British Pregnancy Advisory Service (BPAS) Luton

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

British Pregnancy Advisory Service (BPAS) provides a medical and surgical termination of pregnancy service in 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, some patients choose to pay for services themselves and in addition, the clinic offers services to paying overseas patients.

We did not provide ratings for this service.

Are services safe at this service?

- Incidents and risks were reported and managed appropriately. Lessons learned and actions to be taken were cascaded to front line staff.
- Nursing and medical staffing numbers were sufficient and appropriate to meet the needs of patients in their care.
- Staff complied with best practice with regard to cleanliness and infection control. Service cleanliness audit results were consistently high at over 95%.
- Staff were aware of their safeguarding responsibilities, including to patients that were under the age of sixteen years old.
- Medicines were stored and prescribed safely. If a doctor was not on site, prescription charts were signed remotely by doctors working on other BPAS sites.
- Staff employed followed Royal College of Obstetricians and Gynaecology (RCOG) guidelines, The Abortion Act 1967, (as amended) The Abortion Regulations 1991, tand the DoH Required Standard Operating procedures (RSOPS).
- Medicines to induce abortion were prescribed by a doctor as required by law, after HSA1 forms had been signed. The HSA1 form is signed by two doctors, prior to any treatment being commenced after they have decided 'in good faith', that a woman meets the legal requirements for an abortion. This is a requirement of The Abortion Act 1967.

Are services effective at this service?

- Care was provided in line with national and statutory guidelines.
- Patients were prescribed appropriate pain relief, prophylactic (preventative) antibiotics and post-abortion contraceptives.
- There were processes in place for implementing and monitoring evidence based guidance.
- The clinic performed audits recommended by Royal College of Obstetricians and Gynaecology (RCOG) such as infection control, consent to treatment, discussions about options for abortion and contraception.
- Consent was gained in line with Department of Health (DH) guidelines. Written consent was obtained in all cases.
- Each woman had an ultrasound performed to confirm the pregnancy and gestation so that the correct treatment could be recommended.
- We saw that medical records were complete.

Summary of findings

- Pre and post-abortion counselling was provided.
- A telephone advice line for patients was available 24 hours a day.
- Nursing staff were trained and assessed as competent for general nursing practice and specific competencies pertaining to their roles.
- A treatment doctor performed surgical terminations at the clinic.

Are services caring at this service?

- Staff treated patients attending for consultation and termination of pregnancy with compassion, dignity and respect.
- There was a focus on the needs of patients.
- All consultations were held in private rooms which ensured the patients' dignity and privacy.
- The client care coordinator met with all patients on their own to establish that the patient was not being pressurised to make a decision. Patients' preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care.
- If patients needed time to make a decision, the staff supported this.
- < > patients considering termination of pregnancy had access to pre-termination counselling and post-termination counselling was provided if required.
  Pre and post-procedure checks and tests were carried out at the clinic to ensure continuity of care.
- Waiting times were consistently within the guidelines set by the DH. Patients told us they were able to access the clinic quickly and did not experience long waits.
- Interpreting and counselling services were available to all patients and the clinic was accessible for those living with disabilities.
- Most patients were offered testing for sexually transmitted infections before treatment.
- Patients could be offered a provisional same day service, where they were booked on the same day for an appointment, assessment, ultrasound scan and received treatment.
- Complaints were responded to appropriately and within service agreed timescales.

Is this a well led service?

- Senior managers had a clear vision and strategy for this service but some staff were unable to demonstrate the service's common aims with us during individual interviews.
- There was strong local leadership of the service and quality of care and patient experience was seen as the responsibility of all staff.
- Staff were proud of the service they provided and were aware of the requirements of DH RSOPs and RCOG's Clinical Guidelines.
- Staff felt supported to carry out their roles and were confident to raise concerns with their managers.
- Patients were encouraged to provide feedback through a satisfaction survey, and the results were positive.
- Clinical governance was well managed and DH documentation had been completed and submitted correctly.
- Comments, concerns and complaints were shared with staff.

Summary of findings

We saw several areas of outstanding practice including:

- BPAS Luton offered a 'provisional same day' service, where patients could be booked on the same day for an appointment, assessment, ultrasound scan and receive treatment.
- The clinic could assist patients from Northern Ireland and overseas to access registered charities for assistance with payment for treatments.

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

Action the clinic SHOULD take to improve:

- Review the online policies and procedures to ensure all policies are up-to-date and old versions are archived.
- Ensure staff do not keep personal copies of patients' confidential information.
- Ensure staff wear appropriate personal protective equipment.
- Ensure the laundering of theatre clothing complies with the Association of Perioperative Practice 2011.
- Ensure stock levels are checked comprehensively and stock rotation ensures that no out- of-date supplies are present in treatment rooms.
- Ensure that resuscitation equipment is stored securely when not in use and is not easily accessible to visitors to the clinic.
- Ensure up-to-date copies of the British National Formulary (BNF) are available at the clinic so that any prescribing reflects latest guidelines. The BNF is a pharmaceutical reference book.
- Review the process for checking the call bell systems to ensure they are in working order.
- Review systems and processes in place to minimise the risk of exposure to verbal abuse and threatening behaviours, so that staff working at BPAS Luton clinic feel safe at all times.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

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Background to BPAS - Luton

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 9am until 5pm on Monday, Tuesday, Wednesday and 8.30am until 8pm on Thursday and Friday. On Saturdays, the clinic is open between and 9am and 3pm. If patients need to access termination of pregnancy services on other days, they can be referred to alternative BPAS clinics in central and south England.

BPAS Luton has contracts with clinical commissioning groups (CCGs) in the Luton, Hertfordshire and Bedfordshire areas to provide a termination of pregnancy service. Most patients are funded via the NHS, some patients choose to self-pay for services and the clinic offers services to paying overseas patients.

At BPAS Luton, 849 medical abortions and 403 surgical abortions were carried out between January 2015 and October 2015. Patients of all ages, including those aged under 18 years are treated at BPAS. Twelve patients under the age of 16 years received treatment at the clinic between January 2015 and October 2015.

The inspection was conducted using the Care Quality Commission's new methodology of inspecting services. We did not provide ratings for this service.

Our inspection team

Our inspection team was led by:

Inspection Manager: Kim Handel, Care Quality Commission

The team included three CQC inspectors and a specialist advisor who is an Interim Director of Midwifery.

How we carried out this inspection

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

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

The inspection took place on 17 and 18 November 2015. Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the service.

These included the clinical commissioning groups (CCG). Patients were invited to contact CQC with their feedback.

We spoke with a range of staff in the clinic, including nurses, support workers, administrative and clerical staff, doctors, the Director of Operations for London and the South East and the Associate Director of Nursing from BPAS Head Office.

Summary of this inspection

Information about BPAS - Luton

BPAS Luton is a stand-alone clinic which is leased by BPAS. The unit consists of four consultation rooms, two screening rooms and a clinical room with an associated recovery area, where surgical abortions are undertaken. In addition, there are a number of administration rooms.

BPAS Luton has been operated by BPAS since 2007 and in its current premises since 2012. The clinic is located in a predominantly residential area in Luton.

The clinic provides termination of pregnancy services for patients from across England and Ireland who travel to be seen there. Some patients come from overseas.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

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 9am until 5pm on Monday, Tuesday, Wednesday and 8.30am until 8pm on Thursday and Friday. On Saturdays, the clinic is open between and 9am and 3pm. If patients need to access termination of pregnancy services on other days, they can be signposted to alternative BPAS clinics in the central and south of England.

BPAS Luton has a contract with clinical commissioning groups (CCG) in the Luton, Hertfordshire and Bedfordshire areas to provide a termination of pregnancy service. Most patients receive their treatments on the NHS, but some patients choose to pay for the services. The clinic also offers services to paying overseas patients.

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

The service holds a licence from the Department of Health (DH) to undertake termination of pregnancy procedures. The licence was displayed in the main reception and waiting area.

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

At BPAS Luton, 849 medical abortions and 403 surgical abortions were carried out between January 2015 and October 2015. Patients of all ages, including those aged less than 18 years are treated at BPAS. Twelve patients under the age of 16 years received treatment at the clinic between January 2015 and October 2015.

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

We looked at the care records of 15 patients, including some under 16 year olds. We were able to observe social interactions and communication with patients and those close to them during our inspection. We observed two surgical terminations being carried out and spoke with four patients during the inspection.

Termination of pregnancy

Summary of findings

We found that:

Nursing and medical staffing numbers were sufficient and appropriate to meet the needs of patients in their care. Most medicines were stored safely, although some of those on the resuscitation trolley could have been accessible. Medicines were prescribed safely. If a doctor was not on site, prescription charts were signed remotely by doctors working on other BPAS sites. We found an out of date British National Formulary. (A pharmaceutical reference book.) Medical records were legible and assessments were comprehensive and complete.

Patients were cared for by a team of sufficiently trained doctors, nurses and administrative staff. The service ran efficiently and followed procedures recommended by the Royal College of Obstetricians and Gynaecologists to provide care to patients that protected them from abuse and avoidable harm, in line with Department of Health Required Standard Operating Procedures (RSOP). There was an audit programme determined by senior managers based at BPAS' head office.

Staff complied with best practice with regard to cleanliness and infection control, except that some did not wear protective eye equipment during surgical terminations of pregnancy. Incidents and risks were reported and managed appropriately. Lessons learned from incidents and actions to be taken were cascaded to all staff.

There were processes in place for implementing and monitoring the use of evidence-based guidelines and standards to meet patients' care needs. Patients' outcomes were monitored and were in line with those nationally. Pain relief was prescribed both pre and post-procedure and patients were advised about pain relief following treatment. If a doctor was not on site, prescription charts were signed remotely by doctors working on other BPAS sites. Medical records were complete and written consent was obtained in all cases. All nursing staff had undergone formal training and competency assessments to ensure they were able to meet the needs of the patients who required termination of pregnancy.

Staff told us how they involved and treated patients with compassion, kindness, dignity, and respect and we were able to observe interactions between patients and staff in the public areas of the service.

The service was responsive to the needs of patients. Interpreting and counselling services were available to all patients and the service was accessible for those with disabilities. Information and advice were available to patients at all stages of their care. There was an appropriate process in place for pregnancy remains to be disposed of sensitively. However, staff were aware that patients would usually not choose to be involved in the disposal of pregnancy remains.

Most patients, according to their commissioners, were offered testing for sexually transmitted infections prior to any treatment.

There had been one complaint from a patient, who had accessed the service for termination of pregnancy, which had been dealt with appropriately. There were effective systems in place for managing complaints and lessons learned were shared throughout the service and the wider organisation.

Senior managers had a clear vision and strategy for this service. There was strong local leadership of the service and quality care and patient experience was seen as the responsibility of all staff.

Staff felt proud of the service they provided and were aware of the requirements of Department of Health (DH) Required Standard Operating Procedures and Royal College of Gynaecologists Clinical Guidelines. They felt supported to carry out their roles and were confident to raise concerns with managers.

Termination of pregnancy

Are termination of pregnancy services safe?

Incidents and risks were reported and managed appropriately. Lessons learned and actions to be taken were cascaded to front line staff.

Nursing and medical staffing levels and skill mix were sufficient and appropriate to meet the needs of patients in their care. Staff were up-to date with mandatory training and were familiar with safety systems. Staff were familiar with their responsibilities to safeguard vulnerable adults and children.

Staff complied with best practice with regard to cleanliness and infection control. Service cleanliness audit results were consistently high at over 95%.

Medicines were stored and prescribed safely. However emergency medicines stored on resuscitation trolley could be accessed by unauthorised persons. If a doctor was not on site, prescription charts were signed remotely by doctors working on other BPAS sites. Drugs to induce abortion were prescribed by a doctor as required by law after HSA1 forms had been signed. HSA1 forms are used to set out the legal grounds for an abortion to be carried out and must be kept with the patient notes for three years from the date of the termination.

A copy of the British National Formulary (BNF) 2009 was available; we could not find a more up to date copy at the clinic. The BNF is a pharmaceutical reference book.

Patients' records were written legibly and assessments were comprehensive and complete, with associated action plans and dates. All DH documentation was completed according to protocols within the Department of Health Required Standard Operating Procedures. (RSOPS). Staff were able to demonstrate their understanding of safeguarding adults and children and could describe actions to be taken in cases of suspected abuse.

Premises and equipment were fit for purpose and were well maintained. However, some staff did not feel safe. Staff and visitors were not protected from the risk of violence and aggression.

Incidents

- There was a paper system for reporting incidents. Staff were encouraged to report incidents and received feedback on the incidents they had reported. All staff we spoke with were familiar with how to report incidents.
- There had been 62 incidents in the previous 12 months. Most of these related to recognised complications of abortion procedures such as continuing pregnancy or retained products of conception. This rate is in line with national figures. We saw that there was an effective process in place to follow these up.
- Regional managers meetings were held three times a year and all treatment unit managers attended. Incidents and complaints were discussed and the learning and actions were cascaded to clinical staff at local team meetings.
- The clinic had reported no incidence of Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C. difficile) in the reporting period January 2015 to October 2015.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- Staff were fully aware of the Duty of Candour regulation (to be honest and open) ensuring patients always received a timely apology when there had been a defined notifiable safety incident, although there had been no incidents of this nature.

Cleanliness, infection control and hygiene

- All areas were visibly clean and we saw staff wash their hands and use hand gel between patients. Equipment had green: 'I'm Clean' stickers to indicate that it was clean and ready for use.
- The clinical rooms and recovery area for patients were well organised.
- Staff complied with infection prevention and control policies. All nursing staff adhered to the provider's 'bare below the elbow' policy to enable good hand washing and reduce the risk of infection. There was access to hand washing facilities and a supply of personal protective equipment, which included gloves and aprons.

- During surgical terminations, staff did not wear eye protection, which meant that staff were not adequately protected against exposure to body fluids and splashes during the procedure. However, when we pointed this out, the manager immediately responded and ensured that staff were aware of their responsibilities with regards to personal protective equipment.
- The treatment doctor had his own theatre blue scrub uniform, which he wore during early surgical abortions. The consultant took the uniform home at the end of each day to wash in a domestic washing machine at over 60 degrees. The home laundering of theatre attire is not recommended by the Association of Perioperative Practice 2011.
- BPAS Luton had an infection control annual audit plan to monitor and control infection and to maintain a clean and appropriate environment. The plan included current compliance against standards of infection control, such as hand hygiene and cleaning of equipment and actions taken where issues were identified.
- Standards of cleanliness were monitored and infection control audits were carried out monthly. Staff monitored compliance with key organisational policies such as cleaning rotas and hand hygiene. The previous three months infection control audits showed an average compliance rate of 98%.

Safety thermometer

- The service used a BPAS clinical dashboard to measure quality and safety. This was an improvement tool for measuring, monitoring and analysing clinical standards to minimise harm to patients. The treatment unit manager monitored performance and communicated performance data to the regional management team and to staff working at the unit.

Environment and equipment

- Resuscitation equipment was available in case of an emergency and was checked daily to ensure that the correct equipment was available and fit to use. The emergency medicines were stored within the treatment area when surgical terminations were taking place, but outside of these times, stored on the emergency trolley in a corridor. This meant that medicines were easily accessible to visitors to the clinic, which meant that medicines may not be available in the event of an emergency. We advised the treatment centre manager during the inspection to review the safety of these medicines and equipment and they took immediate action.
- We found two pieces of single-use items that were out of date. We raised this with the lead nurse, who immediately removed them and checked all other equipment to be reassured that they were all in date.
- The service comprised of two consulting rooms and one treatment room with suction equipment and oxygen cylinders which had been appropriately maintained.
- Oxygen cylinders were available in the treatment room and on the resuscitation trolley; additional oxygen cylinders were stored in a locked cupboard, as per local policy.
- The emergency call bells were serviced in August 2015, but had not been tested since, therefore we could not be assured that call bells were in working order. We raised this with the lead nurse and treatment centre manager.
- There was adequate, clean equipment to ensure safe patient care and portable appliance testing (PAT) of electrical equipment had been carried out. On a selection of equipment, PAT labels were evident and in date.
- The staff understood the management of clinical waste policy, specifically for the disposal of pregnancy remains. Due to the very low gestational limits (up to 12 weeks) for termination procedures at this centre, staff reported that no patients to date had expressed specific wishes with regard to disposal of pregnancy remains.

Medicines

- A doctor prescribed all medicines for the purpose of inducing the abortion. When a doctor was not on site, prescription charts were signed remotely by doctors working on other BPAS sites.
- Medicines for patients undergoing medical termination of pregnancy were administered using Patient Group Directions (PGDs). A PGD is a document signed by a doctor and agreed by a pharmacist, to give direction to a nurse to supply and/or administer specific medicines to a pre-defined group of patients using their own assessment of patient needs, without necessarily referring back to a doctor for an individual prescription.
- All PGDs were within review date. Staff undertook training and signed the record sheet when training was

complete and they felt competent to administer and/or supply the prescribed medications. This enabled nurses to ensure the safe and timely administration of analgesics (painkillers) and antibiotics.
- PGDs also covered pain-controlling medication, treatment of Chlamydia and prophylactic antibiotics to prevent post-procedure infection.
- Medicines that induced abortion were prescribed by a doctor on a patient specific direction following a face-to-face consultation with a member of the nursing team, written consent and completion of the HSA1 form signed by two medical signatories.
- Nurses administered all prescribed medicines for patients undergoing medical abortion, including the first and subsequent doses of medication.
- Staff told us it was rare that either of the two certifying doctors had physically seen the patient. It is good practice for two certifying doctors to see a patient and this is recommended in the Required Standard Operating Procedures (RSOP), although it is not a legal requirement. Doctors relied on the nurse's summary of the facts of the patient's case and the grounds on which she was seeking an abortion. Staff told us there were always two doctors working at other BPAS sites available to sign the HSA1 forms remotely and electronically. We saw a sample of these forms on the electronic system and saw that they had been signed in accordance with the law.
- A copy of the British National Formulary (BNF) 2009 was available; we could not find a more up to date copy at the clinic. The BNF is a pharmaceutical reference book. We raised this with the treatment centre manager during our inspection along with the requirement to obtain a paediatric copy of the BNF due to treating young adults under the age of 16 years.
- There was an established system for the management of medicines to ensure they were safe to use. The minimum and maximum temperature of fridges where medication was stored were monitored daily to ensure that medication was stored at the correct temperature. There were appropriate lockable storage facilities for medicines in all areas. There were no controlled drugs stored or administered. Controlled drugs are prescribed under the Misuse of Drug legislation and require more controls over storage, prescribing and administration.
- Medication administration records formed part of the patient records and were found to be clear, concise and fully completed.
- Patients were asked if they had any known allergies and it was clearly recorded in the pre-assessment forms.
- Medication error audits had been carried out and results showed that there had been no administration or documentation errors relating to patients undergoing termination of pregnancy procedures.

Records

- Patient records were paper based. Patient information and records were stored safely and securely in a locked cupboard to protect confidentiality. Medical records were kept on site for three months, and then archived at the BPAS head office.
- Patient records were prepared for medical termination and surgical termination. Care pathways were incorporated and completed clearly in all records that we checked.
- Staff completed appropriate risk assessments on all patients to ensure they were medically safe to be treated at the clinic. These included risk assessments for venous thromboembolism (VTE), sexual health and malnutrition. All records we looked at were completed accurately. There were comprehensive pre-operative health screening questionnaires and assessment pathways.
- Record keeping and documentation audits were carried out and compliance was consistently over 97%.
- One staff member had copies of a patient's information stored in her own work folder, as part of a project, which was kept in their personal locker. We raised this with the treatment centre manager as this was breaching information security and patient confidentiality. The treatment centre manager told us they would review any information being kept by staff.
- We reviewed 15 medical records, including those of patients under 16 years old. Patient records were well maintained and completed with clear dates, times and designation of the person documenting. Records were legible and assessments were comprehensive and complete, with associated action plans and dates.
- In the medical records we checked, all gestations were 12 weeks or fewer prior to termination. All HSA1 forms were completed on line and had two appropriate signatures; doctors working at other BPAS centres completed these remotely and electronically.

- For surgical terminations, the consultant carrying out the procedure would sign the HSA1 form and the second signature was by another consultant electronically and remotely working at other BPAS centres.
- We reviewed records to show that 100% of the HSA1 forms had been correctly and appropriately completed between January 2015 and October 2015.
- The Department of Health (DH) required every provider undertaking termination of pregnancy to submit details of the pregnancy and demographical data following every termination of pregnancy procedure performed using a HSA4 form. We saw this data was recorded in the medical records at the initial consultation and sent electronically to the DH.

Safeguarding

- Safeguarding policies were available and accessible for staff. These were in date and referenced latest guidelines, for example, Working Together To Safeguard Children (2015)
- Staff were able to demonstrate their understanding of the policy and could describe actions to be taken in cases of suspected abuse. Staff were fully aware of the safeguarding policies and principles within the service.
- The treatment unit manager for BPAS Luton was the designated safeguarding lead. Staff knew who the safeguarding lead for the service was and where to seek advice.
- All staff we spoke with had received training about safeguarding children and adults, although they were unsure as to what level of training they had received. Staff were clear about their responsibilities and how to report concerns. The treatment centre manager reassured us and we saw records to support that that all staff had completed BPAS safeguarding training, which included safeguarding adults and children to level 3.
- Patients aged less than 16 years were assessed using Gillick competence and Fraser guidelines, which helped to assess whether a young person had the maturity to make their own decisions and to understand the implications of those decisions. We saw evidence of these assessments in patients' notes. Staff told us that efforts were made to encourage young people aged less than 16 years old to involve their parent or to be assisted by another adult who could provide support.
- In the 12 months prior to our inspection, the BPAS Luton centre had treated 12 young people who were under 16 years of age. The organisational policy stated that if a 12 year old girl used the service then a safeguarding referral should automatically be made. We saw that this had been considered and appropriate action had been taken according to policy, in order that young people were safeguarded from abuse.
- For those aged 13 to 16 years, a safeguarding risk assessment was completed, along with the Gillick competence and Fraser guidelines and a decision made on the outcome of the assessment. Discussions were held with the designated safeguarding lead as to the need for a safeguarding referral. This is in line with national guidelines.
- We reviewed five records of young persons aged 16 and under which showed appropriate procedures were followed by the staff with regards to safeguarding risk assessments. Patient confidentiality was maintained. We found on one occasion when a safeguarding referral was not made, for a patient who was 13 years old and it was unclear why this decision was made. We raised this with the treatment centre manager to review these notes and after a discussion and review of the notes we were reassured that a safeguarding referral had not been required.
- Staff were aware of female genital mutilation (FGM), which involved genital cutting and female circumcision and removal of some or all of the external female genitalia. Any patients under the age of 18 years would be immediately referred to the police as required by legislation and outlined in the national document: Working Together (March 2015).
- Staff were also aware of trafficking of young people and honour violence within families within some cultures, with regards to their role in safeguarding young or vulnerable women.

Mandatory training

- Mandatory training covered topics such as fire safety, health and safety, manual handling, infection control, information governance and level 3 child safeguarding. Most training was either face-to-face, e-learning or involved watching a DVD. BPAS specialists could visit the service to provide bespoke learning opportunities for staff, such as ultrasound scanning.
- Data provided by the clinic showed staff were 100% up to date with mandatory training as of October 2015. Staff told us they were up to date with their mandatory training.

- All staff we spoke with felt that they were encouraged with their professional development and were allowed time to complete mandatory training.

Assessing and responding to patient risk

- All patients were asked about their medical history, including whether they had any known allergies. Staff then assessed the suitability of patients for treatment referring to the BPAS suitability for treatment guidelines, to exclude risks such as high body mass index (BMI), epilepsy or anaphylaxis. Patients not suitable for treatment at a standalone clinic such as Luton were referred to the local NHS trust.
- Patients' weight, height and BMI were recorded during the nursing assessment.
- Prior to termination procedures, patients should have a blood test to identify their blood group. It is important that any patient who had a rhesus negative blood group receives treatment with an injection of anti-D. This treatment protects against complications, should the patient have future pregnancies, which is in line with the DH RSOPs. The records that we reviewed demonstrated that all the patients underwent a blood test prior to the termination procedure and those who had a rhesus negative blood group did receive an anti-D injection.
- Pregnancy testing was carried out at the initial consultation to confirm a pregnancy and all patients had an ultra sound scan to determine gestation.
- The service only treated patients for abortion where pregnancy was confirmed and was found to be 12 weeks gestation and under by abdominal or transvaginal scan. All patients who underwent medical abortion were offered two different types of procedure.
- The clinic had adapted the national 'Five steps to safer surgery' checklist, which was designed to prevent avoidable mistakes; this was an established process within the teams. We saw completed safer surgery checklists in the patients' medical notes we reviewed.
- Registered practitioners had completed Intermediate Life Support (ILS) training and Basic Life support (BLS) training was provided for other staff. This was to ensure staff were able to effectively respond to the needs of a patient that had deteriorated and may need resuscitation.
- All patients were risk assessed at the point of admission and early warning scores (EWS) were calculated and recorded at all nursing observations. EWS is a tool used to determine the degree of any clinical decline in a patient by carrying out specific observations, such as heart rate and blood pressure, to alert the nursing and medical team of any deterioration.
- We saw clear patient pathways in termination of pregnancy services which included escalation policies for the deteriorating patient. Nursing staff had access to medical support in the event that a patient's condition might deteriorate. A doctor could be contacted at any time by telephone. If a patient required urgent medical attention, there was a transfer agreement in place with the local NHS acute hospital. There had been no transfers in the previous year.
- Robust systems were in place to maintain confidentiality. Patients were asked to provide a password for staff to use should they need to contact them in the future. Patients would use this password when calling the clinic

Nursing staffing

- There was at least one registered nurse on duty for the medical assessment and treatment of medical termination. There were two nurses and a treatment doctor on duty for surgical terminations. There was additional support from the client care coordinator, manager and administrator.
- BPAS Luton did not employ agency staff. BPAS had some regional nurses who were appropriately trained to work at the unit if additional support was required or to cover for annual leave and sickness. In addition, these nurses were able to carry out nursing competency assessment and provide supervision.
- The service was fully staffed at the time of our inspection.

Medical staffing

- BPAS Luton employed one treatment doctor who worked under practising privileges. Practising privileges are put in place to ensure that doctors are skilled, competent and experienced to perform the treatments undertaken. Practising privileges were granted for treatment doctors to carry out specified procedures via a scope of practice policy.
- There was an effective process to ensure suitable checks were carried out to ensure staff were fit to practise. The range of checks undertaken by human resources included qualification, insurance, registration,

Disclosure and Barring Service checks (DBS), and revalidation reports. Following these checks, the medical director granted practising privileges. The treatment doctor also worked at other BPAS units.

- The treatment doctor worked at BPAS Luton on Tuesdays only, to carry out surgical terminations. On the other days when the centre was open, medical support or advice could be obtained from doctors working at another regional BPAS unit. The staff told us that doctors were always available and accessible when they needed support.

Security

- There was a buzzer to enter the building on the ground floor, which the receptionist would answer to allow visitors to access the main building. The BPAS clinic was on the second floor of a shared building.
- Staff told us that at times they did not feel safe as there had been occasions when visitors, patients and/or their family had been aggressive. We noted that there was no panic alarm at the reception area. When asked, administrative staff advised that they had not received training in conflict resolution. We raised this with the treatment centre manager during our inspection.
- A cleaner worked when the clinic was closed which assisted in maintaining patients' confidentiality. The cleaner worked alone and a lone worker risk assessment had been carried out, to ensure their personal safety.
- The treatment centre manager was the key holder for the premises. In the event of an emergency outside of working hours, such as fire or flood, the landlord would notify the key holder to access the BPAS clinic.

Major incident awareness and training

- The centre's major incident and business continuity plans provided guidance on actions to be taken in the event of a major incident or emergency. Staff we spoke to were aware of the procedure for managing emergencies.

Are termination of pregnancy services effective?

Care was provided in line with national and statutory guidelines. Nurses offered patients appropriate pain relief, prophylactic antibiotics and post-abortion contraceptives.

There were processes in place for implementing and monitoring evidence based guidance. The clinic performed audits recommended by Royal College of Obstetricians and Gynaecology (RCOG), such as infection control, consent to treatment, discussions about options for abortion and contraception.

Pregnancy and gestation was confirmed by ultrasound. Written consent was obtained in all cases.

The clinic performed audits recommended by Royal College of Obstetricians and Gynaecology (RCOG) such as infection control, consent to treatment, discussions about options for abortion and contraception. Pregnancy and gestation was confirmed by ultrasound.

Client care coordinators had received relevant training provided pre and post-abortion counselling. They were all experienced in counselling in this field but told us they were able to refer patients to other counselling services, if a patient's needs warranted more in-depth counselling. A telephone advice line for patients was available 24 hours a day.

Nursing staff were trained and assessed as competent for general nursing practice and specific competencies pertaining to their roles.

Evidence-based care and treatment

- BPAS policies were centrally developed at the organisation's head office, in line with DH RSOP guidelines and professional guidance. Staff could access the policies online.
- We found some policies were out of date, such as 'policy on sending notes'. We also found staff were referring to out of date policies from 2014 such as 'consultation centre procedures'. Although the policies had been updated, staff were referring to some that were out of date, therefore we could not be reassured that staff were following the latest guidance. Implications of this? We raised this with the treatment centre manager, who was aware of this anomaly and told us they would raise this with BPAS head office.
- All patients had an ultrasound scan to determine the gestation of the pregnancy in line with the BPAS clinical guidelines.
- Some clinical commissioning groups (CCGs) required patients from their area to be tested for chlamydia infection (Chlamydia is a sexually transmitted bacterial infection) before treatment. Some CCGs did not offer

this service as part of the contract with BPAS Luton, therefore this service was not offered to all patients. Staff had to be aware of the different contracts in place to ensure the correct tests were offered to patients.
- Chlamydia results were managed by the central BPAS sexually transmitted infection (STI) team who would advise the patient by their preferred method of communication of the results, such as text message or email and 'signpost' for further treatment if needed.
- All doctors prescribing medication for medical terminations adhered to the RCOG guidelines, The Abortion Act 1967, (as amended) The Abortion Regulations 1991, the Abortion (Amendment) (England) Regulations 2002 and the DH RSOPS.
- Contraceptive options were discussed with patients at the initial assessments and a plan was agreed for contraception after the abortion.
- Staff followed a national work instruction for the counselling of patients prior to termination of pregnancy and best practice (following RSOPs and RCOG) clinical guidelines for medical abortions. Client care coordinators provided the pre and post-abortion counselling.

Nutrition and hydration

- Patients who were undergoing surgical terminations were at the clinic for a very short time only. Following surgical terminations, patients were offered beverages and biscuits whilst in the recovery area.
- There were hot and cold drink dispensers available in the reception area for patients and their family or friends.

Pain relief

- Pain relief medication was administered by nurses according to the patients' needs. BPAS protocols and PGDs were used where appropriate.
- All patients were advised to take pain relief before attending for a surgical termination. Additional advice was provided regarding pain relief when the patient was discharged.
- The BPAS booklet provided to all patients also offered advice on pain relief at home and directed them to contact an aftercare line if their pain was not being controlled.
- Patients told us their pain was managed well during their procedure. We observed one patient experiencing pain during the procedure who was reassured by staff and the pain soon settled.

Patient outcomes

- BPAS carried out the audits recommended by RCOG such as consent for treatment, discussions related to different options of abortion, contraception discussion and confirmation of gestation.
- BPAS policy was for clinics to carry out monthly HSA1 audits to ensure compliance. The audits showed a 100% compliance with completion and submission of the forms.
- Patients were offered a choice of regimen for early medical abortion. The first involved taking an oral tablet, followed by the insertion of vaginal tablets immediately after. The patient then left the unit to pass the pregnancy at a place of their choosing. Alternatively, patients could take the oral tablet and then return to the unit 24-72 hours later (depending upon gestation) to have the vaginal tablets inserted. Again, the woman could then leave the unit to pass the pregnancy at a place of her choosing. .
- All patients were given a pregnancy testing kit with instructions to perform a test two weeks after the treatment appointment. Instructions included what to do if the test remained positive. We saw that any positive tests were reported as an incident, which acted as an audit trail. There was a 2% failure rate; that is pregnancies that continued following medical treatment. This is in line with failure levels nationally. There was a process in place to follow patients up, should their termination of pregnancy have failed.

Competent staff

- Staff had appropriate training and skills to carry out medical and surgical terminations. Patients were cared for and treated by competent staff. Each staff member had been assessed as competent in procedures, such as ultrasound scanning. Competencies were reviewed every two years to ensure compliance and that standards were maintained.
- Staff told us they had regular annual performance appraisals. Information provided by BPAS Luton showed that 100% of staff had completed an appraisal in the 12 months prior to our inspection.

- All the staff were supported through an induction process and competence based training relevant to their role. All staff had completed role appropriate mandatory and extended training. For example, a client care coordinator would attend the 'BPAS Patient Support Skills and Counselling and Self-Awareness' course and be assessed against the client care coordinator competency framework.
- Scan practitioners at BPAS completed an initial two-day theory course in scanning. This was followed by several months of supervised scan practice during which time a log of scans were collected and assignments completed. Several months later, once all elements of training had been completed, a formal competency assessment was carried out which enabled the practitioner to scan independently.
- All staff we spoke with informed us that training was a priority within the organisation and they were fully supported in achieving their objectives.
- The services recorded 100% validation for doctors working under practicing privileges. Practicing privileges is the authority granted to a doctor by the BPAS medical director to provide patient care within BPAS.

Multidisciplinary working

- We observed that medical staff, nursing staff and other non-clinical staff worked well together as a team.
- The staff told us they had close links with other agencies and services, such as the local safeguarding team, early pregnancy unit and alcoholic and drug addiction services. Staff could easily refer patients for additional support to these services.
- BPAS Luton had a service level agreement with a neighbouring NHS trust, which allowed them to transfer a patient to the hospital in case of medical or surgical emergency.

Seven-day services

- BPAS Luton offered services over six days a week. Surgical terminations were only carried out on Tuesdays when the consultant worked at the clinic.
- Patients requiring services at different times were offered an appointment at other BPAS clinics, such as BPAS Milton Keynes or other clinics in the south east of England.
- The RSOP set by the DH suggests that patients should have access to a 24-hour advice line, which specialises in post-abortion support and care. BPAS provided an advice line 24 hours per day and seven days a week. Callers to the BPAS Primecare service could speak to registered nurses or midwives who would give advice.

Access to information

- Staff had access to relevant guidelines, policies and procedures in relation to termination of pregnancy services.
- The HSA4 notification forms which were abortion notification forms were completed electronically; a doctor practicing under privileges within the BPAS service did this weekly. The administration team sent them electronically to the DH.
- Each patient was sent a medical questionnaire for them to complete prior to attending the clinic; this was to enable the staff to gain information on any medical conditions or medication taken. Patients were also able to complete this during their time in the clinic.
- Patient records were paper based and electronic; paper records could be uploaded to the electronic record as required. They were stored securely and archived at BPAS head office after three months.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All care records we reviewed contained signed consent from patients. Possible side effects and complications for each type of termination were documented and the records showed that these had been fully explained.
- Consent forms were available in a variety of other languages.
- When patients expressed any doubts about treatment, staff carefully discussed their concerns. Patients were offered a second consultation if they were not entirely sure about their decision to terminate the pregnancy, this meant there was no pressure on patients to decide to have an abortion.
- Staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff discussed the need to ensure that patients had capacity to make an informed decision. They also identified the need to act in a person's best interest, seeking advice from national leads if required and making joint decisions with others if there were concerns about a person's capacity to understand.

- Staff had received training in the MCA and DoLS. Staff and management told us they were 100% compliant with training.

Are termination of pregnancy services caring?

Patients attending for consultation and for termination procedures were treated by staff with compassion, dignity and respect. The staff focused on the needs of patients and were caring, compassionate and responded quickly to their needs.

All consultations were held in private rooms. The client care coordinator met with patients on their own to establish that the patient was not being pressurised to make a decision. Patients also saw a nurse who discussed the options available for terminations. Patients' preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care.

Staff explained the different methods and options available for termination. If patients needed time to make a decision, the staff supported this. All patients considering termination of pregnancy had access to pre-termination counselling and post-termination counselling was provided if required.

As part of the inspection, we invited users of the service to complete comment cards. We received 25 comment cards, all of which contained positive comments about staff and the services they accessed.

Compassionate care

- Staff introduced themselves to patients and their relatives
- We observed staff interaction with patients and those close to them. Staff talked to patients confidentially and explained the options available and gave them opportunities to ask questions. Throughout our inspection we saw how they involved and treated patients with compassion, kindness, dignity and respect.
- We observed patients undergoing surgical termination of pregnancy, and observed good and caring interactions between staff and patients. The staff were sensitive and spent time with each patient to explain the process and gave them time to ask questions.
- Staff told us that patients' preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care. Younger patients were encouraged to involve their parents or family members and their wishes were respected.
- As part of the inspection, we invited users of the service to complete comment cards. We received 25 comment cards, all with positive comments. The main themes included that staff were very supportive, very professional and caring.

Understanding and involvement of patients and those close to them

- Patients could request a chaperone to be present during consultations and examinations and there were signs displayed to inform patients that this support was available.
- Nursing staff told us that, during the initial assessment with a patient, they explained all the available methods for termination of pregnancy that were appropriate and safe to patients. The nurse would consider gestational age and other clinical needs whilst suggesting these options.
- Staff told us there were occasions when patients changed their minds about terminating their pregnancy. Staff told us that in these circumstances the patients were referred for appropriate antenatal care.
- Patients were asked if they agreed to BPAS informing their GP about the procedure they had undergone. Patients' decisions were recorded and their wishes were respected.
- Patients were given verbal and written information following any treatments and phone numbers to call if they needed additional advice.

Emotional support

- All patients had discussions with a client care coordinator about their situation and needs. Patients who were upset, anxious or unsure about their decision were given extra time and support.
- All patients received a 15-minute private consultation without anyone else present. This provided patients the opportunity to disclose any personal or private information they may not wish their relative, friend or partner to hear and to disclose any information regarding abuse or coercion.

- All patients were offered this counselling service before the treatment. This service was also available post-procedure if needed.
- Patients were provided with written information about the options for the pregnancy remains, such as burial or cremation, which is in line with RSOP guidance. However, this was not routinely discussed during consultation. Staff told us that patients rarely discussed the pregnancy remains as most patients had their termination at the early stages of pregnancy.
- We spoke with two patients who told us the staff were very supportive, explained all options and gave them time to make decisions. One patient told us she was given an appointment, at her request, very quickly and was treated with respect and not judged for her decision.
- Patients commented, on the comment cards and verbally to inspectors, that they felt safe, reassured and were listened to.
- The records we reviewed recorded the post-discharge support available for patients and those close to them. Patients were given written information about accessing help from nurses during service opening hours and the 24 hour telephone service following their procedure.

Are termination of pregnancy services responsive?

Pre and post-procedure checks and tests were carried out at the clinic. Waiting times were consistently within the guidelines set by the Department of Health. Patients told us they were able to access the clinic quickly and did not experience long waits.

Interpreting and counselling services were available to all patients and the clinic was accessible for those living with disabilities.

Most patients were offered testing for sexually transmitted infections before treatment; this was in line with the clinical commissioning group (CCG) contracts with BPAS Luton.

Patients could be offered a provisional same day service, where they were booked on the same day for an appointment, assessment, ultrasound scan and treatment.

The client engagement manager centrally, in partnership with the treatment unit manager dealt with formal complaints. Clinic staff carried out a full investigation of complaints which they forwarded to the head office. Feedback was given to the staff and complainant. There had been one complaint received between January and October 2015.

Service planning and delivery to meet the needs of local patients

- BPAS Luton is centrally situated in the city of Luton and is easily accessible by public transport or car. The premises are suitable to carry out treatment and aftercare for patients seeking termination of pregnancy.
- As part of the CCG's contracts, BPAS Luton provided a quarterly monitoring report. This included the number of patients treated at the clinic, incidents, patient complaints and feedback.
- At BPAS Luton, appointments were provided six days a week. If patients needed to access services outside of their opening hours or at weekends, they could be signposted to alternative BPAS clinics in the south east of England.
- Patients were either referred by their GP or self-referred and most treatment was carried out under NHS contracts. The clinic undertook private procedures on request but this was very infrequent and mainly for patients from overseas and Northern Ireland.
- Patients were able to access the most suitable appointment for their needs and as early as possible.
- Patients could be offered a provisional same day service, where they were booked on the same day for an appointment, assessment, ultrasound scan and treatment. This allowed patients to access the clinic and termination services quickly if required. Patients were assessed for their suitability for this service.
- Staff told us that patients were made aware of the statutory requirements of the HSA4 forms and were reassured that the data published by the DH for statistical purposes was anonymised.
- The clinic also offered services to paying patients from overseas, and from Northern Ireland. The clinic assisted patients to access registered charities for assistance with payment for treatments.

Access and flow

- The clinic offered all aspects of pre-assessment care, including discussions about pregnancy options, date checking of scans to confirm pregnancy and gestational age and medical assessments.

- Appointments for BPAS Luton were booked through the BPAS Contact Centre, a 24-hour, seven-day telephone booking and information service.
- Patients were able to choose their preferred treatment option and location, subject to their gestation and medical assessment.
- The electronic triage booking system offered patients a choice of dates, times and locations. This ensured that patients were able to access the most suitable appointment for their needs and patients could access treatment as early as possible.
- All patients completed a pre-consultation questionnaire either over the phone or by email. Consultations were face-to-face with nursing staff who discussed medical history and treatment options. When a decision to proceed was made, a second appointment was made for treatment which could be done immediately dependent upon the client's preference.
- BPAS employed doctors at a corporate level to undertake screening of medical history and information before completing signatures electronically to authorise treatment.
- The centre undertook all aspects of pre-assessment care including counselling, date checking scans to confirm pregnancy and to determine gestational age and other assessments such as sexually transmitted disease (STI) tests.
- If patients were assessed as having a gestation of over 12 weeks, they were referred to another BPAS unit or NHS provider as appropriate. If there was suspicion of an ectopic pregnancy, they were referred to a local NHS acute hospital for further assessment and/or treatment.
- The DoH Required Standard Operating procedures (RSOPS) state that patients should be offered an appointment within five working days of referral and they should be offered the abortion procedure within five working days of the decision to proceed. The service monitored its performance against the waiting time guidelines set by the DH. 72% of patients were seen and treated within the required timeframe and where patients were seen outside of the guidelines, this was due to patient choice or patients attending too early to confirm their pregnancy.
- Aftercare advice was available through a 24-hour national helpline or patients could call the clinic directly during opening hours.
- Patients could contact BPAS through a dedicated telephone number in order to make an appointment for post-abortion counselling. Post-abortion counselling was a free service to all BPAS Patients and could be accessed at any time after their procedure, whether this was the same day or many years later.

Meeting patient's individual needs

- The centre was accessible to patients living with disabilities; there was a lift and disabled toilets were available.
- Staff had undergone diversity training and further information was available to staff in the Disability Discrimination Act policy.
- Patients who had a learning disability were given a longer appointment times. The centre linked with the local NHS trust should further advice be required.
- The clinic provided care and treatment to fit and healthy patients who were medically stable. Staff completed a referral form for patients who did not meet the suitability criteria, such as those with co-existing medical conditions. Referrals were then made to the local NHS hospital.
- Following the initial private consultation, patients could choose whether they had a friend or partner accompany them for the remainder of their consultation and examination.
- A professional telephone interpreter service was available to enable staff to communicate with patients for whom English was not their first language. The 'My BPAS guide' booklet was available in different languages.
- Patients were given the 'My BPAS guide' at the first consultation. This provided information about different options available for termination of pregnancy, including what to expect when undergoing a surgical or medical termination. This included information about any potential risks associated with treatment, counselling services and sensitive disposal of pregnancy remains. The guide included information on what to expect following treatment and the advice line number that patients could ring to seek any advice if they were worried.
- Patients were provided with the clinic number for advice and guidance and encouraged to use this during opening hours.
- The 'My BPAS guide' provided very brief information about disposal of the pregnancy remains. When patients did not have specific wishes with regard to disposal of the pregnancy remains, they were collected

in individual containers stored separately from other clinical waste. They were kept in a freezer until an external contractor collected them. Staff told us that if patients did have specific wishes, they would check the policy and seek advice and guidance.
- Nurses and medical staff undertaking pre-surgical and medical abortion assessments had a range of information available to them that they could give to patients as required. There was also a range of leaflets and posters displaying information, within the waiting area. This included advice on contraception, sexually transmitted infections and services to support patients who were victims of domestic abuse.
- There was a resource file in the waiting area which contained a wide range of information and 'signposting' information to local young peoples' services, including drop in services, counselling, stop smoking, genito-urinary medical services, contraceptive clinics, drug and alcohol services and other support services regarding abuse, sexuality and bullying.

Learning from complaints and concerns

- There were posters and leaflets on display in the waiting area advising patients how to raise concerns and give feedback. The information clearly stated how feedback could be given and how concerns would be dealt with. Information on how to make a complaint was also included in the 'My BPAS guide'.
- All BPAS patients were given a patient survey/comment form entitled: 'Your opinion counts'. There were boxes available at the unit for patients to submit their forms. The treatment unit manager initially reviewed locally submitted forms, before sending to the BPAS Head Office for collation and reporting. This meant that any adverse comments could be acted upon immediately. However, responses we saw were overwhelmingly positive.
- Staff told us that patients were given an opportunity to raise concerns with any staff member whilst at the clinic. Staff felt empowered to attempt to resolve situations where appropriate.
- There had been one complaint between January 2015 and October 2105. This complaint related to the attitude of one staff member and the comments were shared with that staff member to prevent reoccurrence.
- The BPAS client engagement manager was responsible for the oversight of the management of complaints. Any case needing escalation was brought to the attention of the Regional Director of Operations and an appropriate member of the executive leadership team.

Are termination of pregnancy services well-led?

Senior managers had a clear vision and strategy for this service but some staff were unable to demonstrate common aims with us during individual interviews. There was strong local leadership of the service and quality care and patient experience was seen as the responsibility of all staff.

Staff were proud of the service they provided and were aware of the requirements of DH RSOPs and RCOGs Guidelines. Staff felt supported to carry out their roles and were confident to raise concerns with managers.

Patients were encouraged to provide feedback through a satisfaction survey, 'Your opinion counts', which included a question relating to the Friends and Family test. Patients' satisfaction was very positive.

Clinical governance was well managed and DH documentation had been completed and submitted correctly. Comments, concerns and complaints were shared with staff.

Vision, strategy, and strategy

- The organisation had clearly defined corporate objectives to support its aim to deliver the highest quality care for patients. Senior managers had a clear vision and strategy for this service. The BPAS values were 'We support pregnancy choices and trust women to decide for themselves.' 'We treat all clients with respect and provide confidential, non-judgmental and safe services.'
- There was strong local leadership of the service and quality care and patient experience was seen as the responsibility of all staff.

Governance, risk management and quality measurement for this core service

- The certificate of approval for carrying out termination of pregnancy (issued by the Department of Health) and CQC registration were displayed prominently in the reception area.
- The treatment unit manager attended quarterly managers' meetings where minutes and instructions from other committees, such as health and safety and clinical governance, were cascaded. This ensured that all staff, at different levels, were kept up to date with, for example, changes in legislation and best practice.
- An annual audit plan was in place. Current audits were around medical terminations and consultation processes. Completions of HSA1 and HSA4 forms were also considered as part of the audit plan. The audits showed a 100% compliance with completion and submission of the forms.
- The DH requires every provider undertaking termination of pregnancy to submit pregnancy and demographical data following every termination of pregnancy procedure performed. The HSA4 was signed online within 14 days of the completion of the abortion by the doctor who carried out the surgical termination of pregnancy. For medical terminations, the doctor who prescribed the medications was the doctor who must submit the HSA4 form. These contribute to a national report on the termination of pregnancies. The HSA4 forms were reported electronically to DH within the required timescale.
- The assessment process for termination of pregnancy legally requires that two doctors agree, in good faith, that the woman meets the grounds of the Abortion Act, and sign a form to indicate their agreement (HSA1 form). We observed these were completed online and found that all forms we reviewed included two signatures and the reason for the termination.
- BPAS centres completed monthly HSA1 audits to ensure compliance with DH and RSOP guidance. Audits carried out in 2014 and 2015 had demonstrated 100% compliance with completing HAS1 forms at BPAS Luton.
- Medicines and Healthcare products Regulatory Agency (MHRA) Alerts and Safety Notices were processed by BPAS corporately and emailed to BPAS Luton treatment unit manager for the attention of all clinical and nursing staff. This was to ensure staff were kept up to date with safety notices and could take any actions required.
- The service had a corporate risk register which included a range of risks identified, such as health and safety, clinical incidents and infection control. In addition, specialist risks were identified, for example changes in the law and the likelihood of adverse public opinion amongst some groups, with regards to termination of pregnancy. These risks were documented and a record of the action being taken to reduce the level of risk was maintained.
- There was no local risk register outlining local risks for example security of the building and lone working.

Leadership of service

- Staff felt proud of the service they provided and felt supported to carry out their roles.
- The staff at BPAS Luton felt well supported by managers and told us they could raise concerns with them. Staff told us the senior management were available and had a regular presence at the clinic. They also said the doctors and senior managers were approachable and helpful.

Culture within the service

- Staff displayed an enthusiastic, compassionate and caring manner regarding the care they delivered. They recognised that it may have been a difficult decision for patients to seek and undergo a termination of pregnancy.
- Staff spoke positively about the high quality care and services they provided for patients and were proud to work for BPAS Luton. They described BPAS Luton as a good place to work and as having an open culture.
- Staff believed they provided a high quality service to patients who chose to have their termination of pregnancy at BPAS Luton.
- Staff told us they were comfortable reporting incidents and raising concerns. They told us they were encouraged to learn from incidents. Staff felt they could openly approach local, regional and national managers if they felt the need to seek advice and support.
- We met with senior managers who travelled to the centre for the inspection. They were supportive of their staff and discussed in detail systems and procedures in place throughout the organisation that encouraged an open and supportive culture.

Public and staff engagement

- Patients were encouraged to offer feedback through a satisfaction survey: 'Your opinion counts'. The surveys demonstrated high satisfaction with care. The latest survey showed there were 334 completed feedback

forms between May 2015 and August 2015. Results showed 100% of patients felt they were listened to and given clear instructions and felt involved in their decision-making.

- The survey included the question 'I would recommend BPAS to someone I know who needed similar care' with the options to select agree or disagree. The results showed 100% of patients would recommend this service.
- Patients attending the clinic were able to provide feedback by completing comment cards, 'Your opinion counts' survey or on NHS choices websites.
- During our inspection, we received 25 comment cards from patients that had accessed the clinic; they were all positive and would recommend the service.
- Staff were engaged via variety of means, regular local meetings, corporate meetings for more senior staff and local, regional and corporate newsletters. Staff told us they felt well informed and were communicated with clearly; locally, regionally and nationally.

Innovation, improvement and sustainability

- There were examples of innovative service delivery and clinical practice. This included the use of 24 hour telephone appointment service and web chat service for women.
- BPAS had recently developed a new methodology of administrating both of the abortifacient drugs simultaneously in one visit, for early medical abortion procedures up to nine weeks of gestation. This was following a successful pilot study done on 2000 women. The service was monitoring the outcomes of this new method which were fed back to the clinical governance committee. BPAS had plans to nationally publish this research in the near future.

Outstanding practice and areas for improvement

Outstanding practice

- BPAS Luton offered a 'provisional same day' service, where patients could be booked on the same day for an appointment, assessment, ultrasound scan and receive treatment.
- The clinic could assist patients from Northern Ireland and overseas to access registered charities for assistance with payment for treatments.

Areas for improvement

Action the provider SHOULD take to improve

- Review the online policies and procedures to ensure all policies are up to date and old versions are archived.
- Ensure staff do not keep personal copies of identifiable copies of patients' details.
- Ensure stock levels are checked comprehensively and stock rotation ensures that no out of date supplies are present in treatment rooms.
- Ensure that emergency medicines and resuscitation equipment are safely secured so that they cannot be tampered with.by visitors to the clinic.
- Ensure up to date copies of the British National Formulary are available at the clinic.
- Ensure the laundering of theatre clothing complies with the Association of Perioperative Practice 2011.
- Review the process for checking the call bell systems to ensure they are in working order.
- Review systems and processes in place to minimise the risk of exposure to verbal abuse and threatening behaviours, so that staff working at BPAS Luton clinic feel safe at all times.