provided in a private consulting rooms. Both locations hold a licence from the Department of Health (DH) to undertake termination of pregnancy services in accordance with The Abortion Act 1967. Services are provided to both NHS and privately funded patients.

Patients of all ages, including those aged less than 18 years, are seen and medically treated at both the

# Summary of this inspection

locations. There is a surgical list undertaken twice a month at BPAS Peterborough for patients requiring surgical termination of pregnancy. Counselling services are offered to all patients before and after their treatment and are provided face to face or by telephone.

The service is provided from a discretely located secure building. Appointments are made through a 24-hour appointment booking centre. The external door is locked and entry is authorised via an intercom system. The building is not purpose built and has been modified to provide five consulting rooms, one treatment room and two screening rooms. There are car parks and public transport close by and there are facilities in place to support people with a physical disability.

The service performed medical and surgical termination of pregnancy. Early medical termination of pregnancy treatments and medical termination of pregnancy were performed up to ten weeks gestation and surgical treatment under local anaesthetic, no anaesthetic or conscious sedation was performed up to 13 weeks and six days. The service did not provide any procedures under general anaesthetic.

During the inspection we spoke with seven staff including registered nurses, health care assistants, reception staff, medical staff and senior managers. We spoke with four patients. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had been inspected previously in May 2016.

Activity (January 2018 to December 2018):

- In the reporting period January 2018 to December 2018 the service undertook 1130 early medical abortions and 156 surgical termination of pregnancy.
- No children under 13 years old were treated at the service within the reporting period.
- One surgeon worked at the service under practising privileges. The accountable officer for controlled drugs (CDs) was the treatment unit manager.

Track record on safety (reporting period January 2018 to December 2018)

- There were no never events between January 2018 and December 2018.
- There were no serious incidents between January 2018 and December 2018.
- There were no patients transferred to another care provider between January 2018 and December 2018
- The service had received three complaints between January 2018 and December 2018

## **Services provided at the hospital under service level agreement:**

- Clinical and or non-clinical waste removal
- Interpreting services



# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as **Good** because:

- 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 had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste appropriately.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient 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.

However, we also found the following issues that the service provider needed to improve:

- The service did not consistently follow best practice when prescribing, giving, recording and disposing of medicines. Medicines were drawn up in advance of surgical lists, against national guidance. Controlled drug records showed that they

Good



# Summary of this inspection

were not always disposed of in line with BPAS policy. Nurses signed the anaesthetic record during surgical termination of pregnancy when it should have been the surgeon to denote that they were prescribing them.

## Are services effective?

We rated effective as **Good** because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

**Good**



## Are services caring?

We rated caring as **Good** because:

- Staff within the service were highly motivated to offer care that was kind and promoted patient's dignity. All interactions between staff, patients and their relatives that we observed were caring, respectful and supportive.
- Staff within the service had the patient's wellbeing and comfort at the forefront of their minds during all interactions that we observed. We observed a patient receiving an anti-D injection prior to their treatment, the nurse had called ahead for the drug to be removed from the fridge five minutes prior to the injection so that it wouldn't be too cold when injected in the patient's arm.

**Good**



# Summary of this inspection

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Are services responsive?

We rated responsive as **Requires improvement** because:

- People could not always access the service when they needed it. A high proportion of patients waited longer than two weeks from first contact to treatment which was outside of Required Standard Operating Procedures (RSOP) as specified by the Department of Health. Actions had been put into place to reduce this.

However, we also saw:

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

**Requires improvement**



## Are services well-led?

We rated well led as **Good** because:

- Leaders had the integrity, 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.
- 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. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and teams identified and escalated relevant risks and issues and identified actions to reduce their impact.

**Good**



# Summary of this inspection

- 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.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. All staff were committed to continually learning and improving services.

However, we also found:

- We were not assured that there were effective governance systems in place to monitor medicines management within the organisation. There were not effective processes in place to monitor medicines practices to ensure they complied with policy. Monthly audits had not identified concerns with signing practices we had identified on our inspection or identified that staff were not always drawing up medicines in line with policy.
- The Provider had a formalised strategy which set out the service's goals and ambitions for the following year. However, staff within BPAS Peterborough were not aware of the formal strategy but were aware of wider projects and innovations within the service.






# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

# Termination of pregnancy

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

## Are termination of pregnancy services safe?

Good 

### Mandatory training

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

- Staff undertook a system of annual mandatory training to ensure they remained suitably skilled for the role they provided. The service’s overall mandatory training compliance rate was 98% at the time of our inspection. Mandatory training was completed either by E-learning or via face-to-face sessions. Topics for mandatory training included basic life support, immediate life support, health and safety, Control of Substances Hazardous to Health (COSHH), fire safety, manual handling, information governance, infection control and safeguarding vulnerable groups (level three).
- The service ensured that all staff were trained to appropriate levels of safeguarding. All members of staff at the Peterborough treatment unit were trained to Level 3 in children’s and adults safeguarding.
- In addition to the training topics outlined above, additional training was available. Topics included patient support skills, conscious sedation, counselling skills, and ultrasound scanning. We saw that appropriate staff were up to date with this training.
- The service had a deteriorating client policy which covered sepsis management which was in date and ratified. Staff were aware of the policy and knew how to find it on the service’s intranet. Staff told us that they

had been taught about sepsis and made aware of the policy at their conscious sedation training. The service utilised a sepsis flowchart in the patient records for patients receiving a surgical termination of pregnancy.

### Safeguarding

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

- Safeguarding systems and processes ensured patient safety. The service had a safeguarding vulnerable adults policy which was in date and ratified and contained details on recognising and reporting abuse.
- The service had up-to-date policies for Prevent and domestic abuse, which gave clear guidelines to staff on how to identify and escalate concerns. Prevent is the UK’s counter terrorism strategy to safeguard people and communities from the threat of terrorism. The policies were accessible to staff on the service’s intranet and staff that we spoke to were able to tell us where they could find the policies.
- The domestic abuse policy included information for staff on recognising and reporting female genital mutilation (FGM), this was ratified and in date. A risk assessment for FGM was completed and if indicated, concerns were reported to the police and social services. Staff we spoke with were aware of what FGM was and what to do if a patient disclosed that they had it.
- All staff undertook the services inhouse training ‘Safeguarding Vulnerable Groups’ every two years. We saw that 100% of staff were compliant with the training at the time of inspection. The training included the

# Termination of pregnancy

topics of child sexual exploitation (CSE) and female genital mutilation (FGM). Staff that we spoke with had an awareness of CSE and how to escalate any concerns they had.

- Staff within the service were aware of how to share information with external safeguarding and child protection agencies. Staff referred to safeguarding services using an online referral form on the local authorities website.
- Staff we spoke with were aware of who the safeguarding lead nurse was, and how they would escalate safeguarding concerns to relevant people within the service. Staff said that the lead nurse for safeguarding was responsive when advice was needed.
- Staff placed a discreet flag on the electronic patient record system and paper notes when a safeguarding concern was raised. This ensured all staff caring for the patient were aware of the concern even if the patient then attended a different treatment unit.
- The service had systems and guidance in place for ensuring the safety and safeguarding of patients under 18 years old. All patients aged under 18 had a safeguarding risk assessment form completed as part of their consultation.
- Staff within the unit kept a safeguarding log on a secure computer system. This meant the progress of safeguarding referrals was monitored and managers ensured follow up actions were taken in a timely manner.
- We reviewed the care record of a patient who was under 16 years old and had attended the service. We saw that, in line with the service's policy, a safeguarding risk assessment was completed, and referral made to the service's safeguarding lead. Staff had identified triggers that would lead to a safeguarding referral including the ages of the patient and their partner and the patient's history of mental health. The patient's safeguarding referral was logged onto the services safeguarding log and we saw that any actions to be completed had been reviewed by staff.
- The service had a process in place when a child under 13 years of age requested treatment. The process involved contacting the service's safeguarding lead. The service would refer to the NHS for treatment if they assessed that the service was not the place for the child because of any special needs the child may have.
- The service ensured that they met the psychological needs of children and adults by offering both pre and

post-abortion counselling to all patients and children using the service. We saw that staff documented offering this to patients in the care records we reviewed.

Information on counselling was also given to patients in the 'My BPAS guide' that was provided to all patients accessing the service. This was in accordance with the department of Health's 'procedures for the approval of independent sector places for the termination of pregnancy (abortion)' required standard operating procedure (RSOP) 3 and 14 which state that all women should be offered the opportunity to discuss their options with a trained pregnancy counsellor.

- Patients who attended the service were given the opportunity to disclose any safeguarding concerns they may have during a private moment when a relative, partner or friend was not present. The service ensured that patients either had their consultations with staff alone or that relatives were asked to leave the room for part of the consultation in order to ask the patient questions around safeguarding.
- The service had systems in place to make sure the identity of the patient accessing the service remained confidential at all times including a system where staff did not announce patient's full names at open reception areas. We saw that when staff were discussing patient's cases that they ensured that the reception shutter was closed.

## Cleanliness, infection control and hygiene

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

- At the time of our inspection the waiting room, consulting rooms and wards were visibly clean and clutter free. Staff kept up-to-date cleaning logs of cleaning tasks which needed to be completed and signed for either weekly, daily, or monthly.
- Staff used control measures to prevent the spread of infection. There were hand washing facilities and alcohol hand gel available in consulting rooms and throughout the treatment unit. We saw staff, patients and visitors used these and staff followed the World Health Organisation 'Five Moments for Hand Hygiene' and 'bare below elbows' guidance.

# Termination of pregnancy

- Personal protective equipment (PPE) was available and staff used this when delivering care and treatment. We observed staff wiping equipment such as blood pressure cuffs with alcohol wipes after being used.
- Senior staff carried out a monthly audit of infection control measures using the BPAS Infection Control Essential Steps Audit Tool. The tool looked at four areas, hand hygiene, the use of personal protective equipment (PPE), aseptic technique and use and disposal of sharps. The service set a target of 100% compliance with infection control procedures. We reviewed the monthly audits for May to December 2018 and saw that the service had a 100% compliance rate.
- Staff used green 'I am clean' stickers to indicate equipment had been cleaned and was ready for use. We saw these in use across the service and all equipment we reviewed had been cleaned within the previous 24 hours indicating that equipment was cleaned regularly.
- Clinical waste was stored in a large, locked clinical waste bin located inside one of the store rooms. This was collected weekly by an external contractor.
- The organisation had link nurses for infection prevention and control (IPC) who advised staff on IPC issues and conducted monthly IPC audits. We spoke with the service's IPC link nurse who told us that they attend an annual link nurse day to receive updates from the organisation's national lead for infection control.
- The service did not use any reusable medical devices in the treatment room. All devices used for surgery were single use and disposed of appropriately into clinical waste.
- However, we observed a member of staff dispose of a digital ear thermometer hygiene cover into domestic waste bin. The hygiene cover may have been contaminated with bodily fluid and therefore should have been disposed of in the clinical waste bin in line with the Department of Health's Health Technical Memorandum 07-01. We raised this with the member of staff who agreed to dispose of them correctly in future and we observed this change of practice in a subsequent consultation.
- All maintenance certificates were held by the maintenance manager at corporate level and logged onto a central electronic file which could be accessed by senior managers within the treatment unit and the company head office. We saw that all equipment within the service had been serviced within agreed timescales.
- The service had suitable premises. The service was located on the ground floor of a set of office buildings near the city centre and train station. The entrance to the treatment unit was monitored with secure, controlled access.
- The service had risk assessments in place for the event of a fire or emergency transfer. In the event of an emergency transfer the service had an emergency exit located close to the treatment room which would enable a patient to be transferred out of the premises swiftly and without having to go through the main reception area.
- We checked the resuscitation trolley which was located between the treatment room and recovery. It was stored in line with Resuscitation Council (UK) guidelines. Staff carried out daily checks on treatment unit days of the defibrillator and resuscitation trolley drawer contents. A defibrillator is a portable electronic device used to treat patients by assisting the heart to re-establish an effective rhythm. We reviewed the checks for April and May 2019 and saw they were completed on all days the treatment unit was open.
- Where patients did not have specific wishes regarding disposal, pregnancy remains were labelled with an individual case number and stored separately from other clinical waste in locked freezers before being sent for disposal in line with Human Tissue Authority and Royal College of Nursing guidelines. Freezers to store pregnancy remains were in a locked room beside the treatment room. The pregnancy remains were sealed in an insulated airtight container and were collected by an authorised carrier bi-weekly. A full audit trail was maintained at the unit.
- Since our previous inspection the service had upgraded the treatment room and purchased an additional ultrasound scanner so that more patients could be seen in a timelier manner. The service had plans in place and a business case agreed to refurbish the service's reception area. The plans included lowering the reception window to ensure that the area was more inclusive for wheelchair users.

## Environment and equipment

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



# Termination of pregnancy

## Assessing and responding to patient risk

### Staff completed and updated risk assessments for each patient and removed or minimised risks.

Staff identified and quickly acted upon patients at risk of deterioration.

- All patients were assessed by a nurse or midwife prior to treatment. This assessment included a review of the patient's medical history, confirmation of identity and allergies, confirmation of when the patient had last had something to eat and drink and a medical examination. At assessment staff explained to patients they would be given antibiotics following surgical treatment to reduce the risk of infection. An ultrasound scan was performed to confirm the gestation period, viability, multiple gestations and the location of implantation in early pregnancy.
- The service ensured that assessments of patient's eligibility for abortion were conducted. The service had processes in place to ensure that patients who required specialist care were referred as soon as possible to an appropriate service. There was a process in place for staff to refer to the BPAS suitability team for medical review if they were uncertain of a patient's suitability for treatment at the centre.
- We saw patients were asked about allergies at their consultation and again in the treatment room. If a patient had an allergy staff wrote this on their wristband and put a red alert sticker on the paper notes to alert all staff through the patient's care journey. We saw patient allergies were documented in all five patient records we examined.
- We reviewed five patient records and saw that all patients had been assessed for risk of venous thromboembolism (VTE). VTE is a condition where a blood clot forms in a vein.
- There was a clear and documented protocol for the transfer of patients to NHS care in the event of complications. The service had a service level agreement with the local NHS hospital and we saw a poster in the treatment unit reminding staff of the protocol in the event of an emergency transfer. This included filling out a transfer sheet with information on the patient's medical issues, allergies and when they last ate and drank. Staff we spoke with were aware of the protocol and the escalation process to follow in the event of a major haemorrhage.
- Staff monitored patients undergoing surgical termination of pregnancy using a modified early warning system (MEWS). MEWS is used to monitor patients and recognise any deterioration in their condition. The service had a policy for the 'Management of the Deteriorating or Septic Client'. This was ratified and in date and outlined clearly for staff when and how to use MEWS and escalate to senior staff appropriately. Completion of MEWS was audited as part of the services bi-yearly conscious sedation and local anaesthetic audits. We saw that for February 2019 the service achieved a 100% completion rate for MEWS.
- We observed staff taking observations of patients in recovery using MEWS and repeating these appropriately according to the patient's condition. Staff we spoke with were able to describe the process to escalate a deteriorating patient.
- The service used a modified Surgical Safety Checklist based on the World Health Organisation (WHO) and five steps to safer surgery checklist. WHO checklists are a tool designed to improve the safety of surgical procedures. Staff could access specific instructions on how to use the BPAS Surgical Safety Checklist from the Perioperative Care Policy and Procedure, which was ratified and in date. We observed surgical staff engaging well and completing the checklist before and after surgery.
- The service managers audited the use of surgical safety checklists for conscious sedation and local and local anaesthetic every six months. We saw that the February 2019 audit had a compliance rate of 100%.
- The service held a huddle in advance of the days surgical list during which there was clear allocation of surgical roles. During the huddle any potential issues were highlighted prior to the commencement of the list, such as patient allergies or notable medical histories. The huddle set out the roles staff would take on in the event of an emergency including lead for resuscitation and calling an ambulance.
- The service had a 24-hour telephone helpline for patients to contact if they became unwell outside of treatment unit opening hours or had worries or concerns following their treatment. Helpline staff signposted patients to relevant providers for support and advice. Prior to discharge staff advised patients about how to use the 24-hour helpline if they felt unwell and highlighted the contact number in the patient information booklet provided.

# Termination of pregnancy

- We reviewed the conscious sedation policy, this was in date and ratified. This outlined clear criteria and protocols for when conscious sedation could be administered without an anaesthetist present. There were three members of staff who were trained in conscious sedation. We saw data that demonstrated that their training was in date. This meant the nurse responsible for monitoring the patient's airway throughout the procedure on the day of our inspection had up to date training and the procedure was in line with BPAS policy.
- The conscious sedation policy included the parameters under which the procedure could be carried out including exclusion criteria such as patients with liver disease, patients who are morbidly obese and patients with limiting mouth opening that would make ventilation difficult. Senior leaders told us that conscious sedation was undertaken for patients with less than 14 weeks gestation and that the service did not use an anaesthetic induction agent. The policy detailed the list of medicines the service would use to induce conscious sedation.

## Nurse staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.** Managers regularly reviewed and adjusted staffing levels.

- The service employed three registered nurses and six members of administrative staff. The service had a vacancy for one registered nurse which they were actively recruiting for at the time of our inspection.
- The service had a policy for minimum clinical staffing levels, which was ratified and in date. On the day of our inspection the nurse staffing levels exceeded the numbers in the policy.
- On the day of our inspection there were four registered nurses working at the treatment unit. One nurse was in the recovery area monitoring patients post-operatively. Two nurses were undertaking pre-operative consultations and early medical abortion consultations. There was a nurse assisting the surgeon in the treatment room. There was a healthcare assistant in the

treatment room assisting with theatre nurse and surgeon. The service had two clinical care coordinators who performed both administrative tasks and performed part of the initial consultation.

- The service did not use agency staff but did use bank nurses from BPAS and other nurses within the organisation would at times come to assist at the treatment unit in the event of staff shortages.

## Medical staffing

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

- Medical staffing was provided by doctors working remotely and within the centre. The remote doctors were employed by BPAS; their role was to review patients' case notes and medical histories prior to signing the HSA1 forms and prescribing medications.
- Surgical termination of pregnancy lists were performed at BPAS Peterborough twice a month and this list was supported by one doctor working under practising privileges. 'Practising privileges' is a term that is used in legislation and defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as: 'the grant, by a person managing a hospital, to a medical practitioner of permission to practise as a medical practitioner in that hospital'. The service had an up to date practicing privileges certificate and general medical council registration certificate for the surgeon working on the day of our inspection.

## Records

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

- Individual care records were written and managed in a way that kept people safe. They were detailed but clear allowing staff to deliver safe care and treatment in a timely and accessible way.
- Records we viewed showed that before surgery patients has a pre-operative assessment to identify any areas of risk.
- Patient's reasoning for having an abortion was clearly documented in the records alongside discussions around contraception and the different types of procedures.

# Termination of pregnancy

- The service ensured that wherever possible the patient's general practitioner (GP) was informed about any treatment for termination of pregnancy. Staff asked for consent to write to the patient's GP as part of the service's consultation. We saw that the discharge letter sent to the GP included information on the treatment the patient had received. This detailed whether they had received an anti-D injection and the dates that the patient had a post-operative appointment or the date that they were due to take a pregnancy test following the procedure. Patients were provided with a copy of this letter and were advised to take this to the emergency department if they had any issues.
- The service audited records monthly and submitted this information as part of their quality dashboard. In the audits we looked at from January to June 2019 we saw that the service scored an average of 99%.
- The service stored records securely on site for six months in locked cabinets before sending them for external archiving.
- Following our inspection, the service sent us an updated copy of the Conscious Sedation Policy, dated August 2019 which had "removed permission to draw up five syringes of sedating medications or flush in advance of use".
- We were not assured that medicines were always prescribed appropriately for patients undergoing a surgical termination of pregnancy. The medicines record in the patient records was completed by the registered nurse and not the surgeon prescribing the medicines. We raised this with the surgeon who told us that they would investigate this and possibly suggest altering the form to ensure that the surgeon signs for the medicines.

## Medicines

### **The service did not consistently follow best practice when prescribing, giving, recording and disposing of medicines.**

- We observed nursing staff drawing up normal saline and local anaesthetic into syringes prior to the arrival of the surgeon for the surgical list. This practice is not in line with guidance issued by the Royal College of Anaesthetists and the Royal Pharmaceutical Society which was adopted by the Nursing and Midwifery Council in 2019. The service's conscious sedation policy, dated March 2018, stated that up to five syringes of fentanyl midazolam and flush could be prepared ahead of time in separate labelled syringes. Following our inspection we requested that the service provide us with a risk assessment into the practice of drawing up syringes in advance. The service told us that whilst they did not have a formal risk assessment, they had conversations involving the services medical director, director of nursing and director of operations about the decision and the policy was reviewed by the service's clinical advisory group and ratified by the clinical governance committee.
- Medicines were stored safely and securely, in locked medicine cupboards within a treatment room. There was a system in place to check that all medicines were within date and suitable for use.
- Controlled Drugs (CDs), medicines that require additional controls because of their potential for abuse, were managed effectively. The service kept a register check for controlled drugs. We saw that appropriate checks were carried out on days that the service was open.
- Managers told us staff must comply with the BPAS medicines management policy and procedure. We reviewed the policy and saw it referenced legislation and standards laid down by the relevant professional bodies, for example the Nursing and Midwifery Council (NMC), the General Medical Council (GMC). The policy was ratified and in date.
- However, the service did not always dispose of medications in line with the service's medicines management policy which stated that "controlled drugs obtained as stock may only be destroyed in the presence of a witness authorised by the accountable officer". We saw that on five occasions there was only one signature in the controlled drugs register for the disposal of medicines which meant that the disposal had not been witnessed.
- There were medicines available for use in an emergency and these were checked regularly. Medicines requiring cold storage were kept in a refrigerator within recommended temperature ranges and this was monitored regularly.

# Termination of pregnancy

- The organisation had pharmacist who worked for them nationally and was responsible for ordering medicines. A registered nurse within the service monitored stock rotation and ordering locally.
- The service stored medical gases in line with manufacturers guidelines. We observed two cylinders that were held on wall brackets in a store room with a sign on the door to indicate the presence of compressed gas cylinders.

## Incidents

**The service managed patient 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.

- Incidents were reported through the services electronic system. Incidents were investigated by local managers with the oversight of the service's clinical lead. All serious incidents were investigated by the organisations clinical risk manager.
- The service reported no never events between January and December 2018. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- The service reported no serious incidents between 1 January and 31 December 2018. Managers told us that in the event of a serious incident it would be referred to the patient safety team who investigated serious incidents using a root cause analysis approach. A root cause analysis is an investigation of adverse incidents to identify system failures and areas for service improvement. The service's managers told us that they received a serious incident investigation report bi-monthly which shared information on serious incidents across the organisation. The report had a signature sheet to ensure that the learning from incidents was disseminated to all staff within the organisation.
- Staff we spoke with told us they knew how to report incidents and gave examples of incidents they would

report. Staff reported incidents on an electronic system and told us they were encouraged by managers to do so. However, staff told us they didn't previously report all incidents due to the system being clunky and inconvenient but were now being encouraged to report more frequently. Staff gave examples of recent incidents they had reported such as surgical lists not starting on time.

- Staff discussed any incidents, near misses or concerns as part of the debrief on surgical days at the site.
- Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff that we spoke with were aware of the duty of candour and could provide examples of scenarios where they thought it should be applied.

## Are termination of pregnancy services 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 service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance through completing observational audits of staff carrying out care and treatment for surgical procedures and early medical abortion. Staff took account of best practice guidelines and standards such as the sepsis screening and action tool recommended by the UK Sepsis Trust.
- The service was compliant with the Royal College of Obstetricians guidance 'the care of patient requesting induced abortion'. In accordance with this guidance the service made available information about the prevention of STI's and offered condoms for STI prevention to all patients undergoing abortion. We saw that different methods of contraception were discussed with patients at the initial assessment and we observed that plans were agreed and documented for

# Termination of pregnancy

contraception after treatment. The service did their utmost to ensure that patients left the facility with effective contraception and with information about where to go for further advice or treatment of symptoms, emotional problems or for contraception if it was declined at the time of the procedure.

- In accordance with the department of Health's 'procedures for the approval of independent sector places for the termination of pregnancy (abortion)' required standard operating procedure (RSOP) 9 the service indicated the gestations and methods they offered. The service provided early medical abortions, and medical termination of pregnancy up to ten weeks gestation and surgical treatment under local anaesthetic or conscious sedation up to 13 weeks and six days.
- In accordance with RSOP 13 the service offered and supplied a variety of methods of contraception, including long acting reversible contraceptive (LARC) injections, intrauterine devices and the contraceptive pill. The surgeon performing the procedure was trained for LARC.
- A trained pregnancy counsellor offered patients the opportunity to discuss their options and choices in line with Department of Health RSOP 14, which states counselling should take place as part of the consent process.
- Staff followed BPAS policy and procedure on The Patient's Wishes Regarding the Foetus and the Disposal of Pregnancy Remains. This referenced best practice guidelines from the Human Tissue Authority and Royal College of Nursing on the disposal of pregnancy remains. We saw that staff followed the policy during surgical procedures and pregnancy remains were stored separately and securely in line with Human Tissue Authority and Royal College of Nursing guidelines.
- The service received updates on changes in national guidance and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts through the service-wide 'red-top alerts'. The red top alerts had a signature sheet and it was the treatment unit managers responsibility to ensure that all members of staff had read and signed. The organisation's Director of Nursing decided on the content of red-top alerts.

## Nutrition and hydration

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

- Patients were offered hot and cold drinks and biscuits after surgery to aid their recovery.
- Staff asked patients and their carers if they wanted refreshments during their stay. A water machine and a hot drinks machine was available in the waiting area.
- Patients received an information booklet 'My BPAS Guide' during their consultation which included information on fasting before treatment. Patients could access clear advice on eating and drinking before undergoing conscious sedation on the BPAS website. We saw staff checked the last time patients had ate or drank during their admission appointment on the day of surgery.

## Pain relief

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

- Staff assessed and monitored patients regularly to see if they were in pain. They gave additional pain relief to ease pain.
- Women were routinely offered pain relief such as non-steroidal anti-inflammatory drugs during surgical termination of pregnancy.
- We observed patients being asked if they were in discomfort or pain. Patients we spoke with told us that they felt that the service had managed their pain well and provided them with comprehensive information on what to do should they experience pain post-treatment.
- During consultations, staff gave patients advice on managing their pain after discharge and gave written information on pain relief. We saw that staff documented that they had given advice on pain relief in the patient records.

## Patient outcomes

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

- We saw that the service monitored specific outcomes as per Royal College of Obstetrics and Gynaecologists (RCOG) guidelines.
- BPAS monitored performance monthly using a clinical dashboard. The success and complication rate of medical and surgical procedures were gathered

# Termination of pregnancy

quarterly. Audit of outcomes including waiting times for treatment and pathways of care, information provision, pre-abortion assessment, abortion procedures and care after the abortion were completed.

- We observed the services audit results from January to June 2019 and saw that the service had conducted two audits into conscious sedation and had scored 100% compliance in both. The service had also scored 100% compliance with two audits in nursing management of local anaesthetic patients in the same period. The service performed one audit into early medical abortion in the reporting period. The compliance rate for this audit was 100%.
- Between April 2018 and March 2019 the service had an overall complication rate of 1.17%. Complications included the following: one incomplete abortion, one haemorrhage, one retained non-viable pregnancy, one infection, endometritis and one instance of retained pregnancy parts. Complication rates were discussed as part of the area manager and treatment unit manager meetings held every two months. The organisation compared complication rates across different sites by featuring them in the exception reports which were sent to the organisations Quality Risk Committees and the Clinical Governance Committees
- Waiting times were monitored as a patient outcome. Data provided showed that the service had a target of seven days from booking to pre-treatment. Between April 2018 to March 2019 an average of 21% of patients had their appointment within 7 days.

## 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.

- The service made sure staff were competent for their roles. Managers appraised staff's performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Before our visit the service provided information that showed 100% of nursing and administrative staff had undergone an appraisal in the last 12 months.
- The organisation's national medical director conducted appraisals of employed medical staff
- All new nurses had a supernumerary period of 12 weeks when they first started which gave them time to

complete their ultrasound scan training and to develop their skills and competencies before being part of the staffing rota. We viewed data that confirmed that all relevant members of staff at BPAS Peterborough had undertaken ultrasound scanning training.

- New staff completed two-day face to face ultrasound training at a national BPAS treatment unit. The member of staff was then allocated a work-based mentor who was an experienced practitioner and supervised the first 50 ultrasound scans for that individual. Following completion of this the staff member was assessed at the national base by an ultra-sonographer and then became an accredited practitioner. Scans were audited every two years by the clinical lead in line with the provider policy as well as the staff member completing a case study.
- The service manager kept a log of all staff member's competencies. We reviewed the competency record for one registered nurse and saw that they had a completed the BPAS abortion consultation competency framework and log book. This included competency checks for ultrasound scanning and evidence of additional training including safeguarding, consent workshop, miscarriage management, contraception fundamentals, conscious sedation workshop, sexually transmitted infections workshops, patient group directive training and client support skills training.
- The service ensured that all relevant staff completed the appropriate level of resuscitation training. We reviewed the training records and saw that 80% of relevant staff were up to date with their basic life support training. There was only one member of staff who was not up to date with their training and they were booked onto an upcoming course.
- The service ensured that therapeutic support offered to patients was provided by appropriately trained and experienced staff. Staff who provided post abortion counselling completed the BPAS Client Support Skills and Counselling & Self Awareness courses. This training was designed to provide staff with skills specific to supporting patients with making decisions about their pregnancy. The service also provided BPAS Post Abortion Counselling training. The service ensured that trained staff accessed counselling supervision with peers from other treatment units which was led by the head of client care.
- The service didn't provide a specific training session on sepsis but it formed a part of the services training on

# Termination of pregnancy

conscious sedation. In addition to this training the service's lead nurse had led a sepsis training exercise for the service's nurses but the service did not have records of who had attended this training. We did however see that all relevant staff within the service had undertaken conscious sedation training.

## Multidisciplinary working

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

- We saw positive examples of team working between nurses, health care assistants and the surgeon.
- The service held a team debrief on surgical list days which we observed all members of staff attending and inputting into. Staff were given the opportunity to explain how they felt the day went and how the team could work together to improve.

## Seven-day services

- The service offered treatment three days a week from 9am until 5pm Tuesday to Thursday. Patients could access advice and support throughout the year from a free telephone helpline which was available 24 hours a day, seven days a week.

## Health promotion

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

- We saw information and leaflets displayed in communal areas for other health promotion services such as family planning and sexual health services. During our inspection we saw staff discussed contraception with patients and we observed patients leaving with some form of contraception.
- Staff offered sexually transmitted infection and chlamydia screening to all patients under 25 as part of a national screening programme.

## Consent and Mental Capacity Act

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

- Staff within the service had a good understanding of consent and could provide examples of where they had ensured that consent was freely given. For example, a registered nurse told us that they had refused to provide a patient with a contraceptive injection because they had withdrawn their consent, this was despite the patient's carer pressuring the nurse to provide the injection.
- All staff taking consent completed a one day training course on consent before doing this with patients. This included looking at a number of different scenarios and completing reflective practise. At the time of our inspection the compliance with consent training was 100%.
- We viewed five patient records and saw all had signed consent forms.
- Staff completed a Gillick competency assessment for all patients under 16. The Gillick competency test help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. They are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
- Staff told us that all patients attending the service for treatment are given time on their own with the nurse during their appointment. This was to ensure they were seeking an abortion voluntarily.
- We saw staff asked consent from patients before sending a copy of their discharge letter to their GP.

## Are termination of pregnancy services caring?

Good 

## Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and went over and above to take account of their individual needs.**

- Staff within the service were highly motivated to offer care that was kind and promoted patient's dignity. All interactions between staff, patients and their relatives that we observed were caring, respectful and supportive.
- The surgeon performing the surgical termination of pregnancy spoke with each patient prior to their

# Termination of pregnancy

treatment with an individualised approach on how they could make each patient feel comfortable. They asked each patient what concerns they had about the procedure and wherever possible they tried to address them. For example, one patient said they were anxious about hearing the sound of the vacuum in the treatment room. In response the surgeon used a manual evacuation syringe and explained there wouldn't be the same sound to alleviate the patient's anxiety. Another example was a patient who was anxious about feeling nauseous during the procedure. The surgeon prescribed an anti-emetic medicine (an anti-sickness medicine) for the patient so that they would not have to feel nauseous during their procedure. Another patient had anxiety about being alone during the procedure, so staff provided their partner with suitable clothing and allowed them to be in the treatment room and hold the patient's hand whilst they had the procedure. The staff had taken the time to understand each patient's anxieties and had tried to help to the best of their abilities.

- There was a strong, visible person-centred culture. Consideration of patient's privacy and dignity was consistently embedded in everything the staff did. One patient had returned to the treatment unit on the day of our inspection after bleeding heavily, staff ensured that she was assessed by the surgeon and provided her with reassurance and clothing to ensure she was comfortable leaving the treatment unit.
- Every attempt was made by staff to protect patient's confidentiality at all times. We saw staff closing the reception window before having any discussions which involved patients' names and that they only called patients by their first names in the waiting room to ensure patient's privacy was respected. Staff ensured that they asked patients consent to share their details with the GP or other agencies as appropriate and respected where this was declined.
- We looked at thank you cards the service had received and saw that in one instance a patient had thanked staff for being kind and providing her with a place to study in a spare consultation room when she had attended the service as she had an exam the following day.
- Feedback from people who used the service and those close to them was continually positive about the way staff treat people. We reviewed the service's recent feedback forms and saw that comments from patients included: "exceptional staff and care, made me feel so

comfortable from the moment I arrived", "staff are non-judgemental which made the whole process easier for me", "staff made me feel safe and comfortable" and "everyone we dealt with were warm and understanding".

- Patients felt really cared for and that they mattered. We spoke with four patients who used the service on the day of our inspection. They told us that staff had been "respectful, compassionate and attentive" and that they had "felt looked after".

## Emotional support

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

- The service offered patients counselling both before and after an abortion from staff who had completed additional training. Abortion counselling was a free service to all BPAS clients, and could be accessed any time after their procedure, whether this was the same day or many years later.
- We observed staff support patients during consultations and following treatment. Staff gave patients the time and opportunity to discuss how they felt. Staff explained that they could contact the BPAS service for counselling if they felt this was needed. Nurses and clinical care coordinators facilitating consultations and early medical abortions, supported patients to achieve this when possible.
- The service had a chaperone policy and patients could request a formal or informal chaperone accompany them to provide emotional support and reassurance during intimate examinations.
- The organisation offered free counselling services to staff which were independent and confidential to ensure staff felt supported in both a professional and personal capacity.
- Patients valued their relationships with the staff team and felt that they went "the extra mile" for them when providing care and support. One patient told us that they felt they had been "listened to and cared for" by staff as she was suffering from hyperemesis (severe nausea and vomiting) and that staff had been understanding and did what they could to support her when she felt that other services had not listened to her concerns.

## Understanding and involvement of patients and those close to them



# Termination of pregnancy

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

- Patients who used the service and those close to them were active partners in their care. Staff within the service were fully committed to working in partnership with people. Staff within the service ensured that patients were given the opportunity to take information away with them to inform their decision making. The service gave all patients a “My BPAS guide” which provided information on different treatment types, STI testing, the assessment process, how to complain, recovery and care and comfort. Staff took the time to explain different types of contraception and to try and understand each patient as an individual and how different types of contraception would be suited to individual lifestyles.
- Staff ensured patients were informed about postoperative care and complications by advising patients of what to do in the event of bleeding and excessive cramping both verbally during consultations and in the information leaflet provided to all patients. We observed a patient receiving an early medical abortion and saw that the nurse provided the patient with information on what to do in the event of bleeding or a positive pregnancy test, explained the 24-hour helpline and explained the treatment the patient was about to receive. The nurse ensured she asked the patient if she had any questions and ensured that the patient knew to call the helpline if she had any questions at a later time.
- We observed that staff explained what they were about to do and why to patients at all times to keep them informed and at ease. Staff allowed time to explain treatment and contraception options fully to patients and were respectful that some patients needed longer than others to consider the information. Staff ensured that each patient was given the time they needed to understand and consider the information they were providing.
- Patients we spoke with who had used the service told us that they felt they had been provided enough information about their treatment and that they felt they could ask questions if they needed to. They told us that, where appropriate, staff had given their partners the opportunity to be involved during the process and to ask any questions they had.

- Staff across the service ensured that people who used the service and those close to them were able to find further information including community and advocacy services and supported patients to access these. The service had a policy in place for domestic abuse which detailed how staff should support patients going through different types of abuse including domestic violence, female genital mutilation and emotional abuse. The policy detailed different advice and support telephone lines that could be offered to women. Staff recognised that patients needed to have access and links with advocacy and support networks and supported people to do this. Staff we spoke with were aware of the policy and were passionate about protecting patient’s safety and referring them to support services should they need to.

## Are termination of pregnancy services responsive?

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.

- BPAS Peterborough was located in the town centre and was well served by public transport. The service opened 9am until 5pm Tuesdays, Wednesdays and Thursdays every week for early medical abortions and provided surgical termination of pregnancy treatment twice a month on a Thursday.
- Patients booked appointments via the BPAS Contact Centre, which was available from 7am to 11pm for telephone booking and service information. Patients were able to choose their preferred treatment option and location, subject to their gestation and medical assessment. They could also choose an appointment at another provider in the area if that best met their needs.
- The organisation had a capacity manager with overview of appointment availability across the whole of BPAS. They worked with unit managers at BPAS to amend templates and add appointments were necessary to ensure patients were seen at their chosen treatment unit whenever possible.

# Termination of pregnancy

- The service integrated with other healthcare providers in the area to ensure that patients attending treatment units received the best possible care. The service's treatment unit manager had recently attended a workshop held by the local clinical commissioning group on teenage pregnancy.
- Patients who used the service could opt in to have a text message reminder for taking a pregnancy test after having an early medical abortion.

## Meeting people's individual needs

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

- The service took account of individual needs. All staff in the service completed training in 'Welcoming Diversity' which equipped staff to recognise different cultural needs and beliefs. The training gave staff the knowledge and skills to support patients to make reproductive choices.
- The service did not provide any procedures under general anaesthetic. Patients wishing to have a general anaesthetic were offered the choice to attend a BPAS site that did offer this service.
- BPAS Peterborough had disabled access and facilities for wheelchair users.
- Staff could access telephone interpreting services for patients whose first language was not English. Information on how to access this was clearly displayed in consulting rooms and treatment unit areas. Staff told us they always used professional interpreters and not relatives and friends, to ensure confidentiality and that the right information was given and received. When the need for an interpreter was identified on an initial telephone call, staff placed a flag on the electronic patient record system so this could be booked in advance of the appointment. Information leaflets, including the 'My BPAS' guide were available in different languages.
- Staff ensured patients were given the opportunity of making an informed choice about the disposal of pregnancy remains. A range of leaflets were provided. These included "here to help after termination" leaflets, counselling access and pregnancy remains cremation. We saw evidence that discussions about pregnancy remains had occurred with patients in the patient

records that we reviewed. There were processes in place to keep pregnancy remains for private burial or criminal investigations. We saw that separate containers were used in these instances and that the service kept a log of the remains.

- Arrangements were in place so that patients receiving treatment for early medical abortion were given the opportunity to be supplied with the second medication (misoprostol) to take away and administer at home. The service offered this to patients upon a completion of a risk assessment for suitability. The services early medical abortion clinical guidelines contained information on the process to follow for women who wished to take misoprostol at home this included that this should only be offered for women less than 70 days gestation. The service ensured that it was clearly documented on their prescribing system and in the patient records that the medication was to be taken at home. We saw that the service had in place controls to account for the TTO packs including a register of the packs in stock.

## Access and flow

**People could not always access the service when they needed it. Waiting times from referral to treatment were not in line with national standards. The service leads were undertaking work to improve capacity at the treatment unit to improve waiting times.**

- 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 department of Health's 'procedures for the approval of independent sector places for the termination of pregnancy (abortion)' required standard operating procedure (RSOP11) states that it is good practice to offer patients an appointment within five working days of referral and to offer the abortion procedure within five working days of decision to proceed.
- From April 2018 to March 2019 the service treated 56% of patients within 10 working days from first point of contact. This meant that 44% of patients waited over two weeks and did not have their treatment within the recommended timescales.

# Termination of pregnancy

- Data provided by the service showed that from April 2018 to March 2019 the average wait time from first contact to treatment was 16.8 days. This was counted from the clients first contact; such as phoning the BPAS contact centre to their consultation for treatment.
- The service's booking system was not able to report reasons for delays in appointments. Therefore, we could not establish whether the delays were due to patient choice or appointment availability.
- The service had additional 'consultation only' appointments available in the reporting timeframe which the service told us they had interpreted as patients were opting to wait for 'same day' appointments where they could be provided with a consultation and treatment. Additional data could evidence that the majority of the delay happened at the point of initial contact to first consultation. Data showed that over the four quarters an average of 21.2% of patients were seen within five working days. However, the figures for patients from consultation to treatment were significantly better with an average of 81% of patients being seen within five working days from decision to proceed to treatment. Give data. This demonstrated that the majority of the delay was due to patients wishing to receive a consultation and treatment on the same day.
- Managers within the service were undertaking initiatives to improve flow and waiting times. Service managers told us that their new system of pairing client care coordinators with a specific nurse had improved flow within the unit and had allowed for additional appointments to be scheduled in.
- The service had recently allocated a room for discharging patients which staff had told us improved flow within the service.
- The service recorded what appointments were available, within a 30-mile radius of the patient's address on an electronic system. This meant managers could analyse waiting times and evidence patient choice.
- Staff could access the accelerated bookings team for patients who were in need of an urgent appointment. The team would look at bookings across the whole organisation to try and get a patient an appointment as soon as possible in a convenient treatment unit.
- From April 2018 to March 2019, 79% of patients treated at the treatment unit were treated at less than 10 weeks gestation in line with Department of Health CHI guidance.
- The service ensured that patients were provided with the choice to delay appointments and procedures if they wished by the BPAS bookings team and by staff within the Peterborough service. Staff we spoke with told us that patient's choice was a priority in every stage of the process.

## 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 treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service invited all patients to complete a patient comment form, 'Your Opinion Counts'. Boxes were available at the unit for patients to submit their forms anonymously, or patients could post them directly to the BPAS Head Office. The treatment unit manager reviewed all forms submitted at the unit so that any adverse comments or concerns could be acted on immediately. We saw posters displayed in communal areas and leaflets available about how to make a complaint or give feedback.
- The service received three formal complaints from January to December 2018. Staff could provide examples of changes implemented following a complaint. One example was a complaint that a patient said she was not asked if she was sure of her decision; staff were reminded of the importance of this and asked to document that this discussion had taken place. We saw in the records that we reviewed that this was documented.
- The service had a complaints log held at the unit to monitor complaints and ensure they were resolved promptly. A summary of complaints received nationally was reviewed at the organisation's area manager meetings and quality and risk committee.

**Are termination of pregnancy services well-led?**

# Termination of pregnancy

Good 

## Leadership

**Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills.**

- The service was run by a treatment unit manager who had been in role for just under a year when we inspected. The manager had previous experience in a management role but not within a healthcare setting. As a result, a programme of support had been created to ensure that the treatment unit manager was equipped for their role including observing surgical termination of pregnancy in another unit to gain a greater understanding into the service.
- Systems supported the treatment unit manager with their role in safely and effectively managing the service. The service's audit programme provided clear direction on safety standards and whether the service was adhering to them. The service's registered manager had been promoted to an area manager role however they were onsite to provide support to the new treatment unit manager one day a week. Following our inspection, the service's treatment unit manager became the service's registered manager.
- Managers understood some of the challenges the service faced in relation to quality and sustainability. However, leaders did not raise with us on inspection that the service was not meeting national guidelines for waiting times. The service was working to improve waiting times but still had an average time of 16.8 days from first contact to treatment.
- Leadership development was recognised as essential to build capability and meet the challenges facing the service. Leaders were supported to develop their managerial and leadership skills and could attend an accredited leadership programme, leading to diploma status. The service's registered manager had completed this training and the service's treatment unit manager was due to start the course in September 2019.
- Senior management within the organisation were encouraged to spend time in different units as part of their induction and to ensure that they were visible to staff and understood how the service worked at an operational level.

- The service held a licence from the Department of Health to undertake termination of pregnancy procedures at BPAS Peterborough. The treatment unit publicly displayed the certificate of approval issued by the Department of Health.
- Staff were consistent in their view that the best thing about their job was the care they provided for people. All the staff we spoke with said they were proud to work for BPAS. Staff were focused about the work they did and wanted the service to meet the needs of the patients. Staff at all levels told us that they felt supported by their line manager.

## Vision and strategy

**The Provider had a formalised strategy which set out the service's goals and ambitions for the following year. However, staff within BPAS Peterborough were not aware of the formal strategy but were aware of wider projects and innovations within the service.**

- We requested that the service send us a written strategy but they did not initially provide us with one. At the time of our inspection staff we spoke with were not aware of any formal strategy for the service. Following our inspection the service provided us with BPAS' 2018/2019 plan which detailed the service's achievements for the previous years and the goals set for the service going forward. Goals for the service included investing in the leadership programme, growing service provision and increasing clients autonomy.
- Leaders within the organisation provided us with a team brief that updated staff on operational updates. Business development, finances, HR developments and policy changes. Leaders within the organisation told us that the team briefs updated staff on the organisational strategy and progress against it, however the team brief did not directly reference the 2018/2019 plan.
- Service leaders were aware of wider projects and innovations that were taking place in the organisation and how these formed part of BPAS' vision to promote safe access to abortion internationally. Staff told us that whilst they did not have a formal local vision that they were all committed to providing services that provided choice and convenience.

## Culture

# Termination of pregnancy

**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. The service had an open culture where patients, their families and staff could raise concerns without fear.**

- Managers across the service promoted a positive culture that supported and valued staff, creating a common sense of purpose based on shared values.
- All staff spoke highly of the culture and told us there was good team work across the service. Staff spoke positively about the treatment unit and were proud to work for the organisation.
- We found the culture centred around the needs and experiences of the patients. Staff we spoke with were passionate about working for BPAS and delivering the best possible care to patients who used the service.
- The service charged a fee for those who did not live within the commissioned area or had not been referred by a GP if they lived outside of the commissioned area. The service were upfront about this cost in the initial consultation and the patient records reflected where this conversation had taken place.

## Governance

**We were not assured that there were governance systems in place to monitor medicines management, however senior leaders responded immediately to the medicines management concerns raised and reviewed practices.**

- We were not assured that adequate governance arrangements were in place to monitor medicines management. On our inspection we observed nurses drawing up syringes of medicines in advance of surgical lists prior to the surgeon's arrival. This contravened national guidance. We asked the provider for a risk assessment for the policy decision which the provider could not supply. We were concerned that no formal risk assessment had been conducted and that the provider did not have processes in place to monitor the practice and ensure it complied with policy. Service leaders told us that part of the policy discussions included ensuring that the medicines had to be drawn up by, or in the presence of, the person who would be administering them. We saw that on the day of our inspection this had not occurred as the medicines were drawn up prior to the surgeon's arrival.
- We had raised our concerns about the oversight of the medicines management with the provider who informed us that a formal review of the practice of drawing up medicines in advance would be conducted and a decision would be made on whether to continue to recommend the practice in their policy.
- The service leads escalated our concerns with medicines management to the service's executive leadership team following our inspection. In August 2019 the service amended their Conscious Sedation policy by removing permission to draw up syringes of medicine in advance.
- We raised our concerns with the service that the surgeon on the day of our inspection was not signing for the medicines they were administering in the service's prescription pages on the patient records. We were told that the person administering the medicines should always be signing for them. We were concerned that leaders in the service did not have oversight on whether prescription forms were being completed correctly. We saw that patient records were audited monthly, but this concern had not been identified.
- There was a governance structure in place at local level that fed into corporate level. The service held monthly team meetings to discuss serious incidents, complaints and any concerns staff had. These meetings fed into the treatment unit manager meetings which in turn fed into the area manager meetings and the national committees. We reviewed the minutes from the area manager meetings and saw that discussions included the services' dashboards, risk registers, serious incidents, updates from treatment unit managers, waiting times, staffing and clinical updates.
- All meetings, including team meetings, were minuted. This was an improvement on our previous inspection when it was identified that the service did not keep a record of team meetings.
- The service had clear governance structures that related to national BPAS governance structures and committees. At provider level the service held the quality and risk committee and operations committee. Managers told us that information from the national governance committees was fed down through the area treatment unit managers meetings to staff meetings at the individual treatment units.
- The service delivered care and treatment in accordance with the Abortion Act 1967. Patients attended a consultation with a nurse and clinical care assistant

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where they were assessed for suitability for an abortion at the service. This information was sent electronically to two BPAS doctors to be reviewed. If the clinicians were happy to proceed then they would both electronically sign the HSA1 form in accordance with the Act. HSA forms are for recording and submitting information to the department of health about abortions in England and Wales. The HSA1 form deals with grounds for carrying out an abortion. The service had an online tracking system that showed a green tick when a patient had a HSA1 form signed by two doctors.

## Managing risks, issues and performance

**Leaders and teams identified and escalated relevant risks and issues and identified actions to reduce their impact. However, we were not assured that all risks that risks were being removed from the risk register once they were no longer in place.**

- The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected or unexpected.
- The service had a local risk register which was an improvement on our previous inspection where we identified that the service did not have one. Staff had the opportunity to raise risks to be placed on the risk register at team meetings and through raising concerns with the service's treatment unit manager.
- Area managers could view local risk register which allowed them to feed into area risk registers which area managers were responsible for. This allowed serious risks to be escalated and themes to be identified. The risk register was reviewed bi-monthly at the treatment unit manager meetings and the area manager meetings. We reviewed the minutes of these meetings which evidenced this.
- The risks that were on the register had control measures in place and had a due date.
- The service leaders told us that they had received training on risk management including how to manage incident risks. This was an improvement since our previous inspection when it was identified that service leaders had not received training on this.
- The service had assessed the risk to staff working at the Cambridge site in teams of two but separated by different floors. As a result, the service had provided staff with personal alarms to alert the other member of staff if they were in danger. This was an improvement on

our previous inspection where we identified that no risk assessment had taken place. However, this risk did not feature on the services risk register. The service did not have any risks on the register that were specific to the Cambridge site.

- The service did not have back up emergency generators in place in case of failure of essential services. In the event of a power failure the service would cancel the days list.
- The service reported on their performance with Quarterly Activity Reports to the clinical commissioning group (CCG). The reports contained serious incident numbers, the service's clinical dashboard complaints and detailed breakdowns of key performance indicators. This included the average number of days from contact to consultation, from 'decision to proceed' to treatment and from first point of contact to treatment.

## Managing information

**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.**

- Staff updated the patient administration system following assessment and sent information remotely to a national surgical team who reviewed the information and either authorised or declined the procedure on the required HSA1 form. HSA forms are for recording and submitting information to the department of health about abortions in England and Wales. The HSA1 form deals with grounds for carrying out an abortion. We saw that the service audited compliance with submitting HSA1 forms monthly and we saw that from January to June 2019 the service scored 100% each month.
- The service had systems in place to ensure that HSA4 forms were completed in a timely fashion. Staff within the service would send reminders to doctors if the HSA4 had not been completed within two weeks of treatment. HSA forms are for recording and submitting information to the department of health about abortions in England and Wales. The service had an online tracker to show which HSA4's were completed, and which were outstanding. An Abortion Notification (HSA4 Form) was forwarded to the Department of Health daily. This

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submission was by a secure BPAS system which linked directly to the Department of Health. The service had processes in place to ensure this was within the 14 day legal timeframe.

- We saw that copies of the HSA1 and HSA4 forms were kept in the patient records that we reviewed in line with best practice.
- The service ensured that HSA4 forms were completed appropriately to indicate when treatment was provided at home in instances where the second medication (misoprostol) was supplied to the patient to take away and administer at home. We saw that the service's online submission system included a tick box for home use and that staff would complete the HSA4 the following day from administration to ensure accuracy.

## Engagement

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

- Patients who used the service were asked for their views about their care and treatment and when needed, comments were acted on. All patients using the service were given a survey/comment form entitled 'Your Opinion Counts'. Each survey was initially reviewed by the treatment unit manager, prior to being sent to the BPAS Head Office for collation and reporting, so that any adverse comments could be acted on immediately. The treatment unit manager at Peterborough anonymised and copied forms to share feedback with staff locally.
- The provider sent round a weekly newsletter called "feel good Friday" to provide staff with organisational updates and to share feedback from patients who had used the service. The newsletter included a welcome to new starters, questions for the executive leadership team, information on satisfaction surveys, mandatory training reminders, staff forum information, trivia and feedback from patients.
- The provider conducted an annual staff survey and analysed the results and provided feedback nationally. As a result of this, feedback was not specific to BPAS Peterborough. The treatment unit manager held a session on the feedback with staff to try and ensure that staff felt listened to but had experienced some difficulty due to the results not being location-specific. We asked

the provider why it wasn't location specific and were told that they had not broken down the data into treatment units because some of the units had low staff numbers and they wished to protect the anonymity of staff.

- The organisation had taken steps to address some of the areas they had not performed well in. For example, they had hired an internal communications manager to improve communication throughout the organisation.
- The service held monthly team meetings which gave staff the opportunity to voice any concerns or feedback they had working in the service. We reviewed the minutes for the last three meetings and saw that staff had used the meetings as an opportunity to provide feedback on staff parking, waiting times and audits. We saw that serious incidents and feedback from team briefs were discussed at the meetings.
- The provider had recently held an organisation-wide event celebrating 50 years of providing services. All staff within the organisation were invited to attend the event to celebrate the organisations successes and to attend a conference with speakers in the family planning sector. Staff told us that they enjoyed the event, it made them feel valued and helped them to build relationships with staff in other units.
- The organisation held bi-annual clinical forums for nurses and midwives to attend. All treatment units closed for the day to allow all clinical staff to attend to hear lectures on clinical trials and research within the family planning services sector.
- The service had positive collaborative relationships with external partners to understand and improve challenges within the system. A local member of parliament had attended the unit within the last year to gain an understanding of the service. The treatment unit manager was part of the local area sexual health network.

## Learning, continuous improvement and innovation

### **All staff were committed to continually learning and improving services.**

- One of the clinical care coordinator's within the unit had developed a new safeguarding log template alongside the service's safeguarding lead to be trialled across all BPAS sites to improve consistency in the logging of safeguarding concerns.

## Termination of pregnancy

- The service had introduced a new way of working which assigned a clinical care coordinator to a nurse for each appointment list. Staff told us that they found that this was more efficient and allowed for more appointments to be booked in each day alongside increasing continuity for the patients accessing the service.
- The service had introduced telephone consultations as an option for some patients. The consultations were conducted by registered nurses or midwives over the phone which improved choice and accessibility for patients using the service.



# Outstanding practice and areas for improvement

## Outstanding practice

The organisation held an annual clinical forum for nurses and midwives to attend. All treatment units closed for the day to allow all clinical staff to attend to hear lectures on clinical trials and research within the family planning services sector.

## Areas for improvement

### **Action the provider SHOULD take to improve**

The service should ensure that waiting times are in line with national guidance.