British Pregnancy Advisory Service

# BPAS - Richmond

## Inspection report

Rosslyn Clinic
15 Rosslyn Road, East Twickenham
London
TW1 2AR
Tel: 03457304030
www.bpas.org

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

## Ratings

| | |
|---|---|
| Overall rating for this location | 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

We had not previously rated this location. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- The service did not always plan care to meet the needs of local people. People could not always access the service when they needed it and often had to wait too long for treatment. Waiting times were not in line with national standards.
- The service did not use a paediatric specific risk scoring tool for patients under the age of 16.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| **Termination of pregnancy** | Good | We had not previously rated this location. We rated it as good because:<br>• The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.<br>• Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.<br>• Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.<br>• Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.<br>However:<br>• The service did not always plan care to meet the needs of local people. People could not always access the service when they needed it and often had to wait too long for treatment. Waiting times were not in line with national standards. |

# Summary of findings

- The service did not use a paediatric specific risk scoring tool for patients under the age of 16.

# Summary of findings

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# Summary of this inspection

## Background to BPAS - Richmond

BPAS Richmond is operated by British Pregnancy Advisory Service. British Pregnancy Advisory Service (BPAS) Richmond provides a termination of pregnancy service in Richmond, Surrey. The service is provided from a building owned by the service. The service provides termination of pregnancy as a single speciality service. BPAS Richmond offers consultation, medical assessment, early medical abortion, medical termination of pregnancy and surgical termination of pregnancy up to 24 weeks gestation, counselling and treatment. As part of the care pathway, patients are offered sexual health screening and contraception. Surgical termination of pregnancy can be undertaken under local anaesthetic, general anaesthetic, conscious sedation and no anaesthetic according to patients wishes.

The service is registered to provide the following regulated activities:

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

Under these activities the service provided:

- Pregnancy Testing
- Unplanned Pregnancy Counselling
- Early Medical Abortion (up to 9 weeks and 6 days gestation)
- Medical termination of pregnancy (MToP)
- Surgical termination of pregnancy (SToP)
- Abortion Aftercare
- Sexually Transmitted Infection (STI) testing and treatment
- Contraceptive advice and supply

The government legalised / approved the home-use of misoprostol in England from 1 January 2019. On 30 March 2020 the Secretary of State for Health and Social Care made two temporary measures that superseded this previous approval. These temporary arrangements were aimed at minimising the risk of transmission of coronavirus (COVID-19) and ensuring continued access to early medical abortion services during the COVID-19 global outbreak. The temporary arrangement meant that;

•Pregnant women (and girls) would be able to take both Mifepristone and Misoprostol for early medical abortion, up to 9 week and 6 days gestation, in their own homes without the need to first attend a hospital or clinic.

• It is possible for a medical practitioner to provide a remote consultation and or prescribe medication for an early medical abortion from their own home. i.e. rather than travelling into a clinic or hospital to work.

In the 12 months prior to our inspection the service completed 7693 abortions, of which 4003 were EMA by telemedicine (remote consultation and supply of abortifacient medication to take at home)

# Summary of this inspection

The service was last inspected in November 2015.There were areas of poor practice where the provider needed to make improvements. This included ensuring all staff understood and followed protocols for transferring women to NHS hospitals in the event of serious incidents, and complying with the practice recommended by the product manufacturer, NHS England and the Royal College of Anaesthetists, and discontinue multi-dosing from single patient use propofol ampoules.

During this inspection we found that these issues had been addressed.

## How we carried out this inspection

We carried out an unannounced inspection of the service on 8 and 9 July 2021.

During this inspection we observed patient consultations, telemedicine consultations, attended the treatment room and the pre-operative and post-operative recovery areas. We looked at ten patient notes, spoke with eight patients, and 12 members of staff.

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

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

You can find information about how we carry out our inspections on our website:

https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

## Areas for improvement

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

**Action the service SHOULD take to improve:**

- The service should ensure that women are offered an initial consultation within five working days of contacting the service.
- The service should ensure that women have had their treatment completed with five working days from their consultation and decision to proceed.
- The service should consider the use of a specific paediatric early warning score for use with appropriate children undergoing surgical terminations of pregnancy.

# Our findings

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Termination of pregnancy | 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 had not previously rated Safe at this location. 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 and kept up to date with their mandatory training. Records showed they had completed 90% of most of the required courses. Staff resuscitation training rates were 84%. This was because staff were not able to attend face to face training during the COVID-19 pandemic. Staff had completed electronic resuscitation learning while waiting for face to face training. Staff were booked for face to face training. Managers monitored mandatory training and alerted staff when they needed to update their training. Staff said they received email alerts so they knew when to renew their training.

**Safeguarding**

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

Staff received training specific for their role on how to recognise and report abuse. Training records showed all staff were trained to level 3. This was required by trust policy. Staff kept up to date with their safeguarding training. There was a system to alert managers and staff when they needed to update or refresh their training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff said they felt confident to raise issues with the senior management team. They knew when they should make referrals to the local authority and which safeguarding concerns to report direct to the regulator. There was a separate safeguarding system in place for telemedicine consultations, which included the ability to video calling women if required. Staff were supported to recognise cases of child sexual exploitation and female genital mutilation (FGM). A safeguarding proforma was completed for patients under the age of 18 years old.

Good

# Termination of pregnancy

**Cleanliness, infection control and hygiene**

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

All areas were clean and tidy and had suitable furnishings which were clean and well-maintained. We inspected the service during the COVID-19 pandemic and saw an enhanced cleaning routine. All areas were consistently being cleaned by housekeeping, with particular attention paid to areas that were touched by multiple people such as door handles.

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

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

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

**Environment and equipment**

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

We inspected during the COVID-19 pandemic and found that there were clear measures put in place to support staff and patients to follow guidance. We observed that chairs, including recliners, were spaced out in all areas to promote patients remaining socially distanced.

The design of the environment followed national guidance. The service had recently had a new lift installed. This was an improvement from our last inspection where the lift would often break down meaning women had to walk up to three floors pre and post procedure.

Staff carried out daily safety checks of specialist equipment. We saw that resuscitation trolleys, the major haemorrhage trolley, and anaesthetic equipment were checked daily. All equipment was regularly serviced and maintained. Staff said any faulty equipment was reported to facilities and was quickly repaired. Stock rooms were well resourced and kept tidy. Equipment was easy to locate and staff could see when stock was running low.

Staff disposed of clinical waste safely. There were appropriate waste bins in each area which were clearly labelled with what could be disposed of in them. The bins in each room were regularly emptied. Sharps bins were clearly labelled with dates of construction, as well as disposal.

**Assessing and responding to patient risk**

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

Good

# Termination of pregnancy

Staff used a modified early warning score (MEWS) to identify deteriorating patients and escalated them appropriately. The MEWS scores we reviewed were correctly completed and staff knew how to escalate any concerns. However, the service did not have a specific paediatric early warning score for use with appropriate children undergoing surgical terminations of pregnancy. This meant that any patients under the age of 16 were being assessed as adults.

Staff knew about and dealt with any specific risk issues. All women were risk assessed for deep vein thrombosis (DVT) using an appropriate scoring tool. Compression stockings were used for women deemed at risk of developing a DVT. Staff were all trained to a safe level of life support and there was always somebody on site who was trained to advanced life support level. All staff conducting conscious sedation had received appropriate training in airway maintenance

Staff were aware of the national gestation guidelines for each type of termination. Individual risk assessments were carried out for all women both at the clinic and those receiving telephone consultations to ensure the women were undergoing the correct termination. The service ensured that appropriate assessments were conducted for the eligibility of patient for termination of pregnancy and had processes in place to ensure that patients who required specialist care were referred as soon as possible to an appropriate service.

Staff used a modified Surgical Safety Checklist based on the World Health Organisation (WHO) and five steps to safer surgery checklist when undertaking surgical terminations of pregnancy. WHO checklists are a tool designed to improve the safety of surgical procedures. We observed surgical staff engaging well and completing the checklist at all stages throughout surgery.

Staff shared key information to keep patients safe when handing over their care to others. Staff knew there was an agreement with the local NHS trust to transfer any acutely unwell patients in the event of complications. The service now had clear guidelines and policies in place for staff to follow in the event that a patient needed emergency transfer. We saw that each clinical area had a transfer pack which contained a flowchart to instruct staff what to do when transferring a patient, telephone numbers for the trust, as well as all required documentation. At the start of each shift staff were allocated roles in the event that a patient needed transferring. Staff said this meant there was no confusion when transferring patients to other facilities.

**Nurse staffing**

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

The service had enough nursing and support staff to keep patients safe. All staff had received training specific to termination of pregnancy.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants in accordance with national guidance. Managers could adjust staffing levels daily according to the needs of patients. The service had low vacancy rates, and low staff turnover rates. Previously the service had higher vacancy and turnover rates. Another branch of BPAS recently closed, and staff from that location were transferred to BPAS Richmond. The service was fully staffed at the time of inspection.

The service had reducing rates of agency nurses. The service used regular agency staff who were familiar with the service. Agency staff said they had received a full induction and received regular updates from the service.

Good

# Termination of pregnancy

**Medical staffing**

**The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.**

The service had enough medical staff to keep patients safe.

Medical staff were employed by the service under practising privileges. Practising privileges means that staff are employed elsewhere but are allowed to work for another service in a limited, defined capacity. When doctors were employed under practising privileges their clinical background was checked and a set of criteria for the patients they could see was drawn up.

**Records**

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

Patient notes were comprehensive, and all staff could access them easily. Most patient notes were kept on an electronic system. There were some paper records such as consent forms and treatment room records The service had recently updated the electronic records and we observed staff competently navigating the new record system to locate all elements of the care record.

Records were stored securely. We observed that all computers were locked when not in use. This meant patient records were kept secure and confidential.

**Medicines**

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Medicines records were complete and contained details on dose, when patients received them, and controlled drugs were double checked. Control drugs were counted daily. Propofol was now being used for single use as per the manufacturer's, NHS England and Royal College of Anaesthetists guidance.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Patients having both telemedicine and clinic consultations received specific instruction as to how and when to take the medications they had been prescribed. This was both verbal and in written format. Pain relief for women having surgical terminations of pregnancy was regularly reviewed and adjusted as per individual requirements.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. There was an up-to-date stock list with all medicines in date and no excess stock. All medicines were stored safely in locked cupboards.

Staff followed current national practice to check patients had the correct medicines.

Good

# Termination of pregnancy

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. The service had an electronic system in place to record what actions were taken and who had confirmed these were completed.

**Incidents**

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. They followed clear guidelines and could describe the process for reporting incidents. Staff reported serious incidents clearly and in line with trust policy. All staff we spoke with were clear about their duty to report incidents and knew how to do so using the electronic reporting system.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The service had no never events.

Managers shared learning with their staff about never events that happened elsewhere. Staff were aware of never events that had occurred at other BPAS locations and the learning that had come from them in order to improve patient care and experience across the organisation.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Staff followed a clear process for reporting and investigating incidents. There were incident review meetings to examine all actions following an incident. Managers held clinical governance meetings and quality improvement meetings every month, during which they discussed recent incidents. Our review of minutes of the meetings showed how patients and families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Managers held quality improvement meetings where they shared lessons learned with staff. They recorded this in meeting minutes.

## Are Termination of pregnancy effective?

Good

We had not previously rated Effective at this location. Our rating is good.

**Evidence-based care and treatment**

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Good

# Termination of pregnancy

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The clinic adhered to the guidelines of the Royal College of Obstetricians and Gynaecology (RCOG) for the treatment of women for termination of pregnancy for fetal anomaly and ectopic pregnancy.

BPAS policies were centrally developed at the organisation's head office in line with Department of

Health Required Standard Operating Procedures (RSOP) guidelines and professional guidance. Polices were held electronically. Staff knew where to locate the policies and were able to navigate the electronic system without difficulty. There were policies implemented in accordance with Covid-19. RCOG abortion guidance – such as telemedicine, and all staff we aware of these.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. All staff had received training in the mental health act. Staff described the process to follow if they had concerns.

**Nutrition and hydration**

**Staff gave patients enough food and drink to meet their needs Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.**

Staff made sure patients had enough to eat and drink. All patients were offered drinks and biscuits when in second stage recovery. Tea and coffee making facilities were also available in the discharge lounge that women could access for themselves. Patients were aware of the need to keep themselves hydrated prior to attending the clinic for their procedures.

**Pain relief**

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately.

We observed staff discussing patient's pain levels and pain relief in telemedicine consultations, in clinic consultations, and post operatively. We saw that all early medical abortion packs contained pain relief medication. Women who had undergone surgical terminations of pregnancy told us that they had received pain relief when requested and its effectiveness was reviewed by staff.

**Patient outcomes**

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

The service participated in relevant national clinical audits recommended by RCOG such as on

consent for treatment, discussion of different options of abortion, contraception discussion, confirmation of gestation and medical assessments. The clinic completed and returned patient analysis data for each termination of pregnancy to the Department of Health (HSA4 report).

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. We saw the recent audits that had been carried out, where necessary actions were identified and performance over time could be checked.

**Competent staff**

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. In addition to an induction all members of staff were expected to complete a competency pack that was tailored to their role. Those staff working in telemedicine had a separate competency pack specific to their role. Staff completing conscious sedation were appropriately trained in airway management. Staff undertaking ultrasounds were appropriately trained to the gestation of the pregnancy they were ultra-sounding. Most staff we spoke with had been trained to ultrasound up to and including the second trimester.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff we spoke with told us they had a recent appraisal and that they found it useful.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff undertook a rotational training programme in which they develop skills in all areas of pregnancy termination such as ultrasound and surgery. Managers told us that allowed staff to work in all areas of the clinic.

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

**Multidisciplinary working**

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff worked well as a team within the clinic and with outside agencies. There were clear lines of accountability and all staff we spoke with knew what and who they were responsible for.

**Seven-day services**

**Key services were available six days a week to support timely patient care.**

The clinic was open six days a week and carried out procedures every day between Monday and Saturday. The clinic was closed on Sunday.

Good

# Termination of pregnancy

A 24-hour advice line specialising in post abortion support and care was provided in line with the

Department of Health's RCOG guidance. Staff at the clinic could follow up a woman treated a Richmond clinic with a phone call or by offering a further appointment at the clinic.

**Health promotion**

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

The service had relevant information promoting healthy lifestyles and support. All women received contraception advice and had the option of having long acting reversible contraceptive (LARC) implants inserted at the time of surgical termination. Early medical abortion packs had contraception advice booklets, as well as contraception in each pack.

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

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The clinic had a policy outlining the principles of consenting patients and of capacity to consent. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

The care records we reviewed contained signed consent from women. Possible side effects and complications were recorded, and the records showed that these had been mentioned to women. The service audited their consent forms and found that consent was gained in line with processes.

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. Staff told us how to gain support if they had any concerns regarding consent. Telemedicine staff could video conference call women when consenting to treatment.

**Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.**

BPAS had recently introduced an electronic records system. This allowed for clients notes to be accessed from a range of clinics and the women's pathways could be easily followed. Surgical treatment room records remained as written records as per NICE guidelines. Records were clear, concise, and appropriately completed.

## Are Termination of pregnancy caring?

Good

We had not previously rated Caring this location. We rated it as good.

Good

# Termination of pregnancy

**Compassionate care**

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff being friendly and kind to all patients. Staff ensured they interacted with patients in a way that made them feel that they were being cared for as a person. We saw that women undergoing surgical procedures for fetal abnormalities were cared for in a separate area to other women. These women were cared for in separate single rooms before their procedures and could have a loved one with them for support.

Patients said staff treated them well and with kindness. Patients we spoke to said staff in every part of their pathway were kind, considerate, and non-judgemental. Women we spoke with who were having procedures for fetal abnormalities told us that staff were very caring and supportive towards them and their partners.

Staff followed policy to keep patient care and treatment confidential. All consultations were held in private rooms. Staff were able to use video conference calls for telemedicine consultations and were able to ask women to use cameras and scan the room to ensure that the consultation was confidential for the women.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff were able to seek support if they were unsure of the cultural needs of any women. Staff were aware of women's different cultural and religious needs when dealing with disposal of pregnancy remains.

**Emotional support**

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. All staff understood the emotional impact having a termination could potentially have on a patient and tried to minimise any distress patients may have experienced. We observed staff giving emotional support to women at various points in their termination pathway. Staff were empathic, non-judgemental, kind and compassionate.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood the emotional impact termination of pregnancy can have on women and those close to them. Patients could contact BPAS via a dedicated telephone number, detailed in the 'My BPAS Guide' booklet, in order to make an appointment for post-abortion counselling.

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

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

Good

# Termination of pregnancy

Staff made sure patients and those close to them understood their care and treatment. Due to the COVID19 pandemic women could not have a support person with them in the clinic when undergoing surgical procedures. Women undergoing abortions for fetal abnormalities could have a support person with them until they had the procedure. Single rooms were provided to allow this to happen. Other women we spoke with would have liked to have had the choice of having someone with them for support.

Staff talked with patients, in a way they could understand, using communication aids where necessary. We observed staff explaining treatment and ongoing care to patients clearly and always asking whether they understood or had any questions. Staff were able to use a translation service for women who did not speak English as a first language. Staff did not use family and friends as translators so that the women's decision were not influenced, and they could ensure the women understood all information given to them and could make informed choices that were their own.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Women were able to give feedback on the service in person and electronically. Online surveys showed patients gave positive feedback about the service.

## Are Termination of pregnancy responsive?

Requires Improvement

We had not previously rated Responsive at this location. We rated it as requires improvement.

**Service delivery to meet the needs of local people**

**The service did not always plan and provide care in a way that met the needs of local people and the communities served. It worked with others in the wider system and local organisations to plan care.**

Services did not always meet the needs of the local population. Women booked their appointments through a central BPAS telephone booking line which was open 24 hours a day throughout the year. A fast track appointment system was available for women with higher gestation period. Women could refer themselves and about a third were referred by a GP. The service had introduced telemedicine consultations in response to the COVID 19 pandemic. This allowed women to have remote consultations and those who were suitable for early medical abortions could have their medications sent to them. These women would have a follow up call from the clinic after their early medical abortion.

However, the service did not always provide services in a timely way. National guidelines indicate that women should wait no longer than seven calendar days from contacting the service to receiving their first consultation. Having had their consultation, women should not wait more than seven calendar days to have their treatment.

Women regularly waited longer than the national guidelines for both their initial consultation and receiving treatment. From July 2020 to December 2020, 40% of women had their first consultation within seven days at the clinic, and 25% of women had their first consultation by telemedicine. From January 2021 to June 2021 this had increased to 79.5% of women having their first consultation in the clinic within seven days, however telemedicine consultations within seven days had decreased to 22.10%

Good

# Termination of pregnancy

From July 2020 to December 2020, 72.3% of women had received their treatment within seven days of consultation at the clinic, and 100% of women accessing telemedicine had received their treatment. This decreased in January 2021 to June 2021 where 48.2% of women received treatment within seven days of consultation at the clinic, and 97.1% of women accessing telemedicine received treatment within seven days.

On the day of the inspection we saw that the service was running additional surgical lists one day a week to support the national backlog of women undergoing surgical terminations.

Facilities and premises were appropriate for the services being delivered. The service had systems to help care for patients in need of additional support or specialist intervention. The service had a policy to support all staff, both clinical and non-clinical to care for patients with additional needs.

Managers monitored and took action to minimise missed appointments. Staff told us that women were sent reminders of their appointments. Managers ensured that patients who did not attend appointments were contacted. From July 2020 to June 2021, 2044 surgical terminations were completed at the clinic. 453 women did not attend appointments for surgical terminations. Managers told us there were a range of reasons for this, including women no longer wanting to have the procedure. 25 women did not attend the clinic for post-operative checks. Staff followed these women up by telephone to ensure their wellbeing.

**Meeting people's individual needs**

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

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff were able to identify where they could seek assistance for women with additional communication needs. Hearing loops were located in the building.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients could get help from interpreters or signers when needed. Staff were able to use a translation service for women who did not speak English as a first language. Staff did not use family and friends as translators so that the women's decision were not influenced, and they could ensure the women understood all information given to them and could make informed choices that were their own.

**Access and flow**

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

Managers monitored waiting times however patients could not always access services when needed and did not always receive treatment within agreed timeframes and national targets. Women regularly waited longer than the national guidelines for both their initial consultation and receiving treatment. Women should not wait more than five working days from initial contact to consultation and the same from the decision to proceed to having treatment (RSOP RCOG). The total time from initial contact to the procedure should not exceed 10 working days.

Good

# Termination of pregnancy

We reviewed data that demonstrated, between July and December 2020, 65% of patients received a consultation within 5 working days of initial contact. Of these 40% were seen in clinic and 25% telemedicine. This meant that 35% waited longer than national guidance. However, this improved to 91% between January and June 2021, with 79% seen in clinic and 22% telemedicine.

Between July and December 2020 100% of patients eligible for EMA at home received their treatment within 5 working days, this dropped slightly between January and June 2021 to 97%.

We saw that longer delays occurred between the consultation and treatment when patients were treated in clinic for either medical or surgical termination of pregnancy. Between July and December 2020 72% of patients received their treatment within 5 working days, this dropped further between January and June 2021 to only 48%. Actions had been put in place to reduce this. For example, on the day of the inspection we saw that the service was running additional surgical lists one day a week to support the backlog of women undergoing surgical terminations.

Managers and staff worked to make sure patients did not stay longer than they needed to. Managers constantly monitored the flow of women through the clinic and would step in and support staff if women were waiting for prolonged periods of time for their treatment or discharge.

**Learning from complaints and concerns**

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. All patients we spoke with told us they knew how to raise a concern and if they wanted to, would feel comfortable. They told us they would be more likely to raise a concern with a member of staff then write formally, but they were aware of both.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Staff we spoke with were clear that if patients approached them, they would log the concern and try to resolve it immediately if possible. They would inform the managers and, if necessary, the learning was shared with other staff.

Managers investigated complaints and identified themes. Managers told us that most complaints were regarding the waiting times for procedures, and also dealing with the remains of disposal of pregnancy remains. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. For example a new policy had recently been introduced for dealing with the remains of pregnancy to ensure that women's wishes were known and attended to.

Good

# Termination of pregnancy

## Are Termination of pregnancy well-led?

Good

We had not previously rated Well-led at this location. We rated it as good.

**Leadership**

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

There was a clear management structure with lines of responsibility and accountability.

Registered managers received training in key policy areas of their role, such as modular management training courses and attended regular conference calls to discuss new or amended guidelines or policies. Managers completed the BPAS leadership development programme, which was centrally organised to ensure all managers ran their clinics to the same standard. The provider directors led the programme with each director heading up a learning and training day.

We saw a copy of the clinic's certificate of approval to carry out termination of pregnancy in accordance with Department of Health requirements.

Staff we spoke with were very positive about the leadership and told us that managers were approachable and visible. All staff spoke highly of the current local leadership. Staff knew the different managers and their areas of responsibility. Staff said they felt supported and gave examples of when they had received support with personal circumstances. During the inspection we observed positive interaction between staff and managers. Staff told us they felt comfortable and able to raise any concerns they had with the management team.

**Vision and Strategy**

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

We saw the BPAS ambition, values and purpose displayed throughout the clinic and staff were able to tell us what these were. The vision and strategy for BPAS was a future where every woman can exercise reproductive autonomy and is empowered to make her own decisions about pregnancy. Their purpose was to remove all barriers to reproductive choice and to advocate for and deliver high quality, woman-centred reproductive health care. All staff we spoke with had 'bought in' to the vision and strategy for the provider and stated that it was the basis for the care they provided.

**Culture**

Good

# Termination of pregnancy

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

Staff told us they really enjoyed working at the clinic and felt there was a "close knit team". Some staff were redeployed to the clinic BPAS Richmond after the closure of a neighbouring clinic. All staff told us they were apprehensive about the merger of the two clinics, but they now believe it was the 'best thing' that had happened for both the staff and the patients. Staff felt the merger had combined the best bits from both clinics and has had formed a 'super' clinic. Staff told us the newly formed senior management team were very knowledgeable and supportive, and made coming to work a joy. Staff felt comfortable to raise concerns, and felt they were genuinely listened to.

Patients told us they were very comfortable in the clinic and although they did not have any worries to raise, they felt they were able to without being concerned their care would be affected.

**Governance**

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

Governance took place at national and regional levels. There was a Clinical Governance Committee; Finance, Audit & Risk Committee; and a Strategic leadership team. These met Quartley, except for the leadership team which met bi-weekly. The clinical governance committee was comprised of a Clinical Advisory Group, Drugs & Therapeutics Committee, Infection Control Committee, Quality & Risk Committee, and a research and Ethics Committee.

The quality and risk committee was comprised of Operational Management Team Meeting (who met bi-weekly) and the Operational Quality Manager/Treatment Unit Manager Meeting (who met quarterly). The national medical director took a lead role in ensuring the organisation was working in line with current national guidance. All committees fed into a board of trustees.

The service delivered care and treatment in accordance with the Abortion Act 1967. Two registered medical practitioners must complete and sign, a HSA1 form before a termination is performed, The HSA1 form certifies the doctor's opinion, in good faith, the grounds for termination of pregnancy in line with the Act.

**Management of risk, issues and performance**

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

BPAS Richmond had a corporate and a local risk register. The local risk register was divided into telemedicine and clinic risks. Risks were scored before and after control measures, and RAG rated to clearly identify the highest risks. Managers were able to tell inspectors what the highest risks for the service were. This included IT failure for telemedicine, wait times for initial consultation and treatment, as well as the impact of the COVID19 pandemic.

**Information Management**

Good

# Termination of pregnancy

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

The service used electronic systems to report incidents and to hold all their policies. The main policies from the corporate entity were all available on the electronic system and were amended to fit the local environment using local operating procedures.

All clinical records were also electronic, with the exception of surgical records. Electronic records also meant if a patient's care was handed to another clinic in the wider corporate group the notes were immediately available, as there was an integrated electronic record system.

In order to meet the requirements of the Abortion Act 1967, following a termination, the registered medical practitioner must complete a HSA4 form and send this to the Department of Health within 14 days and include patient demographic data. BPAS had an on-line submission process for HSA4 forms, where the BPAS 'Booking Information System' had direct access to the Department of Health database.

BPAS Richmond were open with external stakeholders, including CQC. The clinic had one potential serious incident in the year leading up to the inspection and had contacted CQC to inform us of what was happening and their response, this was done in addition to the statutory notifications.

**Engagement**

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

Everyone BPAS treats is asked to complete a satisfaction survey form to score aspects of the service and suggest how services could improve. However, the nature of the service meant that patients who had previously used services did not frequently want to engage further with the organisation.

Previously, staff met monthly for team meetings where complaints, incidents and any updates were discussed. These meetings were arranged around staff shifts and the clinic opening hours to ensure all staff could attend. Since the COVID-19 pandemic these face to face meetings have not been able to be held as often. Staff told us that they had a full meeting day the weekend prior to our inspections which all staff attended in person. Managers told us they regularly kept in touch with staff during the pandemic though emails and video calls. Those staff who work remotely doing telemedicine regularly checked in with colleagues throughout the day. There was also an open line available which remote staff could log into at anytime for support and advice.

**Learning, continuous improvement and innovation**

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

Good

# Termination of pregnancy

During the COVID 19 pandemic BPAS Richmond had introduced a telemedicine hub within the clinic. This hub provided telephone and video conference consultations for women seeking early medical abortions, who would not otherwise be able to attend the clinic because of the pandemic. This allowed women to have early terminations of pregnancy, negating the need for later stage medical or surgical terminations.

BPAS Richmond is the training centre for BPAS for both ultrasound scan training and conscious sedation training. Practitioners attend Richmond to undertake 1st and 2nd trimester scanning and be supported by scanning leads from Birmingham University. The practitioners also attend Richmond for their sign off assessments in these areas. Richmond also hosts conscious sedation training and assessments.