BPAS - Milton Keynes

Quality Report

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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

British Pregnancy Advisory Service (BPAS) provides a medical and surgical termination of pregnancy service in Milton Keynes and Northampton.

BPAS Milton Keynes has contracts with clinical commissioning groups (CCGs) to provide a range of termination of pregnancy (TOP) services for patients of the Milton Keynes, Buckinghamshire, Bedfordshire, Oxfordshire and Northamptonshire area. This includes pregnancy testing, unplanned pregnancy counselling, early medical abortion, early surgical abortion, abortion aftercare, sexually transmitted infection testing and treatment, contraceptive advice and contraception supply.

Most patients are funded by the NHS, whilst some patients choose to pay for services themselves.

The Care Quality Commission (CQC) carried out an announced comprehensive inspection at the British Pregnancy Advisory Service (BPAS) Milton Keynes on 15 June 2016. We undertook an unannounced inspection of the satellite site at Northampton on 24 June 2016. These sites were inspected as part of a wider programme to inspect providers of acute independent healthcare. Our role is to ensure that people receive safe, compassionate and high-quality care. Although we do not currently have the powers to rate these services, we report on whether they are safe, effective, caring, responsive to people's needs and well led. We highlight areas of good practice and areas for improvement.

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.

Our key findings across all the areas we inspected were as follows:

Are services safe at this service?

- Incidents and risks were reported and managed appropriately. Lessons learnt were communicated widely to support improvement in service delivery.
- Staff complied with best practice with regard to cleanliness and infection control. Service cleanliness audit results were consistently high.
- Equipment was maintained and checked regularly to ensure it was fit for purpose.
- Medicines were generally stored and prescribed safely. If a doctor was not on site, prescription charts were signed remotely by doctors working at other BPAS sites. Nurses were trained to prescribe antibiotics, pain-relief medications and contraception under patient group directions (PGDs).
- Nursing and medical staffing levels were sufficient and appropriate to meet the needs of patients.
- Comprehensive risk assessments were carried out for people who used services and risk management plans were developed in line with national guidance.
- There was a procedure in place to deal with a patient who may deteriorate.
- Safeguarding vulnerable adults, children and young people was a priority for the organisation.
- The clinic had a business continuity plan in the event of emergencies and staff were trained in how to respond to major incidents.

Are services effective at this service?

- Policies were accessible to staff. Care was provided in line with national and statutory guidelines.
- Patients were prescribed appropriate pain relief, prophylactic (preventative) antibiotics and contraception.
- The clinic performed audits recommended by the Royal College of Obstetricians and Gynaecologists (RCOG) such as, infection control, consent to treatment, discussions about options for abortion and contraception.
- All staff were appropriately trained and competent to carry out their roles safely and effectively, in line with best practice.

Summary of findings

- Pre and post-abortion counselling was provided.
- A telephone advice line was available to patients 24 hours a day, seven days a week.
- Collaborative working with external agencies, such as the local safeguarding team and drug and alcohol addiction services, were in place to meet the needs of vulnerable patients.
- Service level agreements with neighbouring trusts were in place, which enabled the timely transfer of a patient to the local hospital in the event of a medical or surgical emergency.
- Consent was gained in line with Department of Health guidelines. Written consent to treatment was obtained in all cases.

Are services caring at this service?

- Staff treated patients with compassion, kindness, dignity and respect.
- Staff adopted a non-directive, non-judgemental and supportive approach to patients receiving treatment for abortion.
- All consultations were held in private rooms to maintain patients' dignity and privacy.
- The care co-ordinator met with all patients on their own to establish that the patient had not been pressured to make a decision against their will.
- Patients who were undecided were given time to make a decision and there were processes in place to refer patients to other agencies who had changed their minds.
- Patients' preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care.
- All patients considering a termination of pregnancy were offered counselling at every stage of the care pathway. Post-abortion counselling was also provided.

Are services responsive at this service?

- Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided.
- Patients could book appointments through the national BPAS appointment line, which was open 24 hours a day, seven days a week.
- Patients who were not suitable for treatment at BPAS were referred to a specialist placement team. This was a seven day service. Patients were referred to the most appropriate private or NHS provider to ensure patients received treatment in a timely and safe way.
- From January 2015 and December 2015, over 83% of patients had been treated below 10 weeks gestation. This is significantly better than the national average.
- Interpreting and counselling services were available to all patients and the clinic was accessible to those with a mobility disability.
- There was a range of information that nursing staff and care co-ordinators could give to patients as needed. This information could be requested in different languages if required.
- There were effective systems in place for managing complaints and lessons learned were shared throughout the service and wider organisation.

Is this a well led service?

- The BPAS organisation had a clear vision and values, which were driven by quality and safety.
- There was strong leadership of the service and senior management was visible and held a regular presence in the clinic.
- Staff felt well supported by senior managers and were confident to raise concerns.
- Staff spoke positively about the high quality and services they provided for patients and were proud to work for BPAS.
- There was an effective governance structure in place to manage risk and improve quality.

Summary of findings

- Risk management arrangements were in place to make sure that the certificate(s) of opinion, HSA1, were signed by two medical practitioners in line with statutory requirements.
- Patient engagement was encouraged and the results were feedback to staff, with a focus on shared learning. The satisfaction surveys showed high patient satisfaction with care.
- There was a focus on continued learning and development within the clinic.

We saw several areas of outstanding practice including:

- Patients could be offered a provisional same day service, where they were booked on the same day for an appointment, assessment, ultrasound scan and treatment. This allowed patients to access the clinic and termination services quickly if required. Patients were assessed for their suitability for this service.
- There was a clearly defined referral process for patients who required a specialist service. Such referrals were managed by a specialist referral placement team that operated a seven day service. Patients were referred to the most appropriate NHS provider to ensure they received treatment in a timely and safe way.

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

Action the clinic SHOULD take to improve:

- Ensure staff are trained in the duty of candour and are aware of their responsibilities to be open and honest with patients when things go wrong.
- Staff should avoid wearing clean theatre attire in public areas as this may draw attention to the clinic and could compromise patient confidentiality.
- The treatment room should be soundproofed to ensure that patients undergoing surgical termination of pregnancy cannot be overheard by other patients and members of the public.
- The keys to the medicine cupboards should be stored separately from other clinic keys and should not be accessible to unauthorised members of staff.
- Intravenous fluids (IV) should be stored in line with national guidance for prescription only medicines.
- All pre-prepared injections should be labelled in line with the National Patient Safety Agency (NPSA) guidelines.
- The surgical safety checklist should include a numerical swab count to enhance current safety measures in place, to prevent a swab being unintentionally retained following surgical treatment.
- Ensure all entrances to the clinic are secure to reduce the risk of unauthorised persons gaining entry to the clinic.
- Ensure the complaints folder is stored in a locked cupboard to maintain patient confidentiality.

Professor Sir Mike Richards
Chief Inspector of Hospitals

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Background to BPAS - Milton Keynes

Termination of pregnancy (TOP) refers to the treatment of termination of pregnancy, by surgical or medical methods. BPAS Milton Keynes is part of the provider group British Pregnancy Advisory Service (BPAS). BPAS is an independent healthcare charity which has for nearly 50 years, been providing treatments for patients and couples who decide to end a pregnancy, taking care of more than 65,000 patients each year in over 60 healthcare clinics nationwide.

BPAS Milton Keynes provides pregnancy testing, consultations, ultrasound scans, medical and surgical termination of pregnancy, miscarriage management and counselling for people who use the service. In addition, contraceptive advice, contraception supply and sexually transmitted infection (STI) testing are offered.

BPAS Milton Keynes also provides services via one early medical unit (EMU) known as a satellite site in Northampton. The EMU is located in the community where medical terminations and consultations in the early stages of pregnancy are provided in a private consulting and treatment room.

Patients of all ages, including those aged under 18 years, are seen at both locations for consultation, however surgical intervention only takes place at BPAS Milton Keynes once a week. Counselling services are offered to all clients before and after their treatment and are provided face to face or by telephone. Appointments are made through a 24 hour registered pregnancy advisory centre.

BPAS Milton Keynes is centrally situated in the town of Milton Keynes and is easily accessible by public transport or car. BPAS Milton Keynes provides services from 12pm until 8pm on Monday and 9am until 5pm on Tuesday, Wednesday, Thursday and Friday. The clinic is open alternate Saturdays between 9am and 1pm.The EMU at Northampton is situated within Maple Access Practice and provides services from 9am until 5pm on Thursday and Friday. If patients need to access termination of pregnancy services on other days, they can be referred to alternative BPAS clinics in the central and south regions.

BPAS Milton Keynes has contracts with clinical commissioning groups (CCGs) to provide a termination of pregnancy service for patients of the Milton Keynes, Northamptonshire, Buckinghamshire, Bedfordshire, and Oxfordshire area. Most patients are funded via the NHS, whilst some patients choose to self-pay for services.

The inspection was conducted using the Care Quality Commission's methodology of inspecting services. 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.

Our inspection team

Our inspection team was led by:

Inspection Manager: Kim Handel, Care Quality Commission.

The team included two CQC inspectors, one of whom is a practising midwife.

How we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service.

Summary of this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

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

An announced inspection took place at BPAS Milton Keynes on 15 June 2016. We also carried out an unannounced inspection of the EMU Northampton on 24 June 2016. Before visiting, we reviewed a range of information we hold about the centre and asked other organisations to share what they knew about the service.

We spoke with nine staff members including managers, registered nurses, health care support workers and administration staff. We spoke with three patients and reviewed the care records of 14 patients. We observed interactions and communication with patients and those close to them during our inspection.

Information about BPAS - Milton Keynes

BPAS Milton Keynes is situated within Acorn House, an office block and has a separate entrance, which cannot be accessed, except by a key held by the unit, through the main Acorn House reception. The external door is locked and entry is authorised via an intercom system. The unit is not purpose built and has been modified to provide four consultation rooms and one treatment room with an associated recovery area, where surgical abortions are undertaken. In addition, there is a reception and waiting area for patients and relatives. It has been in operation since 2010.

The EMU at Northampton is centrally located within the town of Northampton and is situated within Maple Access Practice. It is accessed via the main reception area of Maple Access Practice. The unit consists of one counselling room and one consultation and treatment room. It has been in operation since March 2015.

At BPAS Milton Keynes, 1,167 medical abortions and 589 surgical abortions were carried out between January 2015 and December 2015. Patients of all ages, including those aged under 18 years, are treated at the unit. 13 patients under the age of 16 years received treatment at the clinic between January 2015 and December 2015.

Most patients are funded via the NHS, whilst some patients choose to self-pay for services.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

British Pregnancy Advisory Service (BPAS) Milton Keynes is centrally situated in the town of Milton Keynes and is easily accessible by public transport or car. BPAS Milton Keynes provides services from 12pm until 8pm on Monday and 9am until 5pm on Tuesday, Wednesday, Thursday and Friday. The clinic is open alternate Saturdays between 9am and 5pm. The EMU at Northampton is located within the town centre and is easily accessible by public transport or car. It is situated within Maple Access Practice and provides services from 9am until 5pm on Thursday and Friday.

BPAS Milton Keynes has a contract with clinical commissioning groups (CCGs) to provide a termination of pregnancy service for patients of the Milton Keynes, Northamptonshire, Buckinghamshire, Bedfordshire and Oxfordshire area. Most patients receive their treatments via the NHS, but some patients choose to pay for the services.

BPAS Milton Keynes provides support, information, treatment and aftercare for patients seeking termination of pregnancy. The service has consulting rooms, ultrasound scanning equipment, counselling and nursing staff to support patients throughout the consultation process.

The service holds a licence from the Department of Health to undertake termination of pregnancy procedures at the Milton Keynes clinic and Northampton satellite unit. The licence for BPAS Milton Keynes was publically displayed on the notice board opposite the reception desk. The licence for the EMU at Northampton was not on public display but a copy was retained within the unit.

Medical abortions were carried out on patients that were between six and 10 weeks gestation. Early surgical abortions were carried out on patients that were up to 12 weeks gestation. Terminations of pregnancies of a later gestation period are referred to alternative BPAS clinics or local NHS providers.

At BPAS Milton Keynes, 1,167 medical abortions and 589 surgical abortions were carried out between January 2015 and December 2015. Patients of all ages, including those aged less than 18 years were treated at BPAS. 13 patients under the age of 16 years received treatment at the clinic between January 2015 and December 2015.

All staff were dedicated to care for patients who required termination of pregnancy. We spoke with nine members of staff, including three registered nurses, a treatment doctor, administration staff and BPAS local and regional managers.

We looked at the care records of 14 patients, including some for young people aged under 16 years. We were able to observe social interactions and communication with patients and those close to them during our inspection. We observed two surgical terminations being carried out and spoke with three patients during the inspection.

Termination of pregnancy

Summary of findings

We found that:

- Patients were protected from abuse and avoidable harm, as staff were confident to report incidents. There were arrangements in place to implement good practice and an open culture to encourage a focus on patient safety and risk management practices. Learning from incidents was cascaded to staff locally and nationally.
- The environment and equipment was visibly clean and staff followed infection control policies. There were sufficient numbers of suitably trained staff available to care for patients. Staff were aware of safeguarding procedures an all had received training in safeguarding adults and children. Medical and nursing records were legible and assessments were comprehensive and complete.
- Most medicines were stored safely, although there was a risk that unauthorised members of staff could access medication. Medicines were prescribed safely. If a doctor was not on site, prescription charts were signed remotely by doctors working at other BPAS sites. Nurses were trained to administer antibiotics, pain-relief medication and contraception under patient group directions (PGDs).
- Policies were accessible for staff and were developed in line with Department of Health Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy Services, required standard operating procedures (RSOPs) 2014 and other professional and best practice guidance.
- The centre benchmarked itself against the Department of Health annual abortion statistics. The key performance indicators and monitoring systems showed effective outcomes for the majority of patients.
- All nursing staff had undergone formal training and competency assessments to ensure they were able to meet the needs of patients who required termination of pregnancy. There was an effective process in place to ensure checks were carried out to ensure medical staff were fit to practice. There was a focus on continuous learning and development. Staff were encouraged with their professional development and were given time to complete mandatory training.
- Staff treated patients with compassion, kindness, dignity and respect. Staff adopted a non-directive, non-judgemental and supportive approach to patients receiving treatment for abortion. The majority of comments from patients were overwhelmingly positive.
- The service was responsive to the needs of patients. Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided. Interpreting and counselling services were available to all patients and the service was accessible to wheelchair users and patients with complex needs. Patients' preferences for sharing information with their GP, partner or family members were established, respected and reviewed throughout their care.
- Patients could be offered a provisional same day service, where they were booked on the same day for a consultation, assessment, ultrasound scan and treatment. Patients who were not suitable for treatment at BPAS were referred to a specialist placement team. Patients were referred to the most appropriate NHS provider to ensure patients received treatment in a timely and safe way.
- The clinic monitored its performance against national indicators. The percentage of patients treated at less than 10 weeks gestation is a widely accepted measure of how accessible abortion services are. Between January 2015 and December 2015, over 83% of patients treated at BPAS Milton Keynes and Northampton EMU were below 10 weeks pregnant. This is above the national average.
- There were effective systems in place for managing complaints and lessons learned were shared throughout the service and wider organisation.
- The BPAS organisation had a clear vision and values, which were driven by quality and safety. There was strong leadership of the service and senior managers were visible and held a regular presence in both the clinics.

Termination of pregnancy

- There was an effective governance structure in place to manage risk and improve quality. Serious incidents, complications, clinical incidents, complaints and customer satisfaction were reviewed at a national and regional level. Information was shared with staff and there was a focus on shared learning.
- Risk management arrangements were in place to make sure that the certificate(s) of opinion HSA1 were signed by two medical practitioners in line with the requirements of the Abortion Act 1967, (as amended) The Abortion Regulations 1991, the Abortion (Amendment) (England) Regulations 2002 and the DoH Required Standard Operating procedures (RSOPS).
- There were arrangements in place for subsequent submission of HSA4 forms.
- Patients' engagement was encouraged through feedback and satisfaction surveys. The results were fed back to staff, with a focus on shared learning. The satisfaction surveys for BPAS Milton Keynes showed high patient satisfaction with care. Staff spoke positively about the high quality care and services the provided for patients and were proud to work for BPAS.

Are termination of pregnancy services safe?

By safe, we mean that people are protected from abuse and avoidable harm. We found that:

- Staff were confident to report incidents and were encouraged to do so. Serious incidents were investigated and reviewed at a national level. Lessons learnt were communicated widely to support improvement in service delivery.
- Staff complied with infection control policies. All clinical staff were observed to adhere to the 'bare below the elbow' policy to enable good hand washing and reduce the risk of infection. Service cleanliness audit results were consistently high, with 100% compliance reported for the infection control essential steps audit for 2015. However, the consultant was observed wearing disposable scrubs in the public café, which is not recommended practice and may have drawn attention to the clinic and compromised patient confidentiality.
- Equipment was maintained and checked regularly to ensure it was fit for purpose. However, the treatment room was not adequately soundproofed and there was a risk that patients undergoing surgical termination of pregnancy could be overheard by other patients and members of the public.
- Medicines were generally stored and prescribed safely. There were no controlled drugs stored at either location. However, the keys to the drug cupboards were stored with other keys for the clinic and there was a risk that drugs could be accessed by unauthorised members of staff. Furthermore, the consultant did not label injectable medication which had been prepared prior to patients attending for surgical termination. This practice is not recommended by the National Patient Safety Agency.
- Nursing and medical staffing levels and skill mix were sufficient and appropriate to meet the needs of patients in their care. Staff were up to date with mandatory training and were familiar with safety systems.
- Patient records were written legibly and risk assessments were comprehensive and complete. All Department of Health documentation was completed in accordance with the Required Standard Operating Procedures (RSOP).

- Safeguarding vulnerable adults, children and young people was a priority for the organisation. All staff were familiar with their responsibilities for safeguarding and could describe actions to be taken in cases of suspected abuse.
- Staff used the 'five steps to safer surgery' checklist for surgical terminations of pregnancy. This checklist was designed to prevent avoidable mistakes. These checklists were completed appropriately in the patient records that we reviewed.
- The clinic had a business continuity plan for the event of emergencies. Staff were trained in how to respond to major incidents.

Incidents

- Patients were protected from abuse and avoidable harm, as staff were confident to report incidents, or challenge colleagues if they suspected poor practice. There were arrangements in place to implement good practice and an open culture to encourage a focus on patient safety and risk management practices.
- There was a paper system for reporting incidents, which were all reviewed by the registered manager and the lead midwife. Once an incident had been reported the information would be sent to the regional clinical lead and risk manager who would determine whether it required a concise or comprehensive investigation and to identify trends across the organisation. Findings were discussed at the regional clinical governance committee, the regional quality, assessment and improvement forum (RQuAIF) and regional management meetings. The Clinical Commissioning Groups were also informed of any serious incidents reported. We saw evidence that incidents were investigated in a timely manner by appropriately qualified staff.
- The registered manager attended the regional managers meetings which were held three times a year. Incidents and complaints were discussed and the learning was then cascaded to staff at local team meetings. Staff were also asked to read the investigation reports and action plans of all serious incidents requiring investigation and would sign to evidence they had done so.
- The clinic had reported no never events or serious incidents in the 12 months prior to the inspection. A never event is a serious incident that is wholly preventable, as 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.
- Staff were encouraged to report incidents and all staff we spoke with were familiar with how to do so.
- There had been 81 incidents reported between December 2015 and January 2016. 62 (76%) of these were related to recognised complications of abortion procedures such as continuing pregnancy or retained products of conception. 13 (16%) were because sexually transmitted infection test samples were rejected by the laboratory. The reasons for rejection included; two swabs had different dates recorded on the sample compared with the pathology request form; two samples were not labelled and three samples were not received by the laboratory. We saw evidence that incidents were investigated and actions were developed to reduce the risk of a similar incident reoccurring. For example, the registered manager introduced a checklist which required two members of staff to check each sample for accuracy and completeness before it was sent to the laboratory. We observed this checklist used by staff during our inspection.
- We saw evidence that lessons were learnt from incidents and shared with staff at team meetings. For example, staff told us that the checklist had been introduced to reduce the risk of samples being rejected by the laboratory.
- The 'five steps to safer surgery' checklist requires that all instruments, swabs and sharps are counted before and after any surgical procedure is completed. This is to prevent surgical never events, such as a swab being unintentionally retained following an operative procedure, from occurring. We observed swabs being counted before and after each surgical termination. However, the checklist did not include the number of swabs used. We raised this with the regional director of operations and the registered manager at the time of inspection and were told that this had been discussed at the clinical governance committee, following a never event at another BPAS clinic whereby a swab had allegedly been retained after an early vacuum removal. We were told that a numerical swab count would be added to the checklist. From 1 April 2015 all independent healthcare providers were required to comply with the duty of candour, Regulation 20 of the Health and Social care Act 2008 (Regulated Activities)

Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

- BPAS had a national policy in place relating to being open with patients when things went wrong and this had been updated with duty of candour legislation.
- Clinical staff we spoke with were not fully aware of the duty of candour regulation. Upon prompting, staff could explain the importance of being open and honest with patients when things did go wrong but were unaware this related to the duty of candour. At the time of the inspection the clinic had not had any safety incidents that required a patient to be notified in accordance with the duty of candour.
- The staff had not received training in the duty of candour but we were told by the registered manager that a training session was planned in a week's time.

Cleanliness, infection control and hygiene

- All areas of the unit, including clinical and waiting areas, were visibly clean and tidy.
- The unit was cleaned on a daily basis when the service was closed to patients. Disposable curtains with an antibacterial covering were used in the treatment and recovery areas. These were clearly labelled with a date to show they were last changed in June 2016.
- Staff complied with infection prevention and control policies. All clinical staff adhered to the provider's 'bare below the elbow' policy to enable effective hand washing and reduce the risk of infection. There was access to hand washing facilities and a supply of personal protective equipment (PPE), which included gloves and aprons, in the consultation rooms, treatment room and recovery area. However, hand sanitising gel dispensers were not available at the entrance to the clinic or waiting areas. This meant that patients and their partners/relatives were not encouraged to clean their hands and could increase the risk of the spread of infection.
- The recovery area for patients who had undergone a surgical termination, was very small and there was not a clinical hand wash sink there, although there was one in the treatment room next door. Hand gels were available. This was raised with the senior managers at the time of our inspection, who were aware of the design and restriction in this area. We observed staff wash their hands between each patient contact, in accordance with infection prevention guidance.
- Staff in the treatment room were observed to change personal protective equipment between each patient contact.
- Recent patient satisfaction reports were positive about the levels of cleanliness and hygiene standards in the clinic.
- Single use equipment was used and disposed of following its use, which meant the clinic did not need to decontaminate equipment between uses. There were suitable arrangements for the handling, storage and disposal of clinical waste, including sharps in a clinical environment.
- All sharps boxes were clean, were not overfilled and had temporary closures in place to minimise the risk of needle stick injuries.
- During our inspection we saw staff cleaning the ultrasound scanning equipment in the treatment room following each patient use. A green; 'I'm Clean' sticker was placed on the scanner to indicate it was clean and ready for use. We observed all equipment was clean.
- BPAS Milton Keynes had an infection control annual audit plan to monitor and control infection and to maintain a clean and appropriate environment.
- Standards of cleanliness were monitored and infection control audits were carried out monthly. Staff monitored compliance with key organisational policies such as cleaning rotas and hand hygiene. The previous 12 months infection control essential steps audit, which monitored staff compliance with hand hygiene, use of PPE, aseptic technique and correct disposal of sharps, showed a compliance rate of 100% for the period January to December 2015.
- In Northampton, the cleaning of the consultation rooms was undertaken by the practice's cleaner. We observed the consulting rooms used by BPAS and found cleaning schedules were visible on the back of each consulting room door. These checklists were completed and routinely checked. Milton Keynes staff also audited the cleanliness of the environment, the equipment, waste management, hand decontamination, PPE and sharps management to ensure compliance with infection prevention standards. We saw evidence that these audits were completed on a monthly basis and compliance with the standards had been met.

- During our inspection we observed the treatment doctor wearing disposable theatre attire, which they had worn during the surgical terminations they had performed that morning, in the public café. The café was situated in Acorn House and could be used by members of the public and staff. The Association for Perioperative Practice Standards and Recommendations for Safe Perioperative Practice (2011) states that: "Theatre attire should not be worn outside the clinical area or in a public place". Furthermore, it drew public attention to the clinic, which some patients and members of the public may have found distressing and insensitive and could have compromised patient confidentiality. We brought this to the attention of the regional and registered manager at the time of the inspection, who immediately addressed this concern.

Environment and equipment

- Resuscitation equipment was available in case of an emergency and we found evidence that regular checks had been completed to ensure it was fit for use.
- The resuscitation equipment at the early medical unit EMU in Northampton was located at the reception area and in two consultation rooms. A sign on the inside of the consultation rooms listed where the emergency equipment was located. The BPAS treatment room contained an anaphylactic kit, pocket mask and oxygen cylinder. An anaphylactic kit contains emergency equipment and medication used to treat an anaphylactic reaction; a potentially life-threatening extreme and severe allergic reaction. During our unannounced inspection we observed that the anaphylactic kit contained out of date medication and the pocket mask was visibly dirty. We raised this concern with one of the practice partners who told us that the emergency equipment in this room was no longer used by the practice. Following our unannounced inspection we were told the emergency equipment in the BPAS treatment room had been removed. If emergency equipment was required it could be obtained from another consultation room. The BPAS midwife told us that they brought portable emergency equipment with them when they attended the Northampton EMU, this included a pocket mask.
- During our inspection a distressed patient was undergoing surgical termination of pregnancy which could be heard from the public area of Acorn House. This posed the risk that patient's confidentiality and dignity was not being fully met and could be upsetting for both patients awaiting treatment and members of the public. The current recommendations on room acoustics states that in spaces needed for communication it is important that noise levels in the room "do not build up" (Health Technical Memorandum 08-01, 2013). The Department of Health have produced guidance on noise and sound reduction and recommend that sound absorbers, such as acoustic ceilings or walls, can reduce the spread of sound in the room (Surgery. Health Building Note 10-02: Day surgery facilities, 2007). We brought this to the attention of the regional director of operations and the registered manager at the time of inspection. They were not aware that patients could be overheard in the public area. We were told that the internal door which led from the recovery area to the treatment room had been soundproofed. A television had also been placed in the recovery area to minimise the risk of patients undergoing treatment from being overheard. The senior managers responded to our concerns and immediately raised this issue with the BPAS estates department.
- We saw that there was an up to date schedule for the maintenance of equipment.
- There was adequate, clean equipment to ensure safe patient care and safety testing of electrical equipment had been carried out and was in date.
- Oxygen cylinders were available in the treatment room and on the resuscitation trolley. The oxygen cylinders were all in-date.
- Emergency call bells were located in the treatment room, recovery area, reception and toilet and were checked on a weekly basis.
- Waste management was handled appropriately with separate colour coded arrangements for general waste, clinical waste and sharps. Bins were not overfilled.
- The BPAS Milton Keynes clinic had a separate entrance, which could not be accessed through the main Acorn House reception. The external door was locked and entry was authorised via an intercom system. The BPAS clinic was on the ground floor of a shared building.
- Other parts of Acorn House could be accessed through a locked door at the end of the clinic. Staff, patients and visitors who wished to use the café facilities, for example, had to press a button to release the door. A fob key was required to regain access to the clinic through this door. Fob keys were issued by reception staff.

- During our inspection we found an unsecured door in the clinic which led to a staircase and the floor above. This meant there was a potential risk that unauthorised persons could gain entry to the clinic. We raised this concern with the registered manager at the time of inspection and were told that the door to the staircase would be fitted with a secure entry system. There had been no incidents of unauthorised entry to the clinic since it had opened.
- Staff told us they felt safe at work. Call bells were situated in the reception area, recovery, treatment room and consultation rooms and staff told us they would use them to summon assistance when needed.
- The EMU at Northampton had panic alarms situated in the consultation and treatment rooms which could be used to summon urgent assistance. Maple Access Practice was patrolled by a security officer who had undertaken training in de-escalation.
- A cleaner worked alone at BPAS Milton Keynes when the clinic was closed, which assisted in maintaining patients' confidentiality. A lone worker risk assessment had been carried out to ensure their personal safety.

Medicines

- Staff involved in the supply and administration of medicines were required to comply with the BPAS medicines management policy (2015), which set out medication management systems and staff responsibilities. These were in line with national standards and guidance.
- BPAS had a centrally managed contract for the purchasing of medicines. Medicines were supplied by an approved pharmacy supplier. Orders for medicines were placed electronically and checked by an authorised person. Supplies were sent directly to the clinic. There were no controlled drugs, (medicines subject to additional security measures) stored or administered at this location.
- A doctor prescribed all medicines for patients undergoing early medical abortion, including prophylactic antibiotics to reduce the risk of post-procedure infection. When a doctor was not on site, prescription charts were signed remotely by doctors working at other BPAS sites.
- Patient Group Directions (PGDs) were used to cover the supply and/or administration of contraception, prophylactic Anti-D, pain-controlling medication and antibiotics for the treatment of chlamydia. A PGD is a document signed by a doctor and agreed by a pharmacist, to give direction to a nurse to supply and/or administer specific medicines to a pre-defined group of patients using their own assessment of patient needs, without necessarily referring back to a doctor for an individual prescription. All PGDs were within review date.
- Only staff who had attended the relevant training for a PGD could supply or administer medication according to that PGD. We saw that staff who could administer medicines under a PGD were trained to do so and were made aware of any updates with regards to individual medicines.
- Medicines that induced abortion were prescribed only for patients undergoing medical termination following a face-to-face consultation with a member of the nursing team.
- Nurses administered all prescribed medicines for patients undergoing medical abortion, including the first and subsequent doses of medication.
- A copy of the British National Formulary (BNF) 2016 was available in the treatment room and we saw the doctor refer to this during a consultation with a patient. The BNF is the national authority on the selection and use of medicines.
- There was an established system for the management of medicines to ensure they were safe to use. Medication that needed to be kept below a certain temperature was stored in a designated refrigerator. The minimum and maximum temperature of the fridge was monitored daily to ensure that medication was stored correctly. There were systems in place to check for expired medicines and to rotate medicines with a shorter expiry date.
- The fridge temperatures for the Northampton EMU were monitored on the days the clinic was open. We saw evidence that these checks had been done.
- The Milton Keynes clinic had appropriate lockable storage facilities for medicines. However, the keys to the medicine cupboards were stored with other keys for the clinic. This meant that any member of staff could access the drug cupboards, which did not comply with Home Office guidance (May 2016). We raised this with the registered manager at the time of inspection who took immediate action. A separate cupboard for the drug keys was ordered and will only be accessible to clinical staff in the future.

- The keys to the medicines cupboard and fridge at the Northampton EMU were stored in a lockable storage facility. The nurse on duty had sole responsibility for the keys.
- During our inspection we observed three bags of intravenous fluid (IV) in an unlocked storage cupboard. This meant there was a risk that the intravenous fluid bags could be tampered with. National guidance recommends that IV fluids are stored in a locked cupboard or an open shelf in a locked room. We raised this with the lead midwife at the time of the inspection and were informed they had been placed there temporarily. This was addressed and the fluid bags were removed from the cupboard and stored appropriately.
- Prior to starting the surgical termination list, the consultant prepared five syringes of local anaesthetic and sodium bicarbonate. This preparation was used to administer suitable pain relief to patients undergoing manual vacuum aspiration (MVA); MVA is a method of surgical abortion which uses gentle suction to remove the pregnancy. We observed that the syringes were not labelled with their contents. The consultant told us that this was the only medication used. However, this practice is not recommended. In order to reduce the risk of errors associated with the administration of drugs, the National Patient Safety Agency (NPSA) states that all injections should be labelled immediately after preparation. Labels used should contain; the patient's name, name of the medicine, strength, route of administration, diluent, final volume, expiry date and time and name of the practitioner preparing the medicine. We raised this concern at the time of inspection and the registered manager took immediate action; we were told that labels had been ordered and all injections would be labelled appropriately.
- Medication administration records formed part of the patient records and were found to be clear, concise and fully completed in the 14 records that we saw.
- We observed patients being asked if they had any known allergies prior to surgical treatment and this was clearly recorded in the pre-assessment forms.
- Medication error audits had been carried out and results showed there had been no administration or documentation errors relating to patients undergoing termination of pregnancy procedures.
- Prophylactic antibiotics against anaerobic infections were prescribed to all patients having terminations to reduce the risk of infection. Local microbiology policies for the administration of antibiotics were used.

Records

- Patient records were paper based. In line with the Data Protection Act, patient records were stored safely and securely in a locked cupboard to protect confidentiality. Medical records were kept on site for three months and then archived at the BPAS head office.
- Patient records were prepared for medical termination and surgical termination. Care pathways were incorporated and completed clearly in all records that we checked.
- Staff completed appropriate risk assessments on all patients to ensure they were medically safe to be treated at the clinic. These included risk assessments for sexual health and venous thromboembolism (VTE).
- Record keeping and documentation audits were carried out and compliance was consistently good. Audits had been undertaken in relation to the number of patients who underwent surgical abortion who were risk assessed for VTE in the last 12 months. The clinic reported a 100% compliance rate for the period January 2015 to December 2015.
- We reviewed 14 medical records, including those of patients under 16 years old. Records were well maintained and completed with clear dates, times and designation of the person documenting. All records we looked at were legible and completed accurately. There were comprehensive pre-operative health screening questionnaires and assessment pathways.
- The assessment process for termination of pregnancy legally requires that two doctors agree with the reason for termination and sign a HSA1 form to indicate their agreement. In the medical records we checked, all HSA1 forms were completed in accordance with the law and had two appropriate signatures; doctors working at other BPAS centres completed these remotely and electronically. A copy of the HSA1 form was printed and filed in the patient's medical record, which is considered best practice by the Department of Health Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (Abortion) required standard operating procedures (RSOPs).
- Staff told us it was rare that either of the two certifying doctors had physically seen the patient. It is good

practice for two certifying doctors to see a patient who has requested a termination of pregnancy. This is recommended in the Department of Health RSOPs, although it is not a legal requirement. Doctors reviewed the patient's history, ultrasound scan and grounds on which she was seeking an abortion on-line, before they signed the HSA1 form. Staff told us and we saw a rota confirming this, that there were always two doctors working at BPAS sites available to review and sign the HSA1 forms remotely and electronically.

- Documentation audits of HSA1 forms were carried out on a monthly basis. The clinic reported a 100% compliance rate for the period January 2015 to December 2015, with the exception of March (92%), April (95%) and May (98%). We reviewed the audit reports for the months the clinic did not obtain 100% compliance for completion of HSA1 forms. The reasons recorded for non-compliance were that the doctor had not handwritten the form in capitals, the handwriting was illegible and the date and doctor's qualifications had not been documented. The reasons for non-compliance were discussed with the doctor and at staff meetings to effect improvements. Since these audits were undertaken, BPAS had introduced an electronic version of the HSA1 form, which removed the need for the doctor to complete by hand. The clinic had achieved 100% compliance for the completion of HSA1 forms following this change from handwritten to electronic forms.
- The Department of Health requires every provider undertaking termination of pregnancy to submit details of the pregnancy and demographical data using a HSA4 form, recording demographic and other data for every termination of pregnancy performed. We saw this information had been correctly gathered and reported on within the statutory 14 days.

Safeguarding

- The clinic had clearly defined and embedded systems, processes and practices in place to keep clients safe and safeguarded from avoidable harm and abuse.
- Safeguarding policies were available and accessible for staff. These were in date and referenced latest guidelines, for example, Working together to safeguard children (2015).
- Staff were able to demonstrate their understanding of the policy and could describe actions to be taken in cases of suspected abuse. Staff were fully aware of the safeguarding policies and principles within the service.
- The registered manager for BPAS Milton Keynes was the designated local safeguarding lead. There were also two national designated adult and children's safeguarding leads. All staff we spoke with were aware of who the safeguarding leads were.
- We reviewed the training compliance data for all staff and all had completed BPAS training with regards to safeguarding children, which included safeguarding children at level 3 and the protection of vulnerable adults; this included all administration and reception staff, as well as clinical. We also reviewed the personnel files of five members of staff which confirmed this training had taken place.
- We spoke with five clinical staff and one member of administration staff, who had all received training about safeguarding children and adults. All but one of these was aware of the level of training they had received. Staff were clear about their responsibilities and how to report concerns.
- Patients aged less than 16 years were assessed using Gillick competence and Fraser guidelines, which helped to assess whether a young person had the maturity to make their own decisions and to understand the implications of those decisions. We saw evidence of these assessments in patients' notes. Staff told us that efforts were made to encourage young people aged less than 16 years old to involve their parent(s) or to be assisted by another adult who could provide support, especially following the termination of pregnancy.
- In the 12 months prior to our inspection, the BPAS Milton Keynes centre had treated 13 young people who were under 16 years of age, none of which were under the age of 13. The organisational policy stated that if a 12 year old girl used the service then a safeguarding referral should automatically be made.
- For those aged 13 to 16 years, a safeguarding risk assessment was completed, along with the Gillick competence and Fraser guidelines and a decision made on the outcome of the assessment. Discussions were held with the designated safeguarding lead as to the need for a safeguarding referral.

Termination of pregnancy

- We reviewed the records of ten patients who were under the age of 16 years and saw that in all cases, a safeguarding assessment had been completed and appropriate safeguarding referrals had been made.
- Staff were aware of female genital mutilation (FGM), which involves genital cutting and female circumcision and removal of some or all of the external female genitalia. Any patients under the age of 18 years or vulnerable adults should be immediately referred to the police, as outlined in the national document Female Genital Mutilation Risk and Safeguarding (2015). The registered manager told us that staff had attended a locally held FGM conference.
- Staff were also aware of child sexual exploitation, with regards to their role in safeguarding young or vulnerable adult patients. Initial assessments included questions around consent and coercion to sexual activity and lifestyle to identify coercion, suspicion of sexual exploitation or grooming, sexual abuse and power imbalances. When there was any suspicion of abuse safeguarding referrals were made to the safeguarding team. We saw some examples of referrals being made to the local authority when there were safeguarding concerns.
- Staff routinely took the opportunity to ask clients about domestic abuse in line with National Institute for Health and Care Excellence (NICE) guidelines [PH50] Domestic violence and abuse: multi-agency working. This guidance is for everyone working in health and social care whose work brings them into contact with people who experience or perpetrate domestic violence and abuse.
- All patients had a one to one consultation alone, with a nurse. This gave them the opportunity to express any concerns, in confidence, they may have had. We saw notices in the waiting area informing patients and anyone accompanying them that this would happen. All the records we looked at showed that questions were asked to confirm the patient's safety at home. Patients had access to information about local organisations to support them in case of domestic abuse.

Mandatory training

- Mandatory training covered a range of topics including health and safety, manual handling, infection control, information governance and basic life support; all nursing staff completed intermediate life support training.
- Training was completed as e-learning or face to face sessions.
- BPAS specialists would visit the service to provide bespoke learning opportunities for staff, such as ultrasound scanning.
- The organisational target for completing mandatory training was 100%. Data provided by the clinic showed that 100% of staff were up to date with mandatory training as of May 2016.
- All staff we spoke with felt they were encouraged with their professional development and were given time to complete mandatory training.

Assessing and responding to patient risk

- All patients were asked about their medical history, including whether they had any known allergies. Staff then assessed the suitability of patients for treatment referring to the BPAS suitability for treatment guidelines, to exclude risks such as high body mass index, epilepsy or anaphylaxis. Patients not suitable for treatment at BPAS Milton Keynes were referred to the local NHS trust or the specialist placement list at BPAS. We saw evidence of an appropriate referral to an alternative provider being made during our inspection.
- Patients' weight, height and BMI were recorded during the nursing assessment.
- Prior to termination procedures, patients should have a blood test to identify their rhesus status. It is important that any patient who has a rhesus negative blood group receives treatment with an injection of anti-D. This treatment protects against complications, should the patient have future pregnancies, and is in line with the Department of Health RSOPs. The records that we reviewed demonstrated that all patients underwent a blood test prior to the termination procedure and those who had a rhesus negative blood group did receive an anti-D injection. The service kept a register of anti-D injections that had been administered.
- All patients had an ultrasound scan, either abdominal or transvaginal as appropriate, to confirm gestation. We saw evidence of both the scan and gestational age in the patients notes. If the practitioner was uncertain of their findings, for example if there was a suspicion of an ectopic pregnancy, the patient would be referred to the early pregnancy assessment unit at the local NHS trust.
- BPAS had adapted the national 'five steps to safer surgery' checklist, which was designed to prevent avoidable mistakes. During the inspection we observed

the consultant and healthcare assistant complete this form for every patient who underwent surgical termination. We saw fully completed safer surgery checklists in the patients' medical notes we reviewed. We also saw evidence that the safer surgery checklist was audited for completeness and evidence provided by BPAS Milton Keynes demonstrated 100% compliance.

- Clinical staff were trained in intermediate life support and all other staff had completed basic life support training. This was to ensure staff were able to effectively respond to the needs of a patient that had deteriorated and may need resuscitation.
- All patients had a VTE assessment to determine their risk of developing a blood clot in their legs or their lungs. This is recommended by the Royal College of Obstetricians and Gynaecologists (RCOG) to reduce avoidable harm and death from VTE. Those at risk of developing a blood clot can be given preventative treatment. We saw completed VTE assessments in all the patients' medical notes we reviewed.
- All patients were risk assessed by a trained nurse at the point of admission and recovery. Staff used an early warning score (EWS) to record routine physiological observations, such as blood pressure, temperature and heart rate. EWS is a standardised physiological assessment tool, designed to alert the clinical team to any deterioration in a patient's condition and prompt a timely clinical response. A modified early warning score (MEWS) had recently been developed by BPAS and the registered manager planned to introduce this to the clinic. MEWS had been designed with a colour coded clinical chart to make it easier for clinical staff to identify the deteriorating patient.
- We saw clear patient pathways in termination of pregnancy services which included escalation policies for the deteriorating patient. Nursing staff had access to medical support in the event that a patient's condition might deteriorate. A doctor could be contacted at any time by telephone. If a patient required urgent medical attention, the clinic had a dedicated number to call to summon urgent medical assistance from the ambulance service to facilitate urgent transfer of the patient. The clinic had a transfer agreement in place with the local NHS acute hospital. There had been one transfer made within the last year due to uncontrolled pain following surgical termination.

Nursing staffing

- Staff were confident that the manager made every effort to ensure that the right staffing levels and skill-mix across all clinical and non-clinical functions and disciplines were maintained at all times of day and week to support safe, effective patient care and levels of staff wellbeing.
- Minimum nurse staffing levels had been agreed and were maintained with at least one registered nurse on duty for the assessment and treatment of medical termination of pregnancy. There were at least two nurses, a doctor and healthcare assistant on duty on the days that surgical terminations were carried out. There was additional support from the client care coordinator, registered manager and administrator.
- The registered manager told us that surgical terminations would not be carried out without the right number and mix of staff on duty. BPAS Milton Keynes did not employ agency or bank staff.
- Staff employed by BPAS Milton Keynes also covered the clinics held at the EMU in Northampton. We were told that a minimum of two members of staff covered the clinic at the EMU; one treatment nurse and one care co-ordinator. At the time of our unannounced inspection the EMU was staffed by three members of the BPAS Milton Keynes team; the registered manager, one treatment nurse and one care co-ordinator.
- The BPAS Milton Keynes clinic was fully staffed at the time of our inspection.

Medical staffing

- A treatment doctor carried out surgical terminations of pregnancy one day a week at BPAS Milton Keynes. The doctor was employed by BPAS and worked at two other BPAS sites during the week. There was an effective process to ensure suitable checks were carried out to confirm medical staff were fit to practice. The range of checks undertaken by human resources included qualification, registration, disclosure and barring service checks and revalidation reports. The treatment doctor at BPAS Milton Keynes had undergone appropriate checks to ensure they were fit to practice.
- On the other days when the centre was open, medical support or advice could be obtained from doctors working at another regional BPAS unit. The staff told us that doctors were always available and accessible when they needed support.

Major incident awareness and training

Termination of pregnancy

- The clinic had a business continuity plan and staff we spoke with were aware of the procedure for managing major incidents.
- Emergency plans and evacuation procedures were in place. Staff we spoke to were aware of the procedure for managing emergencies, including evacuation of the building in the event of a fire.
- The registered manager was the key holder for the premises. In the event of an emergency outside of working hours, such as fire or flood, the landlord would notify the key holder to access the BPAS clinic.

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. We found that:

- Policies were accessible for staff and were developed in line with Department of Health Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy Services, required standard operating procedures (RSOPs) 2014 and other professional and best practice guidance. Compliance was monitored through regular audits.
- The clinic performed audits recommended by Royal College of Obstetricians and Gynaecologists (RCOG), such as infection control, consent to treatment, records of discussions with patients about options for abortion and contraception. Results from all audits showed good results and action plans to address shortfalls.
- All staff were appropriately trained and competent to carry out their roles safely and effectively, in line with best practice. All staff had completed an annual performance appraisal in the 12 months prior to our inspection.
- Collaborative working with external agencies such as the local safeguarding team, drug and alcohol addiction services and staff at the local NHS hospital were in place to meet the needs of vulnerable patients. Staff could easily refer patients for additional support to these services.
- A telephone advice line was available to patients 24 hours a day, seven days a week.
- Staff were clear about their roles and responsibilities regarding the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable in how to support patients who may lack capacity to make decisions.

Evidence-based care and treatment

- BPAS policies and guidelines were centrally developed and reviewed at the organisation's head office. Policies were accessible to staff and were developed in line with Department of Health RSOPs and professional guidance, which included the Royal College of Obstetricians and Gynaecologists (RCOG). Staff could access BPAS policies via the intranet.
- We reviewed a total of 63 clinical and health and safety related guidelines during the inspection and all were in date.
- When an amended or new guideline was introduced by BPAS, the registered manager told us that all staff were made to sign to say they had read it. We saw evidence of this during our inspection.
- Patient records were audited monthly to see if staff followed BPAS guidelines. The results were reported through BPAS' regional and national clinical governance structures. Data provided by the clinic showed that they had achieved 90% or above compliance with the consultation case note audit from the period January to December 2015.
- Some clinical commissioning groups (CCGs) required patients from their area to be tested for chlamydia infection (chlamydia is a sexually transmitted bacterial infection) before treatment. BPAS Milton Keynes had contracts with the CCGs for Milton Keynes, Northamptonshire, Buckinghamshire, Bedfordshire and Oxfordshire. Milton Keynes and Northamptonshire CCGs funded chlamydia screening for those under 25 years, but only Northamptonshire CCG offered screening to over 25 years. BPAS undertook chlamydia screening for all patients under the age of 25years, even if this was not funded by the commissioner. Staff were aware of the different contracts in place to ensure the correct tests were offered to patients.
- Chlamydia results were managed by the national sexually transmitted infection screening team, who would advise the patient of their result by their

preferred method of communication, such as text message or email. Patients with positive test results were treated at the point of service or referred to local sexual health services.
- All doctors prescribing medication for medical terminations adhered to RCOG guidelines, the Department of Health RSOP, The Abortion Act and abortion legislation for the treatment of patients for termination of pregnancy.
- Contraceptive options were discussed with patients at the initial assessments and a plan was agreed for contraception after the abortion. Patients could be provided with contraceptive medication and devices at the clinic. These included Long Acting Reversible methods, which are considered to be most effective as suggested by the National Collaborating Centre for Women's and Children's Health.

Nutrition and hydration

- Patients who were undergoing surgical terminations were at the clinic for a very short time. Following surgical terminations, patients were offered beverages and biscuits whilst in the recovery area.
- There were hot and cold drink dispensers available in the reception area for patients and their family or friends.
- A café was situated within Acorn House which patients and their family or friends could visit to purchase hot and cold drinks, snacks and meals if they wished.

Pain relief

- Pre and post-procedure pain relief was prescribed. Best practice was followed as non-steroidal anti-inflammatory drugs were prescribed, as recommended by RCOG guidelines.
- Patients undergoing a manual vacuum aspiration (MVA) were instructed to take pain relief on the morning of their procedure. A local anaesthetic was also administered by the treatment doctor before MVA was undertaken.
- Patients choosing medical abortion were given codeine phosphate tablets at the time of the termination and a small supply was given to the patients for them to take home.
- PGDs were used by nursing staff to prescribe pain relief to patients where appropriate. Nursing staff undertook annual competency assessments to ensure they prescribed pain relief in accordance with BPAS policies governing the use of PGDs.
- The BPAS booklet 'My BPAS guide', was given to all patients and advised them to take paracetamol and ibuprofen at home if needed. Patients were directed to contact the clinic or aftercare line if their pain was not controlled by these medications.

Patient outcomes

- The regional quality, assessment and improvement forums and national clinical governance committee (CGC) monitored and reviewed treatment complication rates to ensure they were at or below accepted national levels. The clinic performed 1,167 early medical abortions and 589 surgical abortions from January to December 2015. Data on failed and incomplete surgical and medical abortions was continually collected and reviewed centrally.
- All patients who underwent medical termination were given a pregnancy test with instructions to perform the test two weeks after they passed the pregnancy remains. Instructions included what to do if the test remained positive. We saw that any positive tests were reported as an incident, which acted as an audit trail. There was a 2.35% failure rate; that is pregnancies that continued following medical treatment. This was lower than failure levels nationally. There was a process in place to follow patients up, should their termination of pregnancy have failed.
- There were no failed abortions following surgical termination. From January 2015 to December 2015, 589 surgical terminations were carried out at BPAS Milton Keynes. During this period one incomplete abortion was reported; that is where the pregnancy has ended but some of the pregnancy tissue is left behind in the womb.
- BPAS Milton Keynes carried out the audits recommended by RCOG, such as consent for treatment, options of abortion, confirmation of gestation and contraception discussion. The results of these were above the BPAS target and action plans were in place to address any shortfalls.
- BPAS policy was for clinics to carry out monthly HSA1 audits to ensure compliance. The clinic reported a 100% compliance rate for the period January 2015 to December 2015, with the exception of March (92%), April

(95%) and May (98%). All HSA1 forms had been signed by two registered medical practitioners, in line with legislation. However, the clinic did not achieve 100% compliance for these months due to illegible handwriting and omission of the date and doctor's qualifications. We saw evidence that the reasons for non-compliance were discussed with staff.

- The simultaneous administration of medicines for early medical abortion (EMA) was introduced at the clinic in 2015. The minutes of the clinical governance committee (March 2015) highlighted the pilot phase, which involved nearly 2000 patients to determine the outcomes and acceptability before it was implemented across all BPAS clinics. Results of the pilot study reported that it was effective but the risk of failure increased as gestational age advanced Information about simultaneous EMA was included in the booklet 'My BPAS guide', which was given to all patients before making a choice. The increased risk of retained products of conception and continuing pregnancy were included for medicines taken at the same time compared with 24-72 hours apart. We observed a nurse discuss the failure rates for early medical abortion during consultation with a patient, which included the increased failure rate of simultaneous early medical abortion. This is in accordance with RCOG recommendations. The nurse also advised the patient that the pessary medicine (misoprostol) was not licensed for the treatment of early medical abortion but was routinely used within the NHS for this purpose. Some medicines are routinely used outside the terms of their licence where there is no realistic alternative treatment or where it is acceptable practice that is supported by authoritative clinical guidance. The RCOG supports the use of misoprostol for the treatment of early medication abortion. Patients were offered simultaneous early medical abortion up to nine weeks gestation. This is where both medications (a vaginal pessary and oral tablet) are given within 15 minutes and the patient can leave the clinic to pass products of conception in a place of their choice. If the woman preferred, or were up to 10 weeks gestation, the medications could be split so the patient had a one or two day gap between the first tablet and the insertion of the pessary. Again, patients left the clinic to pass products of conception in a place of their choice. This was compliant with legislation, Department of Health RSOPs and the RCOG guidelines.

Competent staff

- All staff were appropriately qualified and competent to carry out medical and surgical terminations. Medical assessments (which included blood pressure, temperature and pulse monitoring), the discussion of treatment options, consent to treatment and the administration of abortifacient medicines and contraceptives were all undertaken by qualified nursing staff. Nursing staff were also responsible for carrying out all pre and post observations on patients who underwent surgical terminations. A healthcare assistant helped the treatment doctor in theatre with patients who underwent surgical terminations. Their role was to prepare and pass equipment to the treatment doctor and to support patients, as needed, throughout the procedure. Nursing assistance could be summoned immediately if required. During our inspection we observed that staff only undertook activities that were appropriate to their role, level of training and competence. Nursing staff had been assessed as competent in procedures, such as ultrasound scanning. Competencies were reviewed and practitioners were audited every two years to ensure compliance and that standards were maintained. Any issues with scanning, such as missed ectopic pregnancies and incorrect estimation of gestational age, would be reviewed by the lead sonographer. Further training and support would be given to the individual practitioner by the lead sonographer.
- Staff had access to specific training to ensure they were able to meet the needs of the patients they delivered care to. For example, nursing staff had attended training in the administration of long acting reversible contraception methods.
- All patients were offered a counselling service prior to treatment. This service was also available post termination if required. Staff referred to as 'client care coordinators', who provided the pre and post abortion counselling service, had completed the BPAS client support skills and counselling and self-awareness course and had completed the client care co-ordinator competencies framework. Staff confirmed that they were supported with training and also received counselling supervision.

- All staff new to BPAS were supported through a 12-week induction process and competence based training relevant to their role. All staff had completed role appropriate mandatory and extended training.
- All staff we spoke with informed us that training was a priority within the organisation and they were fully supported in achieving their objectives.
- The treatment doctor who performed surgical terminations at the clinic was a trained surgeon and member of the RCOG. The medical director for BPAS was responsible for the revalidation of medical staff.
- Staff told us they had regular annual performance appraisals. Information provided by BPAS Milton Keynes showed that 100% of staff had completed an appraisal in the 12 months prior to our inspection.
- Staff were recruited in accordance with the BPAS recruitment and selection policy and procedure, which explored that candidates were pro-choice. BPAS stated they did not employ or subcontract individuals with a conscientious objection to abortion, or those who did not embrace the organisational beliefs.
- Clinical staff, such as the lead nurse, nurse manager, recovery nurse and treatment doctor were trained in intermediate life support (ILS). ILS training was designed for healthcare professionals who may have to act as first responders and treat patients in cardiac arrest until the arrival of a cardiac arrest team. It includes recognising and treating the deteriorating patient, cardiopulmonary resuscitation and simple airway manoeuvres. ILS training is undertaken annually and we saw from the training records for the clinic that staff had undertaken this training in March 2016 and all were compliant. Staff were supported to undertake continued professional development activities, in order to update their skills and knowledge. For example, the treatment doctor told us that he had undertaken training in the administration of conscious sedation prior to the opening of the new clinic in Northampton.

Multidisciplinary working

- We observed that medical staff, nursing staff and other non-clinical staff worked well together as a team.
- The staff told us they had close links with other agencies and services, such as the local safeguarding team, sexual health and family planning services, drug and alcohol addiction services and a local domestic violence charity. Staff could easily refer patients for additional support to these services.
- BPAS Milton Keynes had a service level agreement with a neighbouring NHS trust, which allowed them to transfer a patient to the hospital in case of medical or surgical emergency. Staff told us they had a good working relationship with the local EPAU and could refer patients to them if they were uncertain of findings following scan. The EMU at Northampton had a similar arrangement with the local NHS trust.

Seven-day services

- BPAS Milton Keynes offered services over five or six days a week, with alternate Saturday opening. Surgical terminations were only carried out on Wednesdays when the treatment doctor worked at the clinic. The EMU at Northampton offered appointments on Thursdays and Fridays.
- Patients requiring services at different times were offered an appointment at other BPAS clinics in the central and south regions.
- The RSOPs set by the Department of Health recommends that patients should have access to a 24 hour advice line, which specialises in post-abortion support and care. BPAS provided an advice line 24 hours per day and seven days a week. Callers to the BPAS aftercare service could speak to registered nurses or midwives who would give advice. The dedicated team of nurses and midwives had received training for the role from BPAS.

Access to information

- Staff had access to relevant guidelines, policies and procedures in relation to termination of pregnancy services.
- Each patient was sent a medical questionnaire to complete prior to attending the clinic; patients were also able to complete this during their time in the clinic. The medical questionnaire provided staff with information on any medical conditions to ensure they could safely be treated at BPAS. Patients who were not suitable for treatment at BPAS Milton Keynes or Northampton EMU would be referred to local NHS services or an appropriate BPAS clinic.
- Two doctors reviewed the patient's history, ultrasound scan and grounds on which she was seeking an abortion on-line, before they signed the HSA1 form. Staff told us there were always two doctors working at BPAS sites available to review and sign the HSA1 forms remotely and electronically. We saw the national rota which

evidenced that this happened. The Department of Health RSOPs state that it is good practice for two certifying doctors to see a patient who has requested a termination of pregnancy, although it is not a legal requirement.

- A copy of the HSA1 form was printed and filed in the patient's medical record, which is considered best practice by the Department of Health. All the medical records we reviewed contained a printed and signed copy of the HSA1 form.
- Patient records were paper based and electronic; paper records could be uploaded to the electronic record as required. They were stored securely and archived at BPAS head office after three months.
- All patients received the booklet 'My BPAS guide', which provided written information about their post treatment care. The guide had a section dedicated to recovery, which detailed what would normally be expected following treatment. Abnormal symptoms were also listed, with information on what patients' should do if they experienced any of these. Useful numbers, including details of the BPAS aftercare line were included.
- The Department of Health RSOP states that wherever possible the patient's GP should be informed about their termination of pregnancy. Patients were asked if they wanted their GP to be informed of the treatment they had received. We saw that patients' decisions were recorded and their wishes were respected. Patients who declined were given a second copy of their discharge letter so that they could provide another practitioner with sufficient information about the treatment they had received in the event of any complications. We saw that two patients who had declined GP notification were given an extra copy of their discharge letter.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All care records we reviewed contained signed consent from patients. Possible side effects and complications for each type of termination were documented and the records showed that these had been fully explained.
- When patients expressed any doubts about treatment, staff carefully discussed their concerns. Patients were offered a second consultation if they were not entirely sure about their decision to terminate the pregnancy, this meant there was no pressure on patients to decide to have an abortion.
- The 'My BPAS guide' booklet was given to all patients and included information on pregnancy options, treatment, contraception and aftercare. This was available in 16 languages and braille, for visually impaired patients.
- We reviewed eight feedback forms and all patients agreed that the treatment was explained in a way they could understand and they had felt involved in the decisions about their treatment.
- Consent forms were available in 16 other languages, including Polish, Welsh, Portuguese and Urdu.
- We saw the consultant confirm consent with each patient prior to surgical treatment.
- Staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff discussed the need to ensure that patients had capacity to make an informed decision. They also identified the need to act in a person's best interest.
- Staff told us that if they had any concerns about a person's capacity to make decisions about their treatment they would refer to the safeguarding lead for advice. Whilst staff were involved in the assessment of a patient's capacity, it was the registered medical practitioner's responsibility to ensure capacity had been assessed.
- Patients aged less than 16 years were assessed using Gillick competence and Fraser guidelines, which helped to assess whether a young person had the maturity to make their own decisions and to understand the implications of those decisions. We saw evidence of these assessments in patients' notes prior to consent. These were also available to review via the patient electronic booking system.
- Nurse practitioners attended a one day workshop on consent. Staff and managers told us they were 100% compliant with training.

Are termination of pregnancy services caring?

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

- Staff treated patients who attended for consultation and termination of pregnancy treatments with compassion, kindness, dignity and respect. Staff adopted a

non-directive, non-judgemental and supportive approach to patients receiving treatment for abortion. The majority of comments from patients were overwhelmingly positive about the service.

- All consultations were held in private rooms. The care coordinator met with patients on their own to establish that the patient had not been pressured to make a decision. Nursing staff explained the different methods and options available to them for the termination of pregnancy. Patients who were undecided were given time to make a decision and there were processes in place to refer those who changed their minds about termination.
- Patients' preferences for sharing information with their GP, partner or family members were established, respected and reviewed throughout their care. However, we did find confidential information regarding complaints stored in an unlocked cupboard.
- All patients considering termination of pregnancy were offered counselling at every stage of the care pathway. A contact number was also given to patients so they could make an appointment for post-abortion counselling if needed. This was a free service and was available to any patient who had been treated at a BPAS clinic.

Compassionate care

- Throughout our inspection we observed patients being treated with compassion, kindness, dignity and respect.
- Staff introduced themselves to patients and their relatives.
- We observed staff interactions with patients and those close to them. Staff talked to patients confidentially and explained the options available and gave them the opportunity to ask questions. Patients were offered a second consultation if they were not sure about their decision to terminate the pregnancy.
- Effective systems were in place to maintain patient confidentiality. Patients were asked to provide a safe word which BPAS staff would ask them to quote if they contacted the clinic. This reduced the risk of confidential information being discussed with anyone other than the patient.
- Staff told us that patients' preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care. Patients under the age of 16 years were encouraged to involve their parents or family members and their wishes were respected. This is recommended by the Department of Health RSOPs.
- We observed patients undergoing surgical termination of pregnancy and saw good and caring interactions between staff and patients. The consultant sat with the patient prior to treatment and explained the procedure and gave them time to ask any questions. A curtain was drawn around the patient during treatment to maintain their privacy and dignity.
- We reviewed eight feedback forms completed by patients on the day of our inspection, all had positive comments. 100% of the patients would recommend the service to someone they knew who needed similar care. One patient commented: "The staff made me feel really comfortable and were all really helpful".

Understanding and involvement of patients and those close to them

- Arrangements were in place which demonstrated that staff supported patients in being involved in their care, including when they lacked the capacity to make decisions or needed advocates to speak on their behalf.
- We were told that patients could not have a partner, relative or friend with them during the initial consultation. This was so patients could raise any concerns they may have, such as domestic abuse, in a safe and private environment. Patients were unable to have someone with them from the point of surgical treatment, in order to protect other patient's privacy and dignity.
- The registered manager told us that there were possible exceptions to this rule, if it was considered to be in the best interest of the patient. For example, a very young patient, or a patient with a learning disability could be accompanied by a parent, relative or carer, if they wished.
- Patients could request a chaperone to be present during consultations and examinations and there were signs displayed to inform patients that this support was available.
- Nursing staff told us that, during the initial assessment with a patient, they explained all the available methods for termination of pregnancy that were appropriate and safe. The staff considered gestational age and other clinical needs when suggesting these options to patients.

- Staff supported patients who needed time to consider their decision. A second consultation was offered, with a date and time that was convenient for the patient.
- Staff told us there were occasions when patients changed their minds about terminating their pregnancy. Staff told us that in these circumstances the patients were referred for appropriate antenatal care.
- Patients were given written information which explained what to expect during and after the abortion, including potential side-effects and complications. Contact numbers were also provided for 24 hour advice and further counselling if required.
- Patients were asked if they agreed to BPAS informing their GP about the procedure they had undergone. Patients' decisions were recorded and their wishes were respected.
- The Department of Health RSOP's recommend that every patient is told that the content of the HSA4 form is used for statistical purposes by the Department of Health and that data published is anonymised. Every provider undertaking termination of pregnancy is required to submit details of the pregnancy and demographical data to the Department of Health via the HSA4. Staff told us that patients were informed of this legal requirement during their initial consultation. We spoke with one patient and she confirmed that she had been informed of this during her consultation with the nurse.

Emotional support

- The Department of Health RSOPs recommend that all patients are offered pre and post-abortion support or counselling. Staff told us that all patients requesting an abortion would be offered the opportunity to discuss their options and choices with, and receive therapeutic support from, a trained pregnancy counsellor. This offer would be repeated at every stage of the care pathway. This was undertaken by a nurse or patient care coordinator who had completed the BPAS client support skills and counselling skills workshops.
- Patients who were upset, anxious or unsure about their decision, were given extra time and support.
- All patients were offered counselling services pre and post treatment. Contact numbers were also provided and patients could make an appointment for post-abortion counselling if needed. This was a free service offered to all patients who had received treatment at a BPAS clinic.
- All patients received a private consultation without anyone else present. This provided patients the opportunity to disclose any personal or private information they may not wish their relative, friend or partner to hear and to disclose any information regarding abuse or coercion.
- We spoke with one patient who told us she was given time to think about her options and ask questions. She was offered counselling and given a telephone number to contact them if she needed.
- The clinic displayed thank you cards they had received from patients and one patient commented: "Thank you so much for all your help, support and care over the past week, you all do such an incredible job and it is greatly appreciated".

Are termination of pregnancy services responsive?

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

- Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided.
- Patients could book appointments through a central BPAS appointment line, which was open 24 hours a day, seven days a week.
- Patients could be offered a provisional same day service, where they were booked on the same day for a consultation, assessment, ultrasound scan and treatment. This allowed patients to access the clinic and termination services quickly if required. Patients were assessed for their suitability for this service.
- Patients who were not suitable for treatment at BPAS were referred to a specialist placement team. This was a seven day service. Patients were referred to the most appropriate NHS provider to ensure patients received treatment in a timely and safe way.
- The percentage of patients treated at less than 10 weeks gestation is a widely accepted measure of how accessible abortion services are. So far, in 2015/2016, over 83% of patients had been treated at BPAS Milton Keynes and Northampton EMU below 10 weeks. This is above the national average.

- Interpreting and counselling services were available to all patients and the clinic was accessible to wheelchair users.
- The recovery area in the clinic was very small. Due to the limited space, wheelchair users could not access the treatment room or recovery area. They could, however, access the treatment room from the main corridor and would be recovered in this room following treatment.
- There was a range of written information that nursing staff and care co-ordinators could give to patients as needed. This included advice on contraception, sexually transmitted infections (STIs), miscarriage and services to support patients who were victims of domestic abuse. This information could be requested in different languages if required.
- There were effective systems in place for managing complaints and lessons learned were shared throughout the service and wider organisation. Posters and leaflets were displayed in the clinic to inform and encourage patients to raise concerns. The clinic had received less than ten complaints during 2015.

Service planning and delivery to meet the needs of local patients

- Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided both for NHS and self-funding patients.
- BPAS Milton Keynes had contracts with clinical commissioning groups (CCGs) to provide a range of termination of pregnancy (TOP) services for patients of the Milton Keynes, Northamptonshire, Buckinghamshire, Bedfordshire and Oxfordshire area.
- As part of the CCG's contracts, BPAS Milton Keynes provided a quarterly monitoring report. This included the number of patients treated at the clinic, incidents, patient complaints and feedback.
- BPAS Milton Keynes is centrally situated in the town of Milton Keynes and is easily accessible by public transport or car. There was ample parking outside the clinic. The premises are suitable to carry out treatment and aftercare for patients seeking termination of pregnancy. The satellite unit is centrally located within the town of Northampton and is also easily accessible by public transport or car.
- At BPAS Milton Keynes, appointments were provided either five or six days a week, with alternate Saturday openings. The EMU at Northampton provided services from 9am until 5pm on Thursdays and Fridays. If patients needed to access services outside of their opening hours or at weekends, they could be signposted to alternative BPAS clinics in the central or south regions.

Access and flow

- Patients were either referred by their GP or self-referred and most treatment was carried out under NHS contracts. The clinic undertook private procedures on request but this was very infrequent.
- Patients booked their appointments through the BPAS Contact Centre, a 24 hour, seven day telephone booking and information service. Patients could request an appointment at either the Milton Keynes or Northampton site, depending on their preference.
- Patients would also be told of appointments at BPAS clinics within a 30 mile radius, so they could attend the most suitable appointment.
- Patients could be offered a provisional same day service, where they were booked on the same day for an appointment, assessment, ultrasound scan and treatment. This allowed patients to access the clinic and termination services quickly if required. Patients were assessed for their suitability for this service.
- Patients were able to choose their preferred treatment option and location, subject to their gestation and medical assessment.
- Patients requiring surgical termination had their treatment at BPAS Milton Keynes (or another appropriate BPAS clinic) because the satellite unit at Northampton only offered early medical abortions.
- The clinic offered all aspects of pre-assessment care, including discussions about pregnancy options, ultrasound scans to confirm pregnancy and gestation and medical assessments.
- All patients completed a pre-consultation questionnaire either over the phone or by email. Consultations were face-to-face with nursing staff who undertook all aspects of pre-assessment care, including counselling, medical history, ultrasound scanning to confirm pregnancy and determine gestational age and screening tests, such as rhesus status and chlamydia screening.
- If patients were assessed as having a gestation of over 12 weeks, they were referred to another independent provider, which was usually another BPAS centre, or an

NHS provider as appropriate. If there was suspicion of an ectopic pregnancy, they were referred to a local NHS acute hospital for immediate further assessment and/or treatment.

- The Department of Health RSOPs recommend that patients should be offered an appointment within five working days of referral and they should be offered the abortion procedure within five working days of the decision to proceed. The service monitored its performance against the waiting time guidelines set by the Department of Health. The data provided by BPAS Milton Keynes was recorded in calendar days (i.e. seven calendar days), which equated to five working days. From January 2016 to April 2016, 72% of patients were seen within seven days of initial referral and 83% of patients were treated within the required timeframe once the decision to proceed had been made. Where patients were seen outside of the guidelines, this was due to patient choice or patients attending too early to confirm their pregnancy. For example, 93%% of patients could have had their consultation within seven days of initial referral but they chose not to.
- The percentage of patients treated at less than 10 weeks gestation is a widely accepted measure of how accessible abortion services are. Information provided by BPAS Milton Keynes showed that in 2015, over 83% of patients had been treated below 10 weeks gestation. This is above the national average of 80%.
- Aftercare advice was available through a 24 hour national helpline or patients could call the clinic directly during opening hours.
- Patients could contact BPAS through a dedicated telephone number in order to make an appointment for post-abortion counselling. Post-abortion counselling was a free service to all BPAS patients and could be accessed at any time after their procedure, whether this was the same day or many years later.

Meeting patient's individual needs

- BPAS Milton Keynes was accessible to patients living with disabilities and the clinic was situated on the ground floor of a shared building. A disabled toilet was available.
- The EMU at Northampton was also accessible to patients living with disabilities. The clinic was situated on the first floor; a lift was available for wheelchair users. There were plans to move the Northampton Clinic to a larger premises where there was an intention to offer surgical terminations using conscious sedation. This meant that there would be a more comprehensive offering for patients in the area.
- The area used to recover patients was small and led to and from the treatment room where surgical terminations took place. This area was also used for patients waiting for surgical treatments. There could have been a patient waiting for treatment and a patient recovering in this small area at the same time. Therefore, we were not reassured that patients' privacy and dignity was always maintained. However, the clinic manager told us that patients waiting for a procedure would sit in one of the consultation rooms.
- Due to the limited space, wheelchair users could not access the treatment room or recovery area. They could, however, access the treatment room from the main corridor. This door was usually kept locked but could be used when needed. We were told that wheelchair users would remain in the treatment room to be recovered.
- Patients living with a disability could be given a longer appointment time if needed.
- Entry to the clinic was by an intercom system. This meant that people with hearing impairment may find it difficult to access the building. The Milton Keynes clinic information on the BPAS website did inform deaf and hearing impaired patients of this. The clinic made adjustments accordingly.
- In the Maple Access Centre, in an effort to minimise the time BPAS patients were waiting, reception staff would telephone or bleep a member of the BPAS team as soon as the patient had arrived. Staff from BPAS would collect the patient and escort them to a waiting area upstairs before they were seen in the consultation and treatment rooms. However, this sub waiting area was not for the sole use of BPAS patients.
- Midwives and nurses undertaking assessments had a range of information that they could give to patients as required. This included advice on contraception, sexually transmitted infections, miscarriage and services to support patients who were victims of domestic abuse and how to access sexual health clinics. This information could be requested in different languages if required.
- There was a resource file in the waiting area which contained a wide range of information and 'signposting' information to local young peoples' services, including

drop in services, counselling, stop smoking, genito-urinary medical services, contraceptive clinics, drug and alcohol services and other support services regarding abuse, sexuality and bullying.

- There was a clearly defined referral process for patients who required a specialist service. BPAS treated fit and healthy patients who were medically stable. For patients who did not meet the BPAS criteria a referral form was completed and managed by a specialist referral placement team. This was a seven day service. Patients were referred to the most appropriate BPAS or NHS provider to ensure that they received the treatment they required in a timely and safe way.
- As part of their assessment, all patients received a private consultation without anyone else present. This gave patients the opportunity to disclose any personal or private information they may not wish their friend or partner to hear and to disclose any information about possible abuse or coercion.
- Following the initial private consultation, patients could choose whether their partner, friend or relative accompanied them for the remainder of their consultation and examination.
- Professional translation services were available for patients who did not speak English via a translations service by phone. Notices were displayed in the reception areas informing patients this service was available and written information in 16 other languages and braille, for visually impaired patients, was available at reception.
- The BPAS website had British sign language and subtitled videos which deaf and hearing impaired patients could watch. There were five videos in total and they covered a range of related subjects including, what an abortion is and how to access abortion care, what contraception is and how to access it and information on sexually transmitted infections.
- BPAS was committed to making the service they provided accessible to all patients. The registered manager told us that charitable funds were available to patients on low incomes who needed assistance with the cost of travelling to and from the clinic. On one occasion, a patient was referred to a specialist centre in London for treatment and BPAS charitable funds paid for their travel costs and accommodation.
- Patients were given leaflets and a 'My BPAS guide', which had information regarding different methods and options available for abortion. The 'My BPAS guide' provided information about disposal of the pregnancy remains and did say that the products would be incinerated unless the patient chose otherwise. Options for the pregnancy remains, such as burial or cremation, were also stated which is in line with the Department of Health RSOPs guidance. Where patients did not have specific wishes with regard to disposal, fetal tissue was stored separately from other clinical waste before it was collected by an authorised carrier and sent for incineration, which is in line with Human Tissue Authority guidance.
- Staff had undergone diversity training and further information was available to staff in the BPAS Disability Discrimination Act policy.
- Patients were provided with written information about the options for the pregnancy remains, such as burial or cremation, which is in line with the Department of Health RSOPs guidance. However, this was not routinely discussed during consultation. Staff told us that patients rarely discussed the pregnancy remains or chose a different option as most patients had their termination at the very early stages of pregnancy.

Learning from complaints and concerns

- There were posters and leaflets on display in the waiting area advising patients how to raise concerns and give feedback. The information clearly stated how feedback could be given and how concerns would be dealt with. Information on how to make a complaint was also included in the 'My BPAS guide'.
- All BPAS patients were given a patient survey/comment form entitled: 'Your opinion counts'. There were boxes available at the BPAS Milton Keynes unit for patients to submit their forms. Patients who attended the Northampton EMU were asked to submit their completed forms to the care co-ordinator or treatment nurse. The registered manager reviewed the submitted forms, before sending to the BPAS head office for collation and reporting. This meant that any adverse comments could be acted upon immediately. We reviewed eight feedback forms and all were overwhelmingly positive.
- The clinic had received a very small number of complaints, less than ten, between January 2015 and December 2015. From 1 October 2014 all BPAS clinics had maintained a locally resolved complaints log, which recorded issues that had been addressed at local level and did not proceed to a formal level. BPAS Milton

Keynes had logged 18 verbal complaints for the period March to December 2015. Fourteen complaints were received from patients and a further four from partners or relatives.

- The majority of complaints were resolved at the point of service. Seven of the complaints received concerned the EMU at Maple Access Practice. Patients complained that they felt uncomfortable in the waiting area and did not feel it was an appropriate place to be seen. One patient complained because she heard a receptionist say: "Another one for BPAS, what's wrong with these ladies?" The registered manager escalated this complaint to the Maple Access practice manager who spoke with staff. We saw evidence of this. No further complaints of this nature have since been received.
- There were effective systems in place for managing complaints and lessons learned were shared throughout the service and the wider organisation.
- Formal complaints were managed by the BPAS patient engagement manager. A full investigation of a complaint was carried out and feedback was given to the staff. We saw evidence of this in the minutes for the clinical governance committee and regional management meetings.
- BPAS Milton Keynes and Northampton EMU reported patient complaints and feedback to the commissioners in the contract quarterly monitoring report.
- During our inspection we observed that the complaints folder which contained confidential information was stored in an unlocked cupboard in the main corridor. This meant there was a risk that other patients and visitors to the clinic could access this information. We raised this concern with the registered manager at the time of the inspection who took immediate action. The complaints folder was removed and stored in a locked cupboard.

Are termination of pregnancy services well-led?

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

- BPAS had a clear vision and values, which were driven by quality and safety. There was strong leadership of the service and senior management was visible and held a regular presence in the clinic.
- Staff spoke positively about the high quality care and services they provided for woman and were proud to work for BPAS. Staff recognised, reflected and followed the values of the organisation. Staff treated all patients with dignity and respect and provided confidential, non-judgemental services.
- There was an effective governance structure in place to manage risk and improve quality. Serious incidents, complications, clinical incidents, complaints and customer satisfaction were reviewed at a national and regional level. Information was shared with staff and there was a focus on shared learning.
- Risk management arrangements were in place to make sure that the certificate(s) of opinion HSA1 were signed by two medical practitioners in line with the requirements of the Abortion Act 1967 and Abortion Regulations 1991 and the subsequent arrangements for submission of HSA4 forms. BPAS Milton Keynes completed a monthly HSA1 audit and reported an overall compliance of 99% for the period January 2015 to December 2015.
- Staff felt well supported by senior managers and were confident to raise concerns.
- Patient engagement was encouraged through feedback and satisfaction surveys. The results were fed back to the staff, with a focus on shared learning. The satisfaction surveys for BPAS Milton Keynes showed high patient satisfaction with care.
- There was a focus on continuous learning and development within the clinic. There were examples of innovative service delivery and clinical practice, such as, same day service provision and simultaneous early medical abortion treatment. A new location had recently been acquired in Northampton, which would offer local woman undergoing termination of pregnancy greater choice and flexibility.

Vision, strategy, and strategy

- BPAS had a clear vision and strategy and the health and welfare of its patients was its top priority. The BPAS values were: "We support pregnancy choices and trust patients to decide for themselves. We treat all clients with respect and provide confidential, non-judgmental and safe services".

- Staff were aware of the organisation's values and strategy and were committed to providing a quality service.
- Patient outcomes and experience were monitored and reviewed at a local and national level. We were told that the senior managers regularly informed staff of the clinic's progress and performance.

Governance, risk management and quality measurement for this core service

- There was a clearly defined governance structure in place at a national, regional and local level. The clinical governance committee (CGC) met three times a year and maintained oversight of all BPAS services. The CGC consisted of representatives from the BPAS executive and senior management team and included the chief executive, medical director, director of nursing and operations and regional directors of operations. We reviewed four sets of minutes, which covered the period from March 2015 to February 2016. At each meeting, serious incidents, complications, clinical incidents, near misses, complaints and customer satisfaction, appraisal and revalidation, infection control, safeguarding and service delivery planning were reviewed. We saw from CGC minutes that detailed information was shared, with a focus on shared learning.
- The regional directors of operations held regular regional management meetings which were attended by the registered managers of each clinic. Information and learning from these meetings was cascaded within an appropriate timescale to the clinic staff. We reviewed the minutes of these meetings and also spoke with staff who confirmed that information and learning was shared.
- In 2015 BPAS had introduced a corporate clinical dashboard with 10 key performance indicators to improve quality measurements. The purpose of a clinical dashboard is to improve quality and safety by focusing on key indicators which, if achieved, contribute to overall patient safety. The development of clinical dashboards was a key recommendation from High Quality Care For All (2008). The BPAS performance indicators included medicines management, minimum staffing levels, serious incidents requiring investigation and complaints. The registered manager monitored the clinic's performance against the standards on a monthly basis and communicated performance data to national and regional management teams and to staff working at the clinic. Since its introduction, BPAS Milton Keynes and the Northampton EMU had consistently achieved all 10 standards, with the exception of sickness absence (when they reported more than two sickness periods for June and July 2015) and laboratory sampling/labelling errors (when they reported more than two laboratory errors for July 2015 and April 2016). In response to this standard the registered manager had introduced a checklist which required two members of staff to check each sample for accuracy and completeness before it was sent to the laboratory.
- A national clinical audit plan was in place. Audit outcomes and service reviews were reported to the regional quality, assessment and improvement forums (RQuAIF). Audits for 2016 included medical and surgical treatments, implementation of new guidelines and completion of HSA1 and HSA4 forms.
- The clinic 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. This was completed for each patient at the time the termination was undertaken and was retained for a minimum of three years, in accordance with legislation.
- 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. We looked at 14 patient records and found that all HSA1 forms included two signatures and the reason for termination.
- BPAS Milton Keynes and Northampton EMU completed a monthly HSA1 audit to ensure and evidence compliance with legal requirements. The clinic reported an overall compliance of 99% for the period January to December 2015. We saw evidence that timely action was taken to address areas of non-compliance and effect improvements.
- BPAS had recently introduced a 'central authorisation system' (CAS) where staff uploaded all the completed documentation following the initial assessment by a nurse. Two BPAS doctors were allocated every day to CAS on a rota. This ensured there were always two doctors available within the region to review the documentation and sign the HSA1 form, if they agreed with the reason for the termination of pregnancy, in a timely manner. Staff told us that CAS had helped reduce any possible delays with providing treatment.

Termination of pregnancy

- The Department of Health requires every provider undertaking termination of pregnancy to submit details of the pregnancy and demographical data using a HSA4 form, following every termination of pregnancy performed. We saw this information had been correctly gathered and reported on.
- The organisation had a corporate risk register which included various areas of risk identified, such as health and safety, clinical incidents and infection control. In addition, specialist risks were identified, which included changes to abortion law and the growth of adverse opinion amongst some groups with regards to termination of pregnancy. All identified risks were documented with the likelihood of the risk occurring, its impact score and the controls in place to minimise each risk.
- BPAS Milton Keynes and Northampton EMU did not hold a local risk register which would have included risks that were specific to the two clinics and which local staff could have some control over.
- Staff received notification of a new or amended guideline by email. Three conference calls would then be held to inform staff of the new policy or changes to existing ones. Staff could choose to dial into the conference call or listen to a recording at a time that suited them.
- The service held a licence from the Department of Health to undertake termination of pregnancy procedures at the Milton Keynes clinic and Northampton satellite unit. The licence for BPAS Milton Keynes was publically displayed on the notice board opposite the reception desk, along with CQC registration. The licence for the EMU at Northampton was not on public display but a copy was retained within the unit.

Leadership of service

- The staff working at BPAS Milton Keynes and Northampton felt well supported by the registered manager and regional director of operations. Staff told us the registered manager had an open door policy and staff felt they could raise concerns with them.
- Senior managers were visible and held a regular presence in the clinic.
- The senior midwife was supportive to staff and was available to offer advice. They had good working knowledge of BPAS policies and procedures and in addition, worked clinically. There was regular liaison with other BPAS units.
- Staff were aware of the senior leaders within BPAS corporate offices, such as the lead clinician and safeguarding lead and felt they could contact them directly for support and advice.

Culture within the service

- Staff spoke positively about the high quality care and services they provided for patients and were proud to work for BPAS. They displayed an enthusiastic, compassionate and caring manner.
- The staff we spoke with told us they were committed to providing non-judgemental, confidential care and to giving patients choice with regards to their sexual and reproductive health.
- All staff at BPAS were recruited in accordance with the BPAS recruitment and selection policy and procedure, which explored candidates beliefs towards abortion. BPAS did not employ individuals who had a conscientious objection to abortion.
- Staff described BPAS Milton Keynes and Northampton EMU as a good place to work and as having an open culture.
- Staff told us they were comfortable reporting incidents and were encouraged to learn from them. During our unannounced inspection we saw the registered manager discuss a team debrief which she had arranged in response to an undiagnosed ectopic pregnancy. The aim of the debrief was to identify any lessons that could be learnt to minimise the risk of this reoccurring.
- We met with the regional director of operations who had travelled to the clinic for the inspection. They were supportive of their staff and discussed in detail systems and procedures in place throughout the organisation that encouraged an open and supportive culture.

Public and staff engagement

- Patients were encouraged to offer feedback through a satisfaction survey: 'Your opinion counts'. Each form was reviewed by the registered manager, before being sent to the BPAS client engagement manager for collation and reporting. A report of all complaints and a summary of service user feedback were reviewed by the RQuAIF and CGC. Survey results were shared with each unit

manager and discussed at regional managers meetings with staff and commissioners. The registered manager fed back the results of the satisfaction survey to the clinic staff.

- The surveys demonstrated high satisfaction with care. The latest survey showed there were 78% completed feedback forms between January 2016 and April 2016. Results showed 100%% of patients felt they were listened to, 100% felt they were given a clear explanation of their treatment and 100%% felt involved in their decision-making.
- The survey included the question: 'I would recommend BPAS to someone I know who needed similar care,' with the options to select agree or disagree. The results showed 100% of patients would recommend this service.
- Patient feedback was encouraged and was used by BPAS to improve the service. For example, at a national level we saw evidence of how BPAS had responded to complaints received about escort involvement. BPAS pathways had been reviewed to allow escorts to accompany patients, where the patient wishes, for as much of the pathway as was reasonable and possible.
- BPAS Milton Keynes had a: 'You said, we did' poster which listed the actions they had taken in response to feedback received. Examples included providing more up to date magazines in the waiting area and the introduction of a suggestion box.
- Staff survey results were completed to gain staff opinion of working at the clinic. We were provided with data from the 2015 staff survey for the whole organisation. According to the survey results, 397 staff responded (100%) and 89% of staff would recommend BPAS as a good place to work and 97% of staff would recommend BPAS to family and friends who needed care or treatment.

Innovation, improvement and sustainability

- There were examples of innovative service delivery and clinical practice. This included the use of 24 hour telephone appointment service and web chat service for patients.
- The regional director of operations and registered manager recognised that the satellite unit at Northampton was not ideally situated within the local community. They told us that a new location had recently been acquired in Northampton. This clinic would be purpose built and would offer local patients the choice to undergo medical and surgical termination of pregnancy. Patients from Northamptonshire who requested surgical termination had to travel to the clinic at Milton Keynes or attend other BPAS and NHS providers. It was intended that the clinic at Northampton would also offer conscious sedation to patients undergoing surgical termination. Conscious sedation is a technique used to help patients relax and to reduce anxiety and discomfort during treatment.

Outstanding practice and areas for improvement

Outstanding practice

- Patients could be offered a provisional same day service, where they were booked on the same day for an appointment, assessment, ultrasound scan and treatment. This allowed patients to access the clinic and termination services quickly if required. Patients were assessed for their suitability for this service.
- There was a clearly defined referral process for patients who required a specialist service. Such referrals were managed by a specialist referral placement team that operated a seven day service. Patients were referred to the most appropriate NHS provider to ensure they received treatment in a timely and safe way.

Areas for improvement

Action the provider SHOULD take to improve
Action the clinic SHOULD take to improve:

- Ensure staff are trained in the duty of candour and are aware of their responsibilities to be open and honest with patients when things go wrong.
- Staff should avoid wearing disposable scrubs in public areas as this may draw public attention to the clinic and could compromise patient confidentiality.
- The treatment room should be more effectively soundproofed to ensure that patients undergoing surgical termination of pregnancy cannot be overheard by other patients and members of the public.
- The keys to the medicine cupboards should be stored separately from other clinic keys and should not be accessible to unauthorised members of staff.
- Intravenous fluids (IV) should be stored in line with national guidance.
- All pre-prepared injections should be labelled in line with the National Patient Safety Agency (NPSA) guidelines.
- The surgical safety checklist should include a numerical swab count to enhance current safety measures in place to prevent a swab being unintentionally retained following surgical treatment.
- Ensure all entrances to the clinic are secure to reduce the risk of unauthorised persons gaining entry to the clinic.
- Review the use and patient flow in the recovery area adjacent to the treatment room to ensure patient privacy and dignity is maintained at all times.
- Ensure there is a local risk register for both sites to identify specific risks relevant to both sites.