British Pregnancy Advisory Service

BPAS - Portsmouth 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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Good

Summary of findings

Overall summary

This was our first rating of this location. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women.
- Staff treated women with compassion and kindness and respected their privacy and dignity. They provided emotional support to women and their families.
- The service planned care to meet the needs of local women, took account of women's individual needs, and made it easy for women to give feedback.
- Staff understood the service's vision and values. Staff felt respected, supported and valued. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Mandatory training completion rates did not always meet the benchmark standards.
- The service did not ensure women were fully informed of storage arrangements regarding disposal of remains in accordance with Human Tissue Authority guidelines.
- Women waited longer than five days between initial appointment and treatment which did not meet guidelines.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy	Good 	

Summary of findings

Contents

Summary of this inspection

Background to BPAS - Portsmouth Central

BPAS Portsmouth Central opened in 2013 and is a location under the provider British Pregnancy Advisory Service (BPAS). The unit is located in a sexual health department of an NHS hospital. BPAS Portsmouth Central provides termination of pregnancy services as part of an integrated sexual health service contract with the local NHS trust. The service has provided medical terminations up to 10 weeks and 0 days gestation since opening in 2013 and surgical terminations up to 13 weeks and 6 days since 2021.

The service was registered to provide;

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

In the 12 months prior to inspection, the service completed 1,147 terminations (of which 692 were early medical abortions and 455 were surgical), 50 of those terminations were for under 18's, the service declared one serious incident and had zero never events.

We last inspected this service in June 2016. There were no requirement notices or enforcement actions that resulted from this inspection.

At the 2016 inspection, we did not rate the service, as at the time Care Quality Commission did not have the methodology to do so. This is the first inspection where the service will be rated.

How we carried out this inspection

This was an unannounced inspection of this service that took place on 9 December 2022. We visited all areas of the unit, spoke with all onsite staff including midwives, administrative staff, the lead midwife and senior managers. We observed three appointments and reviewed three patient records.

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:

Summary of this inspection

- The service must ensure women are fully informed regarding disposal of remains in accordance with Human Tissue Authority guidelines. Care Quality Commission (Registration) Regulations 2009 (Part 4) Regulation 20: Requirements relating to termination of pregnancies (11) The registered person must prepare and implement appropriate procedures to ensure that foetal tissue is treated with respect.
- The service must ensure women do not wait longer than five days between their first appointment and treatment. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12: Safe care and treatment.

Action the service SHOULD take to improve:

- The service should implement a checking system to ensure tasks carried out by third parties are completed.
- The service should ensure staff are aware of all internal systems and processes and where to find them if staff are uncertain.
- The service should consider displaying material that supports women to making positive lifestyle choices.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Termination of pregnancy

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

Are Termination of pregnancy safe?

Good

We have not previously rated this service. We rated it as good.

Mandatory training

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

Staff received mandatory training, but did not keep up to date with all required topics. The mandatory training was comprehensive and met the needs of women and staff. Mandatory training was a mix of online and face to face training. Topics included; health and safety, infection prevention and control and general data protection regulations. The BPAS benchmark completion target for mandatory training was 90%. Two out of eight BPAS training courses did not meet this target, these were patient safety training and basic life support at 73% and 87% completion. However, managers arranged for remaining staff to complete their training by spring 2023, and mitigated risks by ensuring staff training from previous employers was still in date.

Managers monitored mandatory training and alerted staff when they needed to update their training. The treatment unit manager maintained oversight of the completion of training via an online spreadsheet. The training calendar on the BPAS intranet notified staff of when face to face training dates were available. When staff completed training, they uploaded their certificate to the system to prove completion.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff completion rates for level three safeguarding adults and children was at 93%, which met the completion benchmark. All staff we spoke with knew who the local safeguarding lead was and how to make a referral to the local authority if they had any safeguarding concerns. Staff knew they could contact the BPAS safeguarding team if they had a question or query.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. The safeguarding section of the patient record was detailed, and staff were unable to progress records until all

questions were completed. The record included a check of past termination of pregnancy attendances and a questionnaire. Questions included discussions of women's home life including; sofa surfing, friends, family, details of their partner, including age, sexual social media presence, trafficking, domestic abuse, coercion and any mental health concerns. During the booking process women gave a safe word to BPAS known only to them. The safe word was part of the BPAS security check. We saw staff confirm this with clients before consultation commenced. Staff also ensured they had an opportunity to speak with women alone in case of coercion and checked whether any family or friends knew they were attending the unit.

Staff followed safe procedures for clients visiting the service who were aged under 18. Clients attending the unit who were under 18 were highlighted in red on the patient listing and provided a double appointment at booking. Staff checked the identification of any adults who accompanied clients aged under 18. All clients aged under 18 who attended the unit had a follow up post procedure appointment to check their mental health. Staff understood their responsibilities in contacting the GP and completing a police notification for clients when required.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and well-maintained. The on-site NHS trust had responsibility for cleaning the environment, including the theatre, whilst unit staff were responsible for cleaning the services own equipment. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We saw cleaning records for the month prior to inspection and noted they were fully completed for each area of the unit and signed off.

At the time of inspection, the unit still had some COVID-19 restrictions in place. Women were able to attend with a partner, family member or friend. However, all women and visitors were required to complete a symptom and temperature check before arrival at the unit. If women were unable to attend the unit, all treatment could be accessed via remote consultation if the client was medically suitable.

Staff followed infection control principles including the use of personal protective equipment (PPE). We noted all hand wash basins displayed posters showing correct handwashing techniques. We saw staff wash their hands in accordance with best practice guidance as well as using PPE such as masks, aprons and gloves where appropriate. Stocks of PPE were high and there was a variety of sizes available in accordance with Health and Safety Executive guidance. The most recent hand hygiene and infection prevention and control audits from November 2022 had a compliance score of 100%.

Some disposable curtains did not document the date they were changed. Care Quality Commission guidance stipulates that disposable privacy curtains should be changed at least once every 6 months. Checking disposable curtains was the responsibility of the on-site NHS trust, however, the service did not have a system for ensuring this had occurred.

Staff cleaned equipment after contact and labelled equipment to show when it was last cleaned. We saw staff clean equipment after each usage as well as use disposable covers on scanning probes during each scan.

Environment and equipment

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

The design of the environment followed national guidance. The unit was located within a local NHS trust hospital and accessed via that trust's sexual health department. The unit had its own reception desk located next to the main sexual

health reception. The desk was partitioned and located far enough away in order to maintain privacy. The unit was self-contained and had its own waiting area, emergency access and exits, two scan rooms, one recovery room and one theatre. We noted the recovery room and theatre were located either side of the waiting area which would impact women's dignity upon leaving theatre. However, the service mitigated this as the sexual health department was not in use on theatre days and therefore women could use the sexual health waiting area.

The service had enough suitable equipment to help them to safely care for women, and staff carried out daily safety checks of specialist equipment. The on-site NHS trust was responsible for servicing and completing daily checks of emergency equipment. Staff were able to access these checks in order to ensure they were completed. We checked all on-site oxygen, defibrillators, haemorrhage and crash trolley equipment and found they were serviced, fully stocked and ready for use.

The unit's own equipment was serviced by a third party arranged by BPAS or had a rolling programme for replacement. The treatment unit manager completed a spreadsheet of all equipment servicing in order to maintain oversight.

Staff disposed of clinical waste and sharps safely. Clinical waste was stored in a designated locked area prior to collection. The hospital site had a service level agreement for the disposal of all clinical waste.

Assessing and responding to risk

Staff completed and updated risk assessments for each woman and removed or minimised risks. Staff identified and quickly acted upon women at risk of deterioration.

Staff completed risk assessments for each woman on admission, using a recognised tool. Staff used nationally recognised tools such as modified early warning scores to monitor risk of deterioration. We noted staff used this information to inform women's care. For example, a woman with raised blood pressure and low iron levels was referred for further tests before the consultation commenced. Staff discussed pain relief alternatives to ibuprofen with a woman with asthma, as ibuprofen can worsen asthma symptoms by causing airways to narrow (bronchospasm).

Staff knew about and dealt with any specific risk issues. There was a sepsis tool attached to electronic records, staff were unable to proceed with records until the checks were completed. Staff had access to a sepsis box in theatre, this included; antibiotics, proforma and a pathway detailing emergency transfer procedures.

Staff completed a pre-operative risk assessment for all women receiving a surgical termination. The risk assessment included risks of Venous thromboembolism (VTE). VTE is where blood clots in the veins. Staff checked women's rhesus factor to ascertain whether they required Anti-D. Records showed clients who had a rhesus negative blood group received an Anti-D injection. Women's record's also showed staff completed the World Health Organisation (WHO) Surgical Safety Checklist in line with best practice. The guideline was developed to decrease errors and adverse events and increase teamwork and communication in surgery.

We observed a scanning appointment where staff were unable to determine a yolk sac and therefore could not confirm whether there was a viable Intrauterine Pregnancy. The member of staff followed protocol and referred to appropriate algorithms, for example, 'pregnancy of unknown location' and 'pregnancy of uncertain viability' to determine next steps.

We saw sufficient emergency equipment was available on the unit for use if a woman deteriorated. The emergency trolley was checked daily by unit staff. The defibrillator and oxygen were owned by the on-site trust and checked by both parties. Unit staff completed daily equipment checks prior to the unit opening in the morning.

Although the unit was located within a hospital, there was no on-site emergency department. Policy for the unit was to call 999 if a woman deteriorated. All staff we spoke with were aware of this policy as well as the transfer policy that detailed staff accountability, roles and responsibilities of the transfer of care when a woman was required to leave the unit.

On surgical days, before the lists started, staff were allocated tasks that included confirmation of who would lead if a patient deteriorated, and who had responsibilities for calling an ambulance. The unit developed a Situation, Background, Assessment, Recommendation (SBAR) pathway to support staff if they were required to call an ambulance. This was in response to an incident at another unit where a non-medical member of staff called an ambulance and did not include all vital information.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough nursing and support staff to keep clients safe. Staff at BPAS – Portsmouth Central included the treatment unit manager, lead midwife, midwife practitioners, healthcare assistants and administrative staff. This team worked together across all three locations within the Solent cluster including; Portsmouth Central, Southampton Central and Basingstoke.

On days when the unit provided surgical terminations, staffing included; in the theatre; the surgeon consultant, midwife and healthcare assistant, in recovery a midwife and healthcare assistant, plus a supernumerary lead.

Managers accurately calculated and reviewed the number of staff needed for each shift. Rotas were based on the opening days and hours for each unit within the cluster, as well as staff competency and the number of women seen at each unit.

Medical staffing

The service had enough medical staff to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The medical staff matched the planned numbers. Staff were able to access the online BPAS remote doctors via the centrally organised electronic record system. HSA1 forms are required to be signed by two different doctors. The system included contact information in the event staff had questions or queries.

The service had enough medical staff to keep clients safe. On days where the unit was open but there were no surgical terminations, medical staff supported the unit remotely. BPAS had remote doctors who were contracted to review notes and medical records and sign off the HSA1 forms that are legally required in accordance with the Abortion Act 1967.

The unit performed surgical terminations one day a week on Saturday. On these days a BPAS treatment doctor, either employed or working under practising privileges, would attend on-site.

Records

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

Women's notes were comprehensive and all staff could access them easily. Staff kept detailed records of care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. The most recent surgical care records audit from November 2022 showed 97% compliance and early medical abortion records for the same period were 100% compliant.

We reviewed three sets of medical records, they were clear, followed the client's pathway and included detailed and completed risk assessments and full medical history, for example; observations, pregnancy history, surgical history and medical background.

Records were stored and maintained securely. All staff were provided with individual login details, computers were password protected and staff either locked computers or logged off when they left an area.

The system ensured all required information was input into the record. The system would not allow staff to proceed if information was missing. For example, if staff were not an accredited scanner, the system would not proceed without the images being emailed to be checked by an accredited member of staff. During an observation of an anaemic woman, staff showed us they were unable to process the record until they had completed a finger prick test.

Staff input equipment batch numbers in case equipment was faulty and all uses of equipment could be tracked.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The lead midwife had responsibility for ordering medicines via the BPAS central booking system. For medical terminations, the two consultants completed the prescription electronically as part of the legal requirements of the HSA1 form. We observed medicines were double checked by two members of staff before being handed to women and were advised this was standard practice. Where women required cervical preparation medicine prior to a surgical termination, the midwife wrote out the prescription which was signed electronically by the on-call consultant. The most recent medicines audit from November 2022, scored 100%.

The unit provided Early Medical Abortion Pills by Post for suitable clients who did not exceed a gestation of 9 weeks and 5 days. Staff ensured clear instructions for administration were included in the package and followed up all women using the service to ensure women understood what they needed to take and when.

Staff completed medicines records accurately and kept them up-to-date. We viewed three records and found them to be detailed including rhesus status and allergies, signed and securely stored on an electronic system.

Staff stored all medicines safely. Medicines were stored in a code locked, temperature checked room. Staff recorded temperatures daily and understood their responsibilities in reporting if the temperature fell outside of range. There was a formal system for stock rotation that included highlighting medicines that were close to their expiration date. However, staff we spoke with were unsure of this process. Therefore, managers should ensure all staff are aware of internal medicines management policies and processes.

Good

Termination of pregnancy

Controlled drugs (CD's) were stored separately in a locked temperature checked cupboard within the locked theatre room. Two practitioner staff counted the number of controlled drugs each day the unit was open to prevent discrepancies and CD's were included within the medicine's management audit. Controlled drugs are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful.

We checked three sharps bins, all were signed, dated, the safety lid was secure, and the bins were not overfilled.

Incidents

The service managed client safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised.

Staff knew what incidents to report and how to report them. Staff reported incidents on an online reporting system. Staff understood their responsibilities in reporting both incidents and near misses and were confident in using the system.

Staff received feedback from investigation of incidents. The lead midwife reviewed all incident reports and worked with the treatment unit manager to investigate incidents further. The treatment unit manager provided feedback from incidents at monthly staff meetings. Incident themes were discussed with the operational quality manager (OQM) at their weekly governance meeting with the treatment unit manager (TUM). Incidents requiring further review were escalated to the BPAS Quality and Risk Committee.

Staff could access online learning from all BPAS serious incidents. The risk and governance team also added serious incident briefings to the intranet system to support a learning culture across units.

Staff understood the duty of candour. They were open and transparent, and gave women and families a full explanation if and when things went wrong. Training records showed 93% of staff had completed duty of candour training. This met the 90% benchmark target.

The service had no never events in the 12 months prior to inspection. Never events are "Serious Incidents that are wholly preventable because 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".

Are Termination of pregnancy effective?

Good

We have not previously rated this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Good

Termination of pregnancy

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff followed provider developed pathways that were clear, easily accessible on the online intranet and followed National Institute for Health and Care Excellence, Royal College of Obstetricians and Gynaecologists and British Society of Abortion Care Providers standards.

The treatment unit manager reported audit results monthly to the operational quality manager via a dashboard. The service had a suite of audits that was overseen by the provider quality matrons. Staff received competency training to complete audits and undertook different audits each month. Audits that did not meet standards were reviewed by the treatment unit manager who completed an action plan and arranged for the audit to be repeated.

Managers checked to make sure staff followed guidance. Managers discussed and reviewed policies at team meetings to ensure staff understanding. As well as this, the operational quality manager completed unannounced quality assurance visits to the unit in conjunction with the quality matron who completed a unit assurance audit every few months. Treatment unit managers used these findings to create improvement action plans.

Nutrition and hydration

Staff gave women food and drink to meet their needs.

Although the unit did not generally provide food or drink facilities for women and their families, drinks and snacks were provided for clients attending for surgical treatment. The unit is located within an NHS hospital that provides access to a café and vending machines, therefore, women had access to food and drink when required.

We saw staff provide advice regarding consumption of food and drink on the day of surgery. Information was also provided in a written format.

Pain relief

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

Staff assessed women's pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff advised women on which over the counter medicines they could take. We saw staff advise women about taking ibuprofen rather than paracetamol in accordance with Royal College of Obstetricians and Gynaecologists guidelines 'Care of Women Requesting Induced Abortion' 2.26 and 7.17 (2011).

Staff prescribed, administered and recorded pain relief accurately. We viewed three medical records and saw pain relief information was clearly written. Staff could assess client pain levels using a facial expression scale for those clients who had difficulties communicating or whose first language was not English.

Staff received pain relief training that included; patient group directions, conscious sedation and reversals and were required to be mentored during at least two theatre sessions, including client feedback before being signed off. The number of sessions was adapted to support staff who required further mentoring. The treatment unit manager reviewed all competencies during appraisal.

Women's outcomes

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

Good

Termination of pregnancy

Outcomes for women were positive. The treatment unit manager monitored women's outcome data on a monthly basis, this was presented to the team in order that they could learn from outcomes and make improvements. In the month prior to inspection, out of 18 outcomes including; treatment delay/cancellation, change of treatment, hospital treatment and whether there were retained products of conception, all were positive and met national standards.

Managers used information from audits to improve care and treatment. The treatment unit manager transferred all audit data onto an action log spreadsheet in order to retain oversight of learning, changes as a result of audit findings as well as ensuring re-audit to monitor improvements. Managers had reviewed medicine storage alternatives as summer heatwaves and winter cold spells had increased the number of times storage temperature fell out of range.

The service relied on women contacting BPAS via the Aftercare Line to advise them whether or not they had presented at an emergency department post treatment.

Clients contacting BPAS to book an initial appointment were subject to a "scan screen" whereby their suitability for treatment with or without a scan was ascertained. Those clients who were unsure of their menstrual dates would automatically be referred for a scan. Errors in gestational age dating by last menstrual period are a known risk of this model. The service demonstrated learning from these incidents and implemented action plans to improve services.

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.

Managers gave all new staff a full induction tailored to their role before they started work. The treatment unit manager supported new staff through the induction process. The induction programme was developed at provider level by BPAS and detailed specific competencies for each role. Staff were required to be signed off as competent for all tasks before completing their induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of inspection, 100% of staff had received an appraisal within the last 12 months. The treatment unit manager gave staff the date of their 2023 appraisal in order that staff could plan their time in order to prepare for the meeting. Staff advised us they appreciated this and meant the time spent during appraisal was more meaningful.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The treatment unit manager organised a monthly staff meeting, the time and date of the meetings were arranged in order that as many staff as possible could attend. Minutes from these meetings were available for staff to review.

Multidisciplinary working

Staff worked together, and with outside agencies to benefit women. They supported each other to provide good care.

Staff advised us they had positive working relationships with outside agencies such as safeguarding teams, police and the local authority.

Staff worked with the sexual health team, located next door to the unit, to support women's care as well as other teams within the NHS trust, for example housekeeping and maintenance. The treatment unit manager met with these teams monthly to discuss any issues or concerns.

Good

Termination of pregnancy

Seven-day services

Key services were available to support timely care.

The unit was open five days a week, Tuesday to Friday the unit was open between 9.30am and 2.30pm to complete scans, treatments and early medical abortions up to 9 weeks and 6 days. On Saturdays the unit was open between 8am and 5.30pm for surgical terminations. The unit was closed on Sunday and Mondays.

When the unit was closed, woman had access to other units within the local area. Units closest to Portsmouth included; Southampton, Bournemouth and Basingstoke.

Health promotion

Staff gave women practical support and advice to lead healthier lives. However, the service did not display healthy lifestyle material within the unit.

Staff provided support for any individual needs to live a healthier lifestyle. The service supported clients to make informed choices regarding future contraceptive options. Contraception was discussed with all clients during consultation and scanning appointments. Staff offered all clients a supply of condoms with their early medical abortion. Clients wishing to use implants as a long term contraception were able to return to the unit on Saturdays when the theatre was in use.

Staff were competent to swab test women for suspected chlamydia or gonorrhoea within the unit or they provided women with test kits they could self-minister at home, if they were having a telephone consultation and pills by post. Staff referred women to the sexual health clinic located next door to unit for HIV and other STI testing.

The service did not have relevant information promoting healthy lifestyles and support in communal areas. The communal areas did not display posters or provide information to support women to make healthy lifestyle choices.

Consent and Mental Capacity Act

Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent.

Staff understood how and when to assess whether a client had the capacity to make decisions about their care. Staff used a capacity guide, developed by BPAS to support their assessment of mental capacity, where there were concerns. Staff made sure clients consented to treatment based on all the information available. We observed staff discussing treatment options with clients. Staff ensured clients understood the risks and benefits of each treatment and gave the client the opportunity to ask questions.

Staff gained consent from clients for their care and treatment in line with legislation and guidance. Staff understood their legal responsibilities in gaining consent and ensured consent was documented in line with legislation and best practice guidance. Staff we spoke with understood Gillick Competence and Fraser Guidelines and could describe their responsibilities in supporting clients aged under 16 who wished to make decisions about their treatment.

Staff received and kept up to date with training in the Mental Capacity Act. At the time of inspection, 93% of staff had completed their Mental Capacity Act training.

Good

Termination of pregnancy

Are Termination of pregnancy caring?

Good

We have not previously rated this service. We rated it as good.

Compassionate care

The service had a woman centred culture. Women felt staff went 'the extra mile' for them, when providing care and support.

Staff treated women with kindness. Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way. During all three appointments observed, we saw staff introduced themselves, ensured clinic room doors were locked and privacy curtains were pulled across. Before commencing with a procedure, staff explained what it would consist of and what sensations the woman might feel. Staff advised women what they were going to do before proceeding and continuously checked whether women were ok during the procedure.

Staff understood and respected the personal and social needs of women and how they may relate to care needs. Staff understood how the national cultural climate, for example national strikes and cost of living crisis, impacted on women attending the unit. Staff used creative ways to support women in caring and compassionate ways and went 'above and beyond' to support the women in their care. For example, staff worked overtime and extended unit opening hours to accommodate women who had not received their 'Pills By Post' due to the national Royal Mail strikes. Staff cared for women financially during the cost of living crisis. For example, a woman who had lost her free BPAS pregnancy test to confirm whether the termination was successful, contacted the unit in distress. She could not afford to buy another one, therefore staff hand delivered her another one the same day. The treatment unit manager arranged and funded a taxi for a woman to get to and from their appointment, when they could not afford public transport.

Emotional support

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

Staff gave women and those close to them help, emotional support and advice when they needed it. Staff understood the impact of having a termination on women's mental as well as physical health. We found a team of staff who were non-judgemental, respected women and supported them to make decisions about their pregnancies.

Staff received communication training that focused on language and terminology. Staff described the importance of stating the number of weeks of the pregnancy, rather than using words like foetus or baby. We observed staff asked women if they wanted to see the screen during a scan, whether they wanted to know if it was a multiple pregnancy and described what women would likely see in order to prepare them. Where women declined to see the screen, all scanning images were attached face down onto paper medical records in order that women could not accidentally see the photos during future consultations and appointments.

Good

Termination of pregnancy

All women were offered access to BPAS's counselling sessions post termination. Staff recognised when to refer women for pre-termination counselling if they were unsure of their decisions. These services were available as part of the BPAS package of care and we observed staff showing women how to access it. The BPAS website included information about burials and mementos, for example pictures and footprints. The website also included information to support women from different faiths, for example, requirements for travelling from Ireland to have a termination.

Staff on the unit worked with outside agencies to the emotional health of women. The staffing team worked hard to develop a relationship and refer women to a local counselling service that specialised in support for termination of pregnancy counselling. Staff referred women to Children and Adolescent Mental Health Services for all women under 18, to support their mental health pre, during and post termination. The treatment unit manager directly contacted a school to discuss pastoral care for a student who advised the school had not been supportive, despite the school being aware of the mental health status of the student. Staff extended working hours to accommodate women with anxiety who struggled to wait for an appointment.

Understanding and involvement of women and those close to them

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

Staff made sure women and those close to them understood their care and treatment. We observed interactions between staff and women and noted staff spoke with women and their families using plain English and ensured understanding. During one appointment, the staff member was explaining the contents of the early medical abortion treatment pack. She explained what each medicine was, what it did and why it was required. Staff took the information from the letter detailing how and when to take the medicine and tailored it to each woman, writing down the administration date a time that was specific to them. Staff also discussed any potential side effects, including pain, what to do if they experienced pain, what side effects were normal, and which required medical assistance. At all appointments observed, women were given numerous opportunities to check their understanding and ask questions.

Staff supported clients to make informed decisions about their care. All information was provided in writing as well as discussed in person during appointments. If a woman was receiving all their treatment remotely, then information was sent via the post. We observed staff reviewing the 'BPAS guide' with women and highlight the sections that were relevant to their treatment. The booklet contained detailed information about the termination process including; how to manage pain and who to talk to if they were worried or needed support following the procedure.

Women gave positive feedback about the service. Thank you cards from women included comments such as "The service was very good and felt very comfortable in a situation that was very difficult" and "I was very happy and grateful to receive this service and in the dignified manner it was carried out". Data from the most recent client satisfaction report between 1 July and 30 September 2022 showed 89.5% of women would recommend the service.

Are Termination of pregnancy responsive?

Requires Improvement

We have not previously rated this service. We rated it as requires improvement.

Good

Termination of pregnancy

Service delivery to meet the needs of local women

The service planned and worked with others in the wider system and local organisations to plan care. However, staff did not ensure women were fully informed in accordance with Human Tissue Authority requirements.

Staff stored pregnancy remains together, although women who requested to dispose of remains themselves received separate storage. Staff stored remains in a specialist red top bin, that was tagged to enable tracing and was incinerated by a third-party contract. Staff stored pregnancy remains in accordance with legislative requirements. However, The Human Tissue Authority advises; "Can quantities of pregnancy remains be cremated/buried together? Yes. Where the establishment's practice is to bury/cremate remains together, the woman should be informed of this when she chooses one of these options". We did not see evidence that women were advised pregnancy remains would be stored and incinerated together if they did not specifically request to dispose of remains themselves. If women changed their mind post treatment and wished to retain pregnancy remains, there was no method for this. Women were not fully informed of processes and the service was not demonstrating it met this requirement. Since the inspection the service was reviewing its foetal remains policy to ensure women were informed of their options.

Facilities and premises were appropriate for the services being delivered. The unit was located within a NHS Hospital that provided car parking facilities, including disabled parking. The hospital was close to bus and rail services and details of how to access these were available on the hospital website which could be accessed via the BPAS website.

The service had systems to help care for women in need of additional support or specialist intervention. Signage around the hospital was colour coded to support women with visual impairment and the lifts to the unit had speakers which notified you of which floor you were on. Other on-site facilities included free WiFi.

Meeting women's individual needs

The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services.

The service had information available in languages spoken by the local community. The BPAS website was able to translate all information into 58 different languages, information was also available in a text only format and large print for those who were visually impaired. Video links were attached to all information available on the website, therefore, women who struggled to read or preferred non-text formats, could also access information. Managers made sure staff, women, loved ones and carers could get help from interpreters or signers when needed. Staff had access to an interpreter telephone line if English was not a woman's first language. We saw appointment times were doubled to ensure there was enough time for information to be interpreted and for women to ask questions.

Staff checked whether women had any religious beliefs and had good understanding of how they could support women where specific ceremonial practices were followed, for example regarding foetal remains.

Managers and staff were aware of the social implications to women of having termination. Although the unit was a protected space within the NHS hospital, access to the unit was via other departments. Therefore, it was not obvious where in the hospital women attended. All medicines, letters and contraception's were given to women in blank brown paper bags with no logo's or labelling. In the autumn of 2022, the local council created an anti-protester buffer zone of 150 meters around any part of an abortion clinic or access point to any building or site that contains an abortion clinic. Staff and women advised us this made them feel safer whilst being on-site.

Good

Termination of pregnancy

Access and flow

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

Managers monitored waiting times. Department of Health Required Standard Operating Procedures state that women should be offered an appointment within five working days of referral. They should then be offered the abortion procedure within five working days of the decision to proceed. Managers monitored the unit's performance against these standards. Between August and November 2022, three women did not receive their first appointment within five days. A review determined this was due to personal preference by the women to wait in order that they could be treated at a more local unit. In the same time period, 142 out of 198 (72%) women waited longer than five days between their first appointment and treatment. This was worse than the national average and did not meet Department of Health Guidelines. The treatment unit manager had implemented plans to improve staff skill mix to reduce the number of women who waited for treatment.

Referrals were made via a central booking system either online or through the BPAS national call centre. Women were referred for a consultation appointment, since the COVID-19 pandemic, this could occur either over the telephone on on-site if the woman was unsure of the dates since their last menstrual period. If the women received a telephone consultation, and were medically suitable for an early medical abortion, the client could have pills by post, delivered with clear instructions of when to take the first and second pills. The pack also included a pregnancy test to be taken three weeks after the second medicine to ensure the treatment worked and there were no pregnancy remains. If a client was seen on-site, they were scanned to determine gestation and discuss next steps. The client had the option of returning to the unit for the early medical abortion treatment, receive pills by post or return for a surgical procedure dependant on gestation, suitability and preference. The electronic booking system followed the client throughout their termination pathway.

Staff could access information to reduce the number of lost follow ups. If a client did not attend (DNA) an appointment, staff flagged this and followed up all under 18's and any client where safeguarding concerns had been raised. When a client attended the appointment, the system showed the status of the HSA1 forms and would not allow staff to proceed if these had not been completed. Form HSA1 must be completed, signed and dated by two registered medical practitioners before an abortion is performed under the Abortion Act 1967. Once the appropriate form was completed and signed off, the system allowed staff to prescribe the early medical abortion medicine as well as any pain relief. The system also displayed the status of the HSA4 form in order that staff could monitor reports to the Department of Health. HSA4 must be sent to Chief Medical Officer within 14 days of termination in accordance with the Abortion Act 1967.

In the 12 months prior to inspection, the Care Quality Commission received one notification that the unit was required to close due to surgeon sickness. This was better than the national standard, and the two women who were impacted by the closure were risk assessed, offered alternatives and rebooked.

Learning from complaints and concerns

It was easy for women to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Women, relatives and carers knew how to complain or raise concerns. Women we spoke with advised us they knew how to raise any concerns they had regarding the service. The service clearly displayed information about how to raise a concern in client areas. Complaint and feedback leaflets were clearly displayed throughout the unit and the BPAS website provided further details on how to complain.

Good

Termination of pregnancy

Staff understood the policy on complaints and knew how to handle them. Staff demonstrated where they could find policies and information regarding complaints on the intranet. The system showed themes across sites and geographical areas as well as learning and changes to policy and practice as a result of a complaint. Staff understood their responsibilities to report complaints.

Managers investigated complaints and identified themes and provided feedback from complaints with staff and learning was used to improve the service. Changes as a result of a complaint included; the BPAS booking system and electronic record system were separate and did not 'talk' to each other. A woman who had received all consultations remotely was booked into the unit for a surgical termination. The booking system noted their BMI was over 40, however their BMI information was not transferred onto the electronic record system. The woman attended the clinic and had to be advised on the day of surgery that her BMI meant for safety reasons, she could not be seen and had to be referred to the NHS for her termination. As a result of the complaint, the unit agreed with the booking team that prompt notes were built into the system to ensure all information is transferred between systems.

Are Termination of pregnancy well-led?

Good

We have not previously rated this service. We rated it as good.

Leadership

Leaders were visible and approachable in the service for women and staff.

The service had a clear leadership structure from the unit to board. The treatment unit manager had day to day responsibility for the three units within the cluster, including Portsmouth Central, Southampton Central and Basingstoke. The treatment unit manager reported to the operational quality manager (OQM) who oversaw all units in the South West area. They reported to the provider leadership team, including; the director of nursing and quality, infection control specialist nurse, pharmacy consultant medical director and the director of finance.

Staff advised us the treatment unit manager and senior management team were visible and approachable.

The service clearly displayed their certificate of approval as issued by the Department of Health to undertake termination of pregnancies.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The service had a clear vision and strategy developed at provider level. We saw the values displayed throughout the unit.

Government guidelines for termination of pregnancy services during the COVID-19 pandemic meant the strategy at provider level was adapted to follow the new 'pills by post' legislation. BPAS updated their scan algorithms in order that women did not have to attend a unit and could receive early medical abortion medicine through the post. This was designed to decrease footfall within the unit.

Good

Termination of pregnancy

Culture

Staff felt respected, supported and valued. They were focused on the needs of women receiving care.

All staff we spoke with praised the team and advised they had positive working relationships that were focused on supporting the women who attended the unit. Staff worked together across all three units in the Solent cluster and advised this aided them to cohere as a team.

Staff understood the personal, mental and emotional impact that having a termination had on women. Staff were non-judgemental and supported each other when difficult cases presented at the unit. Staff advised us they valued the service they provided and were proud to work for BPAS.

Governance

Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities.

There was a clear governance structure from corporate provider level down to the unit. The structure was detailed and included information such as; job titles, meeting names, attendees, frequencies, purposes and whether they were corporate or clinical meetings. Examples of meetings included; drugs and therapeutics, clinical advisory group, research and ethics, and finance, audit and risk. Staff had access to a diagram that showed how issues and risks were escalated through the organisation.

The treatment unit manager and the operational quality manager had a weekly local governance meeting. Agenda items included; incidents, complaints, policy updates, training and risk register review.

The treatment unit manager monitored the submission of HSA4 forms daily to ensure they were completed in accordance with the Abortion Regulations 1991 and submitted within the 14 day timeframe to the Chief Medical Officer.

Management of risk, issues and performance

Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact.

At provider level, there was a corporate risk register which included various areas of risk identified and actions being taken to reduce the level of risk. Where a corporate risk resulted in a change to policy or practice, a ‘red top’ notification was saved onto the intranet for staff to read and sign their understanding. Treatment unit managers were able to monitor whether staff had read and signed ‘red tops’.

The unit’s risk register was accessible to all staff. Staff could add risks and concerns to the register for the treatment unit manager to review and were also able to see action planning against each risk. Managers advised us that the biggest risk for the unit was staffing skill mix and the impact this was having on the unit’s ability to treat women within five days of their first appointment. Some members of staff were new and required competency sign off. At the time of inspection all staff were signed off for first trimester scanning and were in the process of completing their second trimester scan qualifications.

At the time of inspection, the treatment unit manager maintained oversight of the risk register. However, responsibility for this was to be transferred to the new lead midwife. The risk register was reviewed at weekly meetings with the operational quality manager and escalated according to the policy algorithm to the BPAS audit and risk committee.

The unit followed the BPAS Local Clinical Audit Compliance Board, which was a document that set out the monthly clinical audit plan at BPAS for the year. This ensured all units were compliant with and completing a required number of audits and ensured the audit and risk committee retained oversight. The treatment unit manager had identified via audit that paper records where not always fully completed and organised refresher training for staff.

Performance data showed the unit was not meeting Department of Health guidelines for number of days between initial appointment and treatment. A review of the data showed staff skill mix was impacting treatment timeframes, therefore the treatment unit manager developed an action plan to increase staff competencies.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

At provider level, the information governance board ensured the management of information was lawful, securely, fairly and used for its intended purpose. The board included; the providers senior information risk officer, data protection officer and Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.

In the 12 months prior to inspection, BPAS Portsmouth Central did not have any data protection breaches.

Staff could access performance data and audit results on the electronic intranet system. Computers were password protected and locked when staff moved away from their desks.

Engagement

Leaders and staff actively and openly engaged with women, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.

Women were encouraged to provide feedback; we saw forms and contact information displayed in communal areas. BPAS had added QR codes to feedback forms, to enable women to use modern methods of communication to provide feedback, as well as encourage younger women to give their opinions regarding the service they received at the unit.

The treatment unit manager organised short informal staff catch ups three times a week. These were used to check staff well-being and discuss any urgent learning or complaints. Team meetings were held monthly and minuted in order that staff who could not attend were kept informed. BPAS conducted annual staff surveys, the most recent survey demonstrated positive results with the majority of staff saying they would recommend the service to family and friends, they were supported by their managers and that they believed their job was important.

Staff worked closely with partner organisations such as the local authority, the on-site NHS trust, including the neighbouring sexual health clinic and local specialist counselling services. One member of staff was a part of a local trafficking and modern slavery support group and had organised training sessions to support staff understanding of indicators and reporting processes.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Good

Termination of pregnancy

At the time of inspection, the service was reviewing how to expand the service by increasing their gestation cut off to 17 weeks and six days for surgical terminations. In the South, the only units providing this service were BPAS Bournemouth and BPAS Richmond. Plans to implement this service were halted due to sourcing a sterilising service. At the time of inspection, all surgical equipment was disposable, however, later gestation surgery required more specialist equipment that would need to be sterilised. BPAS were in the process of moving Portsmouth Central surgical day from a Saturday to a weekday to mitigate the potential risk of reduced access to emergency medical support at the weekend.

Staff referred women via the partnership arrangement to the neighbouring sexual health clinic, located in the adjoining suite of rooms, to provide long term contraception. However, managers were reviewing staff competencies to provide in house services in order that there was always a staff member on shift who could provide implants. The plan was, once staff received implant training, they would start training to fit coils. At the time of inspection, coils and implants were fitted by the consultant surgeon on surgical days only

At provider level, the service had a research and ethics committee that oversaw all research undertaken by BPAS. The committee signed off research proposals and audited results. The purpose of the committee was to ensure the provider conformed with ethical standards.

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 women do not wait longer than five days between their first appointment and treatment. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12.

Regulated activity	Regulation
Termination of pregnancies	Regulation 20 (Registration) Regulations 2009 Requirements relating to termination of pregnancy The service must ensure women are fully informed regarding disposal of remains in accordance with Human Tissue Authority guidelines. Care Quality Commission (Registration) Regulations 2009 (Part 4) Regulation 20 (11).