



Independent Healthcare Inspection (Announced)

British Pregnancy Advisory
Service (BPAS)

Inspection date: 16 May 2018

Publication date: 17 August 2018

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of British Pregnancy Advisory Service (BPAS) on the 16 May 2018.

Our team, for the inspection comprised of one clinical peer reviewer and a HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We were satisfied that the service was providing safe and effective care. Staff were committed to providing a welcoming environment and positive patient experience.

Record keeping, clinical audits and patient care were good.

Staff management, training and appraisals were good.

Some areas of the building looked worn and tired and would benefit from redecoration.

This is what we found the service did well:

- We observed caring, positive and professional interactions between staff and patients
- Information for patients was up to date and reflected national guidance
- Patient records were detailed and of a good standard
- A clear management structure was demonstrated, and staff told us they were supported in their roles by senior staff.

This is what we recommend the service could improve:

- De-clutter some areas by moving boxes into storage areas
- Provide wall mounted stands in clinical areas for storing protective gowns and gloves
- Staff need to ensure when using name stamps on patient records that the stamp is legible
- HIW address needs to be updated on the complaints poster
- The clinic would benefit from redecoration.

We identified some minor regulatory breaches during this inspection regarding patient experience and managing a safe environment. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non-compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

British Pregnancy Advisory Service (BPAS) is registered to provide an independent hospital at First Floor, Elgin House, 106-107 St Marys Street, Cardiff CF10 1DX. It is part of a network of registered services throughout the UK.

BPAS is a charity that provides support, counselling and care to women who are faced with termination of pregnancy treatment for many different reasons, as well as male sterilisation (vasectomy). It also provides advice and support on contraception. It is the UK's leading termination of pregnancy care charity, specialising in safe, confidential treatment. They accept referrals from both private and NHS.

The service was first registered on 4 April 2007 and is not registered for overnight stay.

The service employs a staff team of 10; the manager, surgeon, counsellor and client care (support to counsellor), lead nurse, two midwife practitioners (one full and one part time), a nurse practitioner and two health care support workers.

A range of services are provided which include:

Condition 1

- Termination of pregnancies (to include consultation and assessment) for patients aged 15 (fifteen) years and over
- Consultation and advice about termination of pregnancies to patients aged 13 (thirteen) years and over
- Vasectomy consultation, treatment and follow up including semen analysis for patients aged 18 (eighteen) years and over.

Condition 2

Only the following methods of termination can provided:

- Early medical abortions for pregnancies up to 10 (ten) weeks gestation

- Manual Vacuum aspiration with optional conscious sedation (with intravenous midazolam and fentanyl) alongside local cervical anaesthesia for pregnancies up to 14 weeks
- Electric Vacuum aspiration with optional conscious sedation alongside cervical anaesthesia for pregnancies up to 18 weeks gestation.

Condition 3

The maximum number of termination procedures (abortions) to be carried out at the establishment must not exceed 50 (fifty) in any 7 (seven) day period.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, we were satisfied that the service was committed to providing a positive experience for patients in a safe and effective manner.

Patients were provided with detailed information that was specific to their own individual needs.

HIW address must be added to the information on how to raise a concern.

During the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. Due to the nature of the service, and the number who attend, a total of four were completed. We also looked at the comments received in the feedback questionnaires issued by the service.

Health promotion, protection and improvement

We found there was a variety of information available within the waiting area which was appropriate to the services being provided. In a sample of patient records, we found evidence of detailed and specific information that was provided to patients, depending upon their individual need.

Patients were offered very informative and detailed information booklets either on the first visit or if requested through the post. The booklets are for all areas of the UK and we suggested that a note is placed inside for patients living in Wales so that they are aware of the HIW address should it be required. The registered manager and area manager agreed to this.

Dignity and respect

We observed patients being spoken to in a professional, polite and respectful manner. All of the patients that completed a questionnaire told us that staff

were polite, kind and sensitive when carrying out care and treatment. Consultations were held in a private consultation room, to ensure all discussions maintained patient privacy. We found that treatment rooms were closed with an "in use" sign when patients were being treated to prevent unauthorised access.

Patient information and consent

A sample of five patient records were reviewed and showed that detailed information was provided to patients, depending on their own individual needs. We found this information to be relevant, up to date and reflected national guidance. Patients that completed a questionnaire also agreed that they felt they had been given enough information about their treatment.

We saw that verbal and written consent to treatment and procedures was obtained from patients.

Communicating effectively

For patients there were posters and information leaflets available regarding the treatment offered at the clinic. However this information was only available in English. Patients told us that they received information in a manner which they understood and could therefore make informed choices.

For staff there was a quarterly staff bulletin "Connect: Staff Voice" which brought all regions of the charity together with up to date information and support.

Care planning and provision

Staff told us that there was sufficient time to appropriately support and care for patients.

Patients with sensory problems or additional needs/cognitive difficulties were offered information adapted to their specific needs i.e. Braille and Large Print. The service could also access translation services via the language line. We discussed the use of Pictorial Exchange Communication System (PECS) for patients with additional needs and how this could also be of assistance with all communication needs. The registered manager was open to explore this avenue of communication.

Citizen engagement and feedback

We saw that the service actively tried to obtain feedback from patients on the treatment provided to them, through paper questionnaires. We saw that an

analysis of patient feedback was undertaken each quarter and this was undertaken at head office. It was included in the staff bulletin but not within the patients' guide. This is dealt with under Quality of Management and Leadership.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We were satisfied that patients received care and treatment in a safe, sensitive and professional manner and that patient records were thorough and comprehensive.

We recommended that some areas of the building be de-cluttered and the environment would benefit from decorating.

Managing risk and health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting the service. However, we found that the premises although clean, looked tired and worn in places; specifically the waiting area, treatment rooms and staff room. These would benefit from de-cluttering of boxes (especially recovery room) and redecoration. Patients attend the clinic and expect to see surroundings which reflect the standard of care being offered.

The charity had developed throughout their services the role of Patient Safety Champion whose responsibility was to ensure clinical safety. The lead nurse had taken the responsibility in this service. Work which had already instigated national changes was in regard to peri-operative pathways¹ and the management of deteriorating patients. The effectiveness of these changes have already been assessed showing good outcomes. Additionally auditing of the

¹ The aim of perioperative pathways is to deliver the best possible care for patients before, during and after surgery.

emergency trolleys was identified and we found that this was already in place in this service because we saw there was access to a well stocked emergency resuscitation trolley (which included an automated external defibrillator) in the event of an emergency. Drugs for this trolley were stored in a locked cupboard and only brought out on treatment days. There was also a checklist to ensure stock was replenished and was within the manufacturer's date of use.

Infection prevention and control (IPC) and decontamination

We found that the service practised good infection prevention and control techniques. This included the appropriate use of personal protective equipment (PPE), staff practised 'bare below the elbow'² to enable effective hand washing and we saw evidence of good hand hygiene. All medical equipment was single use.

We did suggest for ease of access wall mounted holders for the PPE would be beneficial in the clinical rooms. Both the registered manager and the area manager agreed that this would improve access for staff.

Ultrasound probes were decontaminated prior to the first use of the day, between patients and following the last patient, using specifically designed foam for the high-level disinfection of endocavity ultrasound probes³ and sequential multi-wipes system. The instruments were then labelled with a green sticker to show both staff and patients that the instrument had been disinfected and cleaned appropriately.

Staff described in detail the cleaning protocol in place between patients, which promoted effective infection prevention and control arrangements. We also saw evidence of audit and cleaning schedules. All patients who completed a questionnaire told us they either agreed or strongly agreed that the environment was clean and tidy.

² Recognised good practice enabling staff to effectively wash their hands and wrists

³ Equipment used for internal ultrasound procedures.

Improvement needed

The registered manager must ensure that the premises are free from clutter

The service provider should ensure that the premises are kept in a good state of repair

The registered manager should consider providing wall mounted stands for PPE equipment in clinical areas.

Medicines management

There were no concerns regarding the management of medicines. We saw excellent record keeping and administration in relation to medicines. Pharmaceutical support was via a pharmacist based at head office.

There were electronic prescriptions with easy to follow guidance which were ordered from head office but managed on site. There was evidence of good stock rotation and online prescribing via remote access. Signatures were clear and identifiable with all entries signed and dated. Patient information was legible and there was a section in the notes if patients requested to self medicate.

There were effective medicines management policies which we viewed on line. When we spoke with staff they were fully conversant with process and guidance.

Medication was stored appropriately in locked cupboards and fridges. Fridge temperatures were monitored daily to ensure optimum storage for medication which requires storage in a cool environment. Controlled drugs were checked and signed for daily by two registered nurses.

The service followed best practice guidance and used UKMEC⁴ check lists and pathways for care.

⁴ The UK MEC helps clinicians decide what contraceptives they can safely recommend based on the medical conditions of patients in their care.

Safeguarding children and safeguarding vulnerable adults

Staff had received training in adult and child safeguarding, especially with the registered age range for consultations. There were appropriate referral pathways and we saw good communication systems between the service and external agencies.

Blood management

We saw the appropriate screening with policies / protocols for the use of anti D blood⁵ products. We saw stringent identification checks on the blood tests which were undertaken by two nurses.

Medical devices, equipment and diagnostic systems

The service had the use of an ultrasound machine⁶ which was under an annual maintenance contract and we saw evidence of appropriate maintenance checks to ensure it was safe to use.

Safe and clinically effective care

We looked at a sample of five patient records, and found they were of a very good standard. They were detailed and thorough, providing comprehensive details of the care and treatment provided to patients.

We saw the use of UKMEC checklists, pre-planned consent checklists, good documentary evidence of any additional information to notes and by whom. There were clear surgical safety checklists and specific nursing care plans for procedures.

⁵ People who are Rhesus-positive have a substance called D-antigen on their red blood cells. If the father of the pregnancy is Rhesus-positive then there is a chance that the fetus will also be Rhesus-positive even if the patient is Rhesus-negative. If at any stage of pregnancy there is mixing of your Rhesus-negative blood with that of the fetus which may be Rhesus-positive, your body's defense mechanism, may form antibodies against the D-antigen. This can happen at various stages of pregnancy, including abortion and this will be potentially harmful to any babies you have in future that are Rhesus-positive because the antibodies stay in your system.

⁶ A diagnostic imaging technique based on the use of ultrasound

We did see however the use of ink stamps which accompanied signatures, to identify name and designation of the staff member. The stamps were not always legible and therefore it was difficult to ascertain who had completed the check.

The registered manager described how the service followed-up patient outcomes for certain treatments offered, as a way of measuring the effectiveness of the care provided. We recognised this as an area of good practice.

We saw that a no time restricted counselling service was offered pre and post all treatments. This offered the patient time to ensure decisions were not rushed and that adequate time had been taken to make informed choices. Many patients attend for termination due to foetal anomalies or due to miscarriage and specific counselling and support is offered in these circumstances.

Improvement needed

The registered manager must ensure if the service intends to continue using the ink stamp that it is legible at all times.

Participating in quality improvement activities

Through discussions with the lead nurse and registered manager we identified that the service undertakes a range of quality improvement activities. For example; a weekly health and safety check of the environment to help identify any hazards or potential areas for improvement, conducting patient questionnaires, a DATIX system⁷ for recording incidents which is overseen by head office, infection control and medication audits amongst many others.

The governance plan to monitor a range of areas within the service is managed locally by the registered manager but is overseen by head office.

⁷ Datix is a web-based software that helps organisations manage their risks, incidents, service user experience,

Information management and communications technology

We found that the service used a remote electronic communications system, allowing clinical staff to securely access patient information and results away from the site. This meant clinical staff were able to interpret information quickly and support staff within the service without being physically present. We were told that this has resulted in staff feeling supported on site even when senior clinical staff were not physically present. It also means that decisions which require authorisation by two medical doctors can be accessed in a timely manner.

Records management

We found that patient records were stored securely to prevent unauthorised access. Paper records were located in a lockable cabinet, and electronic records were password protected.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

We found that staff were aware of their roles and responsibilities, and were supported by a clear management structure.

Staff training and appraisals were good and staff told us that they were supported to attend outside training which would benefit their development. Support to revalidate professional registration was evident.

Governance and accountability framework

The team at BPAS presented as a small, well established team and they demonstrated clear lines of responsibility. Staff were aware of their roles and responsibilities. We found that the support offered to staff and the availability of the registered manager was positive.

We reviewed the service's Statement of Purpose and Patients' Guide. We found that the Patients' Guide needed minor changes to include the contact details for HIW and a summary of patient feedback. The registered manager agreed to do this.

We found that there was a comprehensive range of policies and procedures in place, providing detailed information to both staff and patients. These were reviewed and updated on a regular basis to help ensure that staff had and patients had access to the most up to date information.

Improvement needed

The registered manager needs to ensure that HIW contact details and a summary of patient feedback findings are included in the Patients' guide.

Dealing with concerns and managing incidents

We saw that the service had a complaints policy outlining the process for patients should they wish to raise a concern. This information was also included within the Patients' Guide, which was also displayed in the waiting area for patients to read. However neither included HIW's address. We found that the service had a suitable process in place for dealing with complaints, and we also found evidence that the service had demonstrated learning and made changes as a result of a complaint being made.

Improvement needed

The registered manager needs to ensure that HIW contact details are included in the Patients' guide and on the poster in the waiting area.

Workforce planning, training and organisational development

We saw that there was a stable staff team which had not changed considerably for some time. There had been a change in senior management with the development of the area manager post. The registered manager told us that this was a positive development.

The service had a defined programme of training for both clinical and non-clinical staff. Staff told us that they were encouraged to undertake training which would develop their knowledge and expertise.

Nursing and Midwifery staff told us that they were given every opportunity to maintain their registration status with their regulated body.

Workforce recruitment and employment practices

We looked at a sample of staff files and found all the information required for safe employment practice. We found staff had contracts of employment, a job description and a Disclosure and Barring Service report. We saw evidence of confirmation of professional registration status and qualifications which were checked on an ongoing basis.

We saw that staff appraisals were undertaken and were up to date.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No concerns were identified during the inspection.			

Appendix B – Improvement plan

Service: BPAS

Date of inspection: 16 May 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
No identified areas for improvement on this occasion				
Delivery of safe and effective care				
The registered manager must ensure that the premises are free from clutter	22. Managing risk and health and safety	Action was taken to review storage of items within all clinical areas following recommendations given post inspection.	VR	Immediate
The service provider should ensure that the premises are kept in a good state of repair.	12. Environment 4. Emergency Planning Arrangements	New window blinds are being ordered for all rooms.	VR	Fitted by Sept 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>Disposable curtains are to be introduced to replace existing curtains in all recovery bays and clinical rooms.</p> <p>A schedule of works has been agreed for areas identified to update décor.</p>		<p>Fitted by Sept 2018</p> <p>By end of 2018</p>
The registered manager should consider providing wall mounted stands for PPE equipment in clinical areas.	13. Infection prevention and control (IPC) and decontamination	PPE dispensers currently being sourced and will be installed in all clinical areas.	VR	To be fitted by end of year 2018
The registered manager must ensure if the service intends to continue using the ink stamp that it is legible at all times.	7. Safe and clinically effective care	New stamps ordered and monthly quality audits are undertaken to monitor the standard of record keeping.	VR	August 2018
Quality of management and leadership				
The registered manager needs to ensure that a	1 Governance and	Following clarification from HIW	VR	September

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
summary of patient feedback findings are included in the Patients' guide.	accountability framework	Inspection Team with regards to the requirement of a Patients guide. A local guide will be produced specific to Cardiff unit; this will include all documents as listed in the Regulations. A quarterly summary of all client views obtained will be produced and displayed within this guide.		2018
The registered manager needs to ensure that HIW contact details are included in the Patients' guide and on the poster in the waiting area.	23 Dealing with concerns and managing incidents	Action taken following Inspection; A sticker is now placed within each bpas patients guide with the HIW contact details for all clients. The poster has also been updated with the appropriate details.	VR	Completed 01 June 2018

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Vivienne Rose

Job role: Treatment unit Manager

Date: 06/07/2018