British Pregnancy Advisory Service

BPAS - Norwich

Inspection report

Turnstone Court
Norwich Community Hospital, Bowthorpe Road
Norwich
NR2 3TU
Tel: 03457304030
www.bpas.org

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

Ratings

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

Summary of findings

Overall summary

We rated it as requires improvement because:

- Patients waited longer than national targets from consultation to treatment.
- The arrangements for the safe storage of pregnancy remains were not in line with BPAS policy. However, this had been identified and there was a plan to install a freezer on the site to meet the policy requirements.
- The service did not have an effective system for assessing, managing, and responding to risk of deterioration in children.

However:

- 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 women, supported them to make decisions about their care, and had access to good information.
- Staff treated women with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to patients, families and carers.
- The service took account of women's individual needs and made it easy for people to give feedback.
- 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.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to BPAS - Norwich

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

BPAS Norwich provides a range of termination of pregnancy services. This includes early medical abortion, early surgical abortion, abortion aftercare, contraceptive advice and contraception supply.

Most women are funded by the NHS (National Health Service), however some women choose to pay for services themselves and in addition, the clinic offers services to paying overseas women. .

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 CQC (Care Quality Commission).

British Pregnancy Advisory Service (BPAS) Norwich is located in Norwich and is easily accessible by public transport or car. BPAS Norwich provides services from 9.30am until3.30pmpm on Mondays, 8.30am until 2.30pm on Wednesdays and 8.30am until 5.00pm on Thursdays.

At BPAS Norwich 656 medical abortions and 134 surgical abortions were carried out between April 2021 and March 2022. Patients of all ages, including those aged under 18 years are treated at BPAS Norwich. Six patients under the age of 16 years received treatment at the clinic between April 2021 and March 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 (and girls) 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.
- 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, rather than them travelling into a clinic or hospital to work.

BPAS Norwich had not been inspected previously.

Summary of this inspection

How we carried out this inspection

We carried out an unannounced inspection of the service on 18 May 2022.

During this inspection we observed patient care. We looked at seven women's records, spoke with three women and nine 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.

Outstanding practice

All staff were focused on delivering high quality, compassionate care without judgement. They took the time to understand women's individual needs to deliver high quality, personalised care.

Areas for improvement

- The service must ensure that patient waiting times are kept within national targets.(Regulation 12 (1) (2) (a) (b)
- The service must ensure pregnancy remains are stored before disposal in line with BPAS policy. (Regulation 17 (1) (2) (a) (b)
- The service must implement an effective system for assessing, managing, and responding to risk of deterioration in children. (Regulation 12 (1) (2) (a) (b))

Action the service SHOULD take to improve:

- The service should ensure they continue to monitor staff levels and manage risk accordingly. (Regulation12 (1) (2) (a) (b)

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Termination of pregnancy

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

Are Termination of pregnancy safe?

Requires Improvement

This was the first time we rated this service. We rated safe as requires improvement.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of women and staff.

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. Records showed that 100% of staff had completed and were up to date with their training.

Managers monitored mandatory training and alerted staff when they needed to update their training. The treatment unit manager (TUM) had access to an electronic system to keep track of compliance with training and notified staff when updates were required.

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 three in line with policy. Staff received yearly safeguarding update training. Staff training status was recorded on an electronic system overseen by the treatment unit manager (TUM). The TUM notified staff when update training was required. Staff were supported to recognise cases of child sexual exploitation and female genital mutilation (FGM).

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 that women were seen on their own to assess any risk of coercion. They recorded in patient notes when there were identified concerns.

Requires Improvement

Termination of pregnancy

Staff documented when a young woman was under 16 years of age. The electronic records system had specific safeguarding risk assessment questions to ask young people under the age of 18. The system was set up so that staff could not progress through the form until these questions were completed. Staff involved parents where appropriate and made referrals to external agencies such as local authority safeguarding teams.

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. Staff could access support from a national safeguarding team. All safeguarding alerts were reviewed by this team and additional support and advice was provided where appropriate. Staff told us they could access the team when they required additional support and that they were very responsive and supportive.

All young women under the age of 16 were seen face to face. We saw the care records of a person under the age of 16 and saw they were encouraged to be supported by their family and appropriate safeguarding questions were asked.

Staff followed safe procedures for children visiting the service. Children were not routinely permitted to attend the clinic. However, each situation was individually assessed. Staff told us they considered the woman's individual circumstances and offered flexible options to support the woman and their childcare needs.

Cleanliness, infection control and hygiene

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

All areas were visibly clean and had suitable furnishings which were visibly clean and well-maintained. Clinical staff ensured all areas were cleaned daily and there was a system in place that allocated individual staff cleaning responsibilities and required staff signatures to ensure compliance.

The service generally performed well for cleanliness. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore appropriate PPE and were bare below the elbow. Staff cleaned their hands between any contact with women. Women were asked to wear 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 staff and visitor's temperature was checked on entry.

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 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.

The design of the environment followed national guidance. The service was located in a spacious single story, stand-alone unit. There was a reception area, two consulting rooms, a treatment room and a four bay recovery area.

Staff carried out daily safety checks of specialist equipment. Staff checked resuscitation trolleys, the major haemorrhage trolley, and anaesthetic equipment each day the clinic was open. All equipment was regularly serviced and maintained. Stock rooms were tidy and well resourced. Staff had an effective stock rotation system in place.

Staff disposed of most clinical waste safely in appropriate waste bins. The bins in each room were regularly emptied. Sharps bins were clearly labelled and dated.

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 women 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. Staff identified and quickly acted upon women at risk of deterioration. All seven records we reviewed had MEWS scores correctly calculated. There were clear instructions on the MEWS to direct staff on how to escalate concerns and we saw that these were followed. It was noted the service was not using a paediatric early warning score (PEWS) and staff could not articulate how to assess children. Following our inspection, the provider advised us they were reviewing this.

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. Based on the risk assessment, for example if the woman was unsure of their last menstrual period, they would be required to attend clinic for a scan to accurately determine their gestation and to ensure they were on the right treatment pathway. The service ensured appropriate assessments were conducted to minimise the risk of women receiving treatment that did not meet the eligibility for termination of pregnancy. Following initial assessment, patients who were unsuitable for treatment at BPAS were referred to the BPAS Specialist Placement team who completed an onward referral to appropriate services, for example the NHS.

All clinical staff were trained in basic and immediate life support. Staff used the morning huddle to ensure there was always a qualified and trained member of staff on site. There was always a member of staff during surgery with an immediate life support level qualification. On the day of our inspection a member of staff had called in sick impacting on skill mix in the clinic. This was escalated appropriately, and mitigation was put in place to ensure the treatment for women attending on the day was carried out safely.

Staff shared key information to keep women safe when handing over their care to others. We observed a morning huddle which was attended by all staff where they planned for the day ahead. At this meeting the specific treatment and needs of women due to attend the clinic were discussed including any risks. The service had guidelines and policies in place for staff to follow in the event a woman needed to be transferred to an NHS Hospital. There was a service level agreement in place with the local trust. A qualified clinician was assigned to travel with women when required to ensure safe transfer and hand over of care. Between April 2021 and April 2022 no women had be transferred from the service.

Staff completed risk assessments for each woman on arrival, using a recognised tool, and reviewed this regularly, including after any incident. BPAS used a risk assessment to assess the risk of deep vein thrombosis (DVT). The risk assessment identified no requirement for assessment for women receiving surgery by either conscious sedation or local anaesthetic, which were the only available surgical treatments options at BPAS Norwich. All the risk assessments in the records we reviewed confirmed 'not applicable' for further review.

Clinical staff received training in sepsis identification and management.

Termination of pregnancy

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 are a tool designed to improve the safety of surgical procedures. Records showed staff completed the checklist appropriately. Managers audited completion of the safer surgery checklist. Data provided following inspection showed that staff were compliant in the completion of these checks.

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 clinical and support staff. BPAS had a minimum staffing policy in place which was followed to keep women safe.

Managers accurately calculated and reviewed the number and grade of clinical staff and non-clinical staff needed for each shift in accordance with national guidance. Staffing levels could be adjusted daily according to the needs of patients. The service had one health care assistant vacancy and one midwife on long term sickness.

Whenever unplanned absence occurs, lists were reduced accordingly to ensure safe staffing levels were maintained. BPAS have continuity nurse/midwives who are available to cover at short notice.

Managers used bank and agency staff and requested staff familiar with the service. The service had two bank members of staff who worked regularly at the service and were familiar with the location.

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

The service had recently recruited a continuity nurse whose role was to cover annual leave and short-term sickness to mitigate staff shortages as required.

The service had enough medical 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 consultant working at Norwich was employed by another organisation who had a formal agreement in place to work at BPAS Norwich. The current contract arrangement was under negotiation as the service had identified that the current arrangement did not provide BPAS Norwich with oversight of the consultant competence, training and appraisals. We reviewed the proposed new contract which stated that "*appraisals, revalidation and training remains the responsibility of the trust, but copies of appraisals and training matrix's will be shared with BPAS for quality purposes.*"

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.

Women's notes were comprehensive, and all staff could access them easily. Records were mostly electronic. HSA1 forms (legal forms which must be signed by two doctors who agreed a woman was suitable to undergo a termination of pregnancy as per The Abortion Act, 1967) were present and appropriately completed.

Paper documents included surgery records of assessment and care, a safer surgery checklist, women's observations and early warning scores.

All records were stored securely; in locked cabinets and electronically with password protection. Display screens were locked when staff were not present. This meant that 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. The service used abortifacient medicines to induce medical abortion. These were prescribed by one of the doctors completing the HSA1 form (a legal form which must be signed by two doctors for an abortion to take place). Nurses and midwives administered these medicines as prescribed. Nurses and midwives were trained in a range of specific patient group directions (PGDs). These enabled them to give specific medicines to women without needing an individual prescription. For example, antibiotics, anti-sickness medicines and contraceptive medicines. We reviewed the PGD's and saw that they were up to date and appropriately authorised.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Medicine allergies were clearly identified on women's records.

Staff completed medicines records accurately and kept them up-to-date. The time and date medicines were administered were clearly recorded in the women's records.

Staff stored and managed all medicines safely. Medicines were stored securely including Controlled Drugs (CDs). CDs are medicines which require additional security. There were appropriate checks on CDs. The temperature of rooms and fridges where medicines were stored was monitored and recorded to ensure the efficacy of the medication.

Staff learned from safety alerts and incidents to improve practice. There was a centralised process to ensure staff at the location received information about safety alerts and incidents, so women received their medicines safely. The service had a local system in place to record that staff had been notified, actions were taken and when actions had been completed.

The service completed monthly medicines audits. Data shared following our inspection showed 100% compliance from January 2022 to April 2022.

Incidents

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 had a good understanding of incidents and knew how to report them using an online system.

Staff raised concerns and reported incidents and near misses in line with the provider policy.

The service had reported no never events. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. They have the potential to cause serious patient harm or death.

Requires Improvement

Termination of pregnancy

Managers shared learning from incidents that happened elsewhere with their staff.

Staff understood the duty of candour. They were open and transparent and gave women and families a full explanation if and when things went wrong. The service had reported one incident which met the legal threshold for the duty of candour to be followed. We reviewed the investigation report and saw that duty of candour had been completed. Duty of candour is a duty that, as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person an incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.

Staff received feedback from investigation of incidents, both internal and external to the service. Learning was shared in safety huddles and staff meetings.

Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. For example, the lead midwife shared with us an improved hand over sheet that had been developed in response to an incident that occurred relating to information not shared during a handover between the treatment room and recovery.

Managers investigated incidents thoroughly. Women and their families were involved in these investigations.

Are Termination of pregnancy effective?

Good

This was the first time we rated this service. 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.

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. Policies were developed and reviewed centrally by BPAS's senior leadership team and head office. Policies were in line with Department of Health Required Standard Operating Procedures (RSOP) guidelines and professional guidance from the Royal College of Obstetricians and Gynaecology (RCOG), Royal College of Anaesthetists for the treatment of women for termination of pregnancy. Staff could access electronic versions of policies and printed copies were available.

There was a process in place to ensure staff were aware and were up to date with any policy changes. The treatment unit manager had oversight of policy updates and ensured all staff were informed of changes where appropriate.

Staff protected the rights of women subject to the Mental Health Act and followed the Code of Practice. Staff had received training in the Mental Health Act and described the process to follow if they had concerns.

At handover meetings, staff routinely referred to the psychological and emotional needs of women, their relatives, and carers. We observed a morning huddle and saw that each woman due to attend for treatment that day was discussed and their individual psychological and emotional needs that had been identified were reviewed.

Requires Improvement

Termination of pregnancy

Nutrition and hydration

Staff gave women enough food and drink to meet their needs.

Staff made sure women had enough to eat and drink, including those with specialist nutrition and hydration needs. 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. On the day of our inspection the manager at the location had noted that one of the women attending that day was diabetic and had provided diabetic biscuits.

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.

Women received pain relief soon after requesting it. Women told us that their pain was managed effectively, and they received pain medication when required.

Staff prescribed, administered, and recorded pain relief accurately. 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.

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. There was an audit programme in place. We reviewed a sample of audit outcomes from January 2022 to May 2022 with issues and actions identified where required and updates reviewed. Audits included surgical case notes, medicines management, consultation, wellbeing checks and infection control. We saw compliance scores were consistent at 95% to100%. Where an audit highlighted non-compliance, actions were put in place. For example, in January 2022 staff noted a reduced compliance in the recording of patient oxygen saturation levels on admission. As a result, this was communicated to staff at the daily huddles. This was noted on an action log and monitored to ensure improvement.

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 women. Managers identified staff training needs and gave them the time and opportunity to develop their skills and knowledge. Staff developed skills in all areas of pregnancy termination such as consultation around treatment options, ultrasound, surgery and contraception.

Managers gave all new staff a full induction tailored to their role before they started work. New clinical staff worked on a supernumerary basis alongside an experienced member of staff for a minimum of 12 weeks. The induction included a corporate induction, mandatory training and completion of a competency pack tailored to their role. We spoke with a member of staff who had recently joined the team. They told us their induction was comprehensive and that they felt very supported as they commenced their employment with the team.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff were up to date with their appraisal with the exception of the treatment unit manager and a member of staff on long term sick leave.

Managers supported staff to develop through regular, constructive clinical supervision of their work. The clinical lead supported the learning and development of staff. Competencies were signed off by an experienced member of staff. Additional skills were available as extended training, for example ultrasound scanning. Ultrasound scan trainees were supervised by accredited staff until they passed their theory and practical assessments. All clinical staff were appropriately qualified.

The service had introduced simulation-based education. The clinical lead had been trained to deliver this training and the first session was scheduled to be delivered. The scenarios planned for this training included haemorrhage, sepsis, over sedation and anaphylaxis.

Managers identified poor staff performance promptly and supported staff to improve. The treatment unit manager told us they could access support from their operational quality manager and human resources when required.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit women. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff met at the beginning and end of each day to review patient care and look for any areas for improvement and shared learning. The huddle was attended by all clinical staff including the consultant, nurse/midwife practitioners and health care assistants.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff worked closely together as a team within the clinic with other locations of BPAS and with regional managers. They worked effectively with outside agencies for example the early pregnancy unit (EPU), the local trust, mental health services and the local authority safeguarding team. The treatment unit manager held meetings with external agencies to manage any concerns, share learning and explore where improvements could be made. They told us they had very positive working relationship with the local EPU which had remained effective despite increased pressures on their service.

Seven-day services

Women could access BPAS services seven days a week to support timely care.

Requires Improvement

Termination of pregnancy

The clinic was open Mondays, Wednesdays and Thursdays. Surgical terminations of pregnancy was carried out every other Wednesday. When the clinic was closed women could contact BPAS post treatment support through an aftercare telephone line which was available 24 hours a day seven days a week and offered women post termination of pregnancy advice. “The Aftercare staff provided triage and arrangements could be made for women to be seen for a post treatment check at a BPAS unit, or if necessary, in an emergency, they were told to attend accident and emergency at the local NHS hospital.”

Health Promotion

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

The service had relevant information promoting healthy lifestyles and support. Women received contraception advice and had the option of having the contraception of their choice including intrauterine contraceptive inserted at the time of surgical termination.

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 gained consent from women for their care and treatment in line with legislation and guidance. Staff discussed treatment options available with women to ensure they consented to treatment based on the information available. Staff ensured women were seen alone to minimise the risk of coercion by a third party.

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 the organisation's consent policy.

Staff clearly recorded consent in the woman's records. All the records we reviewed contained signed consent from women. Staff audited consent forms and results showed that consent was gained in line with guidance.

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. Staff were able to explain the guidelines and when they would apply them. Girls and young women under the age of 18 years had to be accompanied by a person over 18 years when they left the service and staff checked this. Staff used the Fraser guidelines to help young people accessing advice and treatment relating to contraception and sexual health.

Staff received and kept up to date with training in the Mental Capacity Act. Staff were 100% compliant with the training.

Are Termination of pregnancy caring?

Good

This was the first time we rated this service. We rated caring as good.

Requires Improvement

Termination of pregnancy

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.

Women said staff treated them well and with kindness. We spoke with three women. All told us that they had been treated with kindness and respect.

Staff followed policy to keep women's care and treatment confidential. We saw consultations were held in private rooms which ensured confidentiality and provided a safe space for women to ask questions and discuss any concerns. In the most recent patient satisfaction survey for January to March 2022, 100% of respondents said that their information was treated confidentially.

Staff understood and respected the individual needs of each woman and showed understanding and a non-judgmental attitude when caring for them. All staff from the receptionist to clinicians were approachable and kind. The welfare of the women was a central consideration to everything they did.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs. As part of the procedure, the wishes of patients for dealing with disposal of pregnancy remains were discussed and recorded.

Emotional support

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

Staff gave women and those close to them help, emotional support and advice when they needed it.

Staff supported women who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff understood the emotional impact having a termination of pregnancy could potentially have on a woman and tried to support them through any distress they may experience. We observed staff were empathic, non-judgemental, kind and compassionate. Staff told us that they understood the emotional and social impact that a women's care and treatment had on their wellbeing and on those close to them.

Staff gave emotional support to women at various points of their journey. Women could contact BPAS through a dedicated telephone number to make an appointment for pre and post-abortion counselling. One woman we spoke with told us she had been supported to access counselling and this had helped her to come to terms with her decision to terminate her pregnancy.

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.

Requires Improvement

Termination of pregnancy

Staff made sure women and those close to them understood their care and treatment and made them aware of help and support.

Staff talked with women in a way they could understand, using communication aids where necessary. Women we spoke with told us that everything had been explained to them at every stage of the process and that they felt involved in and fully understood their treatment.

Women and their families could give feedback on the service and their treatment and staff supported them to do this.

Women gave positive feedback about the service. Patient satisfaction results from January to March 2022 showed that 96% of women who responded said they would recommend BPAS Norwich to people requiring a similar service.

Are Termination of pregnancy responsive?

Requires Improvement

This was the first time we rated this service. We rated responsive as requires improvement.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. 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. Patient's booked appointments using a 24-hour central telephone booking system. Women could self-refer and could also be referred by their GP. A telemedicine consultation system was available. This meant women could access remote consultations. An appointment was made for the woman for either a telephone/video call or an appointment at the clinic. Women who were triaged and assessed as suitable for early medical abortions and not requiring a scan, could have their medications posted to them. Women who received an early medical abortion and had known safeguarding concerns, received a three week follow up call from staff to ensure o ensure that the procedure had been successful, there were no complications and check on the patients welfare.

Facilities and premises were appropriate for the services being delivered. The premises were centrally located with public transport links and onsite parking. The building was single story with a reception area, two consultation rooms, a treatment room and recovery area. There was plenty of room to accommodate women with privacy and dignity in appropriate spaces.

Managers ensured that women who did not attend appointments were contacted. Appointment text reminders were sent where there was permission to do so. Under 18's or those with safeguarding concerns were contacted if they did not attend their appointment. Managers told us there were a range of reasons women did not attend, including women no longer wanting to have the procedure. In the event that women did not attend the clinic for post-operative checks 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.

The service could support women with additional needs. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability.

The service had information leaflets available in languages spoken by the women and local community. On the BPAS website women could 'select language' which then provided treatment information in their selected language.

Managers made sure staff, women, partners and carers could get help from interpreters or signers when needed. Staff had access to interpreters or signers when needed and were able to use a translation service for women whose first language was not English.

BPAS had an Accelerated Booking team that ensured that women who were assessed as unsuitable for treatment at BPAS were referred for alternative care appropriately. This includes women with a later gestation who could not be treated locally. There was a clear system in place to ensure that pregnancy remains were registered. Where a woman wanted to arrange disposal themselves this was facilitated by staff and recorded both on the electronic system and a paper records for traceability.

Access and flow

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

Managers monitored waiting times, but women could not always access the service and receive treatment within agreed timeframes and national targets. 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 two of four initial consultations were within 5 working days and 20 out of 57 women were treated within five working days of consultation. Two women we spoke with on inspection told us they had waited longer than 10 days for their treatment. The service did not meet the target for all women at any time between April 2021 and March 2022.

Managers and staff worked to make sure women did not stay longer than they needed to. Staff told women their clinic appointment would last between two and three hours. Managers monitored the flow of women through the clinic and would step in and support staff if women were waiting for prolonged periods of time for their treatment or discharge. A nurse told us that discharge times depended on the needs of the women with some wanting to leave as soon as they were safe to do so, and others needing a bit longer before they felt able to leave. They told us they were responsive to this and tried to meet the need of each individual woman.

Staff supported women when they were referred or transferred between services. Staff contacted services on behalf of the women, such as an early pregnancy unit. There was a clear referral process in place meaning staff ensured the unit was aware the woman would be attending and the reason for their attendance.

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.

Requires Improvement

Termination of pregnancy

Patients, relatives, and carers knew how to complain or raise concerns. Women 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. They tried to resolve complaints immediately where possible.

Managers investigated complaints and identified themes. Managers kept a complaints log. Each complaint was investigated and where learning was identified, actions were completed. The main theme for complaints was the waiting times for initial consultation and treatment.

Managers shared feedback from complaints with staff and learning was used to improve the service. The treatment unit manager recorded feedback and shared it with staff using various methods such as email, bulletins and in daily huddles. Learning was used to improve the service. Women received feedback from managers after the investigation into their complaint.

Are Termination of pregnancy well-led?

Requires Improvement

This was the first time we had rated this service. We rated well led as requires improvement.

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, both locally and nationally with clear lines of responsibility and accountability.

Staff were positive about the leadership and told us that managers were approachable and visible. All staff spoke very highly of the local leadership team describing them as very supportive. Staff were clear about leaders' areas of responsibility. During the inspection we observed positive interaction between staff and managers. Staff told us they felt comfortable and safe 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 could exercise reproductive autonomy and was empowered to make their 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. The treatment unit manager told us that they managed the unit in line with the vision and strategy BPAS. Staff provided patients with options to help them manage their own reproductive health and encouraged autonomy.

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.

All staff told us they enjoyed working at the clinic, it was a positive place to work and that they worked well together as a team. Staff were concerned with providing a culture of non-judgemental and supportive care and treatment for people who used the service.

Staff spoke highly of the management, administrative and reception support. They described a supportive culture with the needs of the women at the centre of everything they did. The treatment unit manager (TUM) told us that the they worked closely with TUM's from other units and were supported well by the operational quality manager and senior leadership team.

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.

Governance

Leaders operated governance processes, throughout the service and with partner organisations. However, there was a shortfall in organisational governance oversight for storage of pregnancy remains. 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.

BPAS had processes and systems of accountability to support the delivery of the service. BPAS had a clear governance structure in place made up of several committees ensuring information was escalated and discussed regularly at the relevant meeting. Committees fed information into a board of trustees. There was a clinical governance committee; finance, audit & risk committee met quarterly. A strategic leadership meeting was held fortnightly.

The region's operational quality manager and the treatment unit manager met formally quarterly to review the quality of the service. The treatment unit manager cascaded information by regular meetings, emails and pre clinic huddles to update them with latest issues and developments. Learning from incidents, complaints and changes in policies and procedures were also shared. All the governance meetings were scheduled to facilitate an effective flow of information from the treatment unit to the board and back to the unit.

Audits and dashboards were used to monitor the quality of the service provided and these were reviewed as part of the governance process. Learning from incidents and complaints were used to identify areas for improvement.

Termination of pregnancy

The service delivered care and treatment in accordance with the Abortion Act 1967. The certificate of approval was displayed and processes to ensure that the certificate of opinion (HAS1) and abortion notification (HSA4) were completed in line with legislation. The seven sets of notes reviewed confirmed this had been completed.

There were shortfalls in the governance arrangements for the storage prior to disposal of pregnancy remains. BPAS policy identified that pregnancy remains should be put into yellow clinical waste sacks and stored in a secure freezer. On the day of collection, the remains should be placed into Hermetically Sealed Theatre Container (HSTC). The service did not have a freezer and remains were stored in the HSTC for up to a week prior to collection. Therefore the service was not meeting the requirement of the policy. We escalated this at the time of our inspection and the region's operational quality manager told us that this issue had been identified and discussed at the national infection prevention and control (IPC) meeting and that a freezer had been ordered for installation at the location.

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.

BPAS managers monitored the delivery of clinical treatment and care and identified risks and improvements to safety and quality across the business.

The service met with the local commissioning group to review and monitor the services commissioned and delivered by BPAS Norwich.

Performance dashboards were used to discuss, benchmark and monitor performance at monthly senior management team meetings and were accessible to the treatment unit manager to review and compare their performance against other treatment centres. There was clear oversight by the region’s operational quality manager.

BPAS Norwich had a local risk register in place. Risks were rated red, amber and green depending on the level of risk, to identify the highest risks. Measure and controls to manage the risks were recorded and review dates were noted to ensure risks were monitored. Each risk was identified as being reviewed or approved and was rated as green or amber. The highest risk was of increased waiting times due to staff sickness and increased numbers of women requiring a scan. The risks on the risk register matched the risks highlighted by staff on inspection.

The service had a clear policy and procedure in place for transfer to the local NHS Trust should women deteriorate or require urgent treatment which was reviewed at a regular interval with the trust.

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

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 staff across the national service dependent on their access privileges. Data or notifications were submitted to external organisations as required. It was the responsibility of the treatment unit manager to submit data or notifications to external organisations.

HSA4 forms were appropriately submitted within 14 days to the Department of Health. This was in line with the Abortion Act 1967.

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.

Clients could give feedback about the service using online feedback form. Reports summarising women's comments were shared with the unit. National themes were reviewed and monitored by the client engagement manager and the quality & risk committee.

Managers reviewed women's feedback and looked for any trends to improve service delivery. In the waiting area there was a "we said, you listened" poster with information relating to action the unit had taken in response to feedback from clients.

Staff told us that they had regular team meetings where information was shared, and their feedback was welcome. Information was shared with staff in a variety of ways, such as face-to-face, email, and noticeboards.

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.

The team were committed to learning and improving services for their clients and gave several examples where they had identified a concern and taken action to drive improvement. For example, there had been an increase in the number of complaints and incidents where clients had reported that they had taken the early medical abortion (EMA) medications in the wrong order, or they were unsure of which order to take the medications. Staff from the Norfolk treatment unit developed a practice where they numbered the boxes. This has now been implemented by the medication distribution service on all pills by post packages.es.