BPAS Taunton

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

British Pregnancy Advisory Service (BPAS) BPAS Taunton provides a termination of pregnancy service at two sites. BPAS Taunton Central is a satellite of the main service location BPAS Taunton which is located at Musgrove Park hospital. The service at both sites is commissioned by Taunton and Somerset Foundation NHS Trust. This commissioning contract has been extended to 2017.

BPAS Taunton provides a range of termination of pregnancy services including : Pregnancy testing, unplanned pregnancy consultation, early medical abortion, surgical abortion under local anaesthetic, abortion aftercare, miscarriage management referral, sexually transmitted infection testing and contraceptive advise and contraceptive supply. Vasectomies are not provided at this service.

The registered manager and staff at BPAS Taunton and BPAS Taunton Central are the same manager and staff as BPAS Plymouth where a more limited service is provided.

We carried out this comprehensive inspection as part of the first wave of inspection of services providing a termination of pregnancy service. The inspection was conducted using the Care Quality Commission's new methodology. We have not provided ratings for this service. We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

The inspection team of three included two inspectors and a specialist advisor who was an experienced, qualified midwife with expertise in termination of pregnancy services.

The inspection took place on 10 and 14 May 2016.

Our key findings were as follows:

Are services safe at this service

- Staff were encouraged and supported to report incidents. Incidents were investigated and the learning, including learning from incidents at other BPAS locations, was shared with the staff. Staff were aware of their responsibilities under the duty of candour.
- The environment at both sites was visibly clean, staff followed BPAS infection control procedures and infection control rates were low.
- Sufficient equipment was in place to deliver the service and equipment was monitored to ensure its safety.
- Medicines were appropriately managed to ensure they were safe to use. Drugs to induce abortion were appropriately prescribed by a doctor for women undergoing early medical abortion. Systems were in place to ensure the correct ordering and monitoring of stocks.
- Patient's records were completed, legible, up to date and stored securely. Auditing was in place to monitor accurate record keeping.
- There were sufficient numbers of suitably trained staff available to care for patients. Current staffing vacancies are being managed within the existing staff team.
- Safeguarding procedures were in place to protect both vulnerable adults and children from harm.
- There were sufficient procedures in place to identify any patient deterioration. Processes had been put in place to promote the safety and wellbeing of patients including eligibility criteria and risk assessments. Staff completed the World Health Organisation safety checklist for all surgical procedures.

Are services effective at this service

Summary of findings

- Patients had their needs assessed and care planned and delivered in line with evidence based guidance and recommendations, Department of Health Standard Operating Procedures and professional guidance. Pain management was considered and action taken to ensure patients were comfortable. BPAS has a planned programme of monitoring with audit outcomes fed back to staff to promote good practice, develop skills, or address areas of poor practice.
  - BPAS has competency training in place to support the development of staff. Staff received regular supervision and appraisals.
  - Multidisciplinary working was undertaken with GP's involved when possible and pathways to transfer patients were in place.
  - Patients had access to information to inform their decisions and were provided with reference material. Contact was available out of hours by a telephone helpline for any further questions.
  - Consent was obtained from the patient at each stage of the treatment and recorded in the patient's record. Staff were clear about their roles and responsibilities to ensure patients with limited capacity or understanding were managed correctly and in line with best practice.

Are services caring at this service

- We saw patients were treated with compassion, kindness, dignity and respect. Patients and those attending with them were treated with respect and consideration. Patients were provided with appropriate and timely support and information to cope emotionally with their care and treatment.
- Staff respected patient confidentiality and ensured patients' dignity was maintained.
- Patients' beliefs and faiths were respected and their choices supported.

Are services responsive at this service

- The service was planned and delivered to meet patients' needs. Patients could access the service within a short timescale and were given options to attend alternative clinics. This included a fast track appointment system to prioritise patients with a higher gestational age and more complex needs or circumstances. The service monitored its performance against the waiting time guidelines set by the Department of Health.
- The service took account of patients' specific needs to support them through the treatment, including patients with complex needs. Staff recognised patients' personal, cultural, social and religious needs.
- Patients' complaints were listened and responded to. Learning was taken from complaints and used by staff to reflect and change their practice.

However :

- BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as counsellors but not to a Diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained pregnancy counsellors.
- The provider should audit those patients who exceed the 10 working days to treatment to evidence patient choice.

Are services well led at this service

- Staff followed the vision for the service by treating all patients with dignity and respect in a non-judgemental way. The development strategy for this service was on-going with staff being aware of future plans.
- There was an established governance structure at national, regional and local level to manage risk and quality including an established process for sharing learning. Processes laid out in the Secretary of State's Required Standard Operating Procedures were followed. This meant that the service was provided with its legal boundaries.

Summary of findings

- Staff spoke positively about how they enjoyed their work and felt a strong sense of teamwork.
- Public and staff engagement was encouraged to develop the service provided.

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

The provider should:

- BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as counsellors but not to a Diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained pregnancy counsellors.
- The provider should audit those patients who exceed the 10 working days to treatment to evidence patient choice.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy		• The termination of pregnancy services at BPAS Taunton provided safe care for patients. The environment at both sites was visibly clean. Staff followed BPAS infection control procedures and infection control rates were low. Incidents were investigated and the learning, including learning from incidents at other BPAS locations, was shared with the staff. Medicines were appropriately and safely managed. There were sufficient numbers of suitably trained staff available to care for patients. Safeguarding procedures were in place to protect both vulnerable adults and children from harm. • There were appropriate procedures to provide effective care. Patients had their needs assessed and care planned and delivered in line with evidence based guidance and recommendations. Pain management was considered and patients were made comfortable. BPAS has a planned programme of monitoring. Audit outcomes were feedback to staff to promote good practice. Staff received regular supervision and appraisals. Multidisciplinary working was undertaken with GP's involved when possible and pathways to transfer patients in place. Consent was obtained from the patient at each stage of the treatment. • The service provided was caring and compassionate. Staff respected patient confidentiality and ensured patients dignity was maintained. The patient's beliefs and faiths were respected and their choices supported. Staff were seen to be respectful of patient's cultural, social and religious needs. Patients were provided with appropriate and timely support and information to cope emotionally with their care and treatment. • The service was planned and delivered to be responsive to patients' needs. Patients could access the service within a short timescale. This included a fast track appointment system to prioritise patients

Summary of findings

with a higher gestational age and more complex needs or circumstances. The service takes into account the different needs of people to support them through the treatment. Patients' complaints were listened and responded to. However : BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as counsellor's but not to a Diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained pregnancy counsellors. The provider should also audit those patients who exceed the 10 working days to treatment to evidence patient choice.

- The service provided was well led. Staff followed the vision for the service by treating all patients with dignity and respect in a non-judgemental way. The development strategy for this service was on going with staff being aware of future plans. There was an established governance structure at national, regional and local level to manage risk and quality including an audit programme, and an established process for sharing learning. Staff spoke positively about how they enjoyed their work and felt a strong sense of family and teamwork. Public and staff engagement was encouraged to develop the service provided.

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Background to BPAS Taunton

The British Pregnancy Advisory Service (BPAS) is a not-for-profit organisation formed in 1968. It has 44 registered locations and 21 satellite units across the UK. BPAS Taunton is contracted to provide a Termination of Pregnancy service for the women of Taunton and the surrounding area. The service is commissioned by Taunton and Somerset Foundation Trust and has been providing a service since 2013. This current contract has been extended to 2017.

BPAS Taunton provides a termination of pregnancy service at two sites. Taunton Central is a satellite of the main service location BPAS Taunton which is located at Musgrove Park hospital.

All initial visits, consultations and early medical terminations of pregnancy up to 10 weeks gestation take place at Taunton Central at Millstream House which is open Tuesdays and Thursdays from 9am to 5:30pm.

Surgical terminations of pregnancy up to 12 weeks gestation take place at BPAS Taunton which is located within Musgrove Park Hospital purpose built day surgery department of and is open Saturdays from 8:30am to 2:30pm.

In the previous 12 months 1 January to 31 December 2015, the service completed 346 early medical abortions and 316 surgical abortions, under local anaesthetic.

The registered manager for this centre was registered with the Care Quality Commission (CQC) since 2013 for BPAS Taunton and is also the registered manager for BPAS Plymouth.

We carried out this comprehensive inspection as part of the first wave of inspection of services providing a termination of pregnancy service. The inspection was conducted using the Care Quality Commission's new methodology. We have not provided ratings for this service. We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

Our inspection team

Our inspection team was led by:

Inspection Lead: Gail Richardson, Inspector, Care Quality Commission

The team included a further CQC inspector and a specialist advisor who is a qualified midwife and has experience of termination of pregnancy services.

How we carried out this inspection

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

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

The inspection took place on 10 and 14 May 2016.

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the service. These included the commissioners for this service, Taunton and Somerset Foundation NHS Trust. Patients were invited to contact CQC with their feedback and we received nine surveys from patients using the service.

We carried out an announced inspection visit on 10 and 14 May 2016. On 10 May 2016 we visited BPAS Taunton Central site and on the 14 May 2016 we visited BPAS Taunton site.

Summary of this inspection

We spoke with patients and observed five episodes of care and treatment being provided. We looked at the environment, equipment and looked at patients records. We also spoke with all staff including nurses, client support workers, administrative and clerical staff, the registered manager and the regional operations manager.

Information about BPAS Taunton

BPAS Taunton has two bases of work. BPAS Taunton Central is a satellite of the main service location BPAS Taunton which is located at the out patients department, Musgrove Park hospital.

All initial visits, consultations and early medical terminations of pregnancy up to 10 weeks gestation take place at Taunton Central at Millstream House which is open Tuesdays and Thursdays from 9am to 5:30pm.

Surgical terminations of pregnancy under local anaesthetic up to 12 weeks gestation take place at BPAS Taunton which is located within the purpose built day surgery department of Musgrove Park Hospital and is open Saturdays from 8:30am to 2:30pm.

Appointments for BPAS Taunton and its satellite unit are booked via the 'One Call' service who is commissioned to hold the central booking services. Women are able to choose their preferred treatment option and location, subject to their gestation and medical assessment. Of the treatment provided at BPAS Taunton 90% is commissioned by the NHS.

At BPAS Taunton Central there are three screening/ consultation rooms and no operating theatres. At BPAS Taunton there are facilities for day surgery including an operating theatre, and a pre and post-operative area.

The BPAS suitability for treatment guideline identifies which medical conditions would exclude clients from accessing treatment, and those medical conditions which, although not an automatic exclusion, require careful risk assessment by a doctor. For clients who are not suitable for treatment at BPAS on medical grounds, BPAS has a specialist placement team which sources appointments for the patient within the NHS. From January to April 2016, 68 patients were under nine weeks gestation and 25 patients were nine to 12 weeks gestation. Of those number four were medical terminations and 78 were surgical terminations under local anaesthetic.

BPAS Taunton provides support, information, treatment and aftercare for people seeking help with regulating their fertility and associated sexual health needs.

The other services provided include:

- Pregnancy Testing
- Unplanned Pregnancy Counselling/Consultation
- Medical Abortion
- Surgical Abortion Local Anaesthetic
- Abortion Aftercare
- Miscarriage Management
- Sexually Transmitted Infection Testing and Treatment
- Contraceptive Advice
- Contraception Supply.

The satellite BPAS Taunton Central service provides all of the above services except surgical abortion.

At the BPAS Taunton Central site there are two registered nurses and two administrative staff on duty each shift. No doctors are employed at this service and the service is entirely nurse led.

At the BPAS Taunton site there are three nurses, one health care assistant and one admin staff employed for each shift. A doctor works at this site under practicing privileges arrangements. This means they are employed elsewhere but undertake shifts for BPAS.

The registered manager and the nursing staff work at both sites.

The inspection team of three included two inspectors and a specialist advisor who is a qualified midwife and has experience of termination of pregnancy services. On 10th May 2016 we visited BPAS Taunton Central and spoke with all staff in the centre, including nurses,

Summary of this inspection

administrative and clerical staff, regional manager and operations director. On 14 May 2016 we visited BPAS Taunton and spoke with two further staff. We spoke with three people using the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- The termination of pregnancy services at BPAS Taunton and BPAS Taunton Central were following procedures to provide safe care for patients.
- The environment at both sites was visibly clean, staff followed BPAS infection control procedures and infection control rates were low.
- Incidents were investigated and the learning from incidents at other BPAS locations was shared with the staff.
- Medicines were appropriately and safely managed.
- There were sufficient numbers of suitably trained staff available to care for patients.
- Safeguarding procedures were in place to protect both vulnerable adults and children from harm.

Are services effective?

- There were appropriate procedures to provide effective care.
- Patients had their needs assessed and care planned and delivered in line with evidence based guidance and recommendations.
- Pain management was considered and patients were made comfortable.
- BPAS had a planned programme of monitoring aspects of their practice.
- Audit outcomes were fed back to staff to promote good practice.
- Staff received regular supervision and appraisals.
- Multidisciplinary working was undertaken with GPs involved when possible and pathways to transfer patients in place.
- Consent was obtained from the patient at each stage of the treatment.

Are services caring?

- The service provided was caring and compassionate.
- Staff respected patient confidentiality and ensured patients dignity was maintained.
- The patient's beliefs and faiths were respected and their choices supported.
- Staff were seen to be respectful of patient's cultural, social and religious needs.

Summary of this inspection

- Patients were provided with appropriate and timely support and information to cope emotionally with their care and treatment.

Are services responsive?

- The service was planned and delivered to be responsive to patients' needs.
- Patients could access the service within a short timescale. This included a fast track appointment system to prioritise patients with a higher gestational age and more complex needs or circumstances.
- The service took account of the different needs of people to support them through the treatment.
- Patients' complaints were listened and responded to. However, The provider should audit those patients who exceed the 10 working days to treatment to evidence patient choice.

Are services well-led?

- The service provided was well led. Staff followed the vision for the service by treating all patients with dignity and respect in a non-judgemental way.
- The development strategy for this service was on going with staff being aware of future plans.
- There was an established governance structure at national, regional and local level to manage risk and quality including an audit programme, and an established process for sharing learning.
- Staff spoke positively about how they enjoyed their work and felt a strong sense of family and teamwork.
- Public and staff engagement was encouraged to develop the service provided.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Summary of findings

- The termination of pregnancy services at BPAS Taunton and BPAS Taunton Central were following procedures to provide safe care for patients. The environment at both sites was visibly clean, staff followed BPAS infection control procedures and infection control rates were low. Incidents were investigated and the learning from incidents at other BPAS locations was shared with the staff. Medicines were appropriately and safely managed. There were sufficient numbers of suitably trained staff available to care for patients. Safeguarding procedures were in place to protect both vulnerable adults and children from harm.
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- The service was planned and delivered to be responsive to patients' needs. Patients could access the service within a short timescale. This included a fast track appointment system to prioritise patients with a higher gestational age and more complex needs or circumstances. The service took account of the different needs of people to support them through the treatment. Patients' complaints were listened and responded to. However, BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as counsellors but not to a Diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained pregnancy counsellors. The provider should audit those patients who exceed the 10 working days to treatment to evidence patient choice.
- The service provided was well led. Staff followed the vision for the service by treating all patients with dignity and respect in a non-judgemental way. The development strategy for this service was ongoing with staff being aware of future plans there was an established governance structure at national, regional and local level to manage risk and quality including an audit programme, and an established process for sharing learning. Staff spoke positively about how they enjoyed their work and felt a strong sense of family and teamwork. Public and staff engagement was encouraged to develop the service provided.

Termination of pregnancy

Are termination of pregnancy services safe?

- Staff were encouraged and supported to report incidents and they received feedback from the incidents they had reported. Incidents were investigated and learning from incidents at other BPAS locations was shared with the staff.
- The environment was visibly clean, staff followed BPAS infection control procedures and infection control rates were low. Sufficient equipment was in place to deliver the service and equipment was monitored to ensure its safety.
- Medicines were appropriately managed to ensure they were safe to use. Drugs to induce abortion were appropriately prescribed by a doctor for women undergoing early medical abortion. Systems were in place to ensure the correct ordering and monitoring of stock.
- Patients' records were completed, legible, up to date and stored securely. Accurate record keeping was monitored through audits.
- There were sufficient numbers of suitably trained staff available to care for patients. Current staffing vacancies are being managed within the established staff team.
- Safeguarding procedures were in place to protect both vulnerable adults and children from harm.
- There were sufficient procedures in place to identify any patient deterioration. Processes were in place to promote the safety and wellbeing of patients including the five steps to safer surgery World Health Organisation checklist.

Incidents

- Staff were encouraged and supported to report incidents and received feedback from the incidents reported. BPAS had a client safety incidents policy and procedure (2013) to inform staff of what constituted an incident or complication. Staff understood their responsibilities to raise concerns and to record safety incidents within the organisation and to external bodies.
- Incidents and complications were all recorded and any near misses were considered to be a clinical incident. To classify an incident an aid used was, if this was an act of BPAS it was an incident and generally a complication was not an act of BPAS. Both were managed in the same way and both were investigated by BPAS governance teams with the assistance of the registered manager. There were systems in place for staff to record in triplicate any issues, notifications and complications. A copy remained with the service, included in the patient's notes and a copy was forwarded to head office. The information was then collated to a dashboard for review by the clinical governance team. They looked for trends and themes and then fed the data back to the local teams. Should a trend or theme be identified and was related to a specific member of staff then this issue was addressed through the governance team and local managers. Between May and August 2015 there were no major or minor surgical incidents and four minor medical termination complications classed as incidents. These were one incomplete abortion and three continuing pregnancies. Between September and December 2015 there was one major surgical complication noted as an incomplete abortion and eight minor medical complications. Between January and April 2016 there were no major or minor surgical complications recorded as incidents and seven minor medical complications of incomplete abortions recorded.
- Serious incidents from all BPAS locations were discussed and the learning and actions were cascaded to staff at local team meetings. Red Top alerts were BPAS alert memorandums for staff and were seen at the Taunton Central site. These were produced by head office and circulated as a means of shared learning for all sites. These incidents were circulated in a timely manner to ensure learning was implemented quickly.
- There were no serious incidents in the last 12 months for this service. Should a serious incident take place these were investigated by local managers and governance staff. The staff undertaking a root cause analysis had undertaken training in Root Cause Analysis for SIRI investigations. Other locations shared information about their serious incidents and staff were seen to have reviewed the incidents in relation to their own practice to see if any amendments were needed to improve safety.

- Risk registers were in place for both local and corporate issues. For example, one issue (rated 20 and classified as 'red' in the red, amber, green scoring scheme) raised the issue of serious clinical incidents management and the register was used to monitor how they were investigated. Actions identified included the need for strong independent clinical governance.
- No never events had taken place at this service. Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- BPAS culture, openness and duty of candour was included in the client safety incidents policy and procedure (2013). This informed staff of their legal responsibilities and BPAS expectations. We spoke with three staff were clear about what the duty of candour meant to them. We saw that staff were open in their practice and had responded to complaints in an open and transparent manner.

Cleanliness, infection control and hygiene

- The environment at BPAS Taunton and BPAS Taunton Central appeared clean and well monitored to maintain a good standard of hygiene. Cleaning schedules were in place at both sites.
- An infection control audit for BPAS Taunton was completed in November 2015 and scored 97%; the previous month had scored 94%. Most areas achieved 100%, the environment scored the lowest at 93%. An action plan was in place to meet any shortfalls and was seen to be reviewed at each audit. Infection control audits were seen for BPAS Taunton Central for November 2015 and scored 98%. An action plan was seen for the shortfalls. Hand hygiene audits were undertaken and scored 100%.
- We observed staff were bare below the elbow, washed their hands and used the hand gels provided between each activity and each patient. There was appropriate access to personal protective equipment such as aprons and gloves.
- No incidents of infections had been reported for the last three years.

Environment and equipment

- The design, maintenance and use of facilities was managed to keep people safe. Both sites had a safe environment and access to the appropriate equipment needed to provide the service.
- All resuscitation equipment was checked before each session and equipment for allergic reactions was in place and routinely checked. Resuscitation equipment was provided by BPAS at BPAS Taunton Central and by the local NHS trust at BPAS Taunton. The equipment was checked in both cases at the start of each clinic and was seen to be in date.
- Equipment including scanning equipment was serviced in line with the manufactures guidelines and replaced as part of a rolling programme of replacement. All scanning equipment was serviced annually and stickers to confirm the date were in place. Ultra sound scanning equipment was within the service schedule. The standards for the provision of an ultrasound service (The Royal College of Radiologists) states equipment should be reviewed between four to six years of age. The review should also include whether the machines remain up to date with the latest technology. Based on these findings a decision should be made to either continue with the equipment or replace. The machines at BPAS Taunton Central were purchased by BPAS as part of rolling replacement plan and so were replaced every four to five years. The scanning machines at BPAS Taunton belonged to the local trust and was maintained and serviced by them.
- All surgical equipment was single use and so no sterilisation activities were needed. Clinical waste management and sharps management policies and procedures were in place and had been reviewed.

- Waste disposal services were contracted and provided by Musgrove Park Hospital. This disposal included fetal tissue which was managed in line with the Royal College of Obstetricians and Gynaecologists (RCOG) recommendations.
- The provider adhered to their own clinical waste policy including the disposal of clinical specimens.
- The service at BPAS Taunton Central had double door access and required the patient to be 'buzzed in' by BPAS reception staff. This meant the receptionist could ensure the waiting room was only used by BPAS patients. The service was open 8:30am until 5pm but could stay open later if flexibility was needed. A screen was used in both sites to occlude a view from outside into the waiting room and so protect patient identity. The reception area at BPAS Taunton was the hospital day surgery unit and the doors opened to the reception area. This again enabled the receptionist to be confident that patients in the waiting room were only for BPAS services. This service was opened from 8:30am till 2:30pm but again could be flexible to accommodate later patients or patients with complex needs. On both sites, when staff were ready for patients they were called by their first name only to limit information in a public area.
- Keys to the outpatient clinic were shared with the hospital and systems were in place which ensured their security.
- Sharps bins were in place for the disposal of vials and syringes containing residual amounts of pharmaceuticals.

Medicines

- Appropriate arrangements were in place to order, receive, store and dispose of medicines safely. A medicines management policy was in place, reviewed in December 2015, and ensured consistency in good medicines management.
- When ordering medicines, the staff at BPAS Taunton Central were required to complete the electronic drugs template with the clinic name, and a bespoke number which included the initials of the registered person ordering. The form was then emailed to the purchasing department. A copy of these orders were retained by the clinic to ensure an audit trail of ordering. The nursing staff also recorded what was ordered and when the medicines were received reconciliation took place to record how many were received. This enabled staff to see if the order was correct and if any medicines were delayed and were to be delivered later. Stock levels were monitored and recorded monthly to ensure excessive or limited stocks were monitored.
- At BPAS Taunton medicines were ordered from the BPAS purchasing department and delivered to the BPAS Taunton site. Delivery was arranged for the Saturday of the planned surgery. If it was delivered early it was stored securely in the hospital pharmacy.
- Stock levels were monitored and recorded monthly to ensure excessive or limited stock was managed. We saw that stock levels were in date and arrangements were in place for the disposal of pharmaceutical waste. Pharmacy support was available from the BPAS pharmacy consultant.
- At BPAS Taunton Central medicines were stored in a locked cupboard within a locked room. At BPAS Taunton medicines were stored in a locked cupboard in the operating theatre. A separate, dedicated and locked refrigerator was in place at each unit for medicines requiring cold storage. The maximum and minimum temperature of the refrigerator was recorded daily. All levels were within acceptable limits. There were no controlled drugs held at either location.
- A doctor prescribed all medicines for patients undergoing early medical abortion, including prophylactic antibiotics to reduce the risk of post-procedure infection. Prescription charts were signed remotely by doctors working at other BPAS sites.
- Each patient had a prescription sheet in their case notes. Medicines were supplied or administered to patients on the written instructions of a registered medical practitioner. At BPAS Taunton all medicines were received by electronic prescription from a medical doctor and administered by the trained nurses. BPAS had Patient Group Directions (PGD) for some medicines for which the nurses on each shift nurses had received appropriate training. All PGDs were reviewed every two years to ensure safety. Clinical guidelines were in place

for staff to follow for the administration of misoprostol when the treatment was for retained products of conception. This meant patients could take the medicine home with them.

- Staff placed stickers on notes to alert them of any risk of confusion of patients with the same or similar names.
- Clinical guidelines were in place for medical staff to follow for the prescribing of misoprostol. This was used to prepare the patients cervix for the termination. Staff identified that the policy in place could be the consultant's choice to give or not. The policy indicated that cervical priming may be considered at any gestational age, in particular for those at high risk for cervical injury or uterine perforation. The guideline was based upon advisory body recommendations, current evidence and BPAS operational capabilities. The underlying premise was that priming of the cervix should be used when indicated and the method was evidence based. We discussed this with the medical consultant who confirmed that at BPAS Taunton this treatment was always provided. However, should this surgeon not be available, an alternative approach could be taken within the company policy.

Records

- Patient's records were completed, legible, up to date and stored securely.
- We looked at seven sets of records and saw that they were well completed. They included patient details, allergies, medical history, observations, ultrasound pictures, and consent and risk assessments. The plan of care and communication with patients were clearly documented, for example, one patient was left a message by BPAS staff on their mobile telephone. The patient's records included the date, time and content of the message. The patient did not respond to the message so the nurse telephoned again during the evening and managed to speak to them.
- There was evidence of sensitive management of records. We saw that the ultra sound pictures were stored in the patients' records facing picture downwards. This meant that when the nurse opened the patient's record within sight of the patient, these pictures were not seen.
- We observed patients being asked if they wanted more counselling and their answer was recorded as a tick box 'yes' or 'no'. The records did not have the facility to record if any discussion had taken place, issues explored and how the decision was made.
- Head office and the registered manager reviewed all electronic submissions for the service each day. Should a document not be submitted there was a failsafe procedure where head office would contact the service and request an update as to the delay in submission.
- Legislation requires that for an abortion to be legal, two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination is met. They must be in agreement that at least one and the same ground is met for the termination to be lawful.
- BPAS holds a rota of two on call doctors who review the assessment information gathered by the nurses in the unit. The doctors were in two areas and so the HSA1 forms were sent to the first doctor and then on to the second before being returned electronically to the unit. They signed their agreement with an electronic signature. Any prescriptions for treatment were also completed and signed promptly by the doctor at this time. Should they not be correctly completed the system highlighted as not complete, the doctor had to re check and complete before being able to proceed.
- Should the electronic system fail the local office would revert to paper copies and secure fax systems. No problems had been encountered at the BPAS Taunton sites.
- The storage of records was secure in both BPAS Taunton and BPAS Taunton Central. Records were stored securely on site for three months and the archived at another BPAS location.
- Should a patient die, arrangements must be in place to immediately notify the CQC and the Department of Health within 24 hours. Staff understood their responsibilities and the information to be provided. This had not happened at this service.

Safeguarding

- Safeguarding procedures were in place to protect both vulnerable adults and children from harm. BPAS had a safeguarding and management of clients aged under 18

policy and procedure (2015). This described the approach to safeguarding and child protection. The policy described the care pathway for patients under the age of 18 years. All staff had a good understanding of this policy.

- BPAS Taunton's registered manager is the designated member of staff responsible for acting upon adult or child safeguarding concerns locally, co-ordinating action within the unit, escalating to the national safeguarding leads as necessary, and liaising with other agencies. The registered manager demonstrated a clear understanding of her role and the safeguarding policies.
- The service had been provided for two children aged between 13 and 16 years in the period January to December 2015. BPAS Taunton service was not available for children aged 13 years and below. Between the ages of 13 and 16 years each case was considered and a safeguarding risk assessment completed and discussed with the BPAS safeguarding lead. Should the risk assessment indicate concerns about the patient's vulnerability a safeguarding alert was made. This was done by telephone to the local safeguarding authority. For patients under the age of 16 years, parental involvement was accepted and included if appropriate.
- Out of hours the safeguarding lead for BPAS was accessible for any level of discussion with staff. This BPAS senior staff member was trained to level 5 in safeguarding adults and young people. This enabled staff to contact and discuss with a person with skills to provide expert advice and was responsible for ensuring services appropriately met the statutory requirements to safeguard children from abuse.
- As part of the safeguarding risk assessment staff ask a series of questions which attempted to highlight any issues which may indicate child sexual exploitation. These included questions about family, relationships, friendships, lifestyle and consent to sex. As a result of these questions staff asked themselves if they considered there to be any safeguarding concerns and respond in line with BPAS policy.
- Safeguarding vulnerable adults and children training to level 3 had been completed by all BPAS Taunton staff every two years. Level 3 training covered both adult and child safeguarding training.
- Each patient's record included the question 'Do you feel safe at home?' We observed this question being asked and the answer explored. The staff had contact details for any specific counselling which may be needed and contact details for adult and child social services.
- Five out of seven staff had completed training relating to female genital mutilation. This was to provide awareness and inform of the procedure to follow should this be recognised. We discussed female genital mutilation with staff to ascertain their understanding and the actions they would take. We found that training was available for all staff but not yet completely embedded in practice.

Mandatory training

- All staff (100%) had completed mandatory training. Mandatory training included induction when starting work, information governance, health and safety, fire safety and infection control.
- Basic life support training had been completed by all administrative staff. Immediate life support training had been completed by nursing staff.
- Mandatory safeguarding training for adults and children for all staff was to level 3 and staff were supported by training and paperwork to recognise potential cases of child sexual exploitation.

Assessing and responding to patient risk

- Processes were in place to ensure patients received safe and appropriate care. Staff assessed any potential risks and before treatment, all clients were assessed for their general fitness to proceed. BPAS provided clinical guidelines for suitability of treatment at BPAS (2016). The guidelines addressed the suitability of clients seeking a medical or surgical termination. The guidelines included a list of patient conditions which may affect suitability and could be referenced by staff. The assessment included a full and comprehensive medical and obstetric history and measurement of vital signs, including blood pressure, pulse and temperature. An ultrasound scan confirmed dating, viability and multiple gestations. Laboratory testing was not available at BPAS Taunton. Point of care testing (POCT) was undertaken to identify patients' blood group.
- When a patient could not be treated at BPAS Taunton their care was referred on by BPAS, often within the NHS

or at a specialist placement. The BPAS contact centre would be involved to find a suitable referral placement. A specialist placement referral form was completed and sent to the referral team. This team would identify the areas available for referral and would continue to monitor the patient's pathway to the end of treatment.

- Prior to both early medical abortions and surgical abortions any patient who had a rhesus negative blood group received treatment to protect against complications for any further pregnancies. The patients' blood group if rhesus negative was indicated in the patient's notes and the treatment was given at the time of the termination. The treatment was also recorded in the 'point of care testing register' with the patient's name and details of the nurse undertaking the blood test and witness. This register was maintained to provide a record and reference.
- Women undergoing an early medical and surgical termination had a venous thromboembolism (VTE) risk assessment considered and completed if needed. This was documented in the patient's record and included any actions needed to mitigate the risks identified. The risk assessments identified if prophylactic treatments (medicines to prevent the development of illness) were required. Records seen showed 100% of VTE assessments had been completed on the 316 patients who underwent surgical abortion in the last 12 months. We looked at seven sets of records and saw these assessments completed when indicated.
- If women were pregnant with a contraceptive coil previously fitted, an x-ray was ordered prior to the abortion procedure. If the coil was confirmed a surgical abortion would be necessary.
- Two surgical safety checklists were available at BPAS: one to be used for surgical Termination of Pregnancy (TOP) and one for all other procedures. BPAS had developed its own surgical safety checklist, modelled on the World Health Organisation (WHO) version but adjusted to be fit for purpose within the BPAS care environment. We observed the WHO checklist being completed within theatre and all staff being involved.
- Compliance with the BPAS Surgical Safety Checklist was audited regularly by the clinical audit and effectiveness manager (from head office). In March 2015, all registered managers were required to audit effective use of the BPAS Surgical Safety Checklist within their own units and report their findings centrally. BPAS Taunton had scored 100% in this audit.
- After surgical treatment, the patients vital signs including oxygen saturation, blood loss and pain level were monitored. The provider had recently introduced a modified early warning system (MEWS). This is a tool for recovery staff to use, utilising a points system to indicate when a client's condition requires escalation for senior clinical advice. Should the scores increase, a MEWS escalator was included in the record to advise staff about an increased frequency of observations and the appropriate clinical response. Staff were aware of the actions to take should a patient deteriorate and were aware of the scope of their role within the environment and what actions to take in an emergency.
- All allergies were recorded on the patient's notes and prescription. There was access to anaphylactic medicines for use if a patient had a severe allergic reaction. Staff had completed the appropriate training to administer this medicine.
- Should an ectopic pregnancy be seen on a scan the nurse would refer the patient to the local trust gynaecologist for immediate follow up.
- The service had a policy in place for the transfer of patients to the local NHS trust if needed. This included instruction to contact directly the gynaecology registrar to discuss the case and any potential transfer. The lead nurse would remain with the patient and discuss contact with the next of kin of any potential transfers. The nurse would be responsible to maintain a contemporaneous record of the treatment and transfer. No transfers had taken place in the previous 12 months.
- At the BPAS Taunton Central site there was no access to medical staff as the service was nurse led. Should medical staff be needed in the clinic, the nurses would dial 999 for emergency services. At the BPAS Taunton site there was an attending surgeon for any medical assistance needed.
- Following treatment, clients are assessed for fitness for discharge by a registered nurse. We observed the discharge process and saw observations being completed, advice being given and a record maintained of actions and advice given. A post treatment check was

undertaken by staff. Patients follow guidance for self assessment and pregnancy test post EMA to check they were no longer pregnant, should there be any uncertainty then a follow up check appointment was made and a series of investigations completed. Should the termination not have been fully successful then a plan of action was made to see the patient again and continue with treatment.

- A post treatment helpline was available for patients to ring should they have any concerns or questions. The helpline service has a service level agreement with BPAS for the service they provide and are managed by the BPAS clinical team. Training was provided to the helpline staff from BPAS.
- Post abortion counselling was available to all people who had received a termination either with BPAS or outside of the service. Records showed only one patient had requested this service between January and December 2015.

Nursing staffing

- BPAS Taunton employed seven staff. This included a treatment unit manager, admin coordinator, receptionist, lead nurse, two nurse practioners and a health care assistant. A briefing took place at the beginning of the shift to discuss the plan for the day and any issues that may have needed extra consideration.
- The healthcare assistant role was not a clinical role. During a surgical termination the role included escorting and supporting the patient during the procedure.
- At the time of our inspection there was a vacancy for a registered nurse of 0.2 whole time equivalent role. No agency or bank staff were used; any staff shortfalls were met by the permanent staff.
- The registered manager assessed the staffing levels required; a stable staff team was in place and moved between different locations. Staff told us they considered there to be sufficient numbers of staff on each shift to meet the needs of the patients.

Medical staffing

- One consultant only worked at BPAS Taunton. Should that consultant or a suitable replacement not be available, no list was booked.
- There were six medical staff employed by BPAS but were not at the BPAS Taunton location. These included the organisation's medical director and five doctors who were on a rota to be available to review and sign the legal forms (HSA1, HSA4) required for termination treatments.

Major incident awareness and training

- Both BPAS Taunton and BPAS Taunton Central had fire procedures in place. Staff at BPAS Taunton were aware of the hospital's emergency evacuation procedure and assembly point.
- A secondary generator was in place at BPAS Taunton to provide an emergency power supply if a loss of power took place.
- There were no panic buttons available in reception areas of both sites. Staff told us that any incidents would be recorded and we saw evidence of this.
- A business continuity plan was in place should an incident take place which affected the service. This may include IT systems failing.

Are termination of pregnancy services effective?

- Patients had their needs assessed and care planned and delivered in line with evidence based guidance and recommendations. Pain management was considered throughout treatment and action taken to ensure patients were comfortable.
- BPAS had a planned programme of monitoring of the service they provided. Audit outcomes were feedback to staff to promote good practice, develop skills, or address areas of poor practice.
- BPAS had competency training in place to support the development of staff. Staff received regular supervision and appraisals.
- Multidisciplinary working was undertaken with GPs involved when possible and pathways to transfer patients in place.
- Patients had access to information to inform their decisions and were provided with reference material.

- Consent was obtained from the patient at each stage of the treatment and recorded in the patient's record. Staff were clear about their roles and responsibilities to ensure patients with limited capacity or understanding were managed correctly and in line with best practice.

Evidence-based care and treatment

- Patients had their needs assessed and care planned in line with evidence based guidance and recommendations made by the Royal College of Obstetrics and Gynaecology (RCOG). Staff could access BPAS policies via the intranet and those seen were in date for review.These included infection control, consent to treatment, discussions about options for termination of pregnancy and contraception. NICE guidelines PH51 Contraceptive Services with a focus on young people up to the age of 25 years were also followed. BPAS policies were written to include these recommendations. Contraceptive and sexual health advice was provided in accordance with RCOG guidelines.
- All doctors prescribing medication for medical terminations adhered to RCOG guidelines, the Department of Health RSOP, The Abortion Act and abortion legislation for the treatment of patients for termination of pregnancy.
- Contraceptive options were discussed with patients at the initial assessment and a plan was agreed for contraception after the abortion. Patients could be provided with contraceptive medication and devices at the clinic. These included long acting reversible methods, which are considered to be most effective as suggested by the National Collaborating Centre for Women's and Children's Health. When contraception was agreed, the patient received in writing details and instructions relating to their choice and had the option of their GP being informed. Should they not wish to contact their GP then a local family planning clinic was suggested.
- When an updated or new guideline was introduced by BPAS, the registered manager told us that all staff were made to sign to say they had read it. We saw evidence of this during our inspection.
- Patient records were audited monthly to see if staff followed BPAS guidelines. The results were reported through BPAS' regional and national clinical governance structures. The clinical dashboard showed that the casenote audit for from May 2015 to March 2016 was achieved. The HSA 1 audit between January and December 2015 achieved consistently 100% with dips no lower than 97%- 99% for three of those months..
- Some clinical commissioning groups (CCGs) required patients from their area to be tested for chlamydia infection (chlamydia is a sexually transmitted bacterial infection) before treatment. The service was only paid by commissioners to provide screening for the sexually transmitted infection (STI) Chlamydia.Information was provided to patients about STIs. Should further referral be needed this could be made by BPAS staff to the sexual health clinic located nearby.
- BPAS had a clinical advisory group which brought together internal and external clinical experts in termination of pregnancy care to review and advised on clinical guidelines.
- Audit findings were monitored by regional quality assurance and improvement forum (RQUAIF) which was a sub-committee of the clinical governance committee. BPAS employed a clinical audit and effectiveness manager who coordinated clinical audits and completed treatment and infection control audits for assurance purposes. All treatment pathways were audited annually; infection control audits and record keeping audits were undertaken monthly.

Pain relief

- Pain was considered and pain relief prescribed for all patients receiving treatment. Pain assessments were completed and stored in the records for each patient. Appropriate pain relief was prescribed for each treatment and on discharge the patient was provided with pain relief and instructions for what level of pain to expect and what to do should the pain level not subside. Non-steroidal anti-inflammatory drugs were prescribed, as recommended by RCOG guidelines.
- The modified early warning score record included a pain assessment tool which included a facial indicator that patients could point to or recognise the meaning if English was not well understood.

Patient outcomes

Termination of pregnancy

- At the time of our inspection the BPAS Taunton Central site offered early medical abortions. The treatment was given with a gap of 12 hours between the two medications.
- The simultaneous administration of medicines for early medical abortion (EMA) was introduced at the clinic in 2015. Results of the pilot study prior to introduction reported that it was effective but the risk of failure increased as gestational age advanced Information about simultaneous EMA was included in the booklet 'My BPAS guide', which was given to all patients before making a choice. The increased risk of retained products of conception and continuing pregnancy were included for medicines taken at the same time compared with 24-72 hours apart.
- Patients were offered simultaneous early medical abortion up to nine weeks gestation. This is where both medications (a pessary and oral tablet) are given within 15 minutes and the patient can leave the clinic to pass products of conception in a place of their choice. If they preferred, or were up to 10 weeks gestation, the medications could be split so the patient had a one or two day gap between the first tablet and the insertion of the pessary. Again, patients left the clinic to pass products of conception.
- BPAS gathered the data about the success or complications related to both simultaneous and EMA with up to a 72 hour gap. BPAS do not benchmark against national statistics and instead used internally gathered data and rates published from clinical trials. The operations director confirmed they received a breakdown of EMA complication rates by interval and gestation which were analysed every four months and reported on to the. They would benchmark period to period to ensure that rates were within expected levels relative to their own pilot and published data.
- All patients who underwent medical termination were given a pregnancy test and instructed to perform the test two weeks after they passed the pregnancy remains. Instructions from staff included what to do if the test was positive. We saw that any positive tests were reported as an incident, which acted as an audit trail.
- The regional quality, assessment and improvement forums and national clinical governance committee (CGC) monitored and reviewed treatment complication rates to ensure they were at or below accepted national levels. We reviewed the complication records for BPAS Taunton and BPAS Taunton Central and saw that from May 2015 to May 2016 there had been one minor surgical complication. There had been records maintained of any incomplete abortions, retained non-viable pregnancy and continuing pregnancy. These records included identifying any of these complications for both simultaneous early medical abortions and early medical abortions with a one or two day interval. We observed one EMA and three consultations for EMA and surgical terminations.
- BPAS also audited particular aspects of the service included compliance with BPAS surgical safety checklist, safeguarding audit to monitor adherence to policy, and outcomes of the two different regimes for early medical abortion treatment. Audits also included the level of activity, how many patients had repeat terminations, screening for Chlamydia and contraception.Waiting times to treatment were also audited, these showed that for the period January to April 2016 the average contact to consultation was seven days and the average consultation to treatment was 5.2 days. The average contact to treatment time was 10.1 days. The percentage of audits undertaken was in proportion to the level of service provided. This was to ensure a proportionate level of auditing took place.
- Audits were seen of care and treatment and included pathways of care, information provisions, abortion procedures and care after the abortion. These scores were seen to achieve 100%. Audit scores were provided to commissioners for their review.

Competent staff

- BPAS had competency frameworks in order to support the training and development of staff. Staff were supported to undertake continued professional development activities in order to update their skills and knowledge, for example, all clinical staff were expected to attend the BPAS clinical forum, where speakers present on topics relevant to their work. We reviewed an agenda and saw learning was available on female genital mutilation, modified early warning scores and HIV pre and post-test counselling.

- The doctors' clinical performance was monitored monthly by evaluation of reported clinical incidents by the regional clinical lead for the south west area. This included the rates of complications and complaints. If issues were identified these were addressed directly with the doctor concerned.
- All of the nursing and administrative staff had received supervision in 2015 (100%). Staff had an annual appraisal and a one to one discussion (job chat) every four months. They also had clinical supervision for any specific nursing practice for example; those staff qualified to scan had extra clinical supervision. Counselling supervision support was also available for staff should they feel they needed it.
- Clinical passports were in place to enable staff to work between BPAS units. We saw staff from other BPAS locations working at BPAS Taunton, their clinical passport enabled the continuity of skills to be transferred across locations.
- All of the trained nurses at BPAS Taunton and BPAS Taunton Central had received ultra sound scanning training and practical assessment. Nurses told us this training was comprehensive and they felt it enabled them to develop their own skills. They told us that the programme involved assessment of their scans and written assignments. Every two years the nursing staff trained to scan had to submit a percentage of their scans for review and they were provided with an accuracy score. The review was undertaken by the BPAS lead sonographer.

Multidisciplinary working (related to this core service)

- If the patient did not wish to see their GP about the contraception they had started, they were advised to attend a local family planning service.
- Should a patient post treatment be admitted to the acute hospital emergency department, there were no formalised links to inform BPAS. This was dependant on if any information was shared by the trust. Should this be the case an incident form was completed and reported and included in the patient's record.

Seven-day services

- The service was not available in Taunton over seven days. The BPAS Taunton Central clinic was open on Tuesday and Thursday for early medical abortions, the surgical terminations were undertaken on Saturdays at BPAS Taunton. Should a patient contact the booking service, they could accommodated at other services if they wanted to be seen outside of those clinic times.
- Abnormal symptoms following treatment were included in the 'My BPAS Guide' book, with information on what patients should do if they were concerned, including details of the BPAS Aftercare Line which was available for 24 hours, seven days a week.Callers to the Aftercare Line spoke to registered nurses or midwives. Any calls to the line were then emailed to the service for follow up at the next available clinic.
- A mobile number was also included in the My BPAS Guide for a member of BPAS Taunton and BPAS Taunton Central staff. This enabled patients to contact the service out of hours if needed.

Access to information

- Patient information was available both through the website and provided to patients. This information covered all aspects of the services provided. In addition, the provider undertook social marketing campaigns through a variety of media, including email and radio. This was done to make patients aware of how to access abortion treatment.
- The provider had a booking information system linking all BPAS services and head office. This enabled communication between other BPAS services and teams so patients could be seen at more than one clinic with transference of records electronically. Should the electronic format not be available, staff reverted to paper records.
- Two doctors reviewed each patient's history, ultrasound scan and grounds on which she was seeking an abortion on-line, before they signed the HSA1 form. The Department of Health RSOPs state that it is good practice for two certifying doctors to see a patient who has requested a termination of pregnancy, although it is not a legal requirement. The information was provided to the two doctors electronically before they made their decision. A copy of the HSA1 form was printed and filed in the patient's medical record, which is considered best practice by the Department of Health. All the medical records we reviewed contained a printed and signed copy of the HSA1 form.

- Staff work with other services to deliver effective care and treatment. BPAS Taunton and BPAS Taunton Central communicated if permitted to do so, with the patient's GP. At the start of each patient's treatment, it was agreed if a letter could be sent to the patient's GP. This included the treatment procedure undertaken and any contraception provided. The patient was able to request this did not happen. In each case the patient was given a letter which included the same information should it be needed in the future. At the initial telephone call stage a safe word was agreed. This meant that any further communication needed the code word to promote patient safety and confidentiality.
- The booklet My BPAS Guide was given to every patient and provided written information about treatment and care. The guide had a section dedicated to recovery, which detailed what would normally be expected following treatment.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- During each patient's consultation and at each stage of the process the nurses asked patients for their consent to treatment. All risks were explained in detail so that the patient would understand what they were consenting too. We observed four consultations and saw consent being agreed prior to any procedures. Consent was also reviewed as part of the WHO checklist for patients having a surgical termination.
- Consent was recorded in the patient's record. Consent was gained to undertake treatment of early medical abortion and included the patients consent to the use of misoprostol and mifepristone. This is the medication used as part of the treatment to terminate pregnancy. If consent was given on a different day from the day of treatment, we saw staff rechecked with the patient that they wished to proceed. The BPAS consent form included space for the signature of a witness should the patient be unable to sign but had indicated their consent. Young people may also have wanted a parent or person with parental responsibility to sign although it would not necessarily be required if the younger patient had been assessed as Gillick competent.
- BPAS staff used the Gillick competence and Fraser Guidelines for clients under the age of 16 years to establish the patient's maturity to make their own decisions. The Gillick competence is used in medical law to decide whether a child, 16 years and under, is able to consent their own medical treatment, without the need for parental permission or knowledge. The guidelines used were recorded and stored in the patient's notes as an audit trail of how the consent decision was made.
- Staff demonstrated an understanding of Gillick competence (assessment of under 16s to give informed consent) and Fraser guidelines (contraception and young people). (Department of Health, 2009, General Medical Council, 2008, Nursing and Midwifery Council, 2008).
- There was also a facility on the consent form for a declaration by an interpreter to confirm that the information interpreted was done to the best of the interpreter's ability and in a way the patient could understand.
- If a patient had a learning disability, the nurse would establish the patient's level of understanding before considering if informed consent could be given. The nursing staff would ensure the patient had support and may include this support person to establish patient understanding. Staff told us that patients lacking capacity to consent would not be managed at this service and would be referred for a specialist placement.
- The consent form included the consent signature of a staff member to confirm that the patient had no further questions and wished to proceed with the treatment. Three of the seven staff at BPAS Taunton had attended a consent workshop to support their practice.
- Consent was included to share anonymised information with the Department of Health for data gathering purposes.
- The BPAS Taunton Central had a copy of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards for staff to reference the code of conduct. The contacts for the local mental health services for Somerset were also available should staff need them.

Termination of pregnancy

Are termination of pregnancy services caring?

- We saw that patients were treated with compassion, kindness, dignity and respect. Patients and those attending with them were treated with understanding and consideration. Staff respected patient confidentiality and ensured patients dignity was maintained.
- The patient's beliefs and faiths were respected and their choices supported. Staff were seen to be respectful of patient's cultural, social and religious needs.
- Patients were provided with appropriate and timely support and information to cope emotionally with their care and treatment. Various means of communication were available to ensure patients understood their care, treatment and condition.

Compassionate care

- We saw that patients and those people attending with them were treated at all times with dignity, respect and compassion. Staff had a non-directive, non-judgemental and supportive approach to patients. We saw that patients were supported and comforted through the decision process. All patients were given the time needed to discuss their individual circumstances and concerns. When patients were distressed, staff were compassionate and provided the information and practical help needed.
- We received nine comment cards which were all positive about the way staff had managed their care and treatment. All the comments noted the kindness and supportive approach of staff.
- Patients could make contact through the telephone contact centre that asked a selection of questions and provided information of which services were available. Alternatively the patient could arrive at the site with or without an appointment and still be seen. Patients were told by telephone that the visit would take approximately two hours. We observed the complete pathway from consultation to post treatment checks and saw this to be the case.
- Client satisfaction surveys showed that for the time period January to April 2016 showed that 100% of patients felt listened to, felt involved, were treated with dignity and respect and were given a clear explanation of their treatment.
- The Client satisfaction reports from January to April 2016 also showed satisfaction scores as 9.75 out of 10. Allpatients responding said they would recommend the service to someone they knew who needed similar care; 97% of patients felt they were given sufficient information about how their information would be used and 100% felt their information would be treated confidentially.

Understanding and involvement of patients and those close to them

- Each patient's preference for what information was shared with their partner or family member/friend was established. This ensured the patient was in control of the information about them.
- We saw staff explaining the My BPAS Guide to patients, going line by line through the treatment options and any level of risk. Should the patient then decide against having a termination, the staff referred them on to ante natal care for the remainder of their pregnancy.
- Nursing staff told us that, during the initial assessment with a patient, they explained all the available methods for termination of pregnancy that were appropriate and safe. The staff considered gestational age and other clinical needs when suggesting these options to patients.
- Staff supported patients who needed time to consider their decision. A second consultation was offered, with a date and time that was convenient for the patient.
- Patients were given written information which explained what to expect during and after the abortion, including potential side-effects and complications. Contact numbers were also provided for 24 hour advice and further counselling if required.
- The patients' beliefs and faiths were respected and their choices supported. Staff were seen to be respectful of patients' cultural, social and religious needs. The initial discussion with staff was used as an opportunity to explore these areas and support patient choice.

- In the reception area, there was music playing and the reception staff spoke quietly when speaking with patients. This ensured patients confidentiality and privacy.
- BPAS information policy leaflets were available for all patients. These included details about how the service managed the records, who the information was shared with and how confidentiality was maintained. We heard staff explaining this leaflet to patients that some information was anonymised and shared with the Department of Health for auditing purposes.
- We did not observe any discussion about payment. Staff spoke clearly about how this was managed should the patient not come under established commissioning agreements. Payment tariffs were available and staff explained that support and advice was available to ensure all patients could access the service they needed.

Emotional support

- Patients' individual emotional needs were supported by BPAS staff.
- Staff could refer patients on to specific counselling for anxiety and depression should this be an identified need. Specific bereavement counselling could also be accessed if needed.
- Specific counselling by specialist organisations could be made available for patients who have undergone a termination due to fetal anomaly. For these patients, treatment was prioritised and fast tracked.
- The provider had been in discussion with the local trust chaplaincy. It was concluded that any religious denomination could arrange for the fetal remains of pregnancy could be buried in the memorial garden at Taunton crematorium. This was there to support patients at the end of their treatment.

Are termination of pregnancy services responsive?

- The service was planned and delivered to meet patient's needs. Patients could access the service within a short timescale. This included a fast track appointment system to prioritise patients with a higher gestational age and more complex needs or circumstances.
- The service accounted for the different needs of patients to support them through the treatment. Staff recognised patient's personal, cultural, social and religious needs.
- Patient's complaints were listened and responded to. Learning was taken from complaints and used by staff to reflect and change their practice.

However :

- BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as councillors but not to a Diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained pregnancy counsellors.
- The provider should audit those patients who exceed the 10 working days to treatment to evidence patient choice.

Service planning and delivery to meet the needs of local people

- Quarterly monitoring reports provided BPAS and NHS commissioners with a detailed breakdown of the average number of day's patients who had waited from contact to consultation, from consultation to treatment and from decision to proceed to treatment.
- At BPAS Taunton Central patients could be seen on the day or they could make an appointment and return at another time. This could be arranged to take place all in one day. At BPAS Taunton, if patients attended without an appointment, they would be seen, but a further appointment would be made at BPAS Taunton Central for assessment before any treatment was provided.
- If needed, administration staff would take on a chaperone role, to escort and sit with the patient. No training was provided for this role. For younger patients a parent or family member would be able to sit with the patient.
- The development of BPAS Taunton to be provided within one building was planned for the near future. Staff felt this was a positive development for the service in that it provided a more complete service for patients.

Access and flow

- Patients could access the service within a short timescale. The percentage of women treated at less than 10 weeks gestation is a widely accepted measure

of how accessible abortion services were. During the 2015/16 year, over 94% of women had been treated prior to 10 weeks gestation which was significantly above the national average. The national average reported in the Department of Health Abortion Statistics England and Wales 2014 (June 2015) states that 92% of abortions were carried out at under 13 weeks gestation and 80% were at under 10 weeks.

- BPAS Taunton advised that patients were seen within five working days of an appointment which was within the Royal College of Obstetricians and Gynaecology(RCOG) recommendation. 100% were offered a consultation within seven working days. Sometimes patients chose to wait for an appointment locally rather than travel to a service with more clinic availability but this was not audited. The waiting times were audited quarterly to ensure targets were met. For the most recent quarter January to April 2016 the average total of days from contact to treatment was 10.1 days.Quarterly Monitoring Reports were sent to each commissioning group which detailed the percentage of actual appointments booked within seven calendar days and the percentage of appointments available to book within seven calendar days for: Booking to assessment and assessment to treatment. However, there was no audit process in place to evidence what happened to those patients who did not choose to complete the booking with the service.
- In the timescale January to December 2015 there were a total of 498 patients received a surgical or medical termination., 113 patients waited longer than 10 days from first appointment to termination of pregnancy. Staff explained that sometimes patients choose to wait longer, this was not audited and not able to be evidenced. The service would prioritise care and treatment for those patients with the most urgent need. Staff explained they sometimes worked later to accommodate patients.
- The services at both units appeared to run to time and reception staff would update patients if any delays occurred.
- BPAS system recorded what appointments were available, within a 30 mile radius of the client's home address, at the point of booking. This meant the service were able to analyse waiting times. Service planning for BPAS Taunton and BPAS Taunton Central was monitored and included the appointment availability at all units. The electronic triage booking system offered clients a choice of dates, times and locations. This ensured that women were able to access the most suitable appointment for their needs and access treatment as early as possible. For example, across Taunton and Somerset in for the period September to December 2015 the proportion of women who had their consultation within 7 days was 100%. For the time period January to April 2016 70% of patients had been seen within seven days or less. Of the remaining patients, 25% were seen within eight and 14 days. Of those patients 95% thought this was acceptable.
- The telephone booking service was available 24 hours a day and 7days a week. This included a fast track appointment system to prioritise patients with a higher gestational age and more complex needs or circumstances.

Meeting people's individual needs

- The service took into account the different needs of people to support them through treatment. Patients were enabled to have a friend or relative supporting them. BPAS provided a member of staff as a chaperone should one be requested. Leaflets were available for those people supporting someone having a termination of pregnancy. The literature gave some insight to the person providing the support role of what to expect.
- Patient information was available both through the website and provided to patients. Because the day surgery unit was used out of normal hours by BPAS, staff put up their own temporary notice board and leaflets prior to each clinic. This information covered all aspects of the services provided.
- The initial assessment was undertaken with the patient on their own, and then their companion could join them. This enabled BPAS staff to assess if the patient was making their own choices.
- Termination was not offered to patients if the pregnancy did not show on a scan. In this instance the patient could return a week later or be referred to the early pregnancy service.
- Children under the age of 16 years were often escorted by a parent who was able to sit in with the assessment

to provide the child with support. Should a patient aged 16 years and under attend the service; they were asked to return with a parent or friend over the age of 18 years to ensure their safety after their treatment.

- Patients were not encouraged not to attend the clinic with the children as it was not a suitable environment for children. Should there be circumstances when this could not be avoided, this was accommodated by staff.
- Both units of BPAS Taunton were easily accessible for patients with mobility issues. Each reception area had access to drinks and information about the service and various health promotion literatures.
- Staff recognised patient's personal, cultural, social and religious needs. BPAS staff had completed generic and role-specific training, which included a workshop in welcoming diversity to ensure they recognise different cultural needs and beliefs. Diversity training had been completed by all staff at the BPAS Taunton sites.
- BPAS also provided a guide to the management of miscarriage. This included medical or surgical treatment for the removal of the remains of pregnancy. The information available for patients was clear and informative whilst remaining sensitive to the patient's loss. This service had been used twice between October 2015 and December 2015.
- Should the patient have any specific health concerns the specialist referral team were contacted to enable and support the patient to access the most appropriate service. The service provided support to patients who exceeded the gestational range accepted at this service. Should a patient contact the service who was in excess of the 12 week limit or required termination for urgent medical reasons, either the call contact centre or the BPAS Taunton staff would support and assist the patient to access the service they needed in a suitably timely way.
- Various means of communication were available to ensure patients understood their care, treatment and condition. The My BPAS Guide was available in different languages and also in Braille for the visually impaired. Staff were unsure if the booklet was available in easy read for patients with a level of learning disability. The provider also had a webcam facility for patients who were not good at reading and would struggle with the My BPAS Guide. There was also an audio facility for patients to discuss any concerns.
- For those patients who did not read well or where English was not their first language, the helpline staff provided verbal advice and support.
- For patients who were homeless and so had no GP address, systems were in place to enable them to have the same access to BPAS services.
- Patients were given choices about how their care would be delivered. This included who would administer the medication vaginally (in the form of a pessary). Patients were given the option to insert their own pessaries and they were given instructions on how to do this. If they did not want to do this themselves, a nurse would assist them.
- In order to both obtain and maintain a licence from the Secretary of State to provide termination services, BPAS had to comply with a number of Required Standard Operating Procedures (RSOPs) based on legal requirements and best practice. RSOP14 concerns the provision of counselling services. This states that all women requesting a termination should be offered the opportunity to discuss their options and choices in a non-directive and non-judgemental way. In addition therapeutic support from a trained pregnancy counsellor should be available.
- The RSOP standards were met as all the staff we spoke with confirmed if a patient required professional counselling, a referral was made to an external, professional counselling service.
- We listened to a tape recording of a woman contacting the national contact centre for an appointment at BPAS Taunton, we observed five consultations with patients, and reviewed patient comment cards. We spoke with all clinical and administrative staff working at BPAS Taunton and BPAS Taunton Central. This confirmed appropriate emotional support was provided from the initial consultation appointments and repeatedly offered at all subsequent contacts and appointments.
- RSOP14 defines a trained pregnancy counsellor as someone trained to Diploma level. Senior staff confirmed that the BPAS training did not reach Diploma level. Clinical and administrative staff received internal

BPAS training in order to provide impartial, non-judgemental support and advice to patients. This training took between one and four days to complete. Nursing staff attended one day of this course. Staff who attended for the four days also completed a range of competency based assessments and were then referred to as 'Client Care Coordinators'
Staff were appropriately trained and knowledgeable to provide the short term 'crisis' pregnancy options counselling that is required within a Termination of Pregnancy service. If other 'non pregnancy related' issues become evident during discussions with clients, BPAS would then refer them for further therapeutic counselling with the relevant appropriately trained counsellors.

- Where a patient wished to dispose of the pregnancy remains privately, staff provided them with a specific information sheet which explained how the remains should be managed. The decision was discussed and agreed prior to any procedure. After that time, the retrieval of remains was not guaranteed. When patients did not have specific wishes with regard to disposal, the remains were collected after each clinic and stored separately from other clinical waste before being incinerated. A full audit trail of the disposal process was maintained at the unit. We observed the disposal process as part of the inspection.
- There were specific pathways in place for patients with identified fetal anomalies. This was a collaborative pathway with the fetal unit at the local trust. An operational policy was in place for the termination of pregnancy for fetal abnormality (2014). This policy outlined a care pathway for patients seeking such a termination. The policy recognised the difference between the termination on medical grounds to the termination on non-medical grounds and that significant differences to patient need were identified. Information for patients was available and included details of the procedure, risks and complications and that a dedicated booking line was available for patients needing this service. The policy regarding the women's wishes for the disposal if pregnancy remains referenced the Human Tissue Authority (HTA) and the Royal College of Nursing. Disposal of fetal remains was in line with RCOG recommendations.
- When a patient wished to dispose of pregnancy remains privately, staff provided them with a specific information sheet which set out how the remains should be managed. Training was provided for staff to enable them to meet those needs effectively and sensitively. The treatment unit had up to date information about local funeral services to assist women who wish to arrange a cremation or burial. The discussion and plan for disposal would be fully documented in the patient's case notes.

Learning from complaints and concerns

- Patient's complaints were listened and responded to. Posters were displayed in waiting areas and leaflets available advising patients on how to raise a complaint and the response to be expected. The client booklet My BPAS Guide also includes a section on how to give feedback and how to complain, as did the BPAS website.
- The client engagement manager reviews any comments provided.
- During 2015, six complaints were received for BPAS Taunton and BPAS Taunton Central jointly, only one complaint was formalised. This related to the communication of information and learning was taken from the outcome. All complaints were logged and there were records of actions taken and any follow up needed. Learning was taken from complaints and used to improve any service issues.

Are termination of pregnancy services well-led?

- Staff followed the vision for the service by treating all patients with dignity and respect in a non-judgemental way. The development strategy for this service was on going with staff being aware of future plans.
- There was an established governance structure at national, regional and local level to manage risk and quality including an audit programme and an established process for sharing learning.
- Staff spoke positively about how they enjoyed their work and felt a strong sense of family and teamwork.
- Public and staff engagement was encouraged to develop the service provided

Termination of pregnancy

Vision and strategy for this this core service

- The BPAS ethos was to treat all clients with dignity and respect, and to provide a caring, confidential and non-judgemental service. We observed that all staff did this. Staff were recruited in accordance with the BPAS recruitment and selection policy and procedure, which explored that candidates were pro-choice. BPAS did not employ or subcontract individuals with a conscientious objection to termination of pregnancy, or those who do not embrace their organisational beliefs.
- BPAS Taunton had a vision and strategy for the service at a local level. This was to develop the service at one location, enabling both medical and surgical terminations of pregnancy to be undertaken in one place. A plan for this development remained on going.

Governance, risk management and quality measurement for this core service

- There was a defined governance structure in place at a national, regional and local level. The clinical governance committee (CGC) met three times a year and maintained oversight of all BPAS services. The CGC consisted of representatives from the BPAS executive and senior management team and included the chief executive, medical director, director of nursing and operations and regional directors of operations. At each meeting they reviewed serious incidents, complications, clinical incidents, near misses, complaints and customer satisfaction, appraisal and revalidation, infection control, safeguarding and service delivery planning. Governance was divided between clinical (related to patient outcomes) and corporate items (finance).
- At a local level clinical governance meetings were held monthly and minutes recorded the areas of discussion. The regional quality assessment and improvement forum (RQUAIF) met every four months to oversee all services in the region. The forum consisted of a lead nurse, a client care manager, doctor, nurse, clinical lead and associate director of nursing. At each meeting they reviewed complaints, incidents, serious incidents, audit results, complications, patient satisfaction and quality assurance for point of care testing and declined treatments. This ensured risk management and learning was taken across all regions and locations. Feedback to staff was evident in staff meeting minutes. We reviewed the minutes of these meetings and also spoke with staff who confirmed that information and learning was shared.
- Each year BPAS produced a quality report which summarised patient feedback and outcomes across the organisation. This was shared with commissioners and BPAS staff.
- Commissioners contracting with BPAS had client complaints and feedback summarised in their contract quarterly monitoring report. The local trust has an extended contract in place for BPAS Taunton and BPAS Taunton Central jointly to provider termination of pregnancy services. BPAS provide quarterly monitoring reports for abortion services which included data about the amount, type and issues related to terminations of pregnancy.
- A clinical dashboard was in place for each location. The purpose of a clinical dashboard was to improve quality and safety by focusing on key indicators which, if achieved, contribute to overall patient safety. The BPAS performance indicators included medicines management, minimum staffing levels, serious incidents requiring investigation and complaints. The registered manager monitored the clinic's performance against the standards on a monthly basis and communicated performance data to national and regional management teams and to staff working at the clinic. Since the dashboard had started the BPAS Taunton sites had consistently achieved the dashboard targets with only one variance related to complaints activity.
- Risk registers were in place for BPAS Taunton and BPAS Taunton Central jointly with an action plan to meet any issues. Fire risk assessments were in place at the location, with actions to include BPAS staff in the fire risk management. Environmental risk assessments were in place to address any risks to BPAS patients, these included medical gases and portable appliance testing.
- A national clinical audit plan was in place. Audit outcomes and service reviews were reported to the regional quality, assessment and improvement forums

(RQuAIF). Audits for 2016 included medical and surgical treatments, implementation of new guidelines and completion of HSA1 and HSA4 forms. These audits were available to staff at each unit to review their progress.

- The service maintained a record of all women having undergone a termination of pregnancy. These records were kept for three years in line with CQC regulations.
- Practicing privileges were granted to consultants who agreed to practice following BPAS policies and provided evidence of appropriate skills and registration. Revalidation was the process by which licensed doctors were required to demonstrate on a regular basis that they are up to date and fit to practice. The consultant in post worked in the NHS and so received their appraisal and revalidation there and the information was forwarded on request to BPAS. Revalidation of medical staff took place annually by the medical director. Files were kept at each site which confirmed the appropriate checks had been completed and that each consultant had the appropriate indemnity insurance.
- BPAS had recently introduced a 'central authorisation system' (CAS) where staff uploaded all the completed documentation following the initial assessment by a nurse. Staff told us that CAS had helped reduce any possible delays with providing treatment. Two BPAS doctors were allocated every day to CAS on a rota. This ensured there were always two doctors available within the region to review the documentation and sign the HSA1 form, if they agreed with the reason for the termination of pregnancy, in a timely manner. We looked at the system and staff were competent in guiding and explaining how it worked.
- The assessment process for termination of pregnancy legally requires that two doctors agree with the reason for the termination and sign a form to indicate their agreement (HSA1). We looked at seven patient records and found that all HSA1 forms included two signatures and the reason for termination. BPAS Taunton completed a monthly HSA1 audit to ensure and evidence compliance with legal requirements. For April/May 2016, five sets of notes were audited, the first and second part of the forms were completed in 100% of records seen. The HSA forms part 1 and 2 were audited by a senior staff member reviewing three patients' records each month. We saw for June 2016 the data showed 100% compliance.
- BPAS has an on-line completion and submission process for HSA4 forms, in which the BPAS 'Booking Information System' linked directly with the Department of Health. The online HSA4 forms were completed by the treatment unit, sent to the prescribing doctor who authorised on the system and submitted to the Department of Health. BPAS doctors obtain a secure login and password from the Department of Health to use this service. The HSA4 was signed online within 14 days of the completion of the abortion by the doctor who terminated the pregnancy. For medical abortion, the doctor who prescribes the medications is the Doctor who must submit the HSA4 form. The Department of Health alerted the BPAS head office if a form had not been submitted. Head office would inform the local office to complete.
- BPAS Taunton and BPAS Taunton has a licence from the Department of Health to undertake terminations of pregnancy. This licence is a legal requirement and is valid until 31 July 2018. The licence was displayed prominently in the waiting room of the service.

Leadership / culture of service

- The regional management structure consisted of a regional director of operations, a regional manager, a regional clinical lead (doctor) and a regional nurse to cover training.
- At a local level each site is run by a registered manager. Staff told us they found the registered manager for BPAS Taunton and BPAS Taunton Central to be approachable and staff spoke positively about how they enjoyed their work and felt a strong sense of teamwork. Staff demonstrated at all times a caring and compassionate approach to all patients and those attending with them.
- Registered managers received training in key policy areas of their role, which included any current legal or regulatory requirements. They were also supported in their role to develop further management potential. Managers were encouraged to seek advice from Head Office support functions, each of which was led by a director with expertise in their field.
- The staff survey results for the area including BPAS Taunton and BPAS Taunton central showed that 76% of staff felt there was strong leadership from managers and

senior staff. A further 82% felt supported by their local manager. Staff told us they felt respected and included. They felt supported to speak about any concerns and able to report incidents.

Public and staff engagement

- Public and staff engagement was encouraged to develop the service provided. All BPAS clients were given a client survey/comment form entitled Your Opinion Counts. Each survey was initially reviewed by the manager, prior to being sent to the BPAS Head Office for collation and reporting, so that any adverse comments could be acted on immediately.
- The staff were not aware of any feedback. We asked how this was provided and were told this took place at team briefings. We looked at minutes from those team briefs which did not include any feedback from comment cards.
- We reviewed 12 comment cards before they were sent back to head office. They were complementary about the service with only one patient wanting a more personalised service and another wanting a delay update.
- A recent update in unit practice had been an 'Ideas from staff' request at reception. Staff had contributed some ideas but as this was a recent development no action had yet been taken with any ideas contributed.
- Staff were surveyed using questionnaires and the information collated and shared with staff. Central and South West services responses were handled together, 79% of staff in those regions responded. Results showed that 89% would recommend BPAS as a good place to work and 97% would recommend friend and relatives for treatment.

Innovation, improvement and sustainability

- The BPAS medical director monitors national and international developments in care and service delivery and reports to the BPAS clinical governance committee on developments that are recommended for adoption within BPAS.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as councellors but not to a Diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained pregnancy counsellors.
- The provider should audit those patients who exceed the 10 working days to treatment to evidence patient choice.