BPAS Reading

Quality Report

121 London Street
Reading
Berkshire
RG1 4QA
Tel:0345 730 4030
Website:www.bpas.org.uk

Date of inspection visit: 19 May 2016
Date of publication: 26/10/2016

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

Summary of findings

Letter from the Chief Inspector of Hospitals

The seven Berkshire clinical commissioning groups commission British Pregnancy Advisory Service (BPAS) to provide termination of pregnancy services for patients in Berkshire. The unit also provides treatment to self-funding patients and is located in Reading town centre

BPAS Reading provides a range of termination of pregnancy services from the unit. These include pregnancy testing, unplanned pregnancy counselling, medical abortions up to 10 weeks and simultaneous (two medications are given within 15 minutes of each other) early medical abortion up to nine weeks, surgical abortion up to 14 weeks using local anaesthesia and conscious sedation, abortion aftercare, sexually transmitted infection testing, contraceptive advice and contraception supply. The unit does not provide a vasectomy service. There is no linked satellite service

We carried out an announced comprehensive inspection on 19 May 2016 as part of our programme of comprehensive inspections. The inspection was conducted using the Care Quality Commission's new methodology. We have not provided ratings for this service. We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

The inspection team comprised two inspectors and a specialist advisor. The advisor was an experienced, qualified midwife with expertise in termination of pregnancy services.

Our key findings were as follows:

Are services safe?

- There were processes in place to report, investigate and monitor incidents. The unit manager and senior managers investigated incidents and shared lessons learnt within the treatment unit and across other BPAS units.
- Staff we spoke with understood the principles and procedures underpinning the Duty of Candour legislation. Staff maintained a clean, secure environment, and routinely checked equipment.
- They understood the importance of safeguarding vulnerable people, and were trained to follow safe practices in relation to assessing patients' risks of harm. This included responding to risks associated with children and young patients seeking abortion services.
- Staff prescribed and administered medicines appropriately and followed procedures for checking orders and deliveries.
- They maintained clear, legible records. These included risk assessments, records of patients' decisions, abortion treatment plans and surgical treatments.
- The unit staff carried out audits to check they followed practices, including audits of hygiene and cleanliness, medicines, the environment, client records and the client pathway.

Are services effective?

- Staff provided care and treatment that took account of best practice policies and evidence based guidelines. They followed policies and procedures based on Royal College of Obstetricians and Gynaecology (RCOG) guidance and the Required Standard Operating Procedures (RSOP) guidance from the Department of Health. In addition, BPAS Reading offered simultaneous early medical abortion following the results of a BPAS pilot study in 2014/15.
- The staff were trained for their roles and completed competency assessments. They had 'job chats' and supervision sessions. Clinical staff had competency passports to demonstrate their skill levels.

Summary of findings

- The medical director ensured doctors employed under practicing privileges had the skills, competency and professional indemnity before they were permitted to provide treatments. Practising privileges rights were reviewed every two years.
- BPAS trained staff in counselling, although not to diploma level, using their own course material.
- The service monitored waiting times to ensure patient outcomes were in line with the Royal College of Obstetricians and Gynaecologists' guidelines.
- Multidisciplinary working was effective within the unit and across other units, head office and local services.
- Staff at the unit submitted monthly data on 11 key standards, relating to the quality and safety of the service, some of which were the same as specified in RSOP 16. BPAS Reading showed compliance with almost all standards but had experienced problems in labelling laboratory samples to an acceptable standard.
- There was secure records storage at the unit and information was shared appropriately and securely when patients had assessment and treatment at different sites.
- Staff understood how to seek consent from patients, including children and young people. They checked that patients made independent, informed choices about their treatment.

Are services caring?

- We observed staff provided care with compassion and sensitivity. They introduced themselves, spoke in a kind and respectful way and were non-judgemental.
- Staff checked patients understood their treatment options, and involved partners in their care when appropriate.
- Responses to client surveys showed patients said staff gave them privacy and dignity and had treated them in a confidential manner.
- Patients gave positive feedback about the caring aspect of the service.
- They said they had felt listened to, were given clear explanations by staff and had been involved in decisions about their care.
- The service offered patients after-care counselling, including bereavement counselling, or signposted them to specialist services.

Are services responsive?

- The service was planned and delivered to meet the needs of the local population. BPAS Reading reported on activity and trends to the Berkshire clinical commissioning groups, including the demographics of clients, to review how they were meeting people's needs.
- The service had increased the abortion methods available to patients, with the introduction of surgical abortions under conscious sedation and simultaneous early medical abortions.
- BPAS had an informative website which included a 'web chat' service and a 24 hours a day, seven days a week telephone advice line. All patients received an informative 'My BPAS guide', the latest version was dated April 2016.
- Staff had access to an interpretation service as well as some guidance materials in a range of languages, including the guide.
- The BPAS guide also included information about the disposal of pregnancy remains and staff asked patients if they had particular preferences at consultation.

Summary of findings

- Patients waited on average six calendar days from 'decision to proceed with treatment' to treatment and 15 calendar days from first contact to treatment (data for 1 January 2016 to 31 March 2016). However, a proportion of women may have opted for a later appointment due to personal reasons.
- Patients were given information on how to complain and raise concerns, although there had been no formal complaints in the past year.
- The service responded to informal and local complaints and monitored the action taken and any trends. However, the BPAS quality standard was set at zero formal complaints, which meant there was a risk that complaints might not be viewed as opportunities for learning and improvement.

Are services well led?

- The unit manager at Reading registered as the Registered Manager with the Care Quality Commission shortly after our inspection visit. They also managed a neighbouring Berkshire unit.
- Staff understood the BPAS values and aims were committed to supporting patients throughout their care and treatment.
- They followed the BPAS governance framework for reviewing the quality and safety of care and the unit manager submitted monthly quality and safety reports. These included data on audits, activity and staffing.
- There were regional meetings for managers and regional quality meetings every four months. This structure supported a flow of information between the unit and other units across the region.
- The medical director reviewed clinical updates and shared changes in guidance or legislation with unit staff.
- The provider produced a team brief summarising key issues and developments and staff were encouraged to ask questions and submit queries. This was in addition to the annual staff survey.
- There were robust systems in place to ensure the service adhered to legislation relating to abortions. This included the completion of HSA1 and HSA4 forms and maintaining a register of all abortions.
- BPAS updated policies and procedures when improvements were identified.
- BPAS Reading had been selected for the initial roll out of surgical abortion under conscious sedation.
- Legislation requires that for an abortion to be legal, two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination is met. They must be in agreement that at least one and the same ground is met for the termination to be lawful and this is recorded on a HSA1 form. BPAS units completed monthly HSA1 audits to monitor legal requirements. The compliance of BPAS Reading with this audit was 100% for four out of six months. Less than 100% compliance was due to signatures not being clearly legible, not due to a lack of signature.

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

The provider should:

- Ensure the environment supports patients' privacy and dignity at all times
- Ensure risks are managed appropriately to assess, monitor and improve the quality of the service.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

Summary of findings

Staff at Reading BPAS provided care and treatment that took account of best practice policies and evidence based guidelines. The staff provided person-centred care and were kind, friendly and non-judgmental. Staff understood the BPAS values and aims were committed to supporting patients throughout their care and treatment. The service monitored waiting times to ensure they were in line with guidelines. Staff completed training appropriate for their roles and the service had clear governance arrangements. The unit manager and senior managers investigated incidents and shared lessons learnt and they were aware of the Duty of Candour legislation. Staff safeguarded vulnerable people, and were trained to follow safe practices in relation to assessing patients' risks of harm. This included responding to risks associated with children and young patients seeking abortion services.

Staff ensured they secured consent appropriately from patients, including those less than16 years of age. They checked that patients made independent, informed choices about their treatment. BPAS provided patients with information to enable them to make their own decisions, including a written guide, a detailed website and various leaflets on specific topics. Patients were given information on how to complain and raise concerns, although there had been no formal complaints in the past year. Staff prescribed and administered medicines appropriately, maintained clear, legible records including risk assessments and abortion treatment plans. The unit staff carried out audits to check they followed practices, including audits of hygiene and cleanliness, medicines, the environment, client records and the client pathway. The medical director ensured doctors employed under practicing privileges had the skills, competency and professional indemnity before they were permitted to provide treatments. BPAS updated policies and procedures when improvements were identified.

However, there were risks associated with the environment that had not been addressed in a timely manner. There was carpet in the pre and post treatment room, and the hand washbasin in this room was broken with no date agreed for its repair or replacement. This room was small, with three couches separated by curtains, which risked compromising patients' privacy and dignity. The unit manager had recently set up a local risk register however there were some areas relating to the management of the premises that had not been addressed in a timely way with the estates department.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy		We have not provided ratings for this service. We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

Summary of findings

Contents

BPAS Reading

Services we looked at
Termination of pregnancy

Summary of this inspection

Background to BPAS Reading

British Pregnancy Advisory Service (BPAS) Reading is part of the national charitable organisation British Pregnancy Advisory Service. BPAS Reading provides medical termination of pregnancy (TOP) treatments up to 10 weeks gestation and surgical TOP treatments, under local anaesthesia and conscious sedation up to 14 weeks gestation. It also offers consultations and some family planning and sexual health services.

The service opened in July 2015 and has two consulting rooms, a waiting room and a private meeting room on the first floor. On the ground floor there is a reception area, a pre-assessment room, a surgical treatment room and a pre- and post- surgery area with three couches. The service provides day-case treatment only.

The seven Berkshire clinical commissioning groups commission BPAS Reading to provide a TOP service for the patients of Reading and the surrounding area. BPAS Reading carried out 462 medical abortions and 179 surgical abortions between July 2015 (when it opened) and December 2015.

The unit is open from Tuesday to Saturday and includes one early evening session. Referrals are received via the BPAS Contact Centre, which is a 24 hours a day, seven days a week telephone booking and information service

At the time of inspection, the unit manager was in the process of applying to be the registered manager and was confirmed in the position shortly afterwards.

We carried out this comprehensive inspection using the CQC's new methodology. We have not provided ratings for this service. We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

On the day of inspection, the service was delivering surgical terminations only. We reviewed records and spoke with staff about the medical abortions, which are provided from this location on other days of the week.

This was a comprehensive inspection and was part of the first wave of inspections for termination of pregnancy services.

Our inspection team

Our inspection team was led by: Lisa Cook, inspection manager, Care Quality Commission.

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

How we carried out this inspection

We always ask the following five questions of every service and provider, to get to the heart of patients' experience of care and treatment.

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We carried out an announced inspection on 19 May 2016. Before the inspection we reviewed information provided by the service and sought feedback from the commissioners. Patients were invited to contact the CQC with their feedback. We left a comments box at the unit for patients to complete and received 13 comments cards. During our inspection, the registered manager was on leave, but we spoke with the unit manager who was in the process of applying to be the new registered manager. We also spoke with the lead nurse, four clinical staff, administrative staff, a doctor and the regional manager.

We observed care and treatment and looked at 12 client records of medical and surgical abortions. We

Summary of this inspection

also reviewed other relevant records held at the unit and on the BPAS internet. These included performance reports, incidents, the abortion register, safeguarding records and complaints.

We would like to thank all staff and clients for sharing their views and experiences of the quality of care and treatment provided at BPAS Reading.

Information about BPAS Reading

BPAS Reading: Key facts and figures for the time period July 2015 to December 2015

Activity

- 462 (72%) medical abortions
- 179 (28%) surgical abortions under local anaesthesia

Safety

- No 'never events'
- No serious incidents requiring investigation (SIs) since opening and December 2015
- 100% of patients who underwent surgical abortions were risk assessed for venous thromboembolism (VTE).
- All staff who were involved in the care of patients aged under 18 were trained to level three in safeguarding children and young people.
- No nursing staff vacancies
- No agency staff used

Effective

- Information provided by BPAS showed that all staff had job chats or an appraisal since the service had opened in July 2015.

Responsive

- 90% of patients had their termination within 7 days from their decision to proceed with treatment.
- Between January 2016 to March 2016 patients waited on average six days from 'decision to proceed with treatment' to treatment and 15 days from first contact to treatment.
- There had been no formal complaints or concerns

Well Led

- 99% of patients who responded to the national BPAS opinion survey said they would recommend the service to others. This information had not been collected at treatment unit level.
- Legislation requires that for an abortion to be legal, two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination is met. They must be in agreement that at least one and the same ground is met for the termination to be lawful and this is recorded on a HSA1 form. BPAS units completed monthly HSA1 audits to monitor legal requirements. The compliance of BPAS Reading with this audit was 100% for four out of six months. Less than 100% compliance was due to signatures not being clearly legible, not due to a lack of signature.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

Start here...

Summary of findings

Staff at Reading BPAS provided care and treatment that took account of best practice policies and evidence based guidelines. The staff provided person-centred care and were kind, friendly and non-judgmental. Staff understood the BPAS values and aims were committed to supporting patients throughout their care and treatment. The service monitored waiting times to ensure they were in line with guidelines. Staff completed training appropriate for their roles and the service had clear governance arrangements. The unit manager and senior managers investigated incidents and shared lessons learnt and they were aware of the Duty of Candour legislation. Staff safeguarded vulnerable people, and were trained to follow safe practices in relation to assessing patients' risks of harm. This included responding to risks associated with children and young patients seeking abortion services.

Staff ensured they secured consent appropriately from patients, including those less than16 years of age. They checked that patients made independent, informed choices about their treatment. BPAS provided patients with information to enable them to make their own decisions, including a written guide, a detailed website and various leaflets on specific topics. Patients were given information on how to complain and raise concerns, although there had been no formal complaints in the past year. Staff prescribed and administered medicines appropriately, maintained clear, legible records including risk assessments and abortion treatment plans. The unit staff carried out audits to check they followed practices, including audits of hygiene and cleanliness, medicines, the environment, client records and the client pathway. The medical director ensured doctors employed under practicing

privileges had the skills, competency and professional indemnity before they were permitted to provide treatments. BPAS updated policies and procedures when improvements were identified.

However, there were risks associated with the environment that had not been addressed in a timely manner. There was carpet in the pre and post treatment room, and the hand washbasin in this room was broken with no date agreed for its repair or replacement. This room was small, with three couches separated by curtains, which risked compromising patients' privacy and dignity. The unit manager had recently set up a local risk register however there were some areas relating to the management of the premises that had not been addressed in a timely way with the estates department.

Are termination of pregnancy services safe?

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

- There were processes in place to report, investigate and monitor incidents. The unit manager and senior managers investigated incidents and shared lessons learnt within the treatment unit and across other BPAS units.
- All staff had completed training in safeguarding adults and children (level 3) and understood how to identify and report concerns. These included concerns relating to child sexual exploitation and female genital mutilation.
- The treatment unit was visibly clean. Staff followed policies and guidelines in relation to hand hygiene and checking infection control procedures to reduce risks of cross infection. Staff carried out monthly audits, which showed a high level of compliance.
- Staff ensured equipment had been safety checked and serviced. They carried out checks at appropriate frequency intervals.
- Medicines were prescribed, stored and administered appropriately. All medicines were in date and stored securely. Staff followed systems for checking orders and deliveries.
- Staff created clear, legible records and audited a selection each month. Audit results showed high levels of compliance. There was secure records storage at the unit and information was shared appropriately and securely when patients had assessment and treatment at different sites
- Every woman attending the clinic completed a medical history and staff carried out a comprehensive risk assessment to ensure they were suitable for an early medical, medical abortion or surgical abortion offered at this location.
- There were enough staff with the right mix of skills to deliver the agreed services at BPAS Reading. Staff worked across different units on different days which helped them develop their skills and provide a flexible workforce.

- Staff were up to date with their mandatory training.

Incidents

- There had been no 'never events' at the unit. Never events There had been no serious incidents requiring investigation (SI).
- Staff reported 41 clinical incidents between July and December 2015, of which 34 related to sexually transmitted infection (STI) samples, rejected by the laboratory due to labelling issues. These occurred in August and September 2015. The clinic subsequently changed to larger labels, making it easier to add the necessary details to prevent the laboratory from rejecting submissions. The unit also had five medication errors in July 2015 relating to the failure to administer antibiotics to five patients, post treatment. The management team investigated the incidents and contacted the patients to advise them of the error and possible symptoms. As a result of the investigations, staff were reminded to follow the BPAS policies and received clinical supervision. There was one further medication error and one lost STI sample.
- The incidents at BPAS Reading were classified as 'moderate risk' incidents apart from the sample rejections, which were described as high risk. None of these were classified as serious incidents. Staff at BPAS Reading had not reported any non-clinical incidents.
- In addition, staff reported seven minor complications, all relating to medical abortions.
- The BPAS incidents policy and procedure included definitions for clinical incidents/near misses and complications. Clinical incidents were defined as 'unexpected events that resulted in harm'. Complications were described as 'unintended outcomes attributed to an intervention' that resulted in harm. The policy included a list of examples of possible clinical incidents and complications. For example, an unsuitable referral for treatment by the contact centre was defined as a clinical incident. The risk of continuing pregnancy following an abortion was defined as a complication.
- The policy also described 'serious incidents requiring investigation' (SI) which included serious harm, death, 'never events' and 'not at BPAS events' (NABE). NABE were locally defined events to be avoided, for example, performing the wrong procedure, such as contraceptive fitting, and not carrying out a safeguarding assessment on a client aged under 16 years.
- Staff used a paper-based system for reporting clinical and non-clinical incidents. Staff said the unit manager maintained a no-blame culture and they discussed issues openly.
- The unit manager referred all incidents to the regional clinical lead, or other senior clinical staff, who reviewed incident classifications. Although incident classification was complicated, staff said they were encouraged to report events and that managers checked and determined the classification.
- On the day of our inspection, a situation occurred when a woman attended the clinical for a surgical abortion, following a telephone consultation. The clinical staff were not satisfied a risk relating to the woman's medical history had been assessed, to ensure the woman met the treatment criteria. Staff followed safe practice and postponed treatment until they had spoken with the woman's doctor. At the time, staff were not clear if this was a reportable incident or near miss. The manager later confirmed the issue had not been considered an incident or complication. The woman's consultant had said it was safe to offer a termination.
- We saw in one set of records that a woman had said she did not want the service to contact family members, but that staff had phoned and spoken with a relative. This had been raised as in information governance incident.
- A review of six incidents, classified as complications, related to retained products of conception, heavy bleeding and continuing pregnancies. Senior staff investigated and carried out root cause analysis and shared learning. They produced action plans to reduce the risk of a similar incident reoccurring.
- Managers discussed serious incidents and investigations at clinical governance and regional quality meetings. They considered any learning and actions required and cascaded these to clinical staff both verbally and via email updates. This helped staff learn from incidents at other locations.
- BPAS had introduced a 'red top alert' system to communicate important learning from serious incidents

across all BPAS locations. The risk management and clinical safety lead for BPAS sent these alerts to the service managers who cascaded them to their local teams. For example, these related to safeguarding, medicine management and management of potential ectopic pregnancies. Staff were familiar with these and said they were useful, succinct ways of sharing advice.

- The manager was familiar with the Duty of Candour legislation, and other staff understood the principles of openness and transparency that the Duty of Candour encompasses. The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify the recipients of care (or other relevant persons) of 'certain notifiable safety incidents' as soon as reasonably practical and provide reasonable support to that person.
- The BPAS corporate office received Medicines and Healthcare products Regulatory Agency (MHRA) Alerts and Safety Notices and emailed these to unit managers for the attention of all clinical staff.

Cleanliness, infection control and hygiene

- All the clinical and non-clinical areas we visited were visibly clean.
- The unit had reported zero healthcare acquired infections in the year to April 2016.
- The appointed infection control link-practitioner undertook monthly infection control audits and reported results to the unit manager. She attended a training update for this role with the corporate infection control team in August 2015.
- BPAS Reading achieved 80% to 100% for the monthly 'essential steps' local infection control audits between August 2015 and April 2016. For each audit, infection control link-practitioner monitored whether staff followed best practice in five areas, such as hand hygiene, safe use of sharps and using personal protective equipment. The lead practitioner highlighted areas for improvement to all unit staff and practices had improved since the unit had opened.
- We observed staff complied with BPAS infection prevention and control policies. All clinical staff were bare below the elbow, to help reduce the risk of infection. They used personal protective equipment, which included gloves and aprons. Staff washed or applied hand sanitizer gel to their hands after treating patients.
- All aspects of the treatment unit were visibly clean. There was a systematic approach to cleaning the equipment and facilities. Staff signed daily, weekly and monthly checklists to confirm they had completed cleaning checks. Staff signed the theatre cleaning schedule to show they cleaned regularly. This included equipment, floors and bins. The disposable curtains were replaced every six-months.
- At the time of the inspection the treatment room had wipe-clean flooring and there was carpet in the pre/post operating room and all other areas of the unit. However, this had been identified on an environmental audit and had been replaced following the inspection with wipe clean flooring.

Environment and equipment

- The BPAS Reading premises were in a good state of repair. The service was in a building shared with other organisations. Any linked doors were locked and unauthorised persons could not access the BPAS premises.
- The front door of the unit was locked and visitors accessed the unit using a controlled entry call system. The entrance was monitored under CCTV although the camera was broken. The unit manager had included this as a risk and action point on the new local risk register.
- The ground floor was accessible to people who used mobility aids.
- As the unit opened within the past year, in July 2015, some of the equipment was new. The equipment was safety checked routinely, and the manager maintained a log of safety tests and a maintenance schedule. We observed that staff or contractors labelled equipment to show when it had been tested or commissioned. This demonstrated it was fit to use.
- Resuscitation equipment was available in case of an emergency. Records confirmed BPAS staff carried out checks on the days the unit was open to ensure the correct equipment was available and fit to use. One clinical staff member was the appointed lead for emergency equipment management.

- The unit adhered to the BPAS clinical waste's policy. A report from the BPAS waste inspection in August 2015 showed compliance in all areas.
- Contractors had serviced the fire alarm in January 2016 and there was a fire evacuation plan. The manager had planned an evacuation drill for June 2016 and had initiated a weekly premises safety inspection.
- The hand basin in the pre and post treatment room was out of order and staff used basins in the nearby toilets to wash their hands. The manager addressed this with the estates department after the inspection to order a replacement basin.

Medicines

- There was an established system for managing medicines to ensure they were safe to use. This included clear monitoring of stock levels, stock rotation and checking the expiry dates of medicines. The lead nurse was responsible for medicines management.
- Staff carried out audits to monitor the safe storage of medicines and the unit had scored 100% compliance in the May 2016 audit. Medicines were securely stored and kept in locked cupboards and fridges, with a system for key control. We reviewed the records staff maintained of minimum and maximum temperatures of the medicines fridge to ensure that medication was stored at the correct temperature. There was a clear escalation procedure to follow if the temperature was outside the agreed range. Controlled drugs were not used or stored at this location.
- The unit had emergency medicines available. These included haemorrhage drugs and equipment, which were stored in the fridge with clear instructions for reference. In addition, there was an equipped emergency trolley and a defibrillator. We saw the records which showed staff checked these each day that they were on site.
- There was a system for the safe disposal of medicines. Staff placed medicines in a dedicated disposal bin that could be tracked to the place of origin.
- As part of their risk assessments, staff asked patients if they had any known allergies and recorded their responses on the pre-assessment forms. Nursing, midwife professionals and medical staff checked this again prior to treatment. Staff also checked whether patients had taken any analgesia before arriving for treatment, and reconfirmed their preferred form of contraception.
- Doctors prescribed medicines that induced abortion (abortifacient drugs) for patients undergoing early medical abortions. A doctor only prescribed the required medication after the woman had completed a face-to-face consultation with a nurse or midwife practitioner and after two doctors had signed the HSA1 form. BPAS units completed monthly HSA1 audits to monitor legal requirements. The compliance of BPAS Reading with this audit was 100% for four out of six months. Less than 100% compliance was due to signatures not being clearly legible, not due to a lack of signature.
- Theatre staff checked that patients had received contraceptive advice and the prescriptions were written up.
- At discharge, the nurse or midwife provided antibiotics and contraceptive medications when required. They checked patients understood what the medications were for and the importance of taking them as prescribed. There was space in the My BPAS Guide for patients to note their medication details.
- Nursing and midwife practitioners administered some medicines via patient group directions (PGD). These are written instructions for the supply and/or administration of medicines to groups of patients without them having to see a doctor (or dentist) in planned circumstances. The PGDs have a role in ensuring the safe and timely delivery of patient care. A medical practitioner, nurse and a pharmacist had approved the PGDs.
- Nursing and midwife practitioners completed an in house training programme before they could administer medication against a PGD. They had signed the PGDs to show they had read them and agreed to abide by the instructions.

Records

- Staff recorded consultation and treatment information on paper-based records. They kept this information securely in locked cabinets, with secure key control.

- Different staff members completed relevant parts of the client records and signed and dated each entry. We reviewed 12 client records, including a mix of medical and surgical terminations. These showed staff wrote legibly, completed comprehensive assessments and noted associated action plans. The records included clear assessments of health risks, medical history, social history and patients' specific needs. Staff completed records in full, and provided a clear rationale for a termination of pregnancy.
- The records of surgical treatments showed staff had completed all details in the comprehensive anaesthetic, operation and recovery pathways. These included the surgical checklists and early warning scores.
- BPAS staff undertook records audits each month. These consisted of reviewing between two and five sets of records against over 23 or 50 criteria depending on the type of audit. Results showed BPAS Reading was compliant with these audits, scoring between 95% and 100% in the six month period from October 2015 to March 2016.
- The unit had capacity to store records for four months. After four months, staff arranged for the secure transport of records to head office where they were archived.
- Administration staff copied information from the paper records on the BPAS electronic administration system. Nursing and midwife practitioners checked entries were correct before submitting them for approval.
- The electronic information system enabled doctors to view the client information and consultation details remotely, authorise the terminations by signing the HSA1 forms and sign electronic prescriptions. The system was designed to only allow the EMA prescription to be generated after two signatures had been recorded on the HSA1 form.
- The Department of Health requires every termination of pregnancy provider to submit data on every termination of pregnancy procedure performed, using the HSA4 form. Staff ensured they notified the Department of Health of all terminations within the 14-day deadline, using the electronic system. Staff informed patients of this requirement as part of the consent process.

Safeguarding

- BPAS Reading's registered manager had overall responsibility for safeguarding at the unit. They escalated safeguarding concerns to the BPAS national safeguarding leads as appropriate.
- The unit manager told us they liaised with the local authority adult and children safeguarding leads and submitted referrals in line with guidance.
- Staff knew who to contact for safeguarding advice within BPAS, including the name of the BPAS safeguarding lead.
- There were electronic versions of safeguarding policies and procedures available for staff to reference. These included the policy and procedure for safeguarding patients aged under 18 years and made reference to working together to safeguard children.
- All staff had completed training in how to safeguard children and adults. Nursing and midwife practitioners completed training in safeguarding adults and safeguarding children and young people (to level three). This training also covered information relating to child sexual exploitation (CSE). They understood their responsibilities to report concerns.
- Staff encouraged young patients under 16 years to involve their parents in discussions about their care, or to have support from another adult. Staff applied the Fraser guidelines during the assessment process to ensure young patients and children understood the discussion and had the maturity to make independent decisions.
- The unit adhered to the Royal College of Obstetricians and Gynaecology (RCOG) guidelines for the care of patients requesting an abortion when they treated young patients under 16 years of age. Staff carried out a safeguarding risk assessment for young patients aged 13 to 16 years and made a decision whether to raise a safeguarding referral. They used a safeguarding assessment form specifically designed for young people to find out if they were subject to any risks such as CSE.
- Staff at the unit had treated five young people who were aged between 13 and 15 years between July 2015 and December 2015.
- The records for two young people under 16 years and two for 17 year olds demonstrated staff had noted

discussions in detail and carried out appropriate safeguarding risk assessments. For the under 16 year olds we saw staff had completed appropriate risk assessments and safeguarding referrals as appropriate.

- It was a legal requirement to raise a safeguarding referral if a child under 13 years old used the service. Staff knew this and understood how to make the referral and support the child.
- Staff had not treated any children under 13 years of age at the Reading unit.
- Staff ensured they saw patients on their own for at least part of their consultation, to ask if they were safe and to explore potential safeguarding concerns. They explained how they would protect patients who were at risk of CSE, which included raising safeguarding alerts or contacting GPs depending on the situation.
- Staff had received training related to female genital mutilation (FGM) as part of the BPAS safeguarding vulnerable groups full day training course. Staff were aware of the Department of Health requirement (Female Genital Mutilation Risk and Safeguarding: Guidance for professionals. DH March 2015) relating to FGM. There was information about FGM on the BPAS intranet, including definitions and global prevalence. BPAS had recently included FGM within the regular BPAS Safeguarding Vulnerable Groups training.
- There had been no FGM related cases treated or assessed at the unit.

Mandatory training

- Before the unit opened in July 2015 newly-appointed staff completed a full induction programme which included mandatory training in, for example, infection control, basic or immediate life support, health and safety, information governance and safeguarding vulnerable groups. BPAS specified which training was mandatory for specific staff groups and how often it was repeated. For example, basic or immediate life support was updated annually. Nurses and midwives who undertook scans, they had their practice audited every two years.
- Records showed 100% of staff were up to date with their mandatory training.

Assessing and responding to patient risk

- Staff followed the BPAS suitability for treatment guidelines when determining if patients were appropriate for treatment at BPAS Reading.
- Nursing and midwife practitioners assessed all patients undergoing surgical termination of pregnancy against the risk of venous thromboembolism (VTE). The risk assessments informed staff if prophylactic treatments were required. The risk assessments were in all the patients' records we reviewed and included actions to mitigate any risks identified.
- Prior to a termination, all patients had blood test to identify their rhesus status. It is important that any woman who has a rhesus negative blood group receives treatment with an injection of anti-D. This treatment protects against complications should the woman have future pregnancies. The records showed all those who had a rhesus negative blood group received an anti-D injection.
- Nursing and midwife practitioners checked whether it was safe to progress with treatment. They asked all patients about their medical history, including whether they had any known allergies or health risks. Before treatment, nurses monitored patients' vital signs, including blood pressure, pulse and temperature and carried out an ultrasound scan to check the pregnancy. Based on the results, health professionals assessed the suitability of patients for treatment in line with the BPAS 'suitability for treatment' guidelines. These guidelines outlined which medical conditions would exclude patients from treatment at the unit, and identified any medical conditions that required a risk assessment by a doctor.
- On the day of our inspection, one patient was admitted for a surgical abortion with a medical condition that might have meant she was unsuitable for treatment. The pre-assessment consultation staff had not alerted medical staff to review a specific medical condition in advance of the booking. At the pre-treatment check, the lead nurse discussed this condition with the woman and the surgical team postponed treatment until they had clarified the risk with the woman's consultant. Although the consultation staff had not escalated the potential risk initially, the surgical team took appropriate action in response to the risk, to postpone treatment. Staff ensured the woman understood the reasons and apologised.

Termination of pregnancy

- At BPAS Reading, doctors carried out surgical abortions under a local anaesthetic or conscious sedation. The service did not provide abortions under a general anaesthetic. We followed a patient through their surgical treatment and staff carried out procedures in a safe way. Healthcare professionals used the pre-treatment reviews to check all recorded information was correct and that patients were still sure of their decision to have an abortion. They checked the woman's identity, date of birth and vital signs. For example, staff found one woman's name spelt incorrectly. Staff ensured they corrected the spelling on documents and the electronic database before proceeding. The legal form (HSA1) showed the correctly spelt name when the two doctors signed to authorise the abortion.
- Staff asked woman to remove jewellery and checked other risks associated with surgical procedures, including the time of their last meal or drink.
- The surgeon carried out a complete surgical check, using the BPAS surgical safety checklist, based on the five steps to safer surgery. For example, this required all staff to state their name and role, the patient to confirm their identity, and a staff member to read out details of the procedure. We observed staff undertook the surgical checklist professionally and consistently. Staff filed the completed checklists in client records.
- Theatre staff transferred patients to the care of recovery staff postoperatively. Staff observed patients in recovery regularly and monitored for signs of deterioration using a modified early warning scoring system.
- Health professionals had access to medical support in the event of a woman's condition deteriorating. A doctor was on site whenever patients attended for surgical abortions and at other times, staff were able seek medical advice from the doctors 'on call' in other BPAS locations.
- There was an agreed transfer protocol for the unit to transfer patients with acute health complications. This was a three-year agreement, dated July 2015. The unit had also agreed a transfer protocol to the early pregnancy assessment unit in July 2015. No patients had been transferred from the unit since it had opened.
- The protocol included procedures to transfer a woman with a pregnancy anomaly, such as an ectopic pregnancy to the early pregnancy assessment unit.
- Staff followed the Association of Anaesthetists of Great Britain and Ireland (AAGBI) (2011) day case and short stay surgery guidelines. These included a clear escalation process to a named NHS provider should a medical emergency occur. They also required the unit to have sufficient staffing in the recovery area. BPAS Reading monitored compliance with these guidelines.
- The surgeon completed a full surgical checklist, devised by BPAS and based on the World Health Organisation surgical checklists and the National Patient Safety Agency's 'Five steps to safer surgery' guidance.

Nursing staffing

- The unit manager and most of the nurse and midwife practitioners worked their contracted hours across two BPAS locations, in Reading and Slough. Four nurse and midwife practitioners worked on different days at the Reading unit. The unit employed two part-time health care assistants and the unit manager had advertised for another assistant. This was the only vacancy at the service.
- BPAS reviewed staffing at each location to ensure that there were sufficient staff to meet the needs of the patients, taking into account the type of treatment offered and the opening times. The clinic used the BPAS safe staffing policy, which outlined minimum staffing levels.
- Managers reported on staffing levels as part of their regular monthly dashboard performance report. These reports showed the service had operated within safe staffing levels each month since the service had opened.
- The unit did not use agency staff.

Medical staffing

- At BPAS Reading, the nurse and midwife practitioners carried out the early medical abortions. A visiting doctor, working under practicing privileges, carried out the surgical abortions with the support of the unit's clinical and administration staff. Surgical abortions took place on one day each week, which meant there was a regular schedule for medical staff.

Termination of pregnancy

- To obtain practice privileges, doctors provided evidence of GMC registration, indemnity insurance, qualifications and evidence of annual appraisal and revalidation.
- Doctors also had to be up to date with relevant training. All Doctors had disclosure and barring checks and child protection training to level 3.
- BPAS also employed medical staff at other locations, who were available between 9am to 5pm during weekdays. Nominated doctors provided medical support to the staff working at BPAS Reading when there was no doctor on site. The doctors required to sign the HSA1 abortion forms could do so remotely, using electronic signatures.

Major incident awareness and training

- There was a business continuity plan at the unit.
- Emergency plans and evacuation procedures were in place. The manager had planned a fire evacuation drill for June 2016.
- The unit manager said they would use their other Berkshire clinic and other BPAS clinics for consultations and treatments in the event of prolonged loss of facilities at BPAS Reading.

Are termination of pregnancy services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Staff provided care and treatment that took account of best practice policies and evidence based guidelines. The service had clear standards agreed with commissioners and key performance indicators to monitor performance and service delivery.
- Policies and procedures were evidence based, including on the Royal College of Obstetricians and Gynaecology (RCOG) guidance, the Required Standard Operating Procedures (RSOP) guidance from the Department of Health and BPAS pilot of simultaneous early medical abortion. These included the provision of pregnancy counselling services, testing patients for sexually transmitted diseases and offering the most effective pain relief. Staff discussed contraceptive options with patients attending the clinic.
- Staff were trained for their roles and completed competency assessments. Clinical staff had competency passports to demonstrate their skill levels. Staff had undertaken training in order to offer surgical abortions under conscious sedation.
- The medical director ensured doctors employed under practicing privileges had the skills, competency and professional indemnity before they were permitted to provide treatments
- BPAS trained staff in counselling using their own course material. Staff received annual appraisals and regular 'job chats' with their managers.
- BPAS Reading offered patients a new way of receiving drugs to initiate an early medical abortion (EMA), which meant they had the medicines at the same time. The provider had reviewed research and carried out a pilot to monitor outcomes of the options in 2015 prior to introducing a new evidence based treatment option.
- The service monitored waiting times to ensure patient outcomes were in line with the Royal College of Obstetricians and Gynaecologists' guidelines.
- There was multidisciplinary working between the unit staff and BPAS staff based in other locations, including senior managers. Unit staff had effective links with outreach services, safeguarding teams and the voluntary sector.
- Staff at the unit submitted monthly data on 11 key standards, relating to the quality and safety of the service. BPAS Reading unit showed compliance with all standards for the past year.
- .Staff understood how to seek consent from patients, including children and young people. They checked that patients made independent, informed choices about their treatment.

Evidence-based care and treatment

- The unit followed policies that were in line with the Royal College of Obstetricians and Gynaecology (RCOG) guidelines. The policies also reflected the Department of Health Required Standard Operating Procedures (RSOP)

and professional guidance, and The Abortion Act and supporting legislation. These included policies for the treatment of patients with specific conditions, such as termination of pregnancy for fetal anomaly and ectopic pregnancy.

- In addition the simultaneous administration of early medical abortion had been introduced following a BPAS pilot study. Although the risks of incomplete abortion and for example continuing pregnancy were higher with this method, patients preferred the convenience of the same day treatment option.
- All patients underwent an ultrasound scan at the unit to determine the gestation of the pregnancy. This was in line with the BPAS clinical guidelines for all abortions.
- Staff offered to discuss contraceptive options with patients during the initial consultation and assessment. They also discussed a plan for contraception after the abortion. Options included the 'long acting reversible' methods (LARC), which are considered to be most effective as suggested by the National Collaborating Centre for Women and Children's Health. BPAS Reading provided contraceptives and devices at the unit in line with patients' choices. Staff followed RCOG guidance, which recommends that all methods of contraception should be discussed with patients at the initial assessment and a plan should be agreed for contraception after the abortion.
- BPAS Reading staff carried out a range of audits recommended by RCOG, such as audits relating to infection control, the environment and client records. BPAS used the case note audits to check that staff discussed options and implications in relation to the patient's pregnancy, obtained consent to treatment, talked about contraception choices and carried out a full assessment. The audits covered over 50 criteria and the treatment unit achieved 100% in these audits for the period November 2015 to April 2016. Other audits related to safeguarding, assessing gestation and point of care testing.
- Staff could access BPAS policies on the corporate intranet. Head office issued updates electronically and staff signed to show they had read them.
- The service offered surgical abortions under conscious sedation, undertaken by trained staff as recommended by the RCOG.
- For EMAs, the conventional method was to administer the abortifacient medicines at intervals of two days. BPAS had introduced a new option, for patients to have the drugs simultaneously, following research and a pilot study in 2014/15. This pilot study of about 2000 patients showed that risks of continuing pregnancy and retaining products of the pregnancy were slightly higher with this method, however patients often preferred the option as it was more convenient. Between January and April 2016, 65% of medical abortions provided had been simultaneous EMAs.
- The information about the different methods of delivering medical and surgical abortions was included in the 'My BPAS guide' which was given to all patients. Staff explained the options and relative risks of the methods, in particular with regards to the simultaneous EMA, suitability for individual patients, based on their risk assessments, so they could make an informed choice.
- Staff offered patients who were the age of 25 years and over screening for Chlamydia and Gonorrhoea infections, both sexually transmitted bacterial infections, prior to treatment. They referred those with a positive test result to sexual health services for treatment and further screening for other sexually transmitted infections (STIs). This practice was in line with RCOG guidance on 'The care of patients requesting induced abortion', which recommends that services should make information available about the prevention of STIs. The service was not commissioned to provide chlamydia screening for patients under the age of 25 years. However, staff told us they referred patients under 25 years to the local clinic or online service to order a testing kit for home use.
- BPAS clinical advisory team reviewed policies against national and professional guidance and issued updates when necessary. Staff signed to show they read these policies.

Pain relief

- Doctors prescribed pre- and post- procedural pain relief and recorded this on medication records.
- Patients who chose a medical abortion were given advice on the use and dosage of painkillers once they had returned home.

- The BPAS booklet included space for staff to record when pain relief was due, to ensure patients knew the correct time intervals for taking pain relief. All patients were given a small supply of codeine tablets as pain relief on discharge and instructions on how to take.

Patient outcomes

- The service had agreed standards with commissioners for their service. BPAS Reading reported on indicators such as the number and types of treatments, complaints, waiting times, rates of complications, demographics, non-attendances and sexual health screening results and take up of contraception, in line with RSOP 16.
- There had been eight minor complications (2.9%) between January 2016 and April 2016. Three related to surgical abortions and included a retained non-viable pregnancy. Of the five complications associated with early medical abortions, 80% were linked to simultaneous EMA. Staff monitored these complications and recorded them against the type of termination to assess outcomes and effectiveness of the procedures. Staff completed a form in the client's notes to ensure the complication was flagged up should the patients seek further treatment.
- BPAS Reading also reported data on the number of patients who did not attend for appointments, those who were referred to other providers or when treatment was cancelled by BPAS. Since opening, the clinic had referred 15 clients (1.5%) to other providers for treatment.
- Staff asked patients to carry out a pregnancy test two weeks after a medical abortion, to ensure the abortion had been successful. BPAS sent texts to remind patients of this and if requested, carried out follow ups, usually by telephone. Staff invited patients back if they had any concerns.

Competent staff

- Since the unit had opened in July 2015, new staff had received 'job chats' with their managers in advance of their annual appraisal. Job chats enabled staff to discuss their performance, objectives, policy changes and other issues relating to their role with their managers. Records showed 100% staff who had transferred to Reading from other BPAS services had completed annual appraisals.
- All new staff were supported through a 12-week induction programme and competence based training relevant to their role. The induction programme included comprehensive training on various topics including the consent process, counselling, safeguarding, sexual health, contraception advice and scanning. Some new staff had completed this programme before the unit had opened.
- Staff had access to specific training to ensure they were able to meet the needs of patients. For example, nurses and midwife practitioners had completed training and competency assessments for the use of conscious sedation.
- Staff who worked across different units had competency passports, to demonstrate in what areas they had specific skills.
- The lead nurse or unit manager observed practices for the monthly audits. They shared the results with staff and highlighted areas for development.
- The administrative staff who provided the pre and post abortion counselling had completed the 'BPAS Client Support Skills and Counselling and Self Awareness' course and competency assessment. Staff offered patients a pregnancy counselling service or they referred patients to professional counsellors. Similarly, BPAS staff offered post abortion support, or could signpost patients to specialist services.
- The BPAS medical director ensured doctors employed under practicing privileges had the skills, competency and professional indemnity before they were permitted to provide treatments. For example, the doctor practicing on the day of our inspection had completed their review with the medical director in November 2015. This included providing evidence of training in conscious sedation. BPAS monitored clinical incidents related to medical staff and followed up on concerns about a doctor's practice or performance.
- The BPAS medical director carried out medical appraisals with all doctors employed under practising

privileges and checked their registrations. They checked and updated information every two years and doctors repeated the disclosure and barring checks every three years.

Multidisciplinary working (related to this core service)

- Medical, clinical and non-clinical staff worked well together as a team. Staff had specific lead roles, for example there was a unit lead clinician and leads for infection control and safeguarding. There were clear lines of accountability that contributed to effective planning and delivery of client care.
- The unit manager had developed effective links with other agencies and services such as the local safeguarding team.
- Staff used defined pathways for surgical and early medical abortions, with care coordinated between the BPAS call centre and the clinic staff. The out-of-hours call centre provided clear records of any discussions they had with patients which staff included in patient notes.
- The staff reported effective teamwork, focused on providing person-centred care.
- Staff had access to advice from a BPAS specialist pharmacy advisor if needed.

Access to information

- Staff stored client records at the unit for a maximum of four months. Thereafter they were archived offsite, at BPAS head office, in line with BPAS protocols.
- Staff used an electronic system for doctors to sign the HSA1 forms remotely. This meant that staff could provide treatment promptly, particularly when patients opted for a simultaneous early medical abortion (EMA).
- Staff transferred records for patients if they referred them to a different BPAS unit, or to another specialist service, as required. We reviewed one case where a woman was transferred to another BPAS service for clinical reasons. There was an effective audit trail for their records and staff at both units could view client information.
- During surgery, the doctor ensured each patient's information was displayed on a white board, to minimise the risk of errors.
- Staff offered patients a copy of their discharge letter and recorded in the patient's notes if it was accepted or declined.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Nurse and midwife practitioners checked patients understood the termination process and sought their consent to treatment appropriately. We observed in one case they checked patients were sure of their decision at different stages of the consultation and treatment. If patients expressed any doubts, staff carefully and sensitively discussed their options to ensure they gave informed consent. They offered patients a second consultation if they were not entirely sure about their decision to terminate the pregnancy.
- We reviewed 12 care records which contained signed consent forms for treatment if the patient had decided to proceed with treatment. The forms documented that staff had discussed risks, possible side effects and complications. Staff offered patients a copy of their consent form, if declined the copy remained in the notes and it was recorded as consent form copy 'not accepted' . The unit used different consent forms designed for different procedures. These included consent for surgical or medical abortions, evacuation of retained products of conception and the medical management of a miscarriage.
- Staff sought patients' consent to share discharge information with the patient's GP.
- Staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005). Staff told us they rarely treated patients who lacked capacity to give their consent. They explained if a situation arose they would provide information in a way patients could understand and if necessary, allowed additional time or repeated appointments to gain informed consent. Where patients did not meet the BPAS inclusion criteria for the unit, for example, patients with complex needs and / or a learning disability, staff referred patients to the specialist placement team to ensure their needs were met appropriately. For example, by referral to an appropriate NHS or BPAS facility.
- Staff assessed whether young patients aged under 16 years had the competency to make decisions about a termination of pregnancy, applying the Gillick

competencies. They followed the Fraser guidelines when seeking consent from young patients in relation to contraception. BPAS had created specific consent forms for young patients to ensure staff assessed whether a young person had the maturity to make these decisions independently. Where possible staff would encourage the young person to involve a trusted family member in the process.

Are termination of pregnancy services caring?

By caring, we mean that staff involve and treat patients with compassion, kindness, dignity and respect.

- Staff provided care with compassion and sensitivity. They introduced themselves, spoke in a kind and respectful way and were non-judgemental.
- Patients had at least part of their consultation on their own, without their partner or friend, and staff were careful to support patients in making their own decisions.
- Staff checked patients understanding of their treatment options, and involved partners in their care when appropriate.
- Responses to client surveys showed patients said staff gave them privacy and dignity and had treated them in a confidential manner.
- Patients gave positive feedback about the caring aspect of the service. They said they had felt listened to, were given clear explanations by staff and had been involved in decisions about their care.
- The service offered patients after-care counselling, including bereavement counselling, or signposted them to specialist services.

Compassionate care

- We observed staff treated patients with dignity and respect. They spoke in a respectful, kind manner and were helpful.
- Staff introduced themselves to patients, and explained their roles and responsibilities to help provide reassurance. This included staff carrying out the surgical procedure. They demonstrated a professional and kind manner.
- Staff said they tried to assess the most appropriate approach with each individual patient , to provide person-centred care.
- They respected people's privacy. For example, staff offered as much privacy as possible in the pre- and post-treatment room, by closing curtains.
- Patients we spoke with were positive about the way they had been treated by staff. Patients' feedback on CQC comment cards included comments such as, 'Staff were very supportive and caring', '[Staff were] very caring and kept me very informed,' and 'I was treated with dignity and care in the four visits I have made to the centre'.
- Between September 2015 and December 2015, 173 patients submitted feedback on their experiences of care using the BPAS opinion forms. Almost all respondents said they had been given privacy and dignity and had been treated in a confidential manner.

Understanding and involvement of patients and those close to them

- On the day of our inspection, patients had already discussed their options and preferences with BPAS staff, and were attending the clinic for a surgical abortion. This was demonstrated in their records.
- We observed the pre-treatment assessment, when staff reviewed the agreed plan of care with patients. Staff checked that the patients' views had not changed since their last discussion and listened to their responses. Staff also explained the surgical procedure, and answered any questions. They gave patients time to ask further questions.
- Prior to surgery, the doctor checked the patient's specific preferences and care plans. During surgery, the theatre team explained each stage of the process and what they were about to do. They checked the patient was comfortable.
- Staff gave patients advice on what to expect after the procedure, at the discharge consultation.

Termination of pregnancy

- The BPAS client feedback forms returned in 2015 showed almost all patients reported they had felt listened to, were given clear explanations by staff and had been involved in decisions about their care and treatment. This was confirmed by the feedback we received on our comment cards.

Emotional support

- The RCOG recommends pre-termination counselling for patients considering a termination of pregnancy. Only staff who had completed the BPAS training and competency assessment in counselling provided this service at the Reading clinic.
- BPAS has recently introduced a telephone consultation service where patients were offered the counselling service over the phone. Staff only offered this when risk assessments indicated it was appropriate and safe to do so. As part of this process, staff offered patients the option to attend a treatment unit in person if they preferred a face-to-face consultation.
- Staff provided sensitive and emotional support for patients who underwent termination of pregnancy due to fetal anomaly. Staff told us that they encouraged their support person (carer or a family member) to be involved as much as possible. Staff said they prioritised and fast-tracked appointments in cases of fetal anomaly, where appropriate.
- If the BPAS counselling services could not meet patients' specific needs, or patients wanted longer term counselling services, staff referred them to specialist counselling organisations in their area.

Are termination of pregnancy services responsive?

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

- The service was planned and delivered to meet the needs of the local population. BPAS Reading reported on activity and trends to the Berkshire clinical commissioning groups, including the demographics of clients, to review how they were meeting people's needs
- BPAS had an informative website and 24/7 telephone advice line and offered patients a 'web chat' service.
- Staff had access to an interpretation service as well as some guidance materials in a range of languages to support patients for whom English was not their first language.
- Patients attending BPAS Reading waited on average six days from 'decision to proceed with treatment' to treatment. On average, patients waited 14 days from first contact to treatment during this period.
- BPAS operated a fast-track appointment system for patients with a higher gestation period or those with complex needs.
- BPAS Reading had increased the abortion methods available to patients, with the introduction of surgical abortions under conscious sedation.
- The BPAS guide provided patients with information about the disposal of pregnancy remains and staff asked patients if they had particular preferences at consultation. Fetal remains from a surgical abortion were disposed of securely.
- Patients were given information on how to complain and raise concerns, although there had been no formal complaints in the past year. The service responded to informal and local complaints and monitored the action taken and any trends.

However;

- The pre and post treatment room was small, with three couches separated by curtains, which risked compromising patients' privacy and dignity.

Service planning and delivery to meet the needs of local people

- The seven Berkshire clinical commissioning groups contracted with BPAS Reading to provide termination of pregnancy services for patients locally. One lead commissioner oversaw the contract and acted as the main point of contact. The contract was relatively new, with BPAS providing services in Berkshire since July 2015. BPAS and the commissioners had jointly determined the level of termination of pregnancy services required, based on national statistics for Berkshire and benchmarking with other services.
- Patients could access BPAS Reading via the BPAS telephone booking service, which was open 24 hours a day throughout the year. Patients could specifically

request an appointment at the Reading unit, but could attend appointments at other BPAS clinics depending on their preference or need. Some patients chose to book appointments at some distance from their homes to increase their chances of anonymity.

Learning from complaints and concerns

- Reading treatment unit had not received any formal complaints between July 2015 and April 2016. The unit's 'local complaints log', used to capture informal complaints, showed two verbal complaints during this time. Staff had resolved both complaints locally with an apology and explanation, given by the most senior person on site at the time.
- The unit manager submitted data on both formal and informal complaints to head office for review. Staff said BPAS used complaints to identify trends and seek areas of improvement. For example, there had been complaints regionally about the lack of involvement of partners or escorts. As a result, BPAS had reminded staff to offer escorts support, as well as the woman attending for treatment.
- The complaints manager and client engagement manager reviewed formal complaints. We were told they ensured complaints were fully investigated and gave feedback to staff. At a regional level, senior managers discussed individual complaints and cascaded learning to unit manager to promote learning. Evidence of complaints review was shown in the minutes of the 4-monthly regional quality and improvement forum (RQuAIF) meetings.
- Staff gave information to every woman on how to make a comment or complaint. Guidance was included in the pocket-sized 'My BPAS' guide. It was also on the BPAS website. The guidance clearly outlined the formal complaints procedure and the informal feedback process.
- Every woman was given a feedback form, entitled 'Your opinion counts', after their consultation. As well as asking patients to provide feedback on their experiences of care and treatment, it asked them to give comments or suggestions.
- Staff said that the corporate induction programme incorporated training on how to manage and escalate complaints to encourage learning.
- The BPAS quality standard was set at zero formal complaints, which meant there was a risk that complaints might not be viewed as opportunities for learning and improvement. Local complaints were not included in this standard. These were escalated if they could not be resolved locally or were of a serious nature and needed further investigation.
- The unit had been able to offer surgical abortions under conscious sedation since April 2016. This increased the options of abortion methods available to patients in the Reading area.
- The provider offered a web chat service, via their internet page, for patients who wanted to know more about the services provided and preferred this approach.
- BPAS operated a fast-track appointment system for patients with a higher gestation period or those with complex needs.

Access and flow

- BPAS had a national contact centre, that operated 24 hours a day, seven days a week to provide telephone booking and information services. Staff were trained to advise patients on the most appropriate clinic for their needs.
- Most patients referred themselves (about 70%) but the clinic also received referrals from GPs.
- Staff at the unit undertook all aspects of the pre-assessment care pathway including pregnancy options discussion, date checking scans (to confirm pregnancy and determine gestational age) and other pre-termination assessments. The clinic offered surgical abortions under local anaesthetic or conscious sedation on one day a week, with consultations and EMAs offered at other times.
- The clinic opened normal working hours on two days a week and staggered times on two further days with either an early morning or a late evening session. The clinic also opened on Saturday mornings.
- All patients completed a pre-consultation questionnaire. They had their initial consultation face to face in the clinic or over the phone with trained staff, to

discuss medical history and treatment options. Staff booked patients to attend for treatment after they had made a decision for an abortion and been assessed by a nurse or midwife practitioner.

- BPAS monitored waiting times, from initial contact to consultation and from consultation to treatment. It also monitored the time taken for the whole pathway and submitted reports on waiting times to the commissioners each quarter.
- BPAS Reading reported on the waiting times for a consultation appointment and for treatment to the service commissioners. Staff could offer patients appointments in a choice of two units within Berkshire, or outside the county if this was appropriate. Staff could fast-track patients for treatment if their gestation period meant they needed an earlier appointment.
- The Department of Health Required Standard Operating Procedures recommend that patients should be offered an appointment within seven calendar days of referral. They should then be offered the abortion procedure within seven calendar days of the decision to proceed. Between October 2015 and December 2015, 90% of patients, within 30 miles of the Reading clinic, had their consultation within seven days (five working days). The proportion of patients who could have had their consultation within seven days was 98%; however, some patients chose to have later appointments or attend a different clinic or need extra time to make a decision about their pregnancy.
- The commissioning reports for the period 1 January 2016 to 31 March 2016 showed patients attending BPAS Reading waited on average six days from 'decision to proceed with treatment' to treatment. On average, patients waited 14 days from first contact to treatment during this period.
- The percentage of patients treated under 10 weeks gestation is a widely accepted measure of access into abortion services. Between July 2015 and December 2015, 86% of patients were treated below 10 weeks gestation, which is better than the national average of 80%.
- BPAS used a 'Central Authorisation System' (CAS), for staff to upload assessments for the HSA1 authorisation. The system prompted BPAS doctors, working remotely, to review the documentation to check the reason for the woman requesting a termination. On the days when a doctor was not on site at Reading, two doctors signed an electronic copy of the HSA1 form. The second doctor signed the electronic prescriptions.
- All the staff we spoke with told us that the CAS was very efficient and was helping minimise delays associated with gaining the doctors' certificate of opinion and approval of the HSA1 forms. When a doctor was at Reading to carry out surgical abortions, they signed the HSA1 prior to treatment.
- Patients could access aftercare advice 24/7 via the BPAS helpline or they could call the clinic directly during opening hours.

Meeting people's individual needs

- The unit was located close to the town centre, just behind a main street. Although the premises were on two floors, staff could arrange consultations and treatments on the ground floor for woman with impaired mobility.
- The pre and post treatment room was small, with three couches separated by curtains. This meant that patients in recovery shared the room with those awaiting surgery. We observed that one woman was crying whilst recovering from a surgical termination. Although staff were available to offer support, the environment meant patients' privacy and dignity was compromised.
- Staff had access to an independent telephone interpreting service to enable them to communicate with patients for whom English was not their first language. They also had access to BPAS guides and consent forms in a range of widely spoken languages. BPAS ensured the interpreters were aware of the nature of topic of conversation and were prepared to provide the service, before involving them in client discussions.
- BPAS Reading had two counselling rooms for private consultations. The service had a further private room, next to the upstairs waiting room, which staff said they offered to patients with chaperones or if escorts brought children. Staff said that the advice line staff advised patients against bringing children, but occasionally family members did not receive or follow this guidance.
- BPAS staff supported patients who sought to end a pregnancy because of a fetal abnormality. Staff had information booklets to share with patients and staff

were trained to provide a basic level of care and support. They referred patients to specialist abortion centres, and specialist counselling when this was requested.

- Support was available for patients living with a learning disability, a mental health illness or other complex needs. Staff followed BPAS's policy on advising and treating patients with a learning disability. Staff said they rarely saw patients with a learning disability but were assured the contact centre would advise them if someone with particular needs booked for an appointment.
- Commissioner reports showed that treatment units monitored clients who had a diagnosis of a learning disability, mental health condition or physical impairment.
- Staff were responsive to patients' specific, individual needs. During our inspection, we observed staff noted a patient had a hearing difficulty in one ear. They alerted the theatre staff so they would know how best to speak with them. .
- If BPAS could not offer treatment because patients did not meet the suitability criteria, staff had access to a specialist placement team, who would arrange referral to appropriate providers, such as an alternative BPAS centre or an appropriate NHS hospital.
- Staff gave every patient a general guide called 'My BPAS Guide'. This guide had information about different options available to pregnant patients, including options for the termination of pregnancy. It gave guidance on what to expect when undergoing different types of medical and surgical terminations. It also included potential risks.
- The consultation, surgical abortion and early medical abortion forms included prompts and blank spaces where staff recorded each woman's specific choices if they opted for a termination of pregnancy. They also included tick sheets to ensure aspects of care such as contraception or anxiety were discussed or considered.
- The BPAS policy on disposal of fetal remains took account of the Human Tissue Authority Guidance on the disposal of pregnancy remains following pregnancy loss or termination.
- Nurse and midwife practitioners had a range of printed information they could give to patients. This included advice on contraception, sexually transmitted infections, miscarriage, how to access sexual health clinics and services to support patients who were victims of domestic violence.
- BPAS staff gave patients clear verbal and written advice about what to do if they had concerns after their abortion. Patients had access to a 24-hour after-care helpline, operated by BPAS trained staff, which they could call for advice after their abortion if they had concerns about their health or wellbeing. Notes of these calls were included in the client records.
- Staff referred young patients under 18 years of age who were at risk of unplanned pregnancies to the local outreach nurse, who specialised in sexual health and offered contraceptive advice to young patients.
- After their abortion, patients could access the BPAS counselling service again irrespective of the lapsed time. BPAS staff could refer them to specialist counselling if they requested it or there was an assessed need.

Are termination of pregnancy services well-led?

By well led, we mean that the leadership, management and governance of the organisation assure the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Staff were able to articulate the BPAS values and aims and were supported by their managers and the organisation to provide a high quality service.
- The unit manager was familiar with the governance framework for reviewing the quality and safety of care and submitted monthly quality and safety reports.
- The unit manager monitored the performance, quality and safety of the service. They reviewed activity, audit data, complaints and incidents. They contributed to the governance arrangements. There were regional meetings for managers and regional quality meetings every four months. This structure supported a flow of information across the region and learning from complaints, incidents and feedback from clients.

- The medical director reviewed clinical updates and communicated changes in guidance or legislation with unit staff. The provider had effective clinical governance arrangements.
- The provider produced a team brief summarising key issues and developments. Staff were encouraged to ask questions and submit queries to the executive team. This was in addition to the annual staff survey.
- There were effective systems in place to ensure the service adhered to legislation relating to abortions. . The service maintained a register of all abortions.
- BPAS updated policies and procedures when improvements were identified. For example, they had recently updated the audit programme for the 11 quality and safety standards, to improve the relevance and proportionality of the sampling frequency. Also, the 'suitability for treatment' guidelines were updated immediately, in response to the woman's experience at Reading during our inspection.
- BPAS Reading had been selected for the initial role out of surgical abortion under conscious sedation.

However;

- Although environmental risk assessments had been completed, recommendations had not been actioned in a timely manner and an robust assurance system was not followed.

Vision and strategy for this this core service

- The BPAS aim was 'To provide high quality, affordable sexual and reproductive health services'. It had clearly defined corporate objectives to support this aim.
- The corporate aims and values were described within the 'About BPAS Guide' that staff gave to patients during their consultation. The guide also provided patients with background information about BPAS, its management structure and clinic locations.
- We observed staff were committed to providing a high quality service for patients. They said their induction programme had emphasised the corporate values to support patients to make their own decisions about their pregnancy. They were aware of the corporate values.
- Staff behaviours reflected the organisational values, to treat patients with dignity and respect and to provide confidential, non-judgmental services.
- In April 2016, BPAS had organised a series of regional presentations entitled '2016 and beyond' to outline the organisation's direction to staff.

Governance, risk management and quality measurement for this core service

- The BPAS organisation provided an effective governance framework to support the management of BPAS Reading. The unit manager monitored and reported on 11 quality and safety standards each month. These related to medicines management, clinical supervision, infection control, records audits, incidents, complaints, staffing issues and laboratory sample errors. The regional manager investigated any issues that units had not resolved promptly. The Reading unit had experienced issues with STI sample labelling. This had been flagged as an issue, discussed regionally and action taken to implement improvements.
- Staff had access to a suite of policies and procedures available on the BPAS intranet. These included policies relating to abortions, the completion of HSA forms and risk management. They received updates on policy changes via email or a conference call, which was accessible to all staff. These were also recorded and available for the consecutive month to enable staff to access them.

Leadership / culture of service

- The existing manager supported the new manager with their development into a leadership role.
- The clinical team had lead roles to help manage the service. This was particularly important since most staff worked across two BPAS sites. The lead nurse managed four staff, three of whom worked at BPAS Reading. Other clinicians had lead roles, for example in maintaining emergency equipment and in infection control. The unit manager understood the challenges and requirements of her role.
- The certificate of approval for carrying out termination of pregnancy (issued by the Department of Health) was on display near the treatment area. This was in line with legal requirements and provided assurance to people attending the clinic.

- The service maintained an electronic register of patients undergoing a termination of pregnancy, which is a requirement of Regulation 20 of the Care Quality Commission (Registration) Regulations 2009. Staff completed the register at the time the termination was undertaken and BPAS kept an electronic copy for a period of not less than three years.
- The staff working at the Reading unit said they liked working for BPAS and at the unit. They had good access to senior staff, and could contact the medical director or nursing director if they wanted advice. They also commented on the effective networking and communication within the organisation, which helped staff keep up to date and informed of changes. They said that BPAS encouraged a good work/life balance and they felt well supported in their roles.
- Staff were proud of the service they provided. They recognised that it was a difficult decision for patients to seek and undergo a termination of pregnancy, and they spoke of a culture of providing care in a compassionate and professional way. They were positive about the high quality care and services they provided for patients.

Public and staff engagement

- Patients attending the unit were given feedback forms, which asked for their opinion of the service. The forms asked patients to provide feedback on a range of experiences of care and if they would recommend the service.
- Patients' feedback of 173 responses, between September 2015 and December 2015, showed that 99% would recommend the service. Staff were aware of these results and encouraged patients to complete the feedback forms.
- The unit staff asked for feedback from patients using the BPAS survey form. However, they had omitted to mark the forms with the unit name, so the results had not been disaggregated from the national ones. Staff had recognised this error from March 2016. Nationally, out of 8434 responses, 99% of patients said they waited 14 days or less for treatment and 93% said this was an acceptable wait time.
- The company-wide BPAS staff survey results for 2015 showed almost all staff said they would recommend BPAS as a place to receive treatment (97%) and 89% said it was a good place to work. The engagement rate was over 60% with 397 staff taking part in the survey. Their highest scores were for 'I promote high quality care' and 'I have knowledge and skills for my role'. Lowest scores related to opportunities to improve things, enough staff and feeling safe and secure. BPAS reported that actions taken in response to this survey included planning a programme of visits for directors to meet staff at clinics.
- BPAS directorates produced a team brief for all staff, every four months. The operations, human resources, finance and external affairs directors included information from the RQUAIF and also details of any company changes. The team brief included an electronic feedback form so staff could ask questions directly to members of the executive team. For example, we saw a staff member had asked about the corporate strategy and had received a clear and informative response.

Innovation, improvement and sustainability

- BPAS Reading had been selected for the initial role out of surgical abortion under conscious sedation. Staff had completed training and details of this type of operation were included in the updated My BPAS Guide.
-
- The regional quality assessment and improvement forum (RQuAIF) met three times a year to oversee service quality and safety. The forum consisted of representatives from the operational leadership team, regional clinical leads, clinical audit and client care management. It reported to the BPAS clinical governance committee. The RQuAIF reviewed complaints, incidents, serious incidents, audit results, complications, patient satisfaction, quality assurance for point of care testing and declined treatments. The forum meetings minutes showed effective scrutiny of quality and safety and an emphasis on shared learning.
- The regional managers referred to the RQUAIF meeting minutes at their local meetings, to ensure that learning was shared with a wider audience.
- BPAS produced a team brief, four times a year, to inform all staff of key changes, clinical updates, marketing activity and financial performances. The team brief was used to cascade information efficiently to all staff and to seek staff feedback.
- In addition, the corporate committees for infection control, information governance and research and ethics supported the unit's governance arrangements. The unit's infection control lead attended corporate infection control meetings and training.

Termination of pregnancy

- The medical director took a lead role in ensuring the organisation was working in line with national guidance. BPAS submitted papers to each clinical advisory group detailing any new or amended guidance together with an assessment of how BPAS was meeting the guidance or what work needed to be undertaken to achieve compliance.
- BPAS Reading provided performance reports to their commissioners each quarter. Performance data included activity information, access results, the number of STI tests completed, contraception offered and infection rates.
- The organisation's corporate risk register included various areas of risk and the actions taken to reduce the level of risk. The manager at BPAS Reading had recently developed a local risk register, which included specific risks relating to the service. This was a relatively new initiative and was being embedded at the time of our inspection.
- The assessment process for termination of pregnancy legally requires two doctors to sign agreement to the termination on the HSA1 form. Both doctors must agree on the same reason. BPAS units completed monthly HSA1 audits to check compliance, and BPAS Reading achieved 100% in eight months out of ten, between July 2015 and April 2016. In September and October 2015, the unit achieved 98% and 96% due to a lack of clarity in the signatures.
- We looked at 12 patient records and found that in 10 records all forms included two signatures and the reason for the termination.
- The Department of Health requires every provider undertaking termination of pregnancy to submit data following every termination of pregnancy procedure performed, using HSA4 forms. These contribute to national reporting on the termination of pregnancy. The unit submitted HSA4 to the Department of Health electronically by the service manager following the termination procedure. The doctor who terminated the pregnancy signed the online HSA4 forms within 14 days of the completion of the abortion. This was monitored through monthly audits which showed 100% compliance.
- BPAS Reading's lead nurse or unit manager completed a series of audits each month, in line with a corporate audit programme. If audit results produced a score less than 90%, staff had to take action and re-audit the following month. In most months, the unit scored over 90% for the audits of clinical records and infection control 'essential steps'. The essential steps audits changed each month, and covered areas such as hand hygiene, use of personal protective equipment, medicine storage and waste management. The auditor identified corrective actions and raised issues with staff concerned.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve
The provider should:

- Ensure the environment supports patients' privacy and dignity at all times
- Ensure risks are managed appropriately to assess, monitor and improve the quality of the service.