British Pregnancy Advisory Service

BPAS Reading

Inspection report

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

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Good

Summary of findings

Overall summary

We rated this location as requires improvement because:

- Mandatory training completion rates for patient safety was below the provider target.
- Storage of controlled drugs did not meet national guidance.
- Disposal of pregnancy remains was not respectful.
- Women did not receive treatment within the timeframes as stated in national guidance.

However:

- Staff understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women.
- Staff treated women with compassion and kindness and respected their privacy and dignity. They provided emotional support to women and their families.
- The service planned care to meet the needs of local women, took account of women's individual needs, and made it easy for women to give feedback.
- Staff understood the service's vision and values. Staff felt respected, supported and valued. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy	Requires Improvement	

Summary of findings

Contents

Summary of this inspection

Background to BPAS Reading

BPAS Reading provides a range of termination of pregnancy services including; surgical terminations up to 13 weeks and 6 days and medical terminations up to 10 weeks. Women can also access; pregnancy testing, counselling, aftercare, sexually transmitted infection testing, contraceptive advice and contraception supply.

The service was registered to provide;

• Treatment of disease, disorder and injury

• Surgical procedures

• Diagnostic and screening procedures

• Termination of pregnancies

• Family planning

In the 12 months prior to inspection, the service completed; 838 terminations, 515 medical and 323 surgical. Of those, 29 were for clients under the age of 18 years old. Unit staff completed 22 safeguarding referrals.

We last inspected this service in June 2016. There were no requirement notices or enforcement actions that resulted from this inspection. There were two 'should' recommendations that are were checked at this inspection. At the 2016 inspection, we did not rate the service, as at the time Care Quality Commission did not have the methodology to do so. This is the first inspection where the service will be rated.

How we carried out this inspection

This was an unannounced inspection of this service that took place on 23 February 2023. We visited all areas of the unit, spoke with all onsite staff including midwives, administrative staff, the lead midwife and senior managers. We observed four appointments and reviewed four patient records.

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

Areas for improvement

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

Action the service MUST take to improve:

Summary of this inspection

- The service must ensure that storage of controlled drugs meets The Misuse of Drugs (Safe Custody) Regulations 1973. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12: Safe care and treatment.
- The service must ensure that it meets Department Of Health waiting time standards. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12: Safe care and treatment.

Action the service SHOULD take to improve:

- The service should ensure that all mandatory training meets the provider completion target. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12.
- The service should ensure national guidance is followed to ensure pregnancy remains are treated with respect. Care Quality Commission (Registrations) Regulations 2009 Regulation 20.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Termination of pregnancy

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

Is the service safe?

Requires Improvement

We have not previously rated this service. We rated it as requires improvement.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of women and staff. Mandatory training was a mix of online and face to face training. Topics included; health and safety, infection prevention and control and general data protection regulations. The BPAS benchmark completion target for mandatory training was 90%, the unit reached this target for all training apart from patient safety which was at 80% completion rate. This equated to four out of five staff having completed the patient safety training.

Managers monitored mandatory training and alerted staff when they needed to update their training. The treatment unit manager (TUM) maintained oversight of the completion of training via an online spreadsheet. The training calendar on the BPAS intranet notified staff of when face to face training dates were available. When staff completed training, they uploaded their certificate to the system to prove completion.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. The safeguarding training completion rate was 90% for level three safeguarding adults and children. Staff we spoke with knew how to make a safeguarding referral and who to inform if they had concerns. All staff knew how to contact the regional safeguarding lead and how to make a referral to the local authority if they had any safeguarding concerns. Staff knew they could contact the BPAS safeguarding team if they had a question or query.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The safeguarding section of the patient record was detailed, and staff were unable to progress records

until all questions were completed. The record included a check of past termination of pregnancy attendances and a questionnaire. Questions included discussions of women's home life including; sofa surfing, friends, family, details of their partner, including age, sexual social media presence, trafficking, domestic abuse, coercion and any mental health concerns. Staff also understood the signs of female genital mutilation and their responsibilities in reporting it.

During the booking process women gave a safe word to BPAS known only to them. The safe word was part of the BPAS security check. We saw staff confirm this with clients before consultation commenced. Staff also ensured they had an opportunity to speak with women alone in case of coercion and checked whether any family or friends knew they were attending the unit.

Staff followed safe procedures for clients visiting the service who were aged under 18. Clients attending the unit who were under 18 were highlighted in red on the patient listing and provided a double appointment at booking. Staff checked the identification of any adults who accompanied clients aged under 18. All clients aged under 18 who attended the unit had a follow up post procedure appointment to check their mental health. Staff understood their responsibilities in contacting the GP and completing a police notification for clients when required.

Staff received safeguarding supervision twice a year where they could discuss and reflect on specific cases. Referrals were reviewed at appraisal and staff wellbeing related to a safeguarding concern was also discussed at team meetings. Staff advised us they appreciated this as they felt safe to discuss emotional responses to safeguarding referrals within their team. Staff advised us they could always speak with managers and "Get a cuppa and talk about any concerns".

Cleanliness, infection control and hygiene

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

The service generally performed well for cleanliness. The unit was visibly clean and managers contracted a third party housekeeping company overnight. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We saw cleaning records for the month prior to inspection and noted they were fully completed for each area of the unit and signed off. The most recent hand hygiene and infection prevention and control audit summary scored 95.4%. Topics included; hand hygiene, environment, equipment and sharps management. We saw action plans with an accountable person and completion date where audits did not meet standards.

Staff worked effectively to prevent infections. Health care assistants were responsible for cleaning the surgical suite and we saw they had received competency training. All unit staff were responsible for cleaning equipment, we saw all equipment had dated 'I am clean' stickers, each room and clinical area of the unit contained a spillage pack and we saw staff use disposal covers on scanning probes.

The unit had suitable furnishings which were clean and well-maintained. Furnishings were clean and made of wipeable material in line with Department of Health guidelines.

Staff followed infection control principles including the use of personal protective equipment (PPE). We noted all hand wash basins were now working and displayed posters showing correct handwashing techniques. We saw staff wash their hands in accordance with best practice guidance as well as using PPE such as aprons and gloves where appropriate. Stocks of PPE were high and there was a variety of sizes available in accordance with Health and Safety Executive guidance.

Requires Improvement

Termination of pregnancy

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.

The design of the environment followed national guidance. The unit was in a stand alone clinic just outside the city centre. The unit had it's own reception, next to reception was a records storage area, past this was a 'Misoprostol room', this was used when women chose to take their medical termination medicine on site and was separate in case women felt unwell as a side effect was vomiting. Beyond this was an office and the recovery room with three bays that could be curtained off and contained reclining, wipeable armchairs and a disabled access toilet. Through the recovery room was the surgical suite that also held the sluice. Behind reception was a stairwell that led to the main waiting room, two clinic rooms, two further toilets, managerial offices and staff facilities. The clinic rooms were located directly off the waiting area, however managers had completed environmental risk assessments to ensure private conversations could not be heard through the doors. As a result music was played in the waiting room.

Managers ensured the environment and facilities were safe. We checked 10 portable appliances and noted all had been tested within the last 12 months. Managers demonstrated the facilities were checked and showed us evidence of weekly carbon monoxide testing, weekly fire testing, emergency lighting and legionnaires testing. All fire extinguishers were in date and serviced. Staff completed monthly fire evacuation practices and there was an onsite generator in case of a power outage.

The service had enough suitable equipment to help them to safely care for patients. The hand basin in the recovery room was now in order and all sinks met 'Department of Health - Health Building Note 00-09: Infection control in the built environment' standards. We checked all disposable curtains on site and noted they were in date and saw evidence of equipment servicing systems.

The service disposed of clinical waste safely. The unit had a contract with a third party for removal and disposal of clinical waste that met with Health and Safety Executive standards.

Assessing and responding to patient risk

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

Staff completed risk assessments for each woman on admission, using a recognised tool. Staff used nationally recognised tools such as modified early warning scores to monitor risk of deterioration. BPAS developed a specialised early warning score tool for surgical termination of pregnancy in corroboration with other providers. This tool had been ratified by the British Society of Abortion Care Providers (BSACP). There was a sepsis tool attached to electronic records, staff were unable to proceed with records until the checks were completed. Staff completed a pre-operative risk assessment for all women receiving a surgical termination. The risk assessment included risks of Venous thromboembolism (VTE). VTE is where blood clots in the veins. Staff checked women's rhesus factor to ascertain whether they required Anti-D. Records showed clients who had a rhesus negative blood group received an Anti-D injection.

Women's record's showed staff completed the World Health Organisation (WHO) Surgical Safety Checklist in line with best practice. The guideline was developed to decrease errors and adverse events and increase teamwork and communication in surgery.

We saw sufficient emergency equipment was available on the unit for use if a woman deteriorated. The lead midwife completed monthly audits of all emergency equipment including checking servicing and expiry dates. Audits for the 12 months prior to inspection showed 100% pass rate. Staff checked the defibrillator and emergency trolley daily, both were secured with a coded tag, which was logged and signed. We saw all codes matched the log and staff signed to say the defibrillator battery was full and ready to use in an emergency situation.

The treatment unit manager had developed a transfer agreement with the emergency department consultant lead at the local NHS hospital. They met quarterly and after each transfer to review the efficiency of the agreement. All staff we spoke with were aware of this agreement as well as the transfer policy that detailed staff accountability, roles and responsibilities of the transfer of care when a woman was required to leave the unit.

On surgical days, staff completed pre and post-surgery briefings that included client risks and staff emergency roles in case a client deteriorated. The service now used a client suitability tool for all women wanting a surgical termination. This was introduced after the previous inspection where a woman was admitted for a surgical abortion with a medical condition that meant she was unsuitable for treatment. At provider level, BPAS had also introduced a suitability team who completed specialist risk assessments and the specialist placement team who referred women to NHS services if BPAS were unable to complete their treatment based on their comorbidities.

Nurse staffing

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

The service had enough nursing and support staff to keep clients safe. Staff at BPAS Reading included; the treatment unit manager, one lead midwife, two midwives, two healthcare assistants and two administrative staff. This team was solely working at the Reading unit as the other location within the cluster, Slough, was not open at the time of inspection due to staffing levels. There were two vacancies for midwives at the unit, one had been filled but was due to start post inspection, the other post was still in the process of being recruited to.

Managers accurately calculated and reviewed the number of staff needed for each shift. Rotas were based on the opening days and hours for each unit within the cluster, as well as staff competency and the number of women seen at each unit. On days where the unit provided surgical terminations, clinical staffing included: A surgeon and healthcare assistant within the treatment room and one midwife and one healthcare assistant in recovery, as well as one midwife completing admissions and discharges. There was also an administrator who greeted clients upon arrival to unit.

Medical staffing

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

The medical staff matched the planned numbers. Staff were able to access the online BPAS remote doctors via the centrally organised electronic record system. HSA1 forms are required to be signed by two different doctors. The system included contact information in the event staff had questions or queries.

The service had enough medical staff to keep clients safe. On days where the unit was open but there were no surgical terminations, medical staff supported the unit remotely. BPAS had remote doctors who were contracted to review notes and medical records and sign off the HSA1 forms that are legally required in accordance with the Abortion Act 1967.

Requires Improvement

Termination of pregnancy

The unit performed surgical terminations one day a week on Fridays. On these days a BPAS treatment doctor, either employed or working under practising privileges, would attend on-site.

Records

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

Women's notes were comprehensive and all staff could access them easily. Staff kept detailed records of care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

We reviewed four sets of medical records, they were clear, followed the client's pathway and included detailed and completed risk assessments and full medical history, for example; observations, pregnancy history, surgical history and medical background.

Records were stored and maintained securely. All staff were provided with individual login details, computers were password protected and staff either locked computers or logged off when they left an area. The system ensured all required information was input into the record. The system would not allow staff to proceed if information was missing.

Medicines

The service used systems and processes to safely prescribe, administer and record medicines. Controlled drugs were not stored securely.

Staff followed systems and processes to prescribe and administer medicines safely. The lead midwife had responsibility for ordering medicines via the BPAS central booking system. For medical terminations, two consultants completed the prescription electronically as part of the legal requirements of the HSA1 form. Medicines were double checked by two members of staff before being handed to women and were advised this was standard practice. Where women required cervical preparation medicine prior to a surgical termination, the midwife wrote out the prescription which was signed electronically by the on-call consultant. The most recent medicines audit from January 2023, scored 100%.

The unit provided Early Medical Abortion Pills by Post for suitable clients who did not exceed a gestation of 10 weeks. Staff ensured clear instructions for administration were included in the package and followed up all women using the service to ensure women understood what they needed to take and when. Staff completed medicines records accurately and kept them up-to-date. We viewed four records and found them to be detailed including rhesus status and allergies, signed and securely stored on an electronic system.

Medicines were stored in various key locked storage cupboard across the unit. The cupboards were divided by medicine type, for example; emergency medicines such as adrenaline, contraception's and controlled drugs. The medicines policy detailed which medicines each job role had access to, for example, midwives and the treatment unit manager could access the controlled drugs cupboard, but administrative staff were unable to. Keys were separated within three separate key safe boxes, which were only accessible to the appropriate staff members.

The unit was not providing sedation for surgical terminations as managers had risk assessed there was not sufficient staff in order to ensure safe staffing levels. All women receiving a surgical termination had local anaesthetic. Managers ensured staff were fully trained to provide sedation in order that when staffing levels had increased, the unit was ready to recommence the sedation service.

Requires Improvement

Termination of pregnancy

We checked the unit's consumables trolley, three sharps bins and 20 medicines and found all were in date, correctly documented and secure. Each medicine and consumable was stored on its own shelf or drawer and those that were due to expire were highlighted and moved to the front to ensure those were used first. All rooms where medicines were stored were temperature controlled, we saw temperatures were monitored and staff knew their responsibilities in reporting when temperatures fell out of range.

Staff did not store controlled drugs safely. Controlled drugs were stored in the surgical suite, the door to the suite was secure and was accessible via a code locked door. Within the suite was a double door open access cupboard, controlled drugs were held in a safe within the right-hand side of the cupboard. Each door had a separate key as each side housed a different type of medicine. As each side of the cupboard was not separately contained, staff who only had permissions to access the left side of the cupboard could still access the controlled drug safe. This did not meet the Misuse of Drugs (Safe Custody) Regulations 1973.

Incidents

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

Staff knew what incidents to report and how to report them. Staff reported incidents on an online reporting system. Staff understood their responsibilities in reporting both incidents and near misses and were confident in using the system.

Staff received feedback from investigation of incidents. The treatment unit manager investigated incidents and provided feedback at staff meetings. Incident themes and action plans were escalated to the operational quality manager and any specific incidents requiring further review were escalated to the BPAS Quality and Risk Committee.

Learning from incidents was shared via email and any organisation wide learning could be accessed via online training. This supported a learning culture across all BPAS units.

Staff understood the duty of candour. They were open and transparent and gave women and families a full explanation if and when things went wrong.

The service had no serious incidents or never events in the 12 months prior to inspection. Never events are "Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers".

Is the service effective?

Good

We have not previously rated this service. We rated it as good.

Evidence-based care and treatment

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

Requires Improvement

Termination of pregnancy

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff followed provider developed pathways that were clear, easily accessible on the online intranet and followed National Institute for Health and Care Excellence, Royal College of Obstetricians and Gynaecologists and British Society of Abortion Care Providers standards.

The operational quality manager completed unannounced quality assurance visits to the unit in conjunction with the quality matron who completed a unit assurance audit every few months. Treatment unit managers used these findings to create improvement action plans.

The treatment unit manager completed clinical audits to ensure staff were following policies. When policies were reviewed and/or updated, staff were required to sign a signature sheet to confirm they had read and understood the changes. Staff advised us they received protected time to do this.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink. There was water available in the main waiting room, a coffee machine in the recovery room and women were provided with drinks and biscuits post-surgery. Staff advised us they checked women's blood sugar levels prior to discharge.

Pain relief

Staff assessed and monitored patients to see if they were in pain. They supported those unable to communicate using suitable assessment tools.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff used a recognised facial pain scale. This enabled staff to assess pain for women whose first language was not English.

Staff prescribed, administered and recorded pain relief accurately. We viewed three medical records and saw pain relief information was clearly written. Staff could assess client pain levels using a facial expression scale for those clients who had difficulties communicating or whose first language was not English. Staff received pain relief training that included; patient group directions, conscious sedation and reversals.

Patient outcomes

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

Outcomes for patients were positive. The treatment unit manager monitored women's outcome data on a monthly basis. This information was used to improve outcomes. We saw actions plans that included tracking systems to monitor progress, for example; staff training, spot checking and review at team meetings, as well as plans to reassess improvements.

Clients contacting BPAS to book an initial appointment were subject to a "scan screen" whereby their suitability for treatment with or without a scan was ascertained. Those clients who were unsure of their menstrual dates would automatically be referred for a scan. Errors in gestational age dating by last menstrual period are a known risk of this

model. The service demonstrated learning from these incidents and implemented action plans to improve services. The service relied on women contacting BPAS via the Aftercare Line to advise them whether or not they had presented at an emergency department post treatment as there was currently no system available to gather this information, therefore the accuracy of the data could not be guaranteed.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance, provide support and development.

Managers gave all new staff a full induction tailored to their role before they started work. The treatment unit manager supported new staff through the induction process. The induction programme was developed at provider level by BPAS and detailed specific competencies for each role. Staff were required to be signed off as competent for all tasks before completing their induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of inspection, 100% of staff had received an appraisal within the last 12 months.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The treatment unit manager organised a monthly staff meeting, the time and date of the meetings were arranged in order that as many staff as possible could attend. Minutes from these meetings were available for staff to review.

At provider level, senior managers monitored the competencies of staff contracted under practicing privileges to ensure compliance with standards.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to improve care. Staff advised us they had positive working relationships with outside agencies such as safeguarding teams, police and the local authority.

The treatment unit manager had worked hard to build a positive relationship with staff at the local NHS hospital in order to support the transfer of patients between services.

Seven-day services

Key services were available to support timely care.

The unit was open five days a week; Monday 9am to 3pm, Tuesday 9am to 5pm, Wednesday 2pm to 7pm, Thursday 9am to 5pm and Friday 8.30am to 4.30pm. Medical terminations were available Monday to Thursday, surgical terminations were available on Friday. The unit was closed on weekends.

When the unit was closed, woman had access to other units within the local area. The units closest to Reading included; Oxford, Amersham, Swindon and Basingstoke.

Health promotion

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

Requires Improvement

Termination of pregnancy

The service had relevant information promoting healthy lifestyles and support on the unit. We saw health promotion material in all communal and waiting areas. Leaflet topics included; contraception, sexual health as well as sexually transmitted disease advice leaflets.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. On the back of the women's toilet doors there were posters providing information on support services for women experiencing domestic violence.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff understood how and when to assess whether a client had the capacity to make decisions about their care. Staff used a capacity guide, developed by BPAS to support their assessment of mental capacity, where there were concerns.

Staff made sure clients consented to treatment based on all the information available. We observed staff discussing treatment options with clients. Staff ensured clients understood the risks and benefits of each treatment and gave the client the opportunity to ask questions.

Staff gained consent from clients for their care and treatment in line with legislation and guidance. Staff understood their legal responsibilities in gaining consent and ensured consent was documented in line with legislation and best practice guidance. Staff we spoke with showed us the Consent pathway that detailed what procedures needed consenting to, how often to check consent and legal requirements. Staff understood Gillick Competence and Fraser Guidelines and could describe their responsibilities in supporting clients aged under 16 who wished to make decisions about their treatment.

Staff received and kept up to date with training in the Mental Capacity Act. At the time of inspection, 100% of staff had completed their Mental Capacity Act training.

Is the service caring?

Good

We have not previously rated this service. We rated it as good.

Compassionate care

The service had a woman centred culture. Women felt staff went 'the extra mile' for them, when providing care and support.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way. During all four appointments observed, we saw staff introduced themselves, ensured clinic room doors were locked and privacy curtains were pulled across. Before commencing with a procedure, staff explained what it would consist of and what sensations the woman might feel. Staff advised women what they were going to do before proceeding and continuously checked whether women were ok during the procedure.

Termination of pregnancy

Staff treated women with kindness. We observed a post medical abortion check up appointment where the woman was unsure whether treatment had been successful. She had cramps, sore legs and a small amount of bleeding. She had a traumatic visit to the local NHS hospital and been referred back to BPAS. Staff were very supportive, listened to and alleviated the woman's concerns. Staff were supportive of a difficult situation, showed compassion, ensured the woman had sufficient pain relief and talked through next steps.

Staff went the extra mile to support women and the unit. One member of staff travelled to and from Cardiff weekly to ensure the unit was fully staffed to provide surgical terminations. Staff remained on site for hours after the unit was due to close for a woman whose partner had not turned up to take them home post-surgery. Staff comforted the woman and stayed with her until alternative, safe travel arrangements could be made.

Emotional support

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

Staff gave women and those close to them help, emotional support and advice when they needed it. Staff understood the impact of having a termination on women's mental as well as physical health. We found a team of staff who were non-judgemental, respected women and supported them to make decisions about their pregnancies.

Staff understood the importance of communication and language, for example, stating the number of weeks of the pregnancy, rather than using words like foetus or baby. We observed staff asked women if they wanted to see the screen during a scan, whether they wanted to know if it was a multiple pregnancy and described what women would likely see in order to prepare them. Where women declined to see the screen, all scanning images were attached face down onto paper medical records in order that women could not accidentally see the photos during future consultations and appointments.

All women were offered access to BPAS's counselling sessions post termination. Staff recognised when to refer women for pre-termination counselling if they were unsure of their decisions. We saw staff offer pre termination counselling to a woman who was unsure whether to proceed with the termination in accordance with Royal College of Obstetricians and Gynaecologist guidelines 'Care of Women Requesting Induced Abortion' (2011) 4.24 and 4.25. These services were available as part of the BPAS package of care and we observed staff showing women how to access it. The BPAS website included information about burials and mementos, for example pictures and footprints. The website also included information to support women from different faiths, for example, requirements for travelling from Ireland to have a termination.

Understanding and involvement of patients and those close to them

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

Staff made sure women and those close to them understood their care and treatment. We observed interactions between staff and women and noted staff spoke with women and their families using plain English and ensured understanding. During one appointment, the staff member was explaining the contents of the early medical abortion treatment pack. She explained what each medicine was, what it did and why it was required. Staff took the information from the letter detailing how and when to take the medicine and tailored it to each woman, writing down the administration date a time that was specific to them. Staff also discussed any potential side effects, including pain, what to do if they experienced pain, what side effects were normal, and which required medical assistance. At all appointments observed, women were given numerous opportunities to check their understanding and ask questions.

Requires Improvement

Termination of pregnancy

Staff supported clients to make informed decisions about their care. All information was provided in writing as well as discussed in person during appointments. If a woman was receiving all their treatment remotely, then information was sent via the post. We observed staff reviewing the 'BPAS guide' with women and highlight the sections that were relevant to their treatment. The booklet contained detailed information about the termination process including; how to manage pain and who to talk to if they were worried or needed support following the procedure.

Patients gave positive feedback about the service. The unit was rated as five stars on a reputable internet review browser. Comments included; "Very nice staff, clean premises. They dealt with the situation in a compassionate and non-judgemental way" and "Everyone was so friendly and I felt so at ease. Thank you to you all for making a difficult process feel weightless". In the unit we saw a thank you card that stated "Thank you so much for the care that I received whilst at your clinic. All of you were amazing and made my experience as comfortable as I could've possibly been. Such a friendly team and I cannot thank you enough". The client satisfaction survey summary for 2022 showed a score of 9.05/10 based on 97 responses.

Is the service responsive?

Requires Improvement

We have not previously rated this service. We rated it as requires improvement.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served

Facilities and premises were appropriate for the services being delivered. The unit was located in the city centre within walking distance of rail and other public transport services. There was pay and display street parking outside of the unit and a public car park a five-minute walk away. The system notified the central booking team that this unit did not have a lift. If women needed to attend who could not climb stairs, the unit could be adapted, and women seen in the downstairs Misoprostol room. We saw the booking team extended booking slots to ensure the team had time to make the environmental changes ahead of the appointment time.

Women who wished to dispose of pregnancy remains themselves were supported to do so. Staff stored remains in a specialist bin, that was tagged to enable tracing and was incinerated by a third-party contract. Staff did not store pregnancy remains in accordance with Human Tissue Authority requirements. Although guidance states remains can be stored and incinerated together, there should be individual receptacles within one storage unit in order to maintain the dignity and respect of pregnancy remains. Staff understood their responsibility in ensuring women were informed about remains storage and that currently, once the decision was made for the unit to dispose of remains, that decision could not be changed. We saw records that showed remains discussions at both consultation, surgical preparation appointments and on the day of surgery.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The service had information available in languages spoken by the local community. The BPAS website was able to translate all information into 58 different languages, information was also available in a text only format and large print for those who were visually impaired. Video links were attached to all information available on the website, therefore, women who struggled to read or preferred non-text formats, could also access information.

Managers made sure staff, women, loved ones and carers could get help from interpreters or signers when needed. Staff had access to an interpreter telephone line if English was not a woman's first language. We saw appointment times were doubled to ensure there was enough time for information to be interpreted and for women to ask questions.

Staff checked whether women had any religious beliefs and had good understanding of how they could support women where specific ceremonial practices were followed, for example regarding foetal remains.

Managers and staff were aware of the social implications to women of having a termination. The unit was in the city centre, therefore it was easy for women to access the unit. All medicines, letters and contraception's were given to women in blank brown paper bags with no logo's or labelling. In the autumn of 2022, the local council approved a protester buffer zone around clinics, this was not enforced at the time of inspection. Staff advised us they were given notice of protest days and contacted all women attending ahead of time to inform them and make other arrangements if women were uncomfortable attending. Staff escorted women to and from the clinic when requested and contacted police where protesters became physical. The manager ensured the staff car park at the rear of the unit was brightly lit in the winter months and on protest days all staff left the premises together following an incident.

Access and flow

Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.

Managers monitored waiting times. Department of Health Required Standard Operating Procedures state that women should be offered an appointment within five working days of referral. They should then be offered the abortion procedure within five working days of the decision to proceed. Managers monitored the unit's performance against these standards. In the 12 months prior to inspection, on average 66% of women received a consultation within five working days of contacting BPAS Reading, 32% of women received treatment for a medical termination, and 13% of women received treatment for a surgical termination within five days of consultation. These targets were worse than the national average and did not meet Department of Health standards. Investigations showed staffing numbers and personal preference impacted wait times and there were actions plans in place to improve the statistics.

Referrals were made via a central booking system either online or through the BPAS national call centre. Clients were referred for a consultation appointment, since the COVID-19 pandemic, this could occur either over the telephone or on-site if the woman was unsure of the dates since their last menstrual period. If the women received a telephone consultation, and were medically suitable for an early medical abortion, the client could have pills by post, delivered with clear instructions of when to take the first and second pills. The pack also included a pregnancy test to be taken three weeks after the second medicine to ensure the treatment had been successful. If a client was seen on-site, they were scanned to determine gestation and discuss next steps. Clients had the option of returning to the unit for the early medical abortion treatment, receive pills by post or return for a surgical procedure dependant on gestation, suitability and preference. The electronic booking system followed clients throughout their termination pathway.

Staff could access information to reduce the number of lost follow ups. If a client did not attend (DNA) an appointment, staff flagged this and followed up all under 18's and any client where safeguarding concerns had been raised. When a client attended the appointment, the system showed the status of the HSA1 forms and would not allow staff to proceed

if these had not been completed. Form HSA1 must be completed, signed and dated by two registered medical practitioners before an abortion is performed under the Abortion Act 1967. Once the appropriate form was completed and signed off, the system allowed staff to prescribe the early medical abortion medicine as well as any pain relief. The system also displayed the status of the HSA4 form in order that staff could monitor reports to the Department of Health. HSA4 must be sent to Chief Medical Officer within 14 days of termination in accordance with the Abortion Act 1967.

Learning from complaints and concerns

It was easy for women to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Women, relatives and carers knew how to complain or raise concerns. Women we spoke with advised us they knew how to raise any concerns they had regarding the service. The service clearly displayed information about how to raise a concern in client areas. Complaint and feedback leaflets were clearly displayed throughout the unit and the BPAS website provided further details on how to complain.

Staff understood the policy on complaints and knew how to handle them. Staff demonstrated where they could find policies and information regarding complaints on the intranet. The system showed themes across sites and geographical areas as well as learning and changes to policy and practice as a result of a complaint. Staff understood their responsibilities to report complaints.

Managers investigated complaints and identified themes and provided feedback from complaints with staff and learning was used to improve the service. Changes to the service as a result of complaints included; introducing WiFi after a complaint that women could not get a signal on-site, vomit bowls located across the unit after a woman could not get to the toilet in time.

Is the service well-led?

Good

We have not previously rated this service. We rated it as good.

Leadership

Leaders were visible and approachable in the service for patients and staff and they supported staff.

The service had a clear leadership structure from the unit to board. The treatment unit manager had day to day responsibility for the unit, they were supported by the lead midwife and reported to the operational quality manager (OQM) who oversaw all units in the London area. The OQM reported to the provider leadership team, including; the director of nursing and quality, infection control specialist nurse, pharmacy consultant medical director and the director of finance.

Staff advised us the treatment unit manager and senior management team were visible and approachable. The treatment unit manager was due to start maternity leave shortly after inspection. We met the new manager and saw plans to support the new manager meet the competency requirements for the post.

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

Requires Improvement

Termination of pregnancy

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The service had a clear vision and strategy developed at provider level. We saw the values displayed throughout the unit.

Government guidelines for termination of pregnancy services during the COVID-19 pandemic meant the strategy at provider level was adapted to follow the new 'pills by post' legislation. BPAS updated their scan algorithms in order that women did not have to attend a unit and could receive early medical abortion medicine through the post. This was designed to decrease footfall within the unit.

Culture

Staff felt respected, supported and valued. They were focused on the needs of women receiving care.

All staff we spoke with praised the team and advised they had positive working relationships. Staff stated they had experienced mock inspections to help them prepare for CQC on-site visits and understand what to expect. The treatment unit manager developed a 'Berkshire Well Being Newsletter' that included advice regarding taking regular breaks, keeping hydrated, in team competitions and a 'policy of the month' reminder. Staff knew how to contact the provider freedom to speak up officer.

Staff understood the personal, mental and emotional impact that having a termination had on women. Staff were non-judgemental and supported each other when difficult cases presented at the unit. Staff advised us they valued the service they provided and were proud to work for BPAS.

Governance

Staff at all levels were clear about their roles and accountabilities, senior managers arranged ad hoc meetings without formal minutes or agenda.

There was a clear governance structure from corporate provider level down to the unit. The structure was detailed and included information such as; job titles, meeting names, attendees, frequencies, purposes and whether they were corporate or clinical meetings. Examples of meetings included; drugs and therapeutics, clinical advisory group, research and ethics, and finance, audit and risk. Staff had access to a diagram that showed how issues and risks were escalated through the organisation.

The treatment unit manager and operational quality manager had quarterly governance meetings that were agenda led and minuted. The treatment unit manager, quality matron and operational quality manager attended monthly local clinical audit compliance board meetings (LCACB) to discuss trends identified through the monthly audit programme, with progress monitored via an action tracker. The treatment unit manger advised that they could contact the operational quality manager for ad hoc support

The treatment unit manager monitored the submission of HSA4 forms daily to ensure they were completed in accordance with the Abortion Regulations 1991 and submitted within the 14 day timeframe to the Chief Medical Officer.

Management of risk, issues and performance

Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact.

At provider level, there was a corporate risk register which included various areas of risk identified and actions being taken to reduce the level of risk. Where a corporate risk resulted in a change to policy or practice, a 'red top' notification was saved onto the intranet for staff to read and sign their understanding. Treatment unit managers were able to monitor whether staff had read and signed 'red tops'.

The unit's risk register was up to date, reviewed monthly and included mitigations and where appropriate timeframes. The biggest risks on the unit's register was the treatment unit manager going on maternity leave and the staffing establishment.

The unit followed the BPAS Local Clinical Audit Compliance Board, which was a document that set out the monthly clinical audit plan at BPAS for the year. This ensured all units were compliant with and completing a required number of audits and ensured the audit and risk committee retained oversight. The treatment unit manager had identified via audit that an emergency call bell should be installed in the main waiting room.

The submission of HSA4 forms to the Department of Health was managed centrally at provider level by the risk manager. They flagged any forms that were outside the required submission period. In the 12 months prior to inspection, the unit made all HSA4 submissions within the required timeframe. The treatment unit manager checked HSA1 and HSA4 submissions daily. The system did not allow staff to move client records forward until HSA1 forms were signed by two different consultants. Following an incident, managers found a loophole in the system that enabled cervical preparation to be prescribed before HSA1 forms were returned. In response to this there was a flag on the system to alert midwives to double check HSA1 forms before giving the prescription. We saw staff check this.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

At provider level, the information governance board ensured the management of information was lawful, secure and fairly used for its intended purpose. The board included the provider's senior information risk officer, data protection officer and Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.

In the 12 months prior to inspection, BPAS Reading did not have any data protection breaches.

Staff could access performance data and audit results on the electronic intranet system. Computers were password protected and locked when staff moved away from their desks.

Engagement

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

Women were encouraged to provide feedback; we saw forms and contact information displayed in communal areas. BPAS had added QR codes to feedback forms, to enable women to use modern methods of communication to provide feedback, as well as encourage younger women to give their opinions regarding the service they received at the unit.

Managers organised monthly team meetings where staff could learn from incidents, complaints and discuss emotional responses to safeguarding referrals in a safe environment. As the team was small, managers organised meetings for days and times when all staff were available to attend.

Staff built relationships with the local NHS trust sexual health department and had developed a vulnerable client fast tracking system to expedite women with safeguarding concerns through the referral process. Staff worked with a county wide women's aid charity to support and promote action against domestic violence.

Learning, continuous improvement and innovation

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

The service had a capacity plan that included; ensuring the unit was fully staffed and for all clinical staff to receive sedation training. These plans were developed to enable to unit to work at capacity. The treatment unit manager was proud that they had worked with senior managers to enable the Slough location to reopen.

We saw plans to expand the service that included providing a wider variety of long-term contraceptives. The service currently provided injections and pill prescription services, which midwives were able to provide. On surgical days, medical staff provided coil and implant services. We saw a plan for all staff to receive competency training for implants in order that this service could be provided each day the unit was open.

At provider level, the service had a research and ethics committee that oversaw all research undertaken by BPAS. The committee signed off research proposals and audited results. The purpose of the committee was to ensure the provider conformed with ethical standards.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Termination of pregnancies	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service must ensure that storage of controlled drugs meets The Misuse of Drugs (Safe Custody) Regulations 1973. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12: Safe care and treatment.

Regulated activity	Regulation
Termination of pregnancies	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service must ensure that it meets Department Of Health waiting time standards. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12: Safe care and treatment.