British Pregnancy Advisory Service

BPAS Taunton Central

Inspection report

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

Ratings

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

Summary of findings

Overall summary

BPAS Taunton Central is operated by British Pregnancy Advisory Service and was inspected on 6 January 2022 as part of CQC's comprehensive inspection programme. The service has not been inspected since a change in registration in 2017.

From January 2021 to December 2021, the service completed 641 early medical abortions and 89 surgical abortions.

Prior to the inspection, inspectors reviewed monitoring and ongoing information about the service.

This location had not been rated previously. We rated it as requires improvement because:

- People could not always access the service when they needed it and often had to wait too long for a consultation. Waiting times were not in line with national standards.
- The service did not use a specific paediatric early warning score tool for use with children under the age of 16 years undergoing surgical terminations of pregnancy.

However:

- The service had enough staff who had training in the key skills needed. Staff 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 collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders ran services well. Staff understood the service's vision and values. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy	Requires Improvement	Safe was rated as requires improvement because : The service did not use a specific paediatric early warning score tool for use with children under the age of 16 years undergoing surgical terminations of pregnancy. This meant that any patients under the age of 16 years were being assessed as adults. However, the service had enough staff who had training in the key skills needed. Staff 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 collected safety information and used it to improve the service. Effective was rated as good because : Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care. Caring was rated as good because : Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. Responsive was rated as requires improvement because : People could not always access the service when they needed it and often had to wait too long for treatment. Waiting times were not in line with national standards. However, staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Summary of findings

Well Led was rated as good because :
Leaders ran services well. Staff understood the service's vision and values. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. Leaders operated effective governance processes, throughout the service and with partner organisations. Some areas of access and data governance needed more strategic provider action.

Summary of findings

Contents

Summary of this inspection

Background to BPAS Taunton Central

British Pregnancy Advisory Service (BPAS) Taunton Central provides a termination of pregnancy service in Somerset and the surrounding areas. The service provides termination of pregnancy as a single speciality service. BPAS Taunton Central offers consultation, medical assessment, early medical abortion up to nine weeks and six days, medical termination of pregnancy and surgical termination of pregnancy up to 13 weeks and six days weeks gestation, service specific counselling and treatment. As part of the care pathway, patients are offered sexual health screening and contraception. Surgical termination of pregnancy can be undertaken under conscious sedation or local anaesthetic according to patients wishes.

The service is not a telemed hub, which would have the capacity to complete visual telephone consultations, but does have the capacity to provide telephone consultations.

The service is registered to provide the following regulated activities:

- Termination of Pregnancy.
- Family Planning Service.
- Treatment of Disease, Disorder or Injury.
- Diagnostic Imaging Services.
- Surgical procedures.

Under these activities the service provided:

- Pregnancy Testing.
- Unplanned Pregnancy Counselling.
- Early Medical Abortion.
- Medical termination of pregnancy (MToP).
- Surgical termination of pregnancy (SToP).
- Abortion Aftercare.
- Sexually Transmitted Infection (STI) testing and treatment.
- Contraceptive advice and supply.

The government legalised / approved the home-use of the medicine used, 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 the two medicines used, Mifepristone and Misoprostol for early medical abortion, up to nine week and six days gestation, should they meet the eligibility criteria, 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 medicines for an early medical abortion from their own home. rather than travelling into a clinic or hospital to work.

This service had not been inspected by CQC since a change in registration in 2017.

Summary of this inspection

How we carried out this inspection

We carried out an unannounced inspection of the service on the 6 January 2022. The inspection was undertaken by two CQC Inspectors with support from an Inspection Manager and the Head of Hospital Inspections.

During this inspection we observed patient interactions, observed a scanning procedure and attended the treatment room and the post-operative recovery areas. We looked at five sets of patient notes, spoke with one patient, and eight members of staff.

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

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

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

Areas for improvement

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

Action the service Must take to improve:

- The service must ensure that women are offered an initial consultation within five working days of contacting the service.
- The service must consider the use of a specific paediatric early warning score tool for use with children under the age of 16 years undergoing surgical terminations of pregnancy.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Termination of pregnancy

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

Are Termination of pregnancy safe?

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. Records showed almost all training had 100% level of completion with plans made to meet any shortfall. Four out of the five clinical staff including nursing and medical staff had completed face to face and online Immediate Life Support training. This training included defibrillator and cardiopulmonary resuscitation training. Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager confirmed that the remaining training had been completed after the inspection.

Safeguarding

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

Staff received training relevant for their role on how to recognise and report abuse. Training records showed that in line with the providers own policy, administrative and clinical staff were trained to level three safeguarding adults and children. Training had been completed by 100% of staff.

Staff described how they would identify adults and children at risk or suffering significant harm. Staff were confident to raise issues with the senior management team and the BPAS safeguarding leads to seek advice and support. They knew when and how to make referrals to the local authority and described examples of when other services had been involved.

The service did not provide video calls as they were not a telemed centre. All calls which had been identified as having possible safeguarding risks or for women under the age of 18 years, needing a video call, would be allocated to a telemed centre. All those requiring treatment aged 16 years and under would then attend the clinic for a further safeguarding check.

Requires Improvement

Termination of pregnancy

A safeguarding proforma was completed for patients under the age of 18 years which included questions prompting relevant discussion. Staff had training to recognise cases of child sexual exploitation and female genital mutilation (FGM). A safeguarding log was maintained, this was used for service staff to follow up any concerns and ensure a clear audit trail of actions taken and outcomes.

Cleanliness, infection control and hygiene

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

All areas were clean, tidy and well-maintained. All areas were cleaned by staff between patients and we saw that the end of the day, all areas were well cleaned.

Staff followed infection control guidelines including the use of personal protective equipment (PPE). All staff were observed to be wearing PPE appropriate for the task they were carrying out and were all bare below the elbow. We saw staff regularly cleaning their hands in between seeing patients. We saw staff and patients wore protective face masks as per national guidance at the time of the inspection.

The service performed well for cleanliness. Cleaning audits showed that all areas were cleaned regularly. Records showed audits of hand hygiene, use of PPE, linen disposal and management of sharps.

Clear measures had been implemented to support staff and patients to follow national COVID-19 guidance. The waiting room was small but social distancing was encouraged. The recovery room was also small and could seat a maximum of three people. However, we saw that only two people at any time were in the room.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

The design of the environment followed national guidance. The environment provided designated space for waiting areas, consultation and scanning, treatment and recovery. Staff carried out daily safety checks of specialist equipment. We saw the resuscitation trolley and the major haemorrhage trolley were checked daily by two staff members. Suction and defibrillation equipment were serviced annually.

Staff maintained adequate stock levels and had systems to prompt stock replacement.

Staff disposed of clinical waste safely. Systems were followed to securely store both clinical and non-clinical waste. Sharps bins were clearly labelled with dates of opening and disposal.

At the time of inspection, the the location did not have a freezer to support the storage of products of conception. The registered manager confirmed as part of the factual accuracy process that a freezer has now been supplied. T

Assessing and responding to patient risk

Requires Improvement

Termination of pregnancy

Staff completed and updated risk assessments for each patient. Staff identified and quickly acted upon patients at risk of deterioration. Risks to younger people undertaking surgery were not all clearly identified.

Staff were aware of the scope of the service they provided. Risk assessments were carried out for women receiving telephone consultations and those attending the clinic to ensure the women understood their choices and were undergoing the correct legal termination.

The location provided early medical abortions up to nine weeks and six days and surgical terminations up to 13 weeks and six days. Because of the small size of the location, eligibility criteria were followed to ensure patients were suitable for the service available. This eligibility criteria included the type of telephone consultation available. The service did not provide video consultation, so those patients identified at initial contact as at risk, would receive a video call from another location.

Any patient under the age of 16 years could access medicines by post but was required to have a face to face consultation prior to this decision.

Staff were trained to a safe level of life support with administrative staff trained to basic level and all clinical staff to Immediate Life Support level. Staff involved in conscious sedation had received airway maintenance training. All staff had received training in how to recognise a deteriorating patient and sepsis management. The service had a sepsis lead nurse who reviewed sepsis risks and management.

As part of all surgical terminations, staff used a modified early warning score (MEWS) to identify deteriorating patients and escalated them appropriately. We reviewed five sets of surgical records and saw the early warning scores were correctly completed. Staff understood their role in the management of a deteriorating patient. At the start of the day all staff were involved in a team huddle. At this time, staff were allocated a role should any deterioration happen. For example, one staff member was allocated to call the emergency services, one to take notes and one to escort the patient.

The provider group did not use a paediatric early warning scoring tool specific for patients under 18 years and adult scoring was used for all patients. This meant that any patients under the age of 16 years were being assessed as adults. Staff confirmed that should they have any risk concerns they would seek advice prior to treatment. The staff explained that they very rarely saw patients under the age of 16 years for medical or surgical terminations and medical staff were available for all surgical lists.

Risk assessments were completed, and plans recorded as needed. For example, all women were risk assessed for deep vein thrombosis (DVT) using a recognised scoring tool.

Staff used a modified surgical safety checklist based on the World Health Organization (WHO) and five steps to safer surgery checklist when undertaking all surgical termination of pregnancy. WHO checklists are a tool designed to improve the safety of surgical procedures. We saw surgical staff completing the checklist at the time of surgery and reviewed five records containing WHO checklists. All had been fully completed.

Audits of WHO checklists were completed monthly and case note audits of five patients who had received surgical treatment were also seen to be completed monthly. All demonstrated high level of completion.

Termination of pregnancy

Staff followed provider guidelines if a patient needed emergency transfer. Staff transferred any acutely unwell patients to the nearby NHS trust in the event of complications. A transfer procedure had been agreed with the local trust. Staff shared key information to keep patients safe when handing over their care to others and would escort patients to the acute hospital. We saw when this had happened, the system had been effective.

Information relating to each patient was shared with the patient's consent, with their GP. This was in the form of a letter and was to ensure patient safety.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, to meet demand. All new staff received a full induction.

The service had enough nursing and support staff to keep patients safe. Staff had enough training to ensure patient safety and was specific to their role. All new staff completed a comprehensive induction and were assessed to establish competence. Staff told us the induction was thorough and supportive. The service used annual appraisals and supervision to monitor ongoing competence.

The service was staffed with an established and consistent workforce. Further recruitment was planned. No agency staff were used. The service had a bank of staff who attended regularly to meet any staffing shortfalls. Staff sickness had been an issue during the COVID-19 pandemic, and this had impacted on the service availability.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed. Managers described how they adjusted staffing levels to meet the demand on the service.

Medical staffing

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

The service had enough medical staff to keep patients safe. One medical staff member was employed at this location with some support as needed from another location. Medical staff were employed under a system of practising privileges. Practising privileges means that staff employed elsewhere can work for another service in a limited, defined capacity. We saw that the scope of practice for this agreement had been agreed and recorded.

Records

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

Patient notes were completed and stored securely. Patient notes were kept on an electronic system. The system was secure, password protected, and computers were locked when not in use. Staff talked us through the recording system, and we saw records were completed in real time and then rechecked for completeness at the point of patient discharge. Consent forms and treatment room records were kept in paper format and stored in a locked cupboard.

Medicines

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

Staff followed established systems to manage medicines safely. Medicine administration records were complete and detailed the name of the medicine, the dose and the route to be administered. Records seen were legible and completed.

All medicines were prescribed except for those medicines given by patient group directions (PGDs). Patient group directions provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber. Staff received training to administer these medicines and the directions were reviewed every two to three years.

Patients having both telephone and clinic consultations could receive medicines through the post or at the clinic. Patients were provided with verbal and written instruction about how and when to take the medications they had been prescribed. Medicines came with printed label instructions and a further leaflet describing how to take the medicines.

For surgical procedures the medicines used for conscious sedation were prescribed and recorded. The book recorded any medicines used and any wasted amounts. Stocks of controlled drugs were prescribed by medical staff and when received were also recorded. All controlled drugs were double checked each day and there was an allocated accountable officer overseeing controlled drug practice. Reversal medicines were available and would be recorded when used.

All pain relief medicines were prescribed and recorded when administered. Cylinder oxygen was available for emergencies in the recovery room and on the resuscitation trolley. Anaphylaxis treatment was available if severe allergic reaction occurred and staff confirmed they had received training to provide this.

All medicines were stored safely in locked cupboards. The location had stocks of medicines which were delivered to them as a stock delivery but had never been used. For example, these included intravenous antibiotics. This was because they were a small service providing limited services, but the provider also had larger services and distribution was to all locations. Staff monitored the stock levels and dates for use in line with the provider policy.

The blood rhesus status of patients was checked if the patients were booked for a surgical termination or had any blood taken. The prescribing and administration of Anti-D medicine was only given for surgical patients. Anti-D(rh)immunoglobulin is a prescribed medicine used to prevent rhesus incompatibility and is sometimes given during or following pregnancy.

Disposal of medicines was managed in line with the provider policy and all controlled drugs were correctly denatured before disposal.

Incidents

The service managed patient 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.

Requires Improvement

Termination of pregnancy

Staff reported serious incidents clearly and in line with the providers policy. Staff were encouraged to report incidents and knew how to use the provider electronic reporting system. They received feedback from incidents they had reported. The manager explained the report and investigation process. We saw the outcome of investigations and serious incidents were reported to the CQC.

Incident data was monitored, and learning was used to develop the service. Review meetings examined actions following an incident. The manager was involved in clinical governance meetings and quality improvement meetings every month, which were used to discuss action taken. Staff were aware of incidents that had occurred at other BPAS locations and the learning that came from them. This learning was cascaded to all locations to promote patient safety.

Staff understood the duty of candour and gave us examples of when it had been used. The service had not had any never events.

Are Termination of pregnancy effective?

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 patients subject to the Mental Health Act 1983.

Care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Health and Care Excellence (NICE) and other expert professional bodies. BPAS policies were centrally developed at the organisation's head office in line with Department of Health Required Standard Operating Procedures (RSOP) guidelines and professional guidance. Polices were held electronically and staff knew how to access them.

Staff followed best practice and national guidance. The clinic adhered to the guidelines of the Royal College of Obstetricians and Gynaecology (RCOG). Policies had been implemented in accordance with COVID-19 RCOG abortion guidance.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. Fasting prior to surgery was not required for the procedures available.

Staff provided patients with drinks and snacks as required post procedure. Patients were offered drinks and biscuits when in recovery.

Intravenous fluids were available but had never been used. They remained in date and stored safely.

Pain relief

Termination of pregnancy

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed patients’ pain using a recognised tool which used both visual and verbal options for response. Staff gave pain relief promptly and in line with individual needs and prescribed limits.

Early medical abortion packs contained pain relief medicines with clear instructions on use.

Patient outcomes

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

The clinic completed and returned patient analysis data for each termination of pregnancy to the Department of Health (HSA4 report). This was checked weekly by administrative staff to ensure all forms had been sent.

A programme of repeated audits was used to monitor and check improvement over time. The audits for the service were compared against all the services in the provider group and learning taken to improve across the service group. These benchmark reviews prompted managers to look at issues and address any shortfalls. We saw audits included modified early warning scored and records audits and the quality matron for the provider explained that audits were being updated to ensure they were used to identify when improvements were needed.

The registered manager reviewed all known complications following treatment provided. The complications varied from a referral with a complex outcome to bleeding and excessive pain and ectopic pregnancy. An electronic incident record was completed, and the patients record updated to reflect information and actions taken. The data was measured against the provider national average to provide evidence of any trends, themes or increases in complications in specific areas.

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 had the right skills and knowledge to meet the needs of patients.

All staff received the specific training for their role. Administrative staff had access to supplementary training to support and enhance their role.

Clinical staff received support and training and were assessed as competent before undertaking a new role. Staff completing conscious sedation were appropriately trained in airway management, this included the nurse practioners undertaking the theatre assistant role.

Staff undertaking ultrasounds were trained to identify the gestation of the pregnancy they would be scanning. Ongoing support and advice were available if needed.

Termination of pregnancy

We saw that medical staff had undertaken further training to develop the scope of service to include later gestation pregnancies. Ongoing training and supervision were needed before this could be implemented.

Counselling training was provided for those staff involved in post abortion support. The training was not to diploma level as indicated by the RSOP14 guidance. However, the counselling provided was specific to the service provided and any wider counselling needs would be signposted to external qualified counselling services.

Appraisals were used to monitor staff performance and wellbeing. Annual supervision of staff was used to monitor career development and support training needs. All staff had received an appraisal between December 2020 and December 2021.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

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

Staff met at the beginning and end of each day to review patient care and look for any areas for improvement.

Staff worked well as a team within the clinic and with outside agencies. Staff sometimes worked with other health care disciplines and with other agencies to support patient safety, for example, social workers and school nurses. Staff described effective working relationships.

Seven-day services

Key services were available three days a week to support patient care.

The clinic was open three days a week and a surgical list day every two weeks. Services outside of this location were available to support any care needed when the location was closed.

A 24-hour advice line specialising in post abortion support and care was provided in line with the Department of Health's RCOG guidance.

Health promotion

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

The service had relevant information promoting healthy lifestyles. All women received contraception advice. Early medical abortion packs had contraception advice booklets, as well as contraception in each pack.

Patients were offered testing for Chlamydia and were signposted for testing of sexually transmitted diseases.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Requires Improvement

Termination of pregnancy

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

The provider had a policy outlining the principles of consenting patients which supported staff practice. Staff ensured consent given was well informed. The consent process was in two stages with the first stage being the provision of information, discussion of options and initial decision. The second stage was the confirmation that the patient wanted to proceed.

Staff discussed with patients the options available to ensure they consented to treatment based on the information available. The consent process took up to 30 minutes to complete. Staff clearly recorded consent in the patients' records. The five care records we reviewed contained signed consent from women. The consent form included possible side effects and complications and recorded these had been discussed with the patients.

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment and how this would be safely managed. Patients under the age of 18 years had to be accompanied by a person over 18 years when they left the service. This was checked and people were ID checked if needed for confirmation.

Are Termination of pregnancy caring?

Good

Compassionate Care

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

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff being approachable and kind to patients, this included in the reception area, when scanning and during a procedure.

Staff explained clearly the procedures and the options available to the patient. We observed a scan where staff discussed with patients whether they wanted to see the scans or know whether there were multiple pregnancies so ensuring the patient only had the information they wanted to receive. Consultations were held in private rooms.

Staff were aware of women's different cultural and religious needs when dealing with disposal of pregnancy remains. 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 patients.

Requires Improvement

Termination of pregnancy

All staff understood the emotional impact having a termination could potentially have on a patient and tried to minimise any distress patients may have experienced. We observed staff giving emotional support to women at various points in their termination pathway. Patients could contact BPAS via a dedicated telephone number, detailed in the 'My BPAS Guide' booklet, in order to make an appointment for post-abortion counselling. This was a free service for women who had an abortion.

Support for partners, family members and friends were available on the service's website as well as signposts to other organisations that could provide help and support.

Understanding and involvement of patients and those close to them.

Staff made sure patients understood their care and treatment. Due to the COVID19 pandemic women could not have a support person with them in the clinic when undergoing surgical procedures. However, wherever possible while social distancing, escorts could be accommodated if needed.

Staff were able to use an interpretation and translation service for women for whom, English was not their first language, to ensure the women understood what was happening.

Staff talked with patients in a way they could understand, using communication aids where necessary. We observed staff explaining treatment and ongoing care to patients clearly and always asking whether they understood or had any questions.

Are Termination of pregnancy responsive?

Requires Improvement

Service delivery to meet the needs of local people

The service did not always plan and provide care in a way that met the needs of local people and the communities served. Some delays in accessing the service were seen.

Services did not always meet the needs of the local population. Women booked their appointments through a central booking in centre which was open 24 hours a day throughout the year. Women could refer themselves or be referred by a GP. At this point, a series of questions and risk assessments were completed to establish the best route of appointment. An appointment was then made for the woman to have either a telephone/video call or make an appointment at the clinic. We saw some delays for women to access consultations and treatment with women regularly having to wait longer than the national guidelines. See further data below.

The service had introduced telephone consultations in response to the COVID-19 pandemic and this was still ongoing. This enabled women to have remote consultations and those who were suitable for early medical abortions could have their abortion medications sent to them by post. The clinic would then make a follow up call after their early medical abortion to ensure the wellbeing of the patient and ensure that the treatment had been effective. The service did not provide video calls and so, if a risk was identified which required a video face to face call, this would be allocated to another service in the provider group.

Managers monitored missed appointments. Women were sent reminders of their appointments but if they did not attend, patients were contacted for follow up. Data gathered showed that 29 patients had not attended their planned consultations and 23 did not attend the planned treatment. The registered manager confirmed that each patient was followed up and the reason recorded on their electronic record along with assurance of their wellbeing.

Meeting people's individual needs

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

Staff were able to explain how they would assist women with additional communication needs.

The service could support patients with additional needs. For example, facilities and premises were suitable to enable wheelchair access.

Staff, and patients could get help from interpreters or signers when needed and were able to use a translation service for women for whom, English was not their first language. As part of the initial website contact, patients could 'select language' at the top of the BPAS website which provided treatment information in other languages. Family members were not used for translation support.

Systems were clear to ensure that products of conception were registered. Should the patient want to arrange for disposal, this was organised and recorded both on the electronic system and a paper audit trail was available. We saw records which confirmed this option was discussed and agreed prior to the procedure. A daily collection was arranged after each surgical list.

Access and flow

Patients could not always access services when needed and did not always receive treatment within agreed timeframes and national targets. Waiting times from referral to treatment were not in line with national standards.

The service did not always provide services in a timely way. Some women waited longer than the national guidelines for both their initial consultation and receiving treatment. National guidelines state that women should wait no longer than five days from contacting the service to receiving their first consultation (RSOP1).

Once confirmed as suitable for treatment, women should be offered an appointment within five days. The total time from initial contact to the procedure should not exceed ten working days.

Women could contact the service by two routes, by telephone contact or face to face by attending the clinic. For those women attending face to face, we were told by the registered manager they were always seen within seven days. If there was a surge in activity the manager would add in extra capacity to meet the demand.

For those women initiating telephone contact, following assessment the consultation calls were allocated to each location. At the time of inspection data was not available for the individual location Taunton Central. The data provided showed that across all the provider locations in the previous 12 months December 2020 to January 2022, the target was not met for 47% of patients. This was caused by staff shortages caused by the COVID-19 pandemic. When the 47% was broken down into monthly percentages it showed that across all the provider locations some months had better performance than others. The highest proportion of women not receiving a consultation within five days were in July 2021(68%), September 2021 (68%) and December 2021 (76%).

Between January 2021 and December 2021, the registered manager told us that of the 730 treated clients at Taunton Central, 486 (66.6%) had treatment within 13 days.

This issue had been recognised and action taken to address it. Recruitment had been implemented into the telemed services to enable more access to initial consultation and to reduce the percentage of patients seen over five days.

Women should be offered the abortion procedure within five working days of the decision to proceed. Wait times for BPAS Taunton Central between January 2021 and December 2021 showed that consultation and treatment for local women for all treatment types, including pills by post, early medical abortion in clinic and surgical treatments showed on average 85.5% of clients are seen within seven days. This was in part caused by the size of the service as the location was only open three days a week with a surgical list one alternate day a fortnight.

Should there be a surge in demand an extra theatre day could be arranged. There was also a recognised delay caused by those patients who were assessed as needing a scan and so would need to be scanned before an appointment for treatment.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and shared lessons learned with staff. The service included patients in the investigation of their complaint.

The service clearly displayed information about how to raise a concern. There was a process to investigate complaints regardless of whether they were raised locally or centrally If a complaint was made locally, it was investigated by the manager and overseen centrally by the quality matron. These complaints usually came through the providers website or were raised at the clinic. Formalised complaints were written complaints sent to the provider and were investigated by the same process.

Staff understood their role within the complaints process. If a patient complained, staff would try to address this in the first instance and would then report the complaint and outcome on the electronic recording system. The manager would be informed, and a further investigation would be implemented at a local level. Patients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. There had been three local complaints and one formal complaint in the previous 12 months. Managers told us that most complaints were regarding the time available for consultations and waiting times. As a result of these complaints, timescales for consultations have now been increased.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Termination of pregnancy well-led?

Requires Improvement

Termination of pregnancy

Good

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

There was a clear management structure for the provider both locally and nationally with lines of responsibility and accountability. Managers were required to complete BPAS managers training which was devised to ensure managers ran their clinics to the same standard and following the same principles. The registered manager attended regular conference calls to receive updates.

The clinic's certificate of approval to carry out termination of pregnancy was prominently displayed in accordance with Department of Health requirements.

Staff spoke positively about the management and leadership of the clinic. During the inspection we observed positive interaction between the area manager, clinic manager and staff.

Vision and Strategy

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

We saw the BPAS ambition, values and purpose displayed in the clinic and was available on the BPAS website. The vision and strategy for BPAS was a future where every woman can exercise reproductive autonomy and is empowered to make her own decisions about pregnancy. Their purpose was to remove barriers to reproductive choice and to advocate for and deliver high quality, woman-centred reproductive health care. Staff spoke clearly about enabling women to access services and treat women with compassion and respect.

Culture

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

Staff spoke positively about working for BPAS and working at BPAS Taunton Central. Staff felt supported to raise concerns and they said they felt listened to.

Staff spoke about being a good team. BPAS conducted an online staff survey in 2021. The results of the survey were being analysed for senior management sign-off. Once this has been approved, the results will be shared with staff.

We were not able to speak to many patients, but those observed appeared comfortable talking to staff.

Requires Improvement

Termination of pregnancy

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff were clear about their roles and accountabilities and had opportunities to discuss and learn from the performance of the service. Some areas of access and data governance needed more strategic provider action.

There were effective governance structures at national and regional levels. Local staff meetings happened monthly, and these were used as an opportunity to share data, themes and any concerns.

All committees fed information into a board of trustees. There was a clinical governance committee; finance, audit & risk committee; and a strategic leadership team. These met four times a year, except for the leadership team which met bi-weekly. The clinical governance committee comprised of a clinical advisory group, drugs & therapeutics committee, infection control committee, quality & risk committee, and a research and ethics committee. The operational quality manager/treatment unit manager met regularly to review the quality of the service and the national medical director ensured the organisation met current national guidance.

Audits and dashboards were used to monitor the quality of the service provided and these were reviewed as part of the governance process. Information gathered at local level was not always used to identify areas for change and learning. Changes were needed at provider level to the systems and process which would develop the service. For example, monitoring of data to support women to access the service quicker was not accessible at local level, or used to ensure women could access the service in a timely way. Learning from incidents and complaints were used to identify areas for improvement. Audits also included the expectation of timescale for incident responses and monitored any delays in response and action. Staff meetings were used to share the learning identified and discuss the development of the services.

The service delivered care and treatment in accordance with the Abortion Act 1967. In line with legislation, two registered medical practitioners must complete and sign, a HSA1 form before a termination is performed, The HSA1 form certifies the doctor's opinion, in good faith, the grounds for termination of pregnancy in line with the Act. We reviewed five sets of notes that confirmed this had been completed.

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.

BPAS Taunton Central had access to a corporate and also a local risk register. 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.

The service worked with the local commissioning group to monitor the services allocated. The business development team lead attended meetings with the commissioners and there was a plan for the area manager to become involved at a local level.

Information Management

Termination of pregnancy

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 submitted to external organisations as required.

The service used electronic systems to hold their policies and ensure they were available to staff.

Clinical records were recorded and stored electronically, except for surgical records which were recorded on paper and stored securely. The provider group worked from an integrated electronic record system which meant if a patient's care was handed to another clinic in the wider corporate group, the notes were immediately available. This meant that there was an overview of all treatment provided, regardless of location.

In order to meet the requirements of the Abortion Act 1967, following a termination, the registered medical practitioner must complete a HSA4 form and send this to the Department of Health within 14 days and include patient demographic data. BPAS had an on-line submission process for HSA4 forms, where the BPAS 'Booking Information System' had direct access to the Department of Health database. There was an effective system to ensure there were no delays in submission.

Engagement

Leaders and staff actively and openly engaged with patients, to plan and manage services.

Patient paper feedback surveys were removed in 2020 due to COVID-19 infection control limitations and were switched to an online feedback form. After this process was embedded in 2021, these documents were audited, and a client satisfaction report completed. National themes were reviewed and monitored by the client engagement manager and the quality & risk committee.

Learning, continuous improvement and innovation

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

During the COVID 19 pandemic BPAS Taunton Central had introduced a facility for consultation calls to be taken at the location. This provided telephone consultations for women seeking early medical abortions, who would not otherwise be able to attend the clinic because of the pandemic. The calls were taken by the registered nurses.

The clinic was looking at extending the scope of its service to include later gestation terminations. Training for this was currently underway.

The provider and service were looking at future audits for the service, looking at treatment pathways and teleconference audits. This was to monitor changes and ensure a quality service was being provided.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Termination of pregnancies	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure that women are offered an initial consultation within five working days of contacting the service. • The service must consider the use of a specific paediatric early warning score tool for use with children under the age of 16 years undergoing surgical terminations of pregnancy.