

# BPAS - Tamworth

## Quality Report

Sir Robert Peel Hospital  
Plantation Lane  
Mile Oak  
Tamworth  
Staffordshire  
B78 3NG  
Tel: 0345 730 4030  
Website: [www.bpas.org](http://www.bpas.org)

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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

BPAS Tamworth is part of the provider group British Pregnancy Advisory Service (BPAS).

The service is registered as a single speciality termination of pregnancy service. BPAS Tamworth provides consultations, Early Medical Abortions (EMA) up to nine weeks gestation and medical abortions between nine and ten weeks. The service has no minimum age restriction for termination of pregnancy. Other services offered by BPAS Tamworth include pregnancy testing, abortion aftercare, sexually transmitted infection (STI) testing and treatment, contraception advice and supply and miscarriage management.

The treatment unit manager, also the registered manager, managed both BPAS Tamworth and BPAS Cannock.

We carried out an announced inspection of this service on 31 May 2016 and attended on an unannounced basis on 6 June 2016. We inspected this service as part of our independent healthcare inspection programme. This formed part of the first wave of inspection of services that provide a termination of pregnancy. This inspection was carried out using the Care Quality Commission's new methodology.

### Are services safe at this service

- We saw that clear systems were in place for reporting incidents. Although no serious incidents had been reported during 2015, we saw that staff were aware of how to report these. Reported incidents were discussed through regional management meetings; learning and action points were disseminated to staff through briefing paperwork and team meetings. Staff demonstrated an understanding of '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.
- Staffing levels were appropriate in terms of managing care and treatment. Staff employed at BPAS Tamworth were appropriately qualified, experienced and trained to undertake their role.
- We saw good levels of infection prevention and control. The clinic was visibly clean and tidy, and personal protective equipment was available and was used by staff use.
- Medicines were generally well managed. Improvement in relation to the transportation of medicines between clinics has been undertaken since the inspection.
- Risk assessments to protect patients from abuse and coercion were used, and procedures were in place to allow patients to express any concerns in a confidential manner. Staff received appropriate safeguarding training which included information about female genital mutilation and sexual exploitation of children.
- During our announced inspection, we saw that the resuscitation trolley was located within a locked room; this meant staff could not access this in an emergency. However, we saw that this concern had been rectified during our unannounced visit.

### Are services effective at this service

- Staff had access to relevant guidelines, policies and procedures. Care was generally provided in line with Department of Health Required Standard Operating Procedures (RSOPs) and national best practice guidance. The service had completed a programme of clinical audits depending on risk assessments.
- The exception was the use of simultaneous administration of abortifacient drugs for early medical abortion (EMA), which is currently outside of current Royal College of Obstetrician and Gynaecologist (RCOG) guidance. We saw that a structured governance system was in place and had been followed to introduce this treatment option.
- BPAS Tamworth employed competent staff and there were appropriate checks in place to ensure that staff competence and requirement to practice was reviewed. Ongoing training needs were identified through yearly appraisals; staff were appropriately supervised.

# Summary of findings

- We saw that staff gained consent for procedures and treatment choice consistently throughout appointments and recorded this within patient records. There were appropriate arrangements in place to ensure that consent was appropriately gained for patients under 16 years and for patients who may have limited understanding. However, we saw that information regarding the slightly raised risk of complications arising from simultaneous administration of abortifacient medication was not verbally discussed when patients' chose this treatment, although this information was included within 'My BPAS guide'.
- BPAS monitored outcomes, particularly about the effectiveness of early medical abortion (EMA). However, in order to gather data to inform this analysis, staff were reliant upon patients contacting them two weeks following treatment with the outcome of a pregnancy test. Staff offered a text reminder service to remind patients to take this test and to contact the clinic with the results.

## Are services caring at this service

- We saw that patients were treated in a caring and compassionate manner during appointments.
- We saw that staff treated patients with dignity and respect from reception to discharge.
- Staff communicated effectively with patients, ensuring they were actively involved within their own care and treatment. During appointments, staff took extra time where needed to allow questions to be asked and answered, and to thoroughly explain different options. We saw staff actively listened to patients to understand individual needs.
- We saw staff provided appropriate emotional support during appointments. Staff gave information and details of BPAS counselling services which could be accessed both pre and post treatment if required.
- We saw that patients were actively encouraged to complete BPAS feedback forms 'Your Opinion Counts'. During the inspection, it was observed that almost all patients completed this form prior to leaving the clinic. Information provided by BPAS as a whole company reported that between January and April 2015, 99% of 10,162 respondents would recommend the service. This is better than the NHS average of 65%.

## Are services responsive at this service

- Staff were aware of patients who may have additional needs; we observed and were told about positive examples, such as interpreters being used for non-English speaking patients, and alternative counselling options for a patient with a developmental disorder. The service had good links to services that provided support to women who had experienced domestic violence.
- Patients were able to book appointments through the BPAS telephone booking service which was open 24 hours a day throughout the year. This also enabled patients to choose the most suitable location and timing of appointment to meet their needs.
- Services were planned to meet the needs of the local community. Although BPAS Tamworth is a part time clinic offering one type of treatment, staff were easily able to refer patients to alternative clinics for timely treatment if required.
- The service had received no informal or formal complaints throughout 2015, and up to the point of our inspection. Compliments were received through completion of patient feedback forms. Management meeting members, which included treatment unit managers identified action points to address any concerns across all clinics in order to raise patient satisfaction.

## Are services well led at this hospital/service

- BPAS had a clear vision and set of values. We saw staff working to the vision and values, promoting a safe and non-judgemental environment to care for patients using the service.
- We saw clear lines of accountability up to executive management for specific areas of work. For example, a specific committee was set up to review areas such as incidents, complaints and clinical practice. We saw that where BPAS were legally required to complete certain paperwork, this was monitored and audited to ensure compliance.
- We saw, and audit records confirmed, that patient records were well maintained, legible and contained all appropriately signed paperwork required by The Abortion Act 1967.

# Summary of findings

- A local risk register has been developed since our inspection to ensure that risks specific to BPAS Tamworth were identified.
- The registered manager at BPAS Tamworth presented as supportive and effective.

The provider needs to make improvement in the following area.

The provider must:

- Ensure that all patients are verbally informed during consultation appointments about the elevated risk of complications and continuing pregnancy associated with the simultaneous administration of abortifacient drugs for early medical abortion (EMA).

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

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# Summary of this inspection

## Background to BPAS - Tamworth

BPAS Tamworth is part of the provider group British Pregnancy Advisory Service. BPAS Tamworth opened in 2009. The registered Manager at BPAS Tamworth is also the registered Manager of BPAS Cannock. The two sites share several staff members, including nursing and administration staff. The registered manager has been in post with BPAS for 14 years, has been registered with CQC since 2011 and with the Healthcare Commission from 2002 until commencing registration with CQC.

The service has the use of two screening rooms, and two consulting rooms leased by BPAS at the Sir Robert Peel Hospital in Tamworth. If required, there are additional rooms which can be also used by BPAS.

BPAS Tamworth carries out early medical abortions (EMA) up to nine weeks gestation and medical abortions between nine and ten weeks. Other services offered by BPAS Tamworth include pregnancy testing, abortion aftercare, sexually transmitted infection (STI) testing and treatment, contraception advice and supply and miscarriage management.

## Our inspection team

The inspection team consisted of a Lead Inspector and an Assistant Inspector.

## 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 peoples' needs?
- Is it well-led?

Before the inspection, we reviewed information we held on BPAS Tamworth, and requested a range of information from BPAS Tamworth. We invited patients to share their experience by either contacting CQC or by completing CQC feedback forms which were available in the clinic.

We carried out an announced inspection on 31 May 2016 and an unannounced follow up visit on 6 June 2016. This was as part of our independent healthcare inspection programme. The inspection was conducted using the Care Quality Commission's new methodology. During the inspection, we spoke with patients and staff. Staff members included the registered manager, nursing staff, support staff and administrative staff. We observed how different staff members interacted with and cared for patients and reviewed patients' clinical records.

Throughout the announced inspection, we spoke with four staff members including the registered manager, and two patients. We observed how patients were greeted at reception, observed two patient consultations and one treatment for Early Medical Abortion (EMA). In addition, we reviewed six patient records.

# Summary of this inspection

## Information about BPAS - Tamworth

The British Pregnancy Advisory Service was established as a registered charity (Registered Charity Number 289145) in 1968 to provide a safe, legal abortion service following the 1967 Abortion Act.

The treatment unit holds a licence from the Department of Health (DH) to undertake termination of pregnancy services in accordance with the Abortion Act 1967.

BPAS Tamworth opened in 2009 and was registered with CQC in April 2011. It is registered as a single specialty service for early medical and medical termination of pregnancy services to NHS patients predominantly in Staffordshire and surrounding areas. The treatment unit was open Monday and Tuesday evenings; 17.00 – 21.00 with last appointments being taken at 19.30. Following consultation, patients were able to choose a treatment option, subject to gestation and medical assessment. Should patients require or choose a treatment option not offered at BPAS Tamworth, alternative BPAS locations were offered.

The following services are provided at BPAS Tamworth:

- pregnancy testing
- unplanned pregnancy counselling/consultation
- early medical abortion (EMA) up to nine weeks gestation
- medical abortion from nine to ten weeks gestation
- abortion aftercare
- sexually transmitted infection testing
- contraceptive advice and contraception supply.

The service is located within a clinic area of an NHS Hospital, which is leased by BPAS on a sessional basis. BPAS Tamworth has a reception, spacious waiting areas, two screening rooms and two consulting rooms. This service carried out 207 early medical abortions (EMAs) between January and December 2015.

The registered manager was responsible for two BPAS treatment units in Staffordshire, BPAS Cannock and BPAS Tamworth. Two nurses and three support staff assisted them.

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Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are termination of pregnancy services safe?

### Summary:

- Clear systems were in place for reporting incidents. Although no serious incidents had been reported during 2015, we saw that staff were aware of how to report these. Reported incidents were discussed through regional management meetings and learning and action points disseminated to staff through briefing paperwork and team meetings.
- We saw good levels of infection prevention and control. The clinic was visibly clean and tidy, and personal protective equipment was available for staff use.
- Medicines were generally well managed. Improvement to the transportation of medicines has been undertaken since our inspection.
- We saw, and audit records confirmed, that patient records were well maintained, legible and contained all appropriately signed paperwork required by The Abortion Act 1967.
- Staff demonstrated their understanding of safeguarding adults and children and had completed recent safeguarding training to an appropriate level which included information about female genital mutilation and child sexual exploitation.
- Risk assessments to protect patients from abuse and coercion were used, and procedures were in place to allow patients to express any concerns in a confidential manner.

### However:

- We saw that the resuscitation trolley was contained within a locked room; this meant staff could not access this in an emergency. However, we saw that this concern had been rectified during our unannounced visit.

### Incidents

- Staff told us, and information provided by the service showed that there had been no serious incidents reported during 2015. If serious incidents were to be reported, they would be discussed at the Regional Quality Assessment and Improvement Forum (RQuAIF) in order to identify and share learning. This was a BPAS meeting which managers and senior managers attended. The meeting minutes we looked at confirmed this.
- There were no never events reported at BPAS Tamworth throughout 2015. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- Staff told us that the registered manager shared investigation reports for never events and serious incidents from across BPAS with them. Additionally we saw that staff were asked to sign to confirm when they had read them. The regional manager and registered manager told us that they returned the confirmation signature list to the regional office to evidence that staff were aware of any learning from the incident.
- We saw the system for reporting clinical and non-clinical incidents was paper based using an incident reporting book, that was held by the treatment unit manager. The manager would then escalate incidents to the corporate risk and safety team who would record them on a central electronic register.
- We saw that there were three incidents reported at BPAS Tamworth between January and April 2016. All of these were rated as moderate risk. One of these incidents related to an undiagnosed twin pregnancy and two related to sexually transmitted infection (STI) samples

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being wrongly rejected by the laboratory. We saw that the registered manager had discussed these incidents at the RQuAIF and disseminated learning to staff through a briefing paper.

- Staff understood the principles of “being open” and had received information about the “Duty of Candour”. We spoke with staff about the duty of candour in relation to patient safety incidents. 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.

## Cleanliness, infection control and hygiene

- The clinic was based within an NHS hospital outpatients’ ward. The hospital provided cleaning services as part of the contract with BPAS Tamworth. We saw that the hospital staff completed cleaning schedules, checklists and cleanliness audits for patient areas and shared these with BPAS Tamworth staff.
- We saw a completed infection control and prevention audit report displayed on the clinic wall, which demonstrated 100% compliance, however this was not dated. Information provided by BPAS confirmed that the treatment unit manager had undertaken an audit in December 2015, which showed 95% compliance. The audit identified areas of concern with specific actions taken in response to the audit recorded.
- Handwashing sinks, soap, and alcohol hand rubs were in good supply and we saw instructions for their use clearly displayed.
- We observed staff washing their hands and using gel appropriately. They were bare below the elbows to enable good hand washing and reduce the risk of infection.
- We observed that protective personal equipment (PPE) such as disposable gloves and aprons were readily available, correctly stored, and were worn by staff.
- There were no reported health associated infections at BPAS Tamworth from January 2015 to December 2015; however, the clinic does not test for Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C. Diff).

## Environment and equipment

- BPAS Tamworth was located within a NHS hospital; there was no specific security staff in the area where the clinic was based; however the reception desk was situated so staff could see all people entering.
- The service did not have its own resuscitation trolley, but would use one owned by the hospital in an emergency. The resuscitation trolley was checked daily by the hospital staff and this was confirmed by records we looked at. We saw the room which housed the nearest resuscitation trolley was locked and required a porter to attend to unlock it. The nurse told us that this room was usually unlocked and requested a porter immediately to rectify this. Upon checking this at the follow up inspection, inspectors saw that it was unlocked.
- There was a policy in place regarding safe disposal of clinical waste and a service level agreement was in place for removal. We saw that there were appropriate arrangements in place for the segregation and disposal of waste materials through the NHS trust from which BPAS leased the treatment rooms on a sessional basis. An in date risk assessment was completed by BPAS Waste Inspection services showing that BPAS Tamworth met all requirements for which they were responsible.

## Medicines

- The registered manager ordered any required medications via an online portal through BPAS Head Office. The nurse manager logged and checked the order.
- Nursing staff transported medicines from BPAS Cannock to BPAS Tamworth. We found this was not undertaken in a safe manner. Following our inspection the manager told us that a lockable bag was now available to transport medicines. In addition arrangements were being made for the medicines to be delivered direct from the pharmacy. This meant that medicines were transported safely and securely.
- There was a comprehensive medicine management policy in place and staff had access to a pharmacist employed by BPAS whom they could contact by email if needed.
- The Patient Group Directions (PGDs) were in line with national guidance. PGDs provide a legal framework, which allows some registered health professionals (in this case, nurses) to supply and/or administer specified

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medicines, such as painkillers, to a predefined group of patients without the patients having to see a doctor. At BPAS Tamworth, these medications included contraceptive pills, pain relief and antibiotics.

- One PGD was out of date; this should have been reviewed on the 13 May 2016. A nurse told us that there was an up to date version and they had signed to confirm they had read it but it was not available to view at the follow up inspection. All other PGDs were within their review date and staff undertook training and signed the record sheet when training was complete and they felt competent to administer and or supply the prescribed medications. We observed safe and competent administration of medications.
- Doctors prescribed drugs that induced abortion following a face-to-face consultation with a member of the nursing team and written consent and agreement from the patient. These drugs were only prescribed following the signed agreement (as identified by HAS1) by two doctors that the reasons for the abortion were appropriate.

## Records

- Patient records were paper based. Patient information and records were stored safely and securely in lockable cabinets. Medical records were kept on site for six months and were then archived at the BPAS head office.
- We reviewed six sets of patient records; four of these were for patients undergoing treatment and two for initial consultations. We found all records to be legible, completed appropriately and signed by the patient.
- We saw copies of monthly audits of patient records for March 2016 to May 2016, whereby the treatment unit manager reviewed five files per month (approximately 16% of the patients seen). These audits supported our direct observations of patient notes, demonstrating a high standard of record keeping.
- We saw during a patient consultation that a patient had not fully completed a self-report medical questionnaire prior to the appointment. The nurse discussed unanswered questions and recorded the answers before asking the patient to read and sign that these details were correct.
- Staff told us, and we saw, that nurses and client care coordinators conducted safety at home and coercion risk assessments with patients during appointments. This included assessments for personal safety to the patient post procedure.

## Safeguarding

- All staff had received Level 3 safeguarding training for children; and appropriate safeguarding training relating to adults.
- Staff knew how to access the safeguarding policies and demonstrated a good understanding of the processes involved for raising a safeguarding alert. The BPAS policies and processes reflected up to date national guidance on sexual exploitation of children and young people, and female genital mutilation. Staff we spoke confirmed these principles had been included in their most recent safeguarding training.
- The registered manager was the designated safeguarding lead. Staff knew who the safeguarding lead for the clinic was and where to seek advice.
- Staff told us, and we observed, that patients under 18 years of age were highlighted on the booking system to ensure that appropriate pathways were in place to support them and meet their needs.
- BPAS policy stated that staff would be required to make safeguarding referral if a patient under 13 years old used the service; although no patients under 13 were seen at the clinic in 2015. For those aged up to 18 years, a safeguarding risk assessment was completed and a decision made on the outcome of the initial assessment, following discussion with the BPAS safeguarding lead. The regional director told us that BPAS had recently changed guidance to undertake risk assessment from 16 years to up to 18 years following increased risk of sexual exploitation of 17 year olds.
- The manager informed us that no safeguarding referrals had been made from BPAS Tamworth in the last 12 months. However, the manager provided an example whereby staff raised concerns about a young patient. As a result, prior to giving treatment, the manager contacted the patient's social worker to ensure adequate support was provided.

## Mandatory training

- BPAS mandatory training covered a range of topics: basic life support, fire safety, health and safety, safeguarding, moving and handling, infection control and information governance.
- BPAS provided a 12-week induction programme which incorporated competence based training for newly employed staff. This induction included all mandatory topics. In addition, the induction covered patient

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support skills training, sexually transmitted infection training and HIV training. Staff records evidenced completion of this training and of competency assessments for all staff.

- The registered manager told us that staff could undertake subsequent required training electronically or within the unit. The registered manager told us, and staff confirmed that BPAS closed the clinic for one day every two years for staff to undertake required training. If staff were unable to attend this session, they could access training sessions at other treatment units. The next training session was scheduled for July 2016.
- The organisational target for completing mandatory training was 100%. Staff told us they had all completed mandatory training. We saw that staff records supported this.
- A risk assessment relating to fire safety indicated that where possible BPAS staff should undertake fire safety training as run within the NHS hospital within which the service operated. If this is not possible, staff should attend a table-top exercise detailing their duties in the event of a fire at least twice a year. Data received from BPAS Tamworth confirmed that four members of staff, including the registered manager, had attended the NHS hospital fire presentation in December 2015, therefore ensuring these staff were up to date in this training.

## Assessing and responding to patient risk

- We saw that during consultation, patients were risk assessed for any medical condition and gestation times which may exclude them for treatment at BPAS Tamworth. Should a nurse identify that a patient was not suitable for treatment at a BPAS clinic due to a health condition; the nurse would make a referral via a specialist placement team to source alternative treatment within the NHS. This assessment included an ultrasound scan to check for gestation times. If the nurse identified that the patient was over ten weeks gestation, an alternative treatment with a choice of BPAS clinics was offered to the patient.
- We saw during treatment appointments that nurses gave women advice and information regarding accessing emergency medical health services, should they suffer heavy blood loss following the termination. This information was also detailed within the BPAS booklet; 'My BPAS guide' provided to all patients.

Administration staff provided patients with a letter that detailed the treatment they had received should they require emergency care when they had left the treatment centre.

- All patient records showed that blood was tested at the time of the initial assessment to determine rhesus factor. Anti-D immunoglobulin was administered to patients who were found to be rhesus negative. Testing for sexually transmitted infections was available and carried out with patient consent.
- We saw that the risk assessment included questions around consent and coercion, sexual activity and lifestyle. This was to identify coercion into a termination, suspicion of sexual exploitation, sexual abuse or grooming in order to facilitate sexual abuse. In addition staff assessed potential domestic abuse during the patient assessment for both over and under 18 year olds. This gave nurses an opportunity to discuss possible concerns if needed.
- Aftercare and helpline numbers were included in the BPAS guide which was given to all women who had a termination of pregnancy.
- Data received from BPAS Tamworth reported that there had been no emergency transfers of patients within the last 12 months. Information provided by BPAS reported that all units had formal transfer agreements in place with a local NHS hospital.

## Nursing staffing

- BPAS Tamworth employed three nurses and three non-clinical staff; one of whom was the Patient Care Coordinator who undertook part of the initial consultations. There were no staff vacancies at the time of our visit. Within the last three months, agency staff had not been used. The registered manager told us that should agency nurses be used, they would be carefully selected to ensure the required competencies were in place. During our inspection, we spoke to one long standing nurse who was leaving the service, but intending to remain as bank staff.
- The manager told us that usually, two registered nurses staffed the clinic. On the day of our inspection; more staff than usual were on shift due to the clinic being closed on the previous day as it was a Bank Holiday. This was to meet the expected additional demand of appointments.

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- The treatment unit manager told us that any unplanned staff shortage was managed within the clinic to avoid cancelling patient appointments. For example, the manager told us they were trained to undertake some aspects of the patient consultations therefore could step in and assist with appointments should a member of staff be unexpectedly off work with illness.

## Major incident awareness and training

- In the event of a major disruption to the service such as a hospital flooding or electrical failure; the unit treatment manager told us they would, as a last resort, rebook patients' appointments.

## Are termination of pregnancy services effective?

### Summary:

- We saw that staff followed clinical guidelines set out within the Royal College of Obstetricians and Gynaecologists (RCOG) when treating patients. The only exception to this was the use of simultaneous administration of abortifacient drugs for early medical abortion (EMA), which is outside of current RCOG guidance. However, we saw that a structured governance system was in place and had been followed to introduce this treatment option.
- BPAS Tamworth employed staff whose competencies had been assessed. Ongoing training needs were identified through yearly appraisals; staff were appropriately supervised.
- We saw that staff gained consent for procedures and treatment choice consistently throughout appointments and recorded this within patient records. However, we saw that information regarding the slightly raised risk of complications arising from simultaneous administration of abortifacient medication was not verbally discussed when patients' chose this treatment. The treatment consent form that nurses ask patients to read and sign did refer the patient to the BPAS booklet, which did detail this information; however by not verbally discussing this, we were not assured that all patients would have read the booklet and be aware of the risks.
- BPAS monitored outcomes, particularly about the effectiveness of early medical abortion (EMA). However, in order to gather data to inform this analysis staff were

reliant upon patients contacting them two weeks following treatment with the outcome of a pregnancy test. Staff did offer a text reminder service to remind patients to take this test and to contact the clinic with the results.

## Evidence-based care and treatment

- Policies were accessible for staff and were developed in line with Department of Health (DH) required standard operating procedures (RSOP) and professional guidance. However; some policies did not follow national guidance.
- BPAS Tamworth adhered to The Abortion Act (1967) and doctors followed guidelines set out by the RCOG with regards to the treatment of women for termination of pregnancy.
- The exception was the use of simultaneous administration of abortifacient drugs for early medical abortion, which is outside of current RCOG guidance. However, we saw that a structured governance system was in place and had been followed to introduce this treatment option; following research demonstrating a sound evidence base. A structured approach had been taken when planning and implementing this pathway and it was kept under regular review as noted within complication data and regional management meetings.
- Staff told us, and we saw, that they offered screening tests for sexually transmitted infections (STIs); particularly chlamydia screening for all age groups. If a patient showed a positive result, processes were in place so staff could advise with tracking partners and offering treatment.
- We also observed that nurses discussed contraception with all patients. All methods of contraception were explored with detailed information and literature provided to allow the patient to make an informed decision.

## Pain relief

- Staff told us, and we observed during patient consultations, that pain was assessed and discussed to determine if any pain experienced was related to pregnancy.
- We saw that nurses discussed pain relief with patients prior to treatment and provided analgesics as part of the post treatment discharge pack. Nurses gave information about when and how to take these.
- Staff also provided advice about purchasing further 'over the counter' pain relief if required.

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## Patient outcomes

- Between January 2015 and April 2016, BPAS Tamworth carried out a total of 296 early medical abortions (EMA) and medical abortions.
- Nurses asked patients undergoing medical abortion to complete a pregnancy test two weeks after treatment to ensure that the treatment had been successful. Patients could contact the BPAS aftercare telephone service and staff could invite patients back to the clinic if there were any concerns.
- RCOG guidance and RSOP 13: contraception and STI screening suggest that information about the prevention of STIs should be made available, and all methods of contraception discussed with patients at the initial assessment, with an agreed plan for contraception after the abortion. As above, we saw during appointments that staff offered STI testing, specifically chlamydia, to patients during the consultation appointment.
- Contraceptive options were discussed with patients at the initial assessments and a plan was agreed for contraception after the abortion. The patients were provided with contraceptive options and devices at the treatment unit.
- In order to monitor outcomes staff relied upon patients reporting this information to the BPAS Aftercare line, or on colleagues sharing available information. If staff discovered that there had been a complication, they would complete a form and document this in patient's notes. Quality leads monitored this information, and would cascade this through meetings.
- The service monitored the outcomes of simultaneous administration of abortifacient drugs and reported this to the clinical governance committee. Minutes from a Regional Management meeting in October 2015 showed that the reported complications were within the 2% predicted range.
- BPAS Tamworth carried out 89 medical terminations between January and April 2016, 83 of which were simultaneous administration. Of this 83, there was one major complication (haemorrhage) and five minor complications (four incomplete abortions, and one retained non-viable pregnancy). This equated to 6% of the total simultaneous abortions carried out during this time-period.
- From January 2015 to April 2015, BPAS Tamworth undertook 73 non-simultaneous medical terminations.

Three minor complications were noted within this time-period (one continuing pregnancy and two incomplete abortion) which equated to 4.11% of terminations carried out in this period.

- Data provided by BPAS Tamworth showed that no patients had been transferred from the clinic to another health care provider over the 12 months period of January 2015 to December 2015.

## Competent staff

- BPAS supported staff to undertake additional training relevant to their role such as ultrasound training. Nurses and midwives undergoing this training are required to have 150 supervised scans at different gestation ages (weeks of pregnancy) prior to undertaking this procedure independently. BPAS employ an 'in-house' auditor to assess the ongoing competency of the scanner and their interpretation of scans.
- BPAS held a bi-annual national managers day for all managers. The provider held annual training days for all staff and treatment units closed to facilitate attendance.
- Clinical staff provided peer supervision to each other on competencies such as contraception advice.
- Team meeting minutes for February and April 2016 confirmed that clinical supervision had taken place.
- All staff at BPAS Tamworth undertook a yearly appraisal; staff told us and records showed that the appraisal completion rate for the year 2015/2016 was 100%. We saw that staff used this process to identify skills gaps and to achieve additional clinical training.
- All nursing staff were aware of revalidation requirements and they had been asked by the organisation to produce a portfolio of their work. The provider had changed the structure of 1:1s and appraisals to include a section on revalidation and the registered manager had a register of when staff revalidation was due.
- BPAS provide a dedicated telephone line for post abortion counselling. BPAS staff who provide post abortion counselling are required to complete BPAS Patient Support Skills, Counselling and Self Awareness courses and to be fully competent within the Patient Care Coordinator competencies framework. Following this, counselling staff may attend the BPAS Post Abortion Counselling Training to enhance their skills further.
- Staff we spoke to confirmed that continued professional development (CPD) was encouraged and supported; and that scope was given to use existing skills and

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qualifications. For example, a Patient Care Coordinator reported that she was also a qualified counsellor and was therefore enabled to provide some face to face counselling to patients within the BPAS Tamworth clinic.

## Multidisciplinary working

- We saw, and staff told us, that clinical and non-clinical staff worked effectively with each other fostering an excellent team environment. A respect for team members' roles was evident throughout our inspection.
- The manager gave examples of multi-disciplinary working such as strong links with Women's Aid to provide support to women at risk of, or being affected by, domestic violence.
- Staff liaised with other agencies such as the patient's GP and social services where appropriate for both safeguarding concerns and where the patient felt it would be helpful.

## Seven-day services

- BPAS Tamworth was open Monday and Tuesday evenings; 17.00 – 21.00 with last appointments being taken at 19.30. If women needed to use the services on alternative days, they would be referred to alternative BPAS services.
- BPAS provided an aftercare phone line, which is accessible 24-hours a day, seven days a week. Patients who contact this number speak directly to a registered nurse or midwife and can telephone about any concerns they have post abortion.

## Access to information

- BPAS Tamworth shared information regarding the treatment with the patient's GP as per RSOP3 (Required Standard Operating Procedures for Independent Sector Places for Termination of Pregnancy). This was with the patient's consent to share information.
- We saw that patient files contained sufficient information to deliver effective care and treatment in a timely way. Patient notes were paper based and kept onsite for six months following discharge. This ensured staff could access patient files in a timely manner if required. Following this time, patient files were archived at a central record storage location.
- BPAS launched new key policies via conference calls, which were accessible to all staff. These were also recorded and available for a month to enable staff to

access them. A recent example of issues discussed in this was the duty of candour. Staff were able to access all relevant guidelines relating to their role through the intranet.

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

- Staff and patients told us, and we saw, that consent for preliminary tests and procedures, and for treatment, was gained at every stage from the initial consultation through to the discharge of the patient. We saw staff provide explicit and concise explanations of options for termination of pregnancy; showing an open and transparent approach to enable the patient to make an informed decision.
- We saw that staff re-checked patients' decisions regarding their choice of treatment, and if any concerns or distress were noted staff talked through the decision in order to ensure it was the appropriate one for that individual.
- We reviewed six sets of records during the inspection. All contained signed consent forms. Internal audits also showed 100% compliance with documenting consent to treatment.
- Within the reference guide to consent for examination or treatment produced by the Department of Health (DH) it is stated "it is therefore advisable to inform the person of any 'material' or 'significant' risks or unavoidable risks, even if small, in the proposed treatment; any alternatives to it; and the risks incurred by doing nothing".
- The treatment consent form that nurses ask patients to read and sign referred the patient to the BPAS booklet ('My BPAS Guide'), which did detail this information. Within the 'My BPAS Guide', it is stated "We will explain the known risks and complications of any treatment that is offered to you. All of your questions will be answered. You will need to sign a consent form to say that you understand the potential risks of your treatment". However, we saw that information regarding the slightly raised risk of complications arising from simultaneous administration of abortifacient medication was not verbally discussed during consultations we observed when patients' chose this treatment.
- Staff had access to guidance and policies regarding the Mental Capacity Act (2005). Records showed that staff

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received training on mental capacity and Deprivation of Liberty Safeguards (DoLS) during June 2015. Training records showed 100% compliance with this requirement.

- Between January and December 2015, treatment was provided to five patients under sixteen years. Staff we spoke to were aware of Fraser guidelines to obtain consent from young people. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.

## Are termination of pregnancy services caring?

### Summary:

- We saw that patients and their supporters were treated in a caring and compassionate manner during appointments. We observed that staff treated patients with dignity and respect from reception to discharge.
- We observed that staff communicated effectively with patients, ensuring that patients were actively involved within their own care and treatment. During appointments, staff took extra time where needed to allow questions to be asked and answered, and to thoroughly explain different treatment and contraception options. We saw staff actively listened to patients to understand individual needs.
- We saw staff provided appropriate emotional support during appointments. Staff gave information and details of BPAS counselling services which could be accessed both pre and post treatment if required.

### Compassionate care

- We saw that all staff treated patients and their supporters with dignity and respect. Staff greeted patients in a helpful and courteous manner on arrival to reception whilst maintaining the privacy of the patient.
- During appointments, we observed that staff treated patients with compassion and kindness, and made effort to maintain their dignity at all times. For example, staff ensured that curtains were drawn to shield patients from view of others during intimate procedures and scans. Nurses also gave patients the option to self-administer intimate medication if they preferred this option.
- We saw that staff did not rush patients during appointments. When one patient became distressed

during a consultation, the nurse allowed time for the patient to compose herself, before asking appropriate questions to ensure the patient was able to continue with the appointment. The nurse also made effort to explore whether a termination was the best decision for this patient.

- Patients were actively encouraged to complete BPAS feedback forms 'Your Opinion Counts'. During the inspection, it was observed that almost all patients completed this form prior to leaving the clinic. Information provided by BPAS as a whole company reported that between January and April 2015, 99% of 10,162 respondents would recommend the service. This compares favourably to the NHS average of 65%.

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

- We saw during appointments that both clinical and non-clinical staff communicated clearly with patients and took time to understand the patients' individual care needs. Staff encouraged patients to use the BPAS booklet 'My BPAS Guide', and directed patients to relevant pages within this book for future reference, such as the aftercare telephone line.
- We observed during appointments staff offering numerous opportunities to ask questions. Staff answered all questions and took time to discuss certain topics again in order to ensure patients' understood the treatment and options on offer.
- Staff explored treatment options with patients; highlighting the risks and benefits of each treatment although the increased risks of simultaneous administration of abortion medicines was not explicitly discussed. We saw that appropriate options and clinic locations were offered based upon gestation, and staff communicated this effectively to patients prior to asking patients which option was best for them. We saw that when asked what treatment was best by a patient, nurses did not provide a personal opinion and instead reinforced how each treatment may affect the patient in terms of the actual time of treatment, and post treatment effects.

### Emotional support

- All patients attending the clinic had access to pre-abortion support from the Patient Care Coordinator. Patients can also access post abortion support provided

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through a telephone counselling line. We saw staff offered this support to patients; and highlighted the pre and post abortion counselling service within the BPAS booklet; with instructions given as to how to access this.

- We saw that staff spoke to patients in a way that took into account the emotional state of the patients. Communication was appropriate with the language used, and non-verbal cues presenting as non-judgemental and caring of each individual patient.

## Are termination of pregnancy services responsive?

### Summary:

- Services were planned to meet the local community needs.
- BPAS Tamworth was a part time clinic offering one type of treatment, staff were able to easily refer patients to alternative clinics for timely treatment if required.
- The treatment unit was accessible to wheelchairs users and disabled toilets were available. Big Word was used for patients whose first language was not English, to enable patients and supporters to communicate with staff.
- The service had received no informal or formal complaints throughout 2015, and up to the point of our inspection. Compliments were received through completion of patient feedback forms.

### Service planning and delivery to meet the needs of local people

- BPAS Tamworth was contracted by Staffordshire Clinical Commissioning Group (CCG) to provide a termination of pregnancy service to patients located within Tamworth and the surrounding area, although BPAS patients are offered a choice of location for treatment.
- The manager at BPAS Tamworth confirmed all patients were funded via the NHS; however BPAS also offered an option to pay as a private patient if required.

### Access and flow

- Patients could self-refer to BPAS Tamworth by contacting the BPAS telephone booking service. This was available 24 hours a day throughout the year. The electronic triage booking system offered a range of locations, dates and times to suit the patient. Information on the BPAS website offers alternative

options to book an appointment such as textphone for patients who are deaf or hard of hearing, Skype calls and a call-back service. Patients can also be referred through their GP or sexual health services.

- RSOP11 (Required Standard Operating Procedures for Independent Sector Places for Termination of Pregnancy) state that patients should be able to access an appointment within five working days of referral and should be offered abortion treatment within five working days of making the decision to proceed. Across four South Staffordshire Clinical Commissioning Groups (CCGs), the proportion of patients who had their consultation within five working days was 69%. The proportion of patients who could have had their consultation within five working days was actually 97%. Data provided from BPAS Cannock indicated the lower number represented the patients who chose to wait for consultation, or to be treated at an alternative clinic. This was for the time period of October to December 2015.
- Between January and December 2015, 36% of patients waited longer than ten working days from first appointment to termination of pregnancy. The manager explained this was mainly due to patient choice as patients could choose which clinic and date they attended. This equated to 75 patients in total. In the same time period over 79% of patients were treated below ten weeks gestation which is significantly above the national average.
- We observed that during the clinic opening hours, staff saw patients promptly for their appointments. A structured system was used by the administration staff working on reception to ensure that patients were seen in the order of arrival and appointment, with no patients waiting excessively for their appointment time after being booked in.
- We saw within patient records, and patients told us, that waiting times from referral to treatment were within national guidelines. Exceptions to this were when a patient chose to not undertake treatment on their given treatment date. We saw that in these instances, an alternative treatment date was provided within appropriate timescales; in one instance the second treatment appointment was booked for the following day after a patient chose to walk out without treatment during the first treatment appointment.

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## Meeting people's individual needs

- BPAS treated fit and healthy patients. During assessment appointments, nurses conducted a health assessment to identify any underlying health conditions which may require a referral to a more specialist service for treatment. We were told that patients would be referred to the most appropriate NHS provider to ensure they received treatment in a timely and safe way.
- We saw that staff were equipped to manage diversity amongst patients. Staff were supported by the organisation through training and ongoing support such as 'Welcoming Diversity' training to ensure staff were aware of different cultural and religious needs and beliefs. Training records confirmed this had taken place.
- During the inspection we saw that Big Word, a telephone interpretation service, was used to communicate with a patient who did not speak English. The use of an interpreter is required to gain consent for procedures as per the RCOG guidelines; therefore avoiding coercion or pressure.
- The treatment unit was accessible to wheelchairs users and disabled toilets were available.
- A staff member within the service reported that they were also a trained counsellor; therefore BPAS Tamworth were able to offer occasional face to face counselling support instead of using the telephone counselling line, in order to meet individual needs. An example was given of a patient who would have struggled to access counselling over the phone due to the nature of a health condition. Due to this member of staff, this patient was still able to receive the same service through an alternative method.
- Patients were seen alone during the initial stage of the consultation as per BPAS policy. This was to assess for risk of coercion or abuse. Staff asked different questions depending on whether the patient was a under or over 18 to assess these risks.
- Staff discussed aftercare following treatment with patients; which was pointed out in the BPAS booklet so that patients may refer back to this information. This included highlighting the telephone numbers for the 24-hour advice line, and what to do in case of a medical emergency.
- The manager told us the service had strong links with the local Women's Aid service which enabled staff to refer patients identified at risk of domestic violence for targeted support.

- Staff told us and we observed that all patients received a private initial consultation without anyone else present to safeguard against possible coercion or abuse and to give them the opportunity to disclose such information in a safe environment. However, should a patient wish to have a chaperone during this part of the consultation, there were signs that informed the patient this was possible.
- We observed staff offering telephone-counselling options to patients in order to manage any emotional problems experienced as a result of undergoing treatment. Staff referred to the BPAS booklet, 'My BPAS Guide' given to all patients at consultation to indicate relevant contact details to access this service. Therefore, should the patient not wish to engage with counselling or emotional support immediately after treatment they would be able to access this at a later date.

## Learning from complaints and concerns

- Staff told us that the registered manager was the first point of call for patient complaints so that issues, when possible, could be addressed within the treatment unit.
- There was a local complaints register to record complaints and informal concerns.
- Data provided by BPAS reported that there were no formal complaints in 2015, and none up to the point of the inspection date. There were no informal complaints at the time of our visit.
- The BPAS patient engagement manager managed all unresolved complaints and written complaints centrally. A full investigation of a complaint would be carried out and feedback given to complainant and staff group.
- Information on how to make a complaint was included in the BPAS booklet, 'My BPAS Guide'. There was also information on the BPAS website about how to make a complaint or provide feedback either by telephone or email.
- A patient feedback form entitled 'Your opinion counts' was available inviting patient feedback. The midwife or nurse asked patients to complete this form before leaving the treatment unit.

## Are termination of pregnancy services well-led?

### Summary:

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- BPAS had a clear vision and set of values. We saw staff working clearly to the vision and values, promoting a safe and non-judgemental environment to care for patients using the service.
- We saw clear lines of accountability up to executive management for specific areas of work. For example, a specific committee was set up to review areas such as incidents, complaints and clinical practice.
- There were corporate governance arrangements to manage risk and quality. This included an audit programme and an established system to cascade learning. However, the arrangements for governance mainly took place at national and regional levels. The service was developing a local risk register to identify local risks.
- We saw that where BPAS were legally required to complete certain paperwork, this was monitored and audited to ensure compliance.
- The registered manager at BPAS Tamworth presented as supportive and effective.

## Vision and strategy for this core service

- The vision for the service was to provide safe, effective and non-judgemental care for termination of pregnancy. The registered manager discussed this vision with new staff through the induction process and training.
- BPAS website stated 'We support pregnancy choices and trust women to decide for themselves. We treat all patients with respect and provide confidential, non-judgmental and safe services'. We observed during interactions with patients that all staff supported these statements within their work.
- BPAS had a range of policies and procedures which reflected patients' rights to make informed independent decisions about their care, treatment and ongoing support. This was in line with BPAS quality standards of confidentiality, dignity, privacy and individual choice.
- The clinic had an in date certificate of approval as issued by the Department of Health to confirm that the location was approved for the purpose of the termination of pregnancy.

## Governance, risk management and quality measurement for this core service

- BPAS provided an organisational structure chart which showed clear lines of accountability to the board of trustees and the Chief Executive Officer.
- Governance took place at regional and national levels; this involved various groups including the board of

trustees, clinical governance committee, research and ethics committee, infection control committee, information governance committee and the Regional Quality, Assessment and Improvement Forums (RQuAIF).

- The RQuAIF, which is a subcommittee of the clinical governance committee, took place three times a year and maintained oversight of all services within the region. Invitees to this meeting included the director of operations for the region, treatment unit managers, the regional clinical lead and surgeon, the lead nurse, and associate director of nursing.
- Minutes received from these meetings confirmed topics which were reviewed. Minutes included discussion about serious incidents, clinical incidents and near misses, complaints and associated investigations and any required learning, transfer arrangements, complications, declined treatments, sexually transmitted infections (STI) testing and uptake on contraception and audits.
- We saw from minutes of the RQuAIF between the months of December 2014 to October 2015 identified that BPAS promoted an ethos of shared learning and development. It was expected that managers attending these meetings would share this information and learning with their teams within individual clinics.
- BPAS had a central risk register, which listed various areas of generic risks across all treatment units. The provider identified risks and a recorded action taken to reduce the level of risk. At the time of our inspection no local risk register was in place. The registered manager told us following our inspection that they had now received risk assessment training and a local risk register was being developed. Risks identified on the local risk register were also included and reviewed on the provider risk register.
- We saw information provided by BPAS which confirmed an internal clinical audit had been undertaken in December 2015 by the registered manager. The results of this clinical audit was 100% across all nine measures which included reception of patients, pregnancy options discussion, medical assessments, safeguarding, contraception discussion and confirmation of gestation.
- A BPAS clinical dashboard was in place to monitor and report on ten standards of quality and safety. These standards were: medicines management, safe staffing levels, clinical supervision, record keeping audits, safeguarding, treatment audits, complaints, lab

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sampling/labelling errors and sickness absence. The registered manager reported on these monthly to both the regional management team and staff at BPAS Tamworth. The most recent risk management and clinical governance meeting minutes showed that all results were within the BPAS expected levels.

- For any termination of pregnancy to take place, a certificate of opinion (HSA1 form) must be signed by two medical practitioners in line with the requirements of the Abortion Act 1967 and Abortion Regulations 1991. All patient files for those undergoing treatment, as observed on the day of inspection, showed correct completion of HSA1 forms which legally allow a registered medical practitioner to carry out a termination as per The Abortion Act 1967. We saw that doctors completed HSA1 forms correctly; two doctors had signed all the forms we viewed, detailing the reason for the termination. Internal audits for March 2016 to May 2016, showed 100% compliance with completing these forms.
- The Department of Health (DH) requires all termination of pregnancy providers to inform them of each termination through the completion of HSA4 forms. The HSA4 notifications were completed and uploaded to the DH electronic reporting system. Doctors working under practising privileges at BPAS treatment units across the UK completed HSA4 notifications for those patients for whom they had either prescribed medication or performed a surgical termination of pregnancy. Staff made a record within the patient's notes that the HSA4 form was completed and submitted. The DH sent out an automatic reminder after two weeks if they had not received the HSA4 form.

## Leadership / culture of service

- BPAS Tamworth had a registered manager who had been in post for over 13 years. The manager also held responsibility for BPAS Cannock, which is where they were based.

- Staff told us that the manager was positive and available for advice and support.
- Staff spoke positively about the care and services they provided for patients and were proud to work for BPAS. They described BPAS as a good place to work, and felt they could approach managers if they felt the need to seek advice and support.
- Staff had access to a free counselling/support telephone service that they could call in relation to any work related or personal problems. We saw that details of the service were accessible through the staff intranet.

## Public and staff engagement

- All patients using the service at BPAS Tamworth were actively encouraged to complete a feedback form 'Your opinion counts'. We saw patients completing and returning these forms whilst waiting for a discharge letter at the end of their appointment.
- Patient feedback was discussed at RQuAIF meetings. Minutes from the meeting held in October 2015 identified that the overall satisfaction score for the service within the Northern Region was 9.5 out of 10.
- Staff were involved in regular minuted team meetings. Minutes showed that topics discussed included both clinical and business updates to the service, general information provision and discussion of staff social activities.

## Innovation, improvement and sustainability

- BPAS had reviewed treatment programmes and when possible introduced new regimes to BPAS Tamworth to provide patients with greater choice such as the simultaneous administration of abortifacient medicine.
- The provider and service had a 24-hour telephone appointment service for patients.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- Ensure that during the consenting process, all patients are explicitly told about the slightly elevated risk of complications and continuing pregnancy associated with the simultaneous administration of abortifacient drugs for early medical abortion (EMA).

## 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	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p><b>Regulation 11 (1):</b> Care and treatment of service users must only be provided with the consent of the relevant person.</p> <p>How the Regulation was not being met:</p> <ul style="list-style-type: none"><li>Information regarding the slightly raised risk of complications arising from simultaneous administration of abortifacient medication was not verbally discussed during appointments when patients' chose this treatment.</li></ul>