

## British Pregnancy Advisory Service

# BPAS - Luton

### Inspection report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We rated it as good because:

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.

Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of local people, took account of patients individual needs, and made it easy for people to give feedback. Patients could access the service when they needed it and did not have to wait too long for treatment.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

However,

Staff compliance with mandatory training was not always within agreed targets. Leaders had plans in place to make improvements within agreed timescales.

Patients waited longer than national targets from consultation to treatment.

We rated this service as good because it was safe, effective, caring, and responsive, and well led.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Termination of pregnancy

### Rating

Good



### Summary of each main service

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Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

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# Summary of findings

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# Summary of this inspection

## Background to BPAS - Luton

British Pregnancy Advisory Service (BPAS) provides a medical and surgical termination of pregnancy service in Luton, Bedfordshire.

BPAS Luton has contracts with clinical commissioning groups (CCGs) in the Luton, Hertfordshire, and Bedfordshire areas to provide a range of termination of pregnancy services. 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 (National Health Service), some patients choose to pay for services themselves and in addition, the clinic offers services to paying overseas patients.

The location is registered to provide the following regulated activities:

- Termination of pregnancies
- Surgical procedures
- Treatment of disease, disorder, or injury
- Family planning
- Diagnostic and screening procedures

The location has a manager registered with Care Quality Commission (CQC).

British Pregnancy Advisory Service (BPAS) Luton is centrally situated in the city of Luton and is easily accessible by public transport or car. BPAS Luton provides services from 11am until 5pm on Monday, closed on a Tuesday, 8.30am until 2.30pm on a Wednesday and 8.30am until 4.30pm on a Thursday and 8.30am until 2.30pm on a Friday. On Saturdays, the clinic is open between 9.30am and 1.45pm.

At BPAS Luton, 2027 patients were seen; 1,734 medical abortions and 293 surgical abortions were carried out between April 2021 and May 2022. Patients of all ages, including those aged under 18 years are treated at BPAS; 65 patients under the age of 18 years received treatment at the clinic between April 2021 and May 2022.

The government approved the home-use of misoprostol in England from 1 January 2019. On 30 March 2020, the Secretary of State for Health and Social Care made two temporary measures that superseded this previous approval. These temporary arrangements were aimed at minimising the risk of transmission of coronavirus (COVID-19) and ensuring continued access to early medical abortion services during the COVID-19 global outbreak. The temporary arrangement meant that;

Pregnant women, including young women under 18 years old, would be able to take both Mifepristone and Misoprostol for early medical abortion, up to nine week and six days gestation, in their own homes without the need to first attend a hospital or clinic.

# Summary of this inspection

It is possible for a medical practitioner to provide a remote consultation and or prescribe medication for an early medical abortion from their own home. i.e. rather than travelling into a clinic or hospital to work.

BPAS Luton clinic was last inspected 17 and 18 November 2015. We did not rate the service at the last inspection. We did find some areas of improvement, all of which had been addressed.

## How we carried out this inspection

We carried out an unannounced inspection of the service on 16 May 2022.

During this inspection we observed patient consultations. We looked at 10 patient records, spoke with eight patients and eight members of staff.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this service was termination of pregnancy.

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

## Areas for improvement

### Action the service SHOULD take to improve:

- The service should ensure that staff are up to date with all mandatory training, including Mental Capacity Act training.

### Action the service MUST take to improve:

- The service must ensure that governance systems and processes, including operational performance continue to improve. The service must ensure that patient waiting times are kept within national targets. (Regulation 17 (1) (2) (a))

# Our findings






## Overview of ratings

Our ratings for this location are:

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



# Termination of pregnancy

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

## Are Termination of pregnancy safe?

Good 

We rated safe as good.

### Mandatory training

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

The mandatory training was comprehensive and met the needs of women and staff. Training included infection control, mental health and health and safety training. Staff were also trained in a range of life support skills, for example, advanced life support, basic life support and immediate life support. Training compliance in these subjects was 100% for all appropriate clinical staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers used an electronic recording system to keep track of compliance with training and alert staff when updates were required.

Staff received mandatory training, however, not all staff were up-to-date with their mandatory training. Out of the 12 mandatory training topics three were below 75% compliance. Leaders told us and we saw documented that there were action plans in place to ensure staff were up to date with any outstanding training by June 2022.

### Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Training records showed all staff were trained to level 3 in safeguarding adults and children which was in line with policy. Staff renewed their safeguarding training every two years. Managers used an electronic system to alert staff when refresher training was required.

# Termination of pregnancy

Staff had access to an up to date safeguarding policy. The policy contained regularly updated national guidance updates from National Institute for Health and Care Excellence (NICE) and HM Government. For example, update to safeguarding logs for those accessing treatment under 18. Updates on guidance when managing a safeguarding concern involving a person in a position of trust.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff told us and recorded in patient notes when there were identified concerns. For example, we saw that during consultations and discussions with patients, risks were consistently explored, such as, the possibility of coercion. Staff documented when a patient was under 16 years of age and asked appropriate questions, involving parents where appropriate and made referrals to external agencies such as local authority safeguarding teams. Staff gave us examples of when they liaised with the safeguarding lead and external support agencies, for example to help a patient with language and communication difficulties.

Staff used a separate safeguarding system for telephone consultations. Staff were supported to recognise cases of child sexual exploitation, coercion, and female genital mutilation (FGM). A safeguarding proforma was completed for patients under the age of 18 years old. All patients under the age of 16 had to be seen face to face. We saw the care records of a person under the age of 16 and saw they were encouraged to involve their family, and appropriate safeguarding questions were asked.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff shared examples of when they had alerted safeguarding professionals to concerns. We saw recorded information relating to concerns. There was a safeguarding lead to help support staff dealing with safeguarding issues. There were links with local services and systems in place to guide staff where to go when they needed support.

Staff documented when they had safeguarding concerns. We looked at patient records and saw examples of concerns and management. For example, examples of history of safeguarding concerns identified. Staff provided pre-counselling, involved local authority social care staff, and notified the GP (General Practitioner). Staff ensured a safe and well check was completed post discharge.

Staff followed safe procedures for children visiting the service. Children were not permitted to attend appointments at the clinic. However, each situation was individually assessed. We saw one patient attend with their child for a scan. Staff considered the patient's individual circumstances and offered flexible options to support the patient and their childcare needs.

## Cleanliness, infection control and hygiene

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

All areas were clean and had suitable furnishings which were clean and well-maintained. Housekeeping and clinical staff ensured all areas were cleaned daily and there was a checking system in place with required staff signatures at appropriate intervals to ensure compliance.

# Termination of pregnancy

The service generally performed well for cleanliness. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff carried out regular infection control audits. Staff audited a range of compliance areas. For example, the general environment, hand decontamination, waste management and use of personal protective equipment. We looked at May 2022 audit results and saw 97% compliance. Staff were allocated actions where improvements were needed to meet the standard required.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore appropriate PPE all the time and were bare below the elbow. Staff regularly cleaned their hands between seeing patients. Patients wore protective face masks which was a continued practice as a result of COVID-19. There were hand sanitisers in all areas which were accessible before entering the premises and while in the service.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw 'I am clean' stickers within date to clearly demonstrate which equipment and furniture was clean and ready to use.

Environment and equipment

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

Patients in the recovery room had accessible call bells. The recovery room was not in use during our inspection and therefore we did not see if staff responded quickly when called.

The design of the environment followed national guidance. The service was on the second floor. There was a lift, however it did not accommodate a stretcher. Staff risk assessed alongside the local fire department and the local hospital and put plans in place to ensure there was a process in place to support a patient in the event that a stretcher was needed.

Staff carried out daily safety checks of specialist equipment. Staff checked resuscitation trolleys, the major haemorrhage trolley, and anaesthetic equipment daily. All equipment was regularly serviced and maintained. Staff reported faulty equipment to facilities staff who were responsible for replacements and repairs. Stock rooms were tidy and well resourced. Staff had a stock rotation system in place and we saw that this was an effective system.

Staff disposed of clinical waste safely. Staff used appropriate waste bins in each area. All bins were clearly labelled with what could be disposed of on them. The bins in each room were regularly emptied. Sharps bins were clearly labelled and dated to ensure timely disposal.

**Assessing and responding to patient risk**

**Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration**

Staff used a nationally recognised tool to identify women at risk of deterioration and escalated them appropriately. Staff used modified early warning score (MEWS) sheets to identify deteriorating patients and escalated them appropriately. All ten records we looked at had MEWS scores correctly calculated. There were clear instructions on the MEWS to direct staff on how to escalate concerns.

# Termination of pregnancy

Staff considered the risk assessment of paediatric patients. Staff used modified early warning score to monitor physiological changes for patients aged 12 to 16 years. The tool was used for escalation, for example a hospital transfer or medication doses adjustment considerations. The service maintained that there were no cases where there was failure to identify deterioration in a young person using the approach.

Staff knew about and dealt with any specific risk issues. All patient's had individual risk assessments either at the clinic or during telephone consultations. All patient records included risk assessment for deep vein thrombosis (DVT) using an appropriate scoring tool. Patients were provided with local anaesthetic and conscious sedation procedures only. There was no risk of DVT for clients having conscious sedation or local anaesthetic procedures. All clinical staff were trained in basic and intermediate life support. Staff used the morning huddle to ensure there was always a qualified member of staff on site. In addition, there was always a member of staff during surgery with an immediate life support level qualification, which was the current requirement for a conscious sedation or local anaesthetic list. All staff conducting conscious sedation had received appropriate training, including in airway maintenance.

Staff carried out assessments to determine eligibility for termination of pregnancy. Patients who required specialist care were referred as soon as possible to an appropriate service. For example, patients with additional health care needs.

Staff shared key information to keep women safe when handing over their care to others. We observed a morning handover where all staff planned the day ahead. This included those patients due to attend and their specific needs including risks.

Staff used a surgical safety checklist based on the World Health Organisation (WHO) and five steps to safer surgery checklist when undertaking surgical terminations of pregnancy. WHO checklists were a tool designed to improve safety during surgical procedures.

## **Nurse staffing**

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

The service had enough nursing and support staff to keep women safe. The service employed a treatment doctor, treatment unit manager, a lead midwife, five midwife practitioners, a nurse practitioner and two healthcare assistants.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. Staffing levels could be adjusted daily according to the needs of patients. The service had no vacancies and low staff turnover rates. The service was fully staffed at the time of inspection.

The service had low bank and agency nurses. Bank staff were sourced internally. There was a service wide protocol to cover sites. This meant that staff who were familiar with the service were used to cover any gaps in staffing.

Managers made sure all bank and agency staff had a full induction and understood the service.

## **Medical staffing**

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

# Termination of pregnancy

The service had enough medical staff to keep patients safe. A surgeon was employed to work at the location every other week. All absences were planned and covered by other surgeons who were familiar with the service for continuity.

## Records

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

Patient notes were comprehensive, and all staff could access them easily. Patient notes were held electronically and hard copy. The electronic record and hard copy records were of the same quality. Staff used an electronic record system to locate patient information and did so with ease.

All records were stored securely; in locked cabinets and electronically with password protection. This meant patient records were kept secure and confidential.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Medicines records were completed with appropriate detail. Staff recorded that controlled drugs were double checked and signed. Medications used followed manufacturer and NHS England and Royal College of Anaesthetists guidance. We looked at monthly checks of medication audits from October 2021 to December 2021. All of which were compliant with daily checks of controlled drugs, medicines fridge temperatures recorded every day the unit was open and evidence that drugs received matched drugs ordered.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Clients attend telephone consultations, or when indicated, in-clinic consultations. Patients received clear medication instructions verbally and in written format. Patients who had surgical terminations of pregnancy were regularly reviewed and had their medication adjusted based on individual requirements.

Staff completed medicines records accurately and kept them up-to-date. All records we looked at were completed fully with no gaps and were up to date.

Staff stored and managed all medicines and prescribing documents safely. Staff kept up-to-date stock lists for medicines which were in date. All medicines were stored safely in locked cupboards.

Staff learned from safety alerts and incidents to improve practice. Staff received safety alert information at huddles, during meetings and email communication. We saw a standard agenda item for national safety alerts discussed for learning and improvement purposes at drugs and therapeutics committee meetings.

## Incidents

## Termination of pregnancy

**The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. Staff described processes and guidelines for reporting incidents using an electronic reporting system. We saw that staff regularly reported incidents, in line with policy, using the local system. There had been no serious incidents in the twelve months before inspection. Staff understood the process to report a serious incident which was in line with local policy. We saw records were incidents had been raised, for example, a patient who presented with a complex history that included aggressive behaviour. As a result staff worked together to plan support for the patient in the community.

Managers shared learning with their staff about never events that happened elsewhere. Staff were alerted to never events that had occurred at other BPAS locations. Staff used the detail for learning purposes and to avoid similar situations.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. There was a duty of candour policy in place with a duty of candour flowchart to direct staff on steps taken to be open and transparent. Staff had access to a range of duty of candour letter templates to provide a framework for disclosure following incidents.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met daily and used this opportunity to discuss the feedback and look at improvements to patient care. The treatment unit manager attended quarterly operational quality meetings, chaired by the operational quality manager, where incidents, trends and exceptions were discussed. These meetings were recorded and the minutes were shared with staff.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Incidents were reviewed at several meetings. Staff used the detail to agree actions and allocate responsibilities for planned outcomes. Managers chaired quarterly operational quality staff meetings. Lessons learnt were disseminated and improvement action plans were put in place where necessary. We reviewed minutes of meetings which demonstrated patients and families were involved in these investigations.

Managers had a system to debrief and support staff following any serious incident. There had been no serious incidents in the twelve months leading up to inspection. This meant there were no examples to demonstrate compliance.

### Are Termination of pregnancy effective?

We rated effective as good.

#### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.**

# Termination of pregnancy

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. Staff referred to the Royal College of Obstetricians and Gynaecology (RCOG) guidelines for updates. For example, the treatment of fetal anomaly and ectopic pregnancy in termination of pregnancy. Staff made adjustments, following national guidance during the pandemic and in accordance with COVID-19 updated guidance. For example, abortion guidance in relation to telemedicine.

Staff accessed electronically held, centrally developed policies. These were in line with Department of Health Required Standard Operating Procedures (RSOP) guidelines and professional guidance. Staff easily located policies using an electronic system.

Staff protected the rights of women subject to the Mental Health Act and followed the Code of Practice. All staff received training understanding the Mental Health Act 1983. There was a mental health policy for staff to follow. Staff understood processes involved when escalating mental health concerns.

## Nutrition and hydration

**Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for women's religious, cultural and other needs.**

Staff made sure women had enough to eat and drink, including those with specialist nutrition and hydration needs. Patients understood the need to hydrate prior to attending the clinic for their procedures. All patients had unlimited access to a hot and cold drinks machine in the main waiting area. All patients were offered drinks and snacks when in recovery.

## Pain relief

**Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed women's pain using a recognised tool and gave pain relief in line with individual needs and best practice. All patient records we looked at had appropriate and accurate pain relief documented.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women. The service had been accredited under relevant clinical accreditation schemes.**

The service participated in relevant national clinical audits. For example, the Royal College of Obstetricians and Gynaecology (RCOG) consent for treatment, consideration of options of abortion, contraception options, confirmation of gestation and medical assessments. All patient records reported analysis data for each termination of pregnancy to the Department of Health (HSA4 report). There was a BPAS audit and compliance meeting responsible for ensuring audits were completed at regular intervals and fed into the monthly local clinical audit compliance plan.

# Termination of pregnancy

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers shared and made sure staff understood information from the audits. We saw an audit programme from January 2022 to May 2022 with issues and actions identified and updates reviewed. For example, staff audited wellbeing checks, surgical case notes, medicines management, consultation, and infection control. We saw compliance scores remained steady at just under 100%. However, there were some areas where issues were identified by audit staff. For example, in January 2022 staff noted 89% compliance with transfer to theatre time not being entered on a proforma. As a result, the issue was communicated to staff at daily huddles. This remained on the action log for regular audit to ensure improvement and compliance.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service employed an appropriate number of midwives overseen by a lead midwife and supported by health care assistants.

Managers gave all new staff a full induction tailored to their role before they started work. All staff completed competencies tailored to their role. Some competencies were observed, for example staff carrying out ultrasounds completed 100 observed procedures before they were signed off as competent to carry out the procedure independently. Staff completing conscious sedation were trained in airway management. Staff undertaking ultrasounds were appropriately trained to the gestation of the pregnancy they were ultra-sounding.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff we spoke with told us they had a recent appraisal and that they found it useful. Data provided demonstrated 100% appraisal completion. Staff discussed training and development needs as part of their appraisal process. Staff were given the time needed to complete training and where appropriate supported in additional specialist training.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. Data provided demonstrated 100% compliance with three time yearly clinical supervision for staff.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff held daily huddles to share information from meetings and could access minutes online.

## Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff worked well as a team within the clinic and with outside agencies. There were clear lines of accountability and all staff we spoke with knew what and who they were responsible for. Staff provided us with examples of when they have worked with external agencies to support patients. For example, working alongside local authority professionals, the police and local hospital staff.



# Termination of pregnancy

Staff liaised with other professionals to support some of the local diverse communities. For example, the sex working community. Staff asked questions about consent, there was access to sexually transmitted disease testing, long-acting reversible contraceptives, and emergency contraception.

## Seven-day services

**Services were available five days a week. Opening hours differed. The service was closed on a Tuesday and a Sunday.** On a Monday, the service was open 11.00 – 17.00. On a Wednesday and Friday the service were open from 08.30 to 14.30. On alternate Thursdays, the service was open from 08.30-16.30 and 09.30- 13.45 on a Saturday. The locations website outlined opening hours for the public.

Consultants led fortnightly surgical abortion clinics.

Staff could call for support from doctors and other disciplines when needed.

## Health Promotion

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

The service had relevant information promoting healthy lifestyles and support. All patient records documented that women had received contraception advice. Patient consultations we observed demonstrated conversations about the option of having options, including long acting reversible contraceptive (LARC) implants inserted.

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

**Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit women's liberty.**

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. Staff had access to up to date policies in relation to capacity. We saw, regular updates from HM Government, national guidelines. For example, the addition of the Mental Capacity and Mental Capacity Assessment and managing a suicidal client. To supplement the policy, and understand the process, staff used a mental capacity assessment flow chart for clients 16 years of age and over. This helped staff work with patient capacity processes.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff followed the principles of consenting patients and of capacity to consent. We saw that staff gained consent based on providing information needed to make informed decisions. We saw staff discuss consent in consultations and recorded consent in all patient records we looked at.

Staff made sure women consented to treatment based on all the information available. Staff shared information about side effects and complications. Staff audited consent forms and found that consent was gained in line with processes.

Staff understood Fraser guidelines. Staff documented in patient records if Fraser guidelines were followed. Staff used the guidelines to help young people accessing advice and treatment relating to contraception and sexual health.

# Termination of pregnancy

Staff received training in the Mental Capacity Act, however not all staff were up to date with the training. Staff were 79% compliant with the training, which was short of the 90% target. This meant not all staff had the most up to date training.

## Are Termination of pregnancy caring?

Good 

We rated caring as good.

### Compassionate care

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

Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way. Staff and patient interactions were friendly and respectful. Staff were kind to all patients and all conversations with staff were considerate and caring.

Patients said staff treated them well and with kindness. All patients we spoke with reported feeling that they had been treated well, with respect and supported through each part of their pathway. We saw all interactions were kind, compassionate and without judgement.

Staff followed policy to keep women's care and treatment confidential. We saw all visitors were greeted by asking the time of their appointment and without being asked for their name until they were inside the reception area. Staff told us they did this to maintain patient confidentiality.

Staff understood and respected the individual needs of each woman and showed understanding and a non-judgmental attitude when caring for or discussing women with mental health needs. We sat in on patient consultations and saw caring, non-judgemental discussions take place. Staff were caring and involved each patient in discussions about their care and treatment.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs. Staff gave us examples of how they had considered patient differences, for example, the area had a population of eastern Europeans and staff understood cultural differences. We observed patient appointments were translators were required. We saw staff appreciate the complexities of each individual and provided support accordingly.

### Emotional support

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

# Termination of pregnancy

Staff gave women and those close to them help, emotional support and advice when they needed it. Staff were clearly considerate and appreciated the distress associated with the process. All staff demonstrated an understanding of the emotional impact having a termination can have on clients. Staff supported each patient to minimise any distress experienced. We saw staff giving emotional support to women at various points in their termination pathway. Staff were empathic, non-judgemental, kind, and compassionate.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. All patients were provided with 'My BPAS Guide' booklet and were offered counselling. The booklet outlined how to make an appointment for post-abortion counselling.

Staff worked very well with patient anxieties. We spoke with one young patient who was very anxious. They spoke very highly of the service and reported quick access to pre-assessment, offer of counselling before and after. They told us they were given lots of explanation and detail. That they were given options and flexibility to book appointment around work commitments. They were happy that they had felt very at ease and confident of a smooth process.

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

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

Staff made sure patients and those close to them understood their care and treatment. Patients were encouraged to attend alone due to ongoing COVID-19 restrictions. However, we did see staff were flexible based on the patient's individual circumstances. For example, one woman attended with her child for a scan due to childcare responsibilities.

Staff talked with women, families and carers in a way they could understand, using communication aids where necessary. Staff clearly explained treatment and ongoing care to patients checking that they understood or asking if they had any questions. Staff had access to translation services for women who did not speak English as a first language.

Staff and patient interactions were observed as caring, compassionate, and thorough. We observed a clinic where a patient spoke two languages and was asked for their preference. The midwife ensured the patient fully understood what was being said. For example, a clear outline of pain relief options, access to the 24 helpline and counselling.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service had a feedback and complaints policy. Patients could access information on the BPAS website on how to provide feedback. The information was also available in the feedback and complaints leaflets and posters displayed in all BPAS units. This meant patients could give feedback in person and electronically. All women we spoke with were positive about their experience with staff and their treatment. Staff provided patient feedback information for the period January 2022 to March 2022. We saw there was one complaint, several improvement suggestions with action plans to support improvements. Patient's submitted five general thank you comments to staff and service.

## Are Termination of pregnancy responsive?

We rated responsive as requires improvement.

# Termination of pregnancy

## Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services so they met the needs of the local population. Patients booked appointments using a 24 hour central telephone booking system. Women with higher gestation periods could be fast tracked. Women could self-refer and could be referred by their GP. A telemedicine consultation system was introduced in response to the COVID 19 pandemic. This meant patients had access to remote consultations. Patients assessed as suitable for early medical abortions, could have their medications sent to them. Patients were then followed up by staff to check on their wellbeing.

Facilities and premises were appropriate for the services being delivered. The premises were centrally located. There was limited parking on site, however there was a public car park within walking distance and some limited off street parking. The building was dated, however the service which was on one floor had two waiting areas and sufficient rooms to accommodate women with dignity in appropriate spaces.

The service had systems to help care for women in need of additional support or specialist intervention. Staff worked with diverse communities and described some of the complexities. For example, there were a high number of Eastern European patients. This meant staff educated themselves on where there might be cultural considerations.

Managers monitored and took action to minimise missed appointments. Staff sent appointment reminders. Patients who did not attend appointments were contacted. From April 2021 to May 2022, 293 surgical terminations were completed and 1734 medical appointments were carried out at the clinic. A total of 257 women did not attend appointments for consultations and treatment. Managers told us there were a range of reasons for this, including women no longer wanting to have the procedure. The number of women who did not attend the clinic for post-operative checks was 35. Staff followed these women up by telephone to ensure their wellbeing.

## Meeting people's individual needs

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

Staff understood and applied the policy on meeting the information and communication needs of women with a disability or sensory loss. Staff gave examples of when they used assistance for women with additional communication needs. For example, one patient attended who was unable to hear or speak. Staff worked with other professionals to ensure they communicated effectively to meet the patient's needs. Hearing loops were in the building for those hard of hearing.

Managers made sure staff, women, partners and carers could get help from interpreters or signers when needed. Staff gave us lots of examples of understanding and adapting to the needs of those with additional communication requirements. For example, staff used a visor for a hard of hearing patient so they could lip read, in addition British Sign Language staff accompanied the patient using visual aids. Staff told us it helped to show patients the room in advance so they were familiar in advance and knew what to expect.

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

# Termination of pregnancy

## Access and flow

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

Managers monitored waiting times. Women regularly waited longer than the national guidelines for both their initial consultation and receiving treatment. Women should not wait more than five working days from initial contact to consultation and the same from the decision to proceed to having treatment. The total time from initial contact to the procedure should not exceed 10 working days. We looked at local data from April 2021 to March 2022 and saw for example, in March 2022 56 of 146 patients were treated within seven working days, in February 2022, 123 of the 155 patients were treated within seven working days. This was a theme over the previous 12 month period with no month meeting the national average. BPAS has an internally set target to consult with 90% of all clients within 4 days after point of contact.

The clinic opened for surgical treatment on alternate weeks. Clients were offered the soonest and most convenient appointment and had the opportunity to travel to other BPAS units. BPAS implemented additional procedures to proactively manage waiting times to consultation. Waiting times were reviewed on a daily basis.

Staff supported patients when they were referred or transferred between services. There was a client transfer policy in place to guide staff on how to transfer a patient to hospital. There was a local transfer agreement with the hospital.

Managers monitored transfers and followed national standards. Staff completed a transfer log sheet for emergency transfers. The log sheet noted the reason for transfer, the outcome and in line with guidance, whether a transfer alert was sent, if the Care Quality Commission was notified and whether an incident report was completed. We looked at data from 2019 to the most recent transfer which was in November 2021. There were nine emergency transfers from the service to hospital.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.**

Patients, relatives, and carers knew how to complain or raise concerns. Patients we spoke with told us they knew how to raise a concern.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Staff were clear on how to record concerns and tried in the first instance to resolve immediately if possible. There was system in place to inform managers and we saw that learning was shared with other staff using various methods such as email, bulletins and in daily handovers.

Managers investigated complaints and identified themes. We saw that managers kept a complaints log. Each complaint was investigated and where learning was identified, actions were completed.

# Termination of pregnancy

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw managers recorded feedback to be provided to all staff. Managers recorded that a multidisciplinary meeting would be arranged to discuss outcomes from complaints. For example, we saw that managers introduced a review of procedures for complex cases. Managers used the learning as an opportunity to identify further training and/or monitoring that may be needed for the staff members involved.

## Are Termination of pregnancy well-led?

Good 

We rated well-led as good.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

There was a clear management structure with lines of responsibility and accountability.

Registered managers received appropriate training for their role, for example, management training. Leaders attended regular meetings to discuss new or amended guidelines or policies and we saw this recorded in meeting minutes. Managers completed a service leadership development programme to ensure a standardised approach to management. We saw a copy of the clinic's certificate of approval to carry out termination of pregnancy in accordance with Department of Health requirements.

Staff we spoke with were positive about the leadership and told us that managers were approachable and visible. All staff spoke highly of the local leadership. Staff knew the different managers and their areas of responsibility. Staff said they felt supported and gave examples of when they had received support with personal circumstances. During the inspection we observed positive interaction between staff and managers. Staff told us they felt comfortable and able to raise any concerns they had with the management team.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

Staff understood the service vision and strategy. The service's ambition, values and purpose were displayed in the clinic. The vision and strategy for BPAS was a future where every patient can exercise reproductive autonomy and is empowered to make her own decisions about pregnancy. The purpose of the service was to remove barriers to reproductive choice and to advocate for and deliver high quality, person-centred reproductive health care. All staff we spoke with demonstrated their alignment with the vision of the service. Staff provided patients with options to help them manage their own reproductive health and encouraged autonomy.

# Termination of pregnancy

## Culture

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

Staff told us they enjoyed working at the clinic and that they worked well together as a team. Staff spoke highly of the management, administrative and reception support. All staff told us they enjoyed their job. Staff felt comfortable to raise concerns, and felt they were genuinely listened to. Patients regarded clinic staff highly. They reported feeling comfortable and happy to raise concerns without repercussions.

All staff reported a culture of being patient focussed. Staff were concerned with providing a culture of non-judgemental and supportive care and treatment for people who used the service.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

Governance was managed regionally and locally. Staff were members of several governance meetings that provided oversight of the service. There were quarterly clinical governance committees, finance, audit, and risk committees. Leaders attended a bi-weekly strategic leadership team meeting. The clinical advisory group, drugs and therapeutics committee, infection control committee, quality and risk committee, and a research and ethics committee was also attended by leaders within the service.

A national medical director took a lead role in ensuring the organisation was working in line with current national guidance. All committees fed into a board of trustees. The service delivered care and treatment in accordance with the Abortion Act 1967. Two registered medical practitioners must complete and sign, a HSA1 form before a termination is performed, The HSA1 form certifies the doctor's opinion, in good faith, the grounds for termination of pregnancy in line with the Act.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

Leaders contributed to a corporate and local risk register. The local risk register was divided into telemedicine and clinic risks. Risks were scored before and after control measures, and RAG rated to clearly identify the highest risks. Managers were able to tell inspectors what the highest risks for the service were. This included the risk of the lift breaking down, risk of unauthorised people gaining access to the premises and cancellation of surgical lists. We saw each risk had control measures and actions in place.

Leaders had a business continuity plan in place to ensure the service could continue to deliver essential patient care.

# Termination of pregnancy

Leaders had an agreed transfer of care procedure in place to ensure patients were safely managed should they need to be transferred to the local receiving NHS hospital.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Staff used an electronic system to manage information. For example, to report incidents and to hold policies.

Patient records were held on an integrated electronic record system, except for surgical records which were hard copy. The system meant a patient's care notes were immediately available to all staff across the national service with access privileges.

HSA4 forms were appropriately submitted within 14 days to the Department of Health. This was in line with the Abortion Act 1967. Leaders had identified regulatory requirements for submission of HSA4 forms as a risk. Leaders ensured formal oversight plans in place to ensure compliance to avoid breach of the regulation.

## Engagement

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

Leaders talked to us about the relationships with local organisations to work together for the benefit and safety of people who used the service. For example, plans in place with local fire service, ambulances and NHS trusts to transfer patients in the event of an emergency. We saw that leaders recorded discussions about local engagement in various meetings, for example, operational and quality manager and treatment unit manager meeting minutes.

## Learning, continuous improvement and innovation

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

Leaders were involved in a wider quality improvement and performance board pilot. The project grew from Care Quality Commission inspections where there was learning and improvement to be shared across the service nationally. We saw related guidance and documentation to support the pilot for improvement. Leaders encouraged research and we saw documented in management meetings research projects, for example, where PHD students carried out research.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Termination of pregnancies	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none"><li>The service must ensure that governance systems and processes, including operational performance continue to improve. The service must ensure that patient waiting times are kept within national targets. (Regulation 17 (1) (2) (a))</li></ul>