

# BPAS Merseyside

## 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

### Ratings

#### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Letter from the Chief Inspector of Hospitals

BPAS Merseyside is operated by British Pregnancy Advisory Service (BPAS). BPAS is a national charity and around 97% of patients are funded by the NHS. The Merseyside clinic has six screening rooms, three consulting rooms and one treatment room. It operates surgical lists from Wednesday to Saturday. There are three satellite clinics at St Helens, Warrington and Wigan.

The service provides termination of pregnancy services for women from Merseyside and surrounding areas as well as patients from Ireland. The service also provides vasectomy services.

We inspected this service using our focussed inspection methodology. We carried out an unannounced inspection on 8 and 9 May 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

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

### Services we rate

We did not previously rate this service. We rated it as **Requires improvement** overall.

We found areas of practice that require improvement:

- At our previous inspection in 2016 we were not assured that medicines were regularly reviewed and replaced as required. During this inspection, we found the service did not consistently follow best practice when prescribing, giving, recording and storing medicines. We found out of date medicines in the clinic rooms and on the emergency drugs trolley and the controlled drug register was not always accurately completed. Staff did not monitor the ambient room temperature where medicines were stored.
- At our previous inspection we found local governance arrangements did not ensure the identification, mitigation and monitoring of risks or the improvement of quality and patient outcomes. Although the service had introduced new systems following this inspection the systems used to monitor performance and risk were not robust. There was now a local risk register in place. However, the local risk register did not have control measures and review dates for all risks identified.
- We found areas where audits indicated high levels of compliance with policy and procedure, however we saw examples of poor practice or policies not being adhered to by staff. For example, staff did not fully complete all risk assessments prior to care and treatment and staff did not consistently adhere to the infection prevention and control measures specified by the service.
- The service did not meet the requirements of the duty of candour regulation. 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. The service did not always include an apology in the written notification to the patient and only sent a written notification when the patient had given permission, as stipulated within BPAS policy.

# Summary of findings

- Patients could not always access the service when they wished. The waiting time for initial consultation was not in line with national guidance and 24% of patients waited longer than 10 days from decision to proceed to termination of pregnancy.
- Managers were not empowered to make changes to improve services at a local level. Policy was set by BPAS nationally and staff told us this could not be changed or developed locally. The governance structure and audit schedule were set out nationally and managers did not adapt this to local needs or issues. The results of the staff survey could not be broken down into each clinic, so managers did not have an oversight of issues raised by staff specific to their service.

However,

- The service had clear systems in place to identify and report safeguarding concerns. Staff had received appropriate safeguarding training and knew how to apply this. Staff were supported by a national safeguarding lead.
- The service had suitable premises and equipment and looked after them well. The clinic had undergone a recent refurbishment, and this was evident in a warm and welcoming environment. All areas of the clinic were visibly clean and clutter free. The clinic was wheelchair accessible with accessible toilets and a lift to all floors.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Managers acted to recruit to vacancies and used agency staff as necessary. Staff received mandatory training and an annual appraisal and compliance rates were high for both.
- We saw staff had a caring and compassionate approach to all patients. Feedback from patients was positive about how staff treated them. Staff demonstrated a non-judgemental attitude that was commented on and appreciated by patients.
- Managers promoted a positive culture that supported and valued staff. Staff spoke highly of managers and leaders stating they had 'amazing' support from managers. The position of management offices next to the reception desk provided visible leadership support at the front door and meant a senior member of staff was on hand quickly in the event of an issue or complaint.
- The service had recognised that governance processes needed strengthening following our last inspection. There was a corporate governance committee structure in place. The clinic followed the BPAS planned programme of auditing and monitoring and reported audit outcomes appropriately through the governance structure.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notices that affected BPAS Merseyside. Details are at the end of the report.

## **Nigel Acheson**

Deputy Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Termination of pregnancy

### Rating

Requires improvement



### Summary of each main service

BPAS Merseyside is operated by British Pregnancy Advisory Service (BPAS). It comprises one main location in south Liverpool and three satellite locations in St Helen's, Warrington and Wigan. The service provides termination of pregnancy as a single speciality service.

# Summary of findings

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Requires improvement 

# BPAS Merseyside

**Services we looked at**

Termination of pregnancy

# Summary of this inspection

## Background to BPAS Merseyside

BPAS Merseyside is operated by British Pregnancy Advisory Service. The service opened in 1970. It is a private clinic in Liverpool, Merseyside. The clinic primarily serves the communities of Merseyside and the surrounding areas. It also accepts patient referrals from outside this area, including Ireland.

BPAS Merseyside provides support, information, treatment and aftercare for people seeking help with regulating their fertility and associated sexual health needs. The main activity is termination of pregnancy. They provide the following services:

- Pregnancy testing
- Unplanned pregnancy counselling/consultation
- Medical abortion
- Surgical abortion under general anaesthetic
- Surgical abortion under local anaesthetic/conscious sedation
- Abortion aftercare

- Miscarriage management
- Sexually transmitted infection testing and treatment
- Contraceptive advice
- Contraception supply

BPAS Merseyside provide consultation and early medical abortion treatments up to 10 weeks gestation. Medical abortion and surgical termination of pregnancy are offered up to 23 weeks and 6 days gestation using local anaesthetic and conscious sedation or general anaesthetic. In addition, the Merseyside clinic offers vasectomies.

The three satellite clinics provide early medical abortion treatments, sexual health and contraceptive services and unplanned pregnancy counselling/consultation.

The clinic has had a registered manager in post since 2011 and the current registered manager has been in post since July 2017.

## Our inspection team

The team that inspected the service comprised two CQC inspectors, a CQC medicines inspector and a specialist advisor with expertise in nursing and clinical governance. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

## Information about BPAS Merseyside

The hospital has six screening rooms, three consulting rooms and one treatment room and is registered to provide the following regulated activities:

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

During the inspection, we visited all areas of the Merseyside clinic including the treatment room and recovery areas. We spoke with 11 staff including registered nurses, health care assistants, reception staff, medical staff, operating department practitioners, and senior managers. We spoke with 10 patients and their carers. We also received 20 'tell us about your care' comment cards which patients had completed. During our inspection, we reviewed eight sets of patient records.

# Summary of this inspection

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had been inspected three times, and the most recent inspection took place in June 2016. At that time we did not have a legal duty to rate this type of service or the regulated activities which it provided.

Activity (January to December 2018)

- The service carried out 2,478 medical abortions in the reporting period.
- They carried out 2,524 surgical abortions under conscious sedation or general anaesthesia.
- There were 307 surgical abortions after 20 weeks gestation.
- The service provided treatment to one child under 13 years old and 74 children between 13 and 15 years old between April 2018 and May 2019.

The service employed two medical doctors, 12 registered nurses and 13 administrative staff. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety

- There were no never events between January and December 2018.
- There were five serious incidents requiring investigation between January and December 2018.
- The service transferred six patients to another health care provider between January and December 2018.
- The service received eight complaints between January and December 2018.
- There were no incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA)
- There were no incidences of hospital acquired Clostridium Difficile (C-Diff).

The service did not provide any services accredited by a national body.

## **Services provided at the location under service level agreement:**

- Clinical and non-clinical waste removal
- Interpreting services
- Maintenance of equipment
- Certain mandatory training modules



# 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?

We did not previously rate this service. We rated it as **Requires improvement** because:

- Local managers did not have oversight of agency staff compliance with mandatory training.
- Staff did not consistently adhere to the infection prevention and control measures specified by the service.
- The service did not consistently follow best practice when prescribing, giving, recording and storing medicines. We found out of date medicines in the clinic rooms and on the emergency drugs trolley and the controlled drug register was not always accurately completed.
- Staff did not always fully complete all risk assessments prior to care and treatment.
- The service did not always provide a written apology to patients when there had been a notifiable safety incident, as required by the duty of candour regulation and included in BPAS policy.

However,

- The service provided mandatory training in key skills to staff and made sure all employed staff completed it. The service clearly defined the training requirements for different types of staff and compliance rates were high.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff completed standardised safeguarding risk assessments for children under the age of 18 and vulnerable adults.
- Staff kept equipment and the premises clean. All areas we visited were visibly clean and there was alcohol hand gel for patients and staff to use available throughout the clinic.
- The service had suitable premises and equipment and looked after them well. The clinic had recently been refurbished and the service employed a maintenance operative to ensure premises and equipment were kept in a good state of repair.
- Staff kept clear records and asked for support when necessary. There were clear guidelines for staff to follow to transfer a patient to local NHS provision, if required.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable

Requires improvement



# Summary of this inspection

harm and to provide the right care and treatment. Managers planned staffing levels using a national tool which considered the type of treatment offered and the different type of staff needed to carry out the specific treatment.

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Records were both paper and electronic and stored securely to maintain patient confidentiality.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately on an electronic system. Managers from the wider BPAS group investigated incidents and shared lessons learned with the whole team and wider service. When things went wrong, staff apologised verbally and gave patients honest information and suitable support.
- The service used safety results well. Staff collected safety information and shared it with staff, patients and visitors. We saw information about infection rates displayed in all waiting areas. Managers used this to improve the service.

## Are services effective?

We did not previously rate effective. We rated it as **Good** because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance through monthly audits.
- Patients were offered hot drinks and snacks following surgery to aid their recovery.
- Staff assessed and monitored patients to see if they were in pain. They gave pain relief prior to surgery and gave additional pain relief, where necessary to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services.
- The service made sure permanent staff were competent for their roles. Managers appraised staff's work performance annually and we saw high levels of compliance with appraisal completion. Staff attended supervision meetings for support and to monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professional supported each other to provide good care. The service worked with staff from other providers to ensure patients received good care.
- Patients could access advice and support throughout the year from a free telephone helpline, which was available 24 hours a day, seven days a week.

**Good**



# Summary of this inspection

- We saw information and leaflets displayed in communal areas for health promotion services and staff signposted patients to health promotion services as appropriate.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed service policy and procedures when a patient could not give consent.

## Are services caring?

We did not previously rate caring. We rated it as **Good** because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. We saw staff provided appropriate reassurance and demonstrated non-judgemental attitudes.
- The service provided additional support and facilities for patients having a termination of pregnancy due to fetal anomaly.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients told us they felt listened to and had been given clear information.

**Good**



## Are services responsive?

We did not previously rate responsive. We rated it as **Good** because:

- The service planned services in a way that met the needs of local people. Patients were able to choose their preferred treatment option and location and could also choose an appointment at another provider in the area if that best met their needs.
- The service took account of individual needs. Staff completed diversity training to ensure they recognised and respected individual beliefs and choices.
- People could access the service when they needed it. Arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However,

- The waiting time for an initial consultation was longer than the service or patients would have wished and not in line with national guidance.

**Good**



# Summary of this inspection

- Required Standard Operating Procedures specified by the Department of Health state patients should wait no longer than 10 days from decision to proceed to termination of pregnancy. Between January and December 2018, 24% of patients waited longer than 10 days from decision to proceed to termination of pregnancy.

## Are services well-led?

We did not previously rate well-led. We rated it as **Requires improvement** because:

- The service did not provide strong clinical leadership to managers at all levels to ensure they had the right skills and abilities to run a service providing high-quality sustainable care.
- Local governance arrangements did not ensure the identification and monitoring of risks and improvement of quality and patient outcomes. We found several issues during inspection that internal governance and audit had failed to identify.
- The local risk register did not have control measures and review dates for all risks included.
- Staff survey results were not broken down into each clinic, meaning managers were not aware of results or issues raised locally.

However,

- Staff we spoke with told us they had ‘amazing’ support from managers.
- The service had a local vision, mission statement and set of values based on the national BPAS vision and Care Quality Commission key lines of enquiry.
- Managers across the service promoted a positive culture that supported and valued staff, creating a common sense of purpose based on shared values. Staff we spoke with were proud to work for the clinic.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The service had appropriate and up-to-date policies for managing patient’s personal information and reporting information security incidents.
- The service engaged well with staff, patients and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong.

**Requires improvement**








# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

# Termination of pregnancy

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

## Are termination of pregnancy services safe?

Requires improvement 

We did not previously rate safe. We rated it as **requires improvement**.

### Mandatory training

- The service provided mandatory training in key skills to all employed staff and made sure everyone completed it. Mandatory training modules included infection control, information governance, fire safety, health and safety, fire warden training and basic life support.
- The service outlined the training requirements in a training matrix. The matrix specified the frequency of training and who was required to complete the training. It also stated which external providers were authorised by BPAS nationally to provide certain training modules such as fire safety.
- All staff had training in either basic life support (BLS) or intermediate life support (ILS). We viewed records that showed that 16 staff had completed BLS training and nine staff had completed ILS training.
- Mandatory training was provided by a mixture of face to face sessions and electronic learning modules. We saw that the unit manager kept a track on the progress of each member of staff and was able to see in advance which member of staff required updated training. As a

result, we saw that compliance levels with mandatory training were high. Managers and staff told us that all training was undertaken within working hours when the theatre list was not running.

- We reviewed the current training log and saw 100% compliance rates with infection control, information governance, safeguarding, BLS and ILS training. The compliance rate for fire safety was 92% and 96% for health and safety.
- All administration staff completed client support skills training to enable them to effectively support patients who came to the clinic.
- However, although the treatment unit manager kept an up-to-date training matrix of staff training completion requirements this did not include agency staff. A national clinical lead was responsible for ensuring an agency staff confirmation form was completed and signed under the terms of business policy. This included a check of mandatory training, disclosure and barring service checks and professional registration. This was completed when the agency staff member was first deployed. We saw the form had been completed in October 2017 for one long-term agency staff member. However, it had not been updated since so the treatment unit manager could not be assured long term agency staff were compliant with mandatory training requirements such as safeguarding and basic life support.

### Safeguarding

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

# Termination of pregnancy

- All staff attended the BPAS 'Safeguarding Vulnerable Groups' training every two years, this included level three safeguarding children training. An introduction to safeguarding was included on the BPAS induction training which all staff attended. The training also included how to recognise and act on specific types of abuse such as domestic violence, female genital mutilation, forced marriage and child sexual exploitation. We reviewed training records and saw compliance with safeguarding training was 100%. Staff we spoke with could explain how they would respond to a safeguarding concern and knew how to access further information and support. They gave an example of working with the local authority to ensure a patient at risk of physical abuse was taken to a place of safety.
- The registered manager was responsible for sharing necessary information with external safeguarding and child protection agencies in a timely manner. They were also responsible for the development and regular review of their local adult and child protection procedures. Staff we spoke with were aware of how to recognise and report abuse when the registered manager was not there.
- The service had up-to-date policies for Prevent and domestic abuse, which gave clear guidelines to staff on how to identify and escalate concerns. Prevent is the UK's counter terrorism strategy to safeguard people and communities from the threat of terrorism.
- The domestic abuse policy included information for staff on recognising and reporting female genital mutilation (FGM). A risk assessment for FGM was completed and if indicated, concerns were reported to the police and social services.
- Staff could access advice and support with safeguarding concerns from the national safeguarding nurse for BPAS. Staff told us they were accessible, and they felt confident to escalate safeguarding concerns to them. Staff placed a flag on the electronic patient record system and paper notes when a safeguarding concern was raised. This ensured all staff caring for the patient were aware of the concern even if the patient then attended a different clinic.
- Staff completed a safeguarding risk assessment for vulnerable adults and these were shared with the national safeguarding nurse. They shared information with the relevant local authority when a risk assessment form highlighted a safeguarding concern for a vulnerable adult.
- The treatment unit manager kept a safeguarding log on a secure computer system. This meant the progress of safeguarding referrals was monitored and managers ensured follow up actions were taken.
- The BPAS national safeguarding group reviewed all safeguarding concerns that were referred to the local authority. Members of this group were all trained to level four safeguarding adults and children.
- Between April 2018 and May 2019, the service treated one child aged under 13 years old, in line with BPAS national policies.
- There were 74 children aged between 13 and 15 years old treated between April 2018 and May 2019.
- Staff completed safeguarding risk assessment forms for all patients under 18 and these patients were referred to the local authority if staff identified a safeguarding risk.
- Staff ensured all patients under 16 were accompanied by an adult when they attended for care and treatment. Staff also ensure all patients were seen on their own to ensure the decision the made was their own. Staff completed an assessment of capacity to provide consent to their own treatment for children under 16 in line with the Gillick test. They completed a competence assessment for all children under 16 when giving contraception in line with Fraser guidelines.

## Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- At the time of our inspection the waiting room, consulting rooms and wards were visibly clean and clutter free. We saw all posters displayed in clinical areas were laminated to make them easy to clean and prevent the spread of infection. All rooms had automatic lights which came on when people entered.
- Staff used control measures to prevent the spread of infection. There were hand washing facilities and alcohol hand gel available in consulting rooms and

# Termination of pregnancy

throughout the clinic. We saw staff, patients and visitors used these and staff followed the World Health Organisation 'Five Moments for Hand Hygiene' and 'bare below elbows' guidance.

- Personal protective equipment (PPE) was available and staff used this when delivering care and treatment.
- The service had assigned a senior member of staff as an infection control link practitioner.
- Senior staff carried out a monthly audit of infection control measures using the BPAS Infection Control Essential Steps Audit Tool. The tool looked at four areas, hand hygiene, the use of personal protective equipment (PPE), aseptic technique and use and disposal of sharps. The service set a target of 100% compliance with infection control procedures. We reviewed the monthly audits for January to December 2018 and saw the service had achieved 100% compliance with all four areas in every month except March 2018. In March 2018 compliance with use of PPE and aseptic technique was 60%.
- The service mapped their infection control plan in line with the Health and Social Care Act 2008 Code of practice on the prevention and control of infections. They produced an annual report of infection control and prevention practices that included the outcomes of environmental audits and the essential steps tool. The service was rated green where compliance with the audit was above 90%. We reviewed the report for January to December 2018 and saw the service had achieved a green rating in eight months, three months were rated red and for one month the audit was not completed. When the service was rated red they were required to submit an action plan to the national infection control committee.
- Staff recorded daily cleaning on a checklist. We reviewed cleaning checklists for April and May 2019 in several areas including toilets and the discharge room and saw that daily cleaning had taken place.
- The service used disposable curtains in the recovery areas and consulting rooms. They had 'change by' dates clearly marked, and all curtains were within date.
- Staff used green 'I am clean' stickers to indicate equipment had been cleaned and was ready for use.

- The service employed a laundry assistant and all linen was washed in an external laundry room. This was accessed by a covered walkway. The laundry room was cleaned daily and we saw daily cleaning checklists completed for April and May 2019. The laundry policy was clearly displayed, and up-to-date and personal protective equipment was available. The service set guidelines for the length of time and temperature linen should be washed at to ensure it was clean and to prevent the spread of infection that laundry staff adhered to.
- Clinical waste was stored in three large clinical waste bins at the rear of the building and these were collected by an external company twice a week. The bins were in a staff only area but they were not locked or secured which meant a potential safety risk.
- However, we saw one member of staff did not use hand gel or wash their hands before carrying out a blood pressure check of a patient and another member of staff walking through a dirty utility area with personal protective equipment on. In theatre we saw a non-disposable piece of equipment used to open an airway on the anaesthetic trolley. This equipment was not covered or in any packaging and was handled by staff. Managers later confirmed that this piece of equipment was for training purposes only, was not to be used on a patient and should not have been placed on the anaesthetic trolley. We also saw a suction catheter which had been removed from its protective packaging on a trolley in the treatment room.

## Environment and equipment

- The service had suitable premises and equipment and looked after them well. The service was in a large Victorian house with three floors. There was a lift to all floors which was wide enough to accommodate a trolley or stretcher. The lift contained a chair and an oxygen cylinder meaning that should an emergency arise staff could continue to give oxygen to the patient whilst they were transferred to the acute area of the clinic.
- Following the refurbishment of the clinic in February 2018, the service invited an ambulance service to assess the building for access for ambulance wheelchairs and



# Termination of pregnancy

trolleys. This included a risk assessment of the lift, which recommended emergency equipment was kept in the lift. The service had complied with all aspects of this risk assessment.

- The entrance to the clinic was monitored with secure, controlled access. Once in the building patients and visitors were accompanied by staff to other floors or areas to maintain security.
- The clinic was decorated to a high standard, well maintained and bright and welcoming. The service employed a maintenance operative to ensure the building was well maintained and minor repairs were carried out quickly. The service undertook a monthly maintenance audit and included checks such as fire extinguishers, blinds and curtain checks. We saw that actions from previous audits included repairing a loose door handle and removing a plug-in air freshener from a consulting room. An audit the following month demonstrated that all actions had been completed. At the time of our inspection there were no maintenance issues and therefore none on the risk register.
- All maintenance certificates were held by the maintenance manager and logged onto a central electronic file which could be accessed by senior managers within the clinic and the company head office.
- There were two separate waiting areas, one for surgical clients and the other a consultation waiting area. Each had adequate seating, ambient temperature controls and contained televisions, magazines and leaflets. A wall mounted noticeboard was in each area and contained information such as health and safety, infection control, accessing support, and information about food and drink availability.
- Each consulting room had the facility to be locked in order to maintain the privacy and dignity of the client if necessary.
- There was a 'cardiac arrest' emergency call bell on each floor which staff could use to summon assistance quickly if a patient or visitor became unwell.
- We saw emergency torches throughout the clinic. Managers explained these have been installed following a review of the business continuity plan to ensure staff and patients could exit the building safely in event of the electricity failing.
- During our inspection we saw that a newly appointed health and safety lead had created several logs and audit tools to keep track of important information about equipment. We saw that an electronic calibration log had been created for weighing scales and a maintenance schedule had been created and included patient trolley checks, gas boiler servicing and water safety checks.
- Fire alarm testing took place weekly on a designated day and a fire drill was undertaken every six months. Fire safety training was a mandatory training module for all members of staff and included training on how to use the Evacuchair. This meant that staff knew what to do in the event of a fire and that patients could be evacuated safely in a timely manner. The service displayed fire evacuation plans on each floor. We saw fire extinguishers had their annual check completed and recorded.
- Medical gases such as oxygen were stored securely at the rear of the building in a covered area in line with industry best practice guidelines. An external company collected used cylinders.
- We checked a random sample of equipment in the clean storage area on the top floor. All items we checked were stored tidily and were in date.
- Staff completed environmental audits which looked at the general environment, care of equipment, medicines storage, linen and waste disposal. The results were reported to BPAS nationally and published in the annual infection prevention clinical governance report. We reviewed the report for January to December 2018 and saw the service had achieved over 90% compliance.
- There was a nurse's station on the top floor of the clinic. Nurses and midwives cared for patients on this floor after their termination and they were then discharged from the discharge lounge. There were two recovery rooms on this floor that contained reclining chairs for recovering patients.

# Termination of pregnancy

- We checked the resuscitation trolley in the recovery area. It was stored in line with Resuscitation Council (UK) guidelines. Staff carried out daily checks of the defibrillator and resuscitation trolley drawer contents. A defibrillator is a portable electronic device used to treat patients by assisting the heart to re-establish an effective rhythm. We reviewed the checks for April and May 2019 and saw they were completed on all days there was a theatre list. However, we observed that suction catheters on all trolleys were attached to the tubing having had their sterile packaging opened. We found two ampoules of out of date medication on one trolley.
  - We reviewed the checklists completed in April 2019 for the difficult intubation trolley. They were all completed correctly, and all equipment was in date. However, within the theatre we saw several pieces of out of date stock contained within the anaesthetic trolley.
  - An external company tested electrical equipment each year. We saw the annual test report which was completed in January 2019 and saw all 262 items had passed the portable appliance test.
  - There was a separate preoperative changing room on the first floor beside the treatment room for staff to change into theatre wear. There was also a staff changing room on the mezzanine floor, which included lockers for staff to securely store personal belongings and clothes.
  - Where women did not have specific wishes regarding disposal of pregnancy remains, products were stored separately and securely, in line with Human Tissue Authority and Royal College of Nursing guidelines. Regular collection for disposal was in pace with a full audit trail maintained at the unit.
- given antibiotics following surgical treatment to reduce the risk of acquiring an infection. An ultrasound scan was performed to confirm the gestation period, viability, multiple gestations and the location of implantation in early pregnancy or location of placental implantation above 14 weeks gestation.
- We observed an assessment where the nurse practitioner acted quickly when she recognised the patient was in pain and starting to have contractions. They escalated this to the surgical staff, including the doctor and the patient was seen in theatre within a few minutes.
  - Staff updated the client administration system following assessment. During our inspection staff gave examples of declined procedures at this clinic for reasons such as high body mass index or a history of seizures. Such clients would be signposted by the BPAS specialist placement team to a more appropriate NHS service.
  - The service used a surgical safety checklist based on the World Health Organisation (WHO) and five steps to safer surgery checklist and adjusted to be fit for purpose within the specialist BPAS care environment. WHO checklists are a tool designed to improve the safety of surgical procedures. Staff could access specific instructions on how to use the BPAS Surgical Safety Checklist from the Perioperative Care Policy and Procedure. We observed theatre staff completing the checklist at the appropriate stages throughout the surgical procedure.
  - The service audited the use of surgical safety checklists for conscious sedation and local and general anaesthetic every month. Managers also carried out observations as part of the monthly audit. The audits reviewing staff practice in line with the checklist from January to December 2018 had a compliance rate of 100%.
  - Following general anaesthetic, we saw patients were monitored in the first stage recovery room before being taken to the recliner seated recovery area and then the discharge lounge. There were always two registered nurses in the first stage recovery room when it was used by patients.
  - Staff monitored patients undergoing surgical abortion using a modified early warning system (MEWS). MEWS is used to monitor patients and recognise any

## Assessing and responding to patient risk

- Staff completed and updated risks assessments for each patient. They kept clear records and asked for support when necessary.
- Before treatment all clients were assessed by a nurse or midwife. This assessment included a review of the patient's medical history, confirmation of identity and allergies, confirmation of when the patient had last had something to eat and drink and a medical examination. At assessment staff explained to patients they would be

# Termination of pregnancy

deterioration in their condition. We reviewed the use of MEWS in four patient records and saw three were completed. The service had a policy for the 'Management of the Deteriorating or Septic Client'. This was up-to-date and outlined clearly for staff when and how to use MEWS and escalate to senior staff appropriately.

- We observed staff taking observations of patients in recovery following a surgical procedure using MEWS. Staff repeated these after 20 minutes if the patient remained in recovery due to their condition or symptoms. Staff we spoke with were able to describe the process to escalate a deteriorating patient.
- The service had a screening tool kit for sepsis which was available to staff in all patient medical records. Staff we spoke with said that sepsis was rare and were able to describe how to appropriately respond to this in line with the service's policy.
- Managers ensured all staff working in the theatre were trained in intermediate life support. The training was provided by a local NHS trust and at the time of our inspection compliance was 100%. All other staff including administrative and reception staff had completed basic life support training. There was always an anaesthetist present when general anaesthetic was administered.
- We saw patients were asked about allergies at their consultation and again in theatre. If a patient had an allergy staff wrote this on their wristband and put a red alert sticker on the paper notes to alert all staff through the patient's care journey. We saw patient allergies were documented in patient records we examined.
- VTE stands for venous thromboembolism and is a condition where a blood clot forms in a vein. The service audited completion of VTE risk assessments in records and reported all patients who underwent medical or surgical abortion from January to December 2018 were risk assessed for VTE. However, we reviewed four patient records and saw one had documented VTE risk assessments completed. We also checked patient records for two patients undergoing vasectomies. We saw VTE assessment forms for these patients were not completed on the day of the procedure. The VTE assessment forms for vasectomy patients were not consistently completed in full by staff and one member of staff we spoke to could not explain how to complete the form. This meant we were not assured that VTE risk assessments were consistently completed by staff.
- Staff advised all patients with a suspected ectopic pregnancy to immediately attend the early pregnancy assessment unit of the local NHS trust. They telephoned the unit to handover relevant information and inform them the patient was attending.
- The service had a formal transfer agreement with a local NHS hospital, should a patient require transfer post-operatively in an emergency. We saw the agreement has been updated and signed by both parties in November 2018. It included comprehensive guidelines on the responsibilities of staff and action they must take when transferring a patient in those circumstances. It also outlined the arrangements for follow up, monitoring and review after a patient had been transferred.
- Six patients, out of 2,831 undergoing a surgical abortion, required urgent medical attention due to complications and were transferred from the service to another healthcare provider between January and December 2018.
- In March 2018, CQC were contacted by the local NHS trust who raised concerns regarding the frequency of patients coming to them from BPAS Merseyside. They told us they had raised concerns with the commissioner and BPAS Merseyside. As a result, BPAS Merseyside met with the trust and commissioner and the process for transfer was updated to improve communication.
- Prior to discharge staff advised patients about how to use the 24-hour helpline if they felt unwell. They highlighted the contact number in the patient information booklet.
- Patients had access to call bells in the first stage recovery room and the extended recovery room to quickly summon help if needed. There were also call bells in both waiting areas. There were no call bells in the seated recovery room. However, managers told us this room was always staffed when being used by patients.
- The service introduced skills and drills training for theatre staff and the first session was held in February

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2019. We saw 10 staff had attended this training and the training had included an inspection of the major haemorrhage trolley by the facilitator. Managers told us the sessions were planned to take place every six months. Staff were assigned their role in an emergency during the theatre huddle which took place before the start of every theatre list. There was an up-to-date major haemorrhage policy which clearly outlined the roles and responsibilities of staff if a major haemorrhage was suspected. The service did not have blood products on site but called 999 and requested an immediate transfer to the NHS with an expected response time of eight minutes when a major haemorrhage was suspected.

- Patients were given a copy of their discharge letter to ensure they could give any other providers details of their care and treatment even if they had not originally consented to this information being shared.
- The service had a 24-hour telephone helpline for patients to contact if they became unwell outside of clinic opening hours or had worries or concerns following their treatment. Helpline staff signposted patients to relevant providers for support and advice and sent an email to the Merseyside clinic to alert them that a patient had called for assistance. Managers reviewed these emails and the patients notes and contacted the patient. Where appropriate the patient would be given a follow up appointment at the clinic.

## Nurse staffing

- The service had enough nursing staff with the right qualifications and skills, to keep patients safe and provide the right care and treatment.
- The service employed 12 registered nurses and at the time of our inspection had one vacancy for an operating department practitioner and one vacancy for a health care assistant. Between January and December 2018, 340 shifts had been filled by agency staff and there had been 4 nurse vacancies.
- Managers told us that recruitment of nursing staff was a priority but also a challenge. The service advertised any vacancies and had recently recruited to nurse practitioner roles and expected to have no vacancies for nurse practitioners by the end of July 2019. At the time

of our inspection, the service had vacancies for two health care assistants, the deputy clinical nurse manager, a peri-operative practitioner and an operating department practitioner.

- At the time of our inspection the service had five agency staff working to support its clinic in a range of clinical and non-clinical roles with the longest having worked at the clinic for eight months. Managers told us that various recruitment initiatives had been undertaken to fill these roles such as advertising on an NHS recruitment website however no candidates had been successfully recruited to the post.
- Managers allocated staffing levels to each shift in line with BPAS national 'Minimum Clinical Staffing Levels' policy, which was dated November 2017 and due for review in November 2020. This clearly outlined the type and number of staff who should be present at each type of treatment. For example, for surgical abortion under general anaesthetic BPAS specified one anaesthetist, one operating department practitioner or anaesthetic nurse, one doctor or surgeon, one nurse or midwife and one health care assistant should be present. Managers used this matrix to plan staffing levels and staff rotas.
- Staff worked flexibly across the clinic and the three satellite units.
- The service used the same agency to fill shortages in shifts. Managers explained they tried to use the same agency staff wherever possible to ensure continuity. The treatment unit manager escalated staffing shortfalls on a day to day basis to the area manager. They could allocate the 'cluster nurse' to attend the clinic to cover staff absence. However, managers told us if safe staffing levels could not be achieved on a day then the treatment or consultation would be cancelled, and the patient rebooked.

## Medical staffing

- The service had enough medical staff with the right mix of qualification and skills to keep patients safe and provide the right care and treatment.
- Five anaesthetists and three consultants worked at the clinic under practising privileges. Practising privilege is a well-established process in independent healthcare where a medical practitioner is granted permission to work in an independent hospital or clinic. Following

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completion of appraisal, a practicing privileges document was kept both at the clinic and at the national head-quarters of the organisation. This was repeated every two years, in line with the practicing privileges policy. We also saw that a report was sent from head office to senior managers at the clinic highlighting any upcoming renewals and each member of staff was also featured on the locally held training matrix that was reviewed monthly and emails of correspondence between senior clinic managers and the relevant staff members. This meant there was additional oversight of approaching lapses in dates.

- Consultants were registered on the General Medical Council (GMC) Specialist Register for termination of pregnancies. This was checked by the regional clinical lead and the Medical Director for BPAS.
- At the time of our inspection the service employed two doctors. They had not used any agency staff to cover doctors between January and December 2018 and there were no medical staff vacancies.
- BPAS employed remote doctors as part of the BPAS client administration system (CAS). Part of this role was to provide medical advice; but in addition, was to review patient assessments, agree treatment and electronically sign the HSA1 form (legal forms which must be signed by two doctors who agree that a patient is suitable to undergo a termination of pregnancy as per The Abortion Act, 1967). Doctors reviewed the patients notes electronically to ensure they were signing in good faith.

## Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. We reviewed six sets of records for patients that underwent surgical abortion and two for patients that underwent a vasectomy. We saw they were legible, complete and up-to-date.
- Records we viewed showed that before surgery patients has a pre-operative assessment to identify any areas of concern.
- The service stored paper patient records securely in a small external building. This building was gated, and the gate and door secured by three locks. It was fireproofed

and had a burglar alarm. Paper patient records were kept on the premises for approximately three months and then a secure courier collected records monthly and moved them to head office for storage.

- An administration member of staff checked all paper patient records following treatment and ensured they were fully completed, dated and signed. They also checked all relevant sections had been completed in the electronic patient record system.
- The paper records for patients who attended satellite clinics were stored at the clinic in locked cabinets. Once treatment was complete staff brought the paper notes to the main Merseyside clinic for secure storage. When transporting patient notes staff kept them in a locked bag with a tamper evident tag.

## Medicines

- The service did not consistently follow best practice when prescribing, giving, recording and storing medicines.
- Managers told us staff must comply with the BPAS medicines management policy and procedure. We reviewed the policy and saw it was in date and referenced legislation and standards laid down by the relevant professional bodies, for example the Nursing and Midwifery Council (NMC), the General Medical Council (GMC) and the Health Professions Council (HPC).
- We were made aware of inconsistent practice around preparation of medications prior to a surgical treatment list. Staff told us they drew up medicines into syringes before the treatment list started in line with BPAS policy. This is not in line with guidance issued by the Royal College of Anaesthetists and the Royal Pharmaceutical Society which was adopted by the Nursing and Midwifery Council in 2019. BPAS managers told us they had completed a risk assessment for this and there were clear guidelines in the medicines management policy for staff to follow. However, there was no system to monitor compliance with those guidelines at a local level. However, we also observed the preparation for the general anaesthetic theatre list and saw all syringes were drawn up for each patient at the time of the operation by the anaesthetist.
- Following our inspection, managers escalated the issues raised regarding pre-drawn medicine to national and

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executive leadership. As a result of issues identified during the inspection, the BPAS policy was amended in August 2019 to reflect national standards and medicines can no longer be pre-drawn.

- We found out of date medicines in clinic rooms and in the emergency drugs trolley.
- The controlled drugs register was not completed accurately in the treatment room. Times were not recorded accurately and staff witnessing controlled drugs being prepared did not sign the register at the time of preparing. The register was not always signed individually for each patient administration but at the end of the list.
- We found that medicines stored in clinic rooms were locked away in a metal box above the radiator. The temperature in the room was not monitored and the clinic did not have any way to regulate the temperature in the rooms.
- A licence for BPAS Merseyside for controlled drugs was issued in September 2018.
- Staff gave and recorded medicines to patients using patient group directions (PGDs). PGDs provide a legal framework which allows some registered health professionals to supply and/or administer specified medicines, such as painkillers, to a predefined group of patients without them having to see a doctor. We reviewed all PGDs used by staff and found these were up to date and staff had signed to say they had read and understood them.

## Incidents

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. However, the service did not always provide a written apology to the patient after a notifiable safety incident in line with legislation and BPAS policy.
- The service reported no never events between January and December 2018. Never events are serious patient safety incidents that should not happen if healthcare

providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

- The service transferred six patients to another health care provider between January and December 2018 in line with agreed transfer arrangements.
- The service reported five serious incidents between January and December 2018. The treatment unit manager referred serious incidents to the patient safety team who investigated serious incidents using a root cause analysis approach. A root cause analysis is an investigation of adverse incidents to identify system failures and areas for service improvement.
- We reviewed two investigation reports and saw lessons learned were identified and an action plan drawn up. The report recorded that a verbal apology was given at the time of the incident and patients were contacted by letter and offered the opportunity to meet with staff involved.
- 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. Staff we spoke with were aware of the term and the principle behind the regulation and could give examples of when the duty of candour would be applied. We saw initial verbal duty of candour was applied in incidents we reviewed.
- Staff we spoke with told us they knew how to report incidents and gave examples of incidents they would report. Staff reported incidents on an electronic system and told us they were encouraged by managers to report incidents. Managers debriefed staff following serious incidents and staff were given appropriate support. Staff received mandatory training on how to report incidents and to remind them of the importance of incident management.
- However, agency staff did not have access to the electronic incident reporting system. Managers told us agency staff were encouraged to report incidents to them and they would then log them on the electronic system.

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- Managers shared learning from incidents with the staff involved through debriefing following the completion of the incident report. Learning from incidents was shared at the area treatment unit managers meeting so they could be shared across all clinics in the area. Managers sent all incident action plans and a written debrief to all staff by email. Paper copies were kept in the clinic and staff signed to say they had read and understood the information. Nationally, BPAS sent out a 'Red Top Alert' to all clinics and staff by email and posted this on the intranet. This was displayed in staff areas and included short, direct messages about lessons learned from incidents. These were signed by staff to say they had read them.

## Safety Thermometer (or equivalent)

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- The treatment unit manager and lead nurse observed care and treatment each day to ensure it was safe. They provided feedback to staff to develop skills or address areas of poor practice.
- The service displayed safety performance on posters in the waiting areas. These showed that compliance with infection prevention and control measures was 100% and there had been no cases of Methicillin-resistant Staphylococcus aureus or Clostridium Difficile in March 2019.

## Are termination of pregnancy services effective?

Good 

We did not previously rate effective. We rated it as **good**.

## Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance through completing observational audits of staff carrying out care and treatment for surgical procedures, vasectomy and early medical abortion. We saw completed audits for January to December 2018. They

showed managers observed staff carrying out care and treatment at initial assessment, and in the treatment room, anaesthetic area, recovery area and discharge lounge. Compliance rates were high in all areas and activities. Staff took account of best practice guidelines and standards such as the sepsis screening and action tool recommended by the UK Sepsis Trust.

- The national clinical department was responsible for sending policy and guideline updates to the clinic. Managers told us a national teleconference was held for significant changes which all staff could dial in to. This was recorded and then sent via email to all staff members to ensure those unable to dial in to the original meeting did not miss key information.
- Staff followed BPAS policy and procedure on The Women's Wishes Regarding the Foetus and the Disposal of Pregnancy Remains. This referenced best practice guidelines from the Human Tissue Authority and Royal College of Nursing on the disposal of pregnancy remains. BPAS staff contributed to reviewing national guidance for example by providing advice and guidance to the Human Tissue Authority (HTA) on production of its document, 'Guidance on the Disposal of Pregnancy Remains Following Pregnancy Loss or Termination'. They were part of the team that was updating the Royal College of Nursing's guidance document, 'Sensitive Disposal of all Fetal Remains'.

## Nutrition and hydration

- Due to the nature of the service, food and drink was not routinely offered to women. However, patients were given hot drinks and biscuits after surgery to aid their recovery.
- Staff also asked patients and their carers who were at the clinic for a full day if they wanted refreshments during their stay. A water machine was available in the waiting areas and a hot drinks machine was available on the third floor.
- Staff gave patients appropriate information on fasting before surgery. Patients received an information booklet 'My BPAS Guide' during their consultation which included this information. Patients could access clear advice on eating and drinking before undergoing a

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general anaesthetic or conscious sedation on the BPAS website. We saw staff checked the last time patients had ate or drank during their admission appointment on the day of surgery.

- A registered nurse checked the patients' fluid balance levels in the recovery area and recorded these appropriately.

## Pain relief

- Staff assessed and monitored patients regularly to see if they were in pain. They gave additional pain relief to ease pain.
- We observed patients being asked if they were in discomfort or pain. Of four patient records we reviewed four contained a pain assessment. When identified as being in pain, staff gave pain relief medicine in a timely manner. Patients we spoke to told us they had received timely pain relief when they asked.
- Pain relief medicine was given before a patient entered the theatre and staff prescribed additional pain relief medicine as necessary.
- During admission, staff gave patients advice on managing their pain after discharge and gave written information on pain relief.

## Patient outcomes

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared results with those of other services to learn from them.
- The service followed the BPAS planned programme of audit and monitoring. This clearly set out the frequency and sample size of each audit and when and how the monitoring activity should be conducted by the treatment unit manager. However, whilst local audit was in place, we found the dictated volume and topics to be audited failed to identify some concerns we found during our inspection such as adherence to infection control measures and out of date medicines. This meant we could not be assured that monitoring was fully effective.
- The treatment unit manager reported outcomes to BPAS governance committees such as the quality and risk committee. The registered manager attended meetings every two months with the area manager

where outcomes of audits were discussed. They completed action plans for any areas which did not reach expected standards. The action plans were reviewed nationally by the BPAS clinical department and quality and risk committee.

- Managers reviewed the clinic's performance against other BPAS clinics, through a clinic performance spreadsheet and at regional treatment unit manager's meetings. We saw that in September 2018 the service did not complete the number of planned consultations in the Liverpool, Wigan or Warrington clinics. This was the same as some clinics but worse than others.

## Competent staff

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Before our visit the service provided information that showed 100% of doctors, 83% of registered nurses and 94% of other staff, including all four health care assistants, had received their appraisal.
- The organisation's national medical director conducted appraisals of employed medical staff and records were kept both locally and nationally.
- The treatment unit manager checked Nursing and Midwifery Council (NMC) registration on a 'rolling' basis as part of the training matrix which detailed when the last check was completed and the date of renewal. The check was done by a support service co-ordinator who also monitored disclosure and barring service (DBS) check compliance and conducted an employment check prior to recruitment to ensure suitability of the employee. During our inspection we saw the organisation had an up-to-date DBS policy which set out a three yearly check or when there was a change of role. All members of staff had a DBS check and registration which was in date at the time of our inspection.
- Staff who provided post abortion counselling completed the BPAS Client Support Skills and Counselling & Self Awareness courses and were fully competent with the Client Care Co-ordinator competencies framework. This training was designed to provide staff with skills specific to supporting patients with making decisions about their pregnancy. Following



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this, they then attended the BPAS Post Abortion Counselling training. These staff all accessed counselling supervision with peers from other clinics which was led by the Head of Client Care.

- Managers ensured staff accessed clinical supervision at least once every four months. This took the form of group supervision and was led by staff who had completed additional supervision training. The purpose of supervision was to discuss difficult cases, encourage reflective practise and share learning. Staff we spoke with told us agency staff could access this clinical supervision if they wanted but they rarely did so.
- The area midwifery manager had recently completed the professional midwifery advocate (PMA) training and offered professional supervision to any midwives employed at the service. PMA training was introduced after statutory changes in April 2017 to replace the supervisor of midwives role.
- All new trained staff had a supernumerary period of 12 weeks when they first started. This gave them time to develop their skills and competencies before being part of the staffing rota.
- New staff completed two-day face to face ultrasound training at a national BPAS clinic. The member of staff was then allocated a work-based mentor who was an experienced practitioner and supervised the first 50 ultrasound scans for that individual. Following completion of this the staff member was assessed at the national base by an ultra-sonographer before becoming an accredited practitioner. Scans were audited every two years by the clinical lead in line with the provider policy as well as the staff member completing a case study. Should an incident relating to scanning occur scanning would be restricted for the individual practitioner involved, and additional training and monitoring put into place. We saw this was the case when reviewing a serious incident which had occurred previously at the clinic.
- Agency staff had a local job specific induction at the clinic and managers observed them carrying out their duties before being 'signed' off as competent. The members of staff also read relevant policies and procedures. Agency staff were also included in clinical

support sessions which were undertaken on a four-monthly basis with a clinical lead, the compliance data from which featured on a reporting dashboard send to head office.

## Multidisciplinary working

- Staff worked together to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. We saw positive examples of team working between nurses, health care assistants, anaesthetists and consultants.
- We reviewed the service level agreement with a local NHS provider for an unplanned emergency transfer. Staff we spoke with were aware of the procedure and felt confident to follow it. The treatment unit manager met regularly with the trust to review the agreement and discuss any issues.
- The service employed staff who had completed internal training who provided counselling to patients before and after a termination of pregnancy. We saw evidence these staff documented consultations in patient records to ensure relevant information was shared with the whole multidisciplinary team.
- We saw staff asked all patients if they could share relevant information with their GP. Where the patient gave permission, staff sent a copy of the discharge letter to the patient's GP.

## Seven-day services

- The service offered treatment five days a week including one day at a weekend. Patients could access advice and support about treatment and appointments throughout the year from a free telephone helpline, which was available from 7am to 11pm, seven days a week. Patients could use this facility to request a return call, as well as send an email or fill in an online contact form on the BPAS website.
- The service also provided a free telephone helpline for patients who had queries or concerns following care and treatment. This was available 24 hours a day, seven days a week.

## Health promotion

- We saw information and leaflets displayed in communal areas for other health promotion services such as family planning and sexual health services. During our

# Termination of pregnancy

inspection we saw staff discussed contraception with patients and every patient left with some form of contraception. Managers audited that patients had been given contraceptive advice through the monthly quality audit. Managers also monitored that patients leaving only with condoms were given information on how to get emergency contraception.

- Patients were offered long acting reversible contraception. We saw this was administered by the surgeon on the day of the procedure. The administration and documentation of long acting reversible contraception was monitored through the monthly quality audit.
- We saw staff signposted patients to other organisations such as smoking cessation services, as appropriate.
- Staff offered sexually transmitted infection and chlamydia screening to all patients under 25 as part of a national screening programme. Managers told us screening for over 25's was dependent on funding from local commissioners. Staff recommended screening to all patients and signposted them to local services. Information about screening was outlined in the 'My BPAS' guide given to patients.

## Consent and Mental Capacity Act

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed service policy and procedures when a patient could not give consent, including referring patients who lacked capacity to consent to the relevant NHS organisation so an Independent Mental Capacity Advocate could be appointed.
- We viewed four patient records and saw all had completed signed consent forms.
- We observed two staff obtaining consent from patients before assessing them. Staff spoke to patients about any care and treatment before they carried out the procedure. Patients we spoke with confirmed staff asked for consent before providing care and treatment.
- We saw that all patients attending the service for treatment during our inspection were given time on their own with the nurse during their appointment. This was to ensure they were seeking an abortion voluntarily.

- All patients chose a 'safe word' when they first contacted the service. Staff explained they asked the patient for their safe word at every telephone call and consultation as an additional way of checking identity and ensuring they maintained patient confidentiality.
- A trained client care coordinator offered patients the opportunity to discuss their options and choices in line with Department of Health RSOP 14, which states counselling should take place as part of the consent process. All patients saw a member of staff trained in pregnancy counselling prior to treatment.
- We saw staff asked consent from patients before sending a copy of their discharge letter to their GP.
- All staff taking consent completed a one day training course on consent before doing this with patients. This included looking at a number of different scenarios and completing reflective practice. At the time of our inspection the compliance with consent training was 100%.
- Staff we spoke with told us if they had concerns about a patient's capacity to consent to treatment they would record this in the patient record and escalate the concern to the national safeguarding lead before obtaining consent. We saw staff received training on the Mental Capacity Act 2005 as part of their safeguarding training.
- However, we saw one patient record where the patient had a learning difficulty and a safeguarding referral was made. Staff had not recorded if they had considered the patient's capacity to consent to treatment in the patient notes.

## Are termination of pregnancy services caring?

Good 

We did not previously rate caring. We rated it as **good**.

## Compassionate care

- Staff cared for patients with kindness and respect and we saw all staff who cared for patients through the surgical pathway provided compassionate care.

# Termination of pregnancy

- Patients and carers we spoke with told us all staff they had dealt with were warm, caring and respectful.
- We received 20 'tell us about your care' cards during our inspection. They contained universally positive comments from patients about how they had been treated by staff. We received comments such as 'staff were extremely caring and sympathetic and helpful in every way', 'I was treated with respect and no judgement' and 'staff here have been amazing, kind, caring, thoughtful and understanding'. Patients commented that they felt staff were 'trustworthy' and they felt safe in the clinic.
- We saw staff maintained patient's privacy and dignity. For example, a nurse drew the curtain around a patient in recovery to allow them to dress in private.

## Emotional support

- Staff provided emotional support to patients to minimise their distress. The client care co-ordinator was available to speak to any patient who was unsure about their decision or who needed additional support. If the client care coordinator was not available, the service ensured patients could access support from other client care counsellors.
- We saw throughout our inspection staff provided appropriate reassurance and demonstrated a non-judgemental attitude, for example we heard staff say to one patient 'we are not here to judge you we're here to make sure you're safe and cared for'. This non-judgemental attitude was confirmed by patients in feedback during our inspection with comments such as 'I felt like no one judges' and 'this wasn't easy today but they made it better'.
- We saw staff checked with patients that they had a supporter to accompany them home or if they had someone at home for the 24-hours after their treatment or procedure.
- Patients were able to take phones and media players into the recovery area so they could listen to music and use distraction if they felt emotional or scared.
- The service offered patients post abortion counselling from staff who had completed additional training. The service also signposted patients to specialist bereavement counselling services at local NHS trusts.

- Staff supported patients attending for late stage terminations and terminations due to fetal anomalies. There was the opportunity for the parents to have mementoes of their baby such as footprints and handprints, if they wished.
- The service had a chaperone policy and patients could request a formal or informal chaperone accompany them to provide emotional support and reassurance during intimate examinations.
- However, we received two negative comments about the waiting time for treatment and the impact that had on the patients' emotional well-being.

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

- Staff involved patients and those close to them in decisions about their care and treatment. Patients told us they had been given clear information and staff had 'walked me through the whole process'. Patients told us they felt listened to by all staff and staff had answered any questions they had.
- During our inspection we saw staff in theatre reassuring patients and explaining and describing everything that would happen in theatre and who all the people were in the room and their roles. We saw all staff at each stage checked the patient's understanding of what was happening.
- We observed an initial consultation and saw staff involved the patient's partner in the consultation and checked they both understood the options available.
- The service allowed partners, a friend or family member to accompany patients who were undergoing local anaesthetic or conscious sedation to theatre. However, one patient undergoing general anaesthetic commented that they found it insensitive that their supporter was not able to come into recovery to support them after the operation. However, this was to protect the privacy and dignity of other patients.

# Termination of pregnancy

## Are termination of pregnancy services responsive?

Good 

We did not previously rate responsive. We rated it as **good**.

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

- The service planned services in a way that met the needs of local people. Several local clinical commissioning groups (CCGs) contracted BPAS Merseyside to provide a termination of pregnancy and vasectomy service for the population of Merseyside and the surrounding area. BPAS Merseyside was located in south Liverpool and was well served by public transport. The service was open for treatment from Wednesday to Saturday and included late afternoon sessions.
  - Patients booked appointments via the BPAS Contact Centre, which was available 24-hours a day for telephone booking and service information. Patients were able to choose their preferred treatment option and location, subject to their gestation and medical assessment. They could also choose an appointment at another provider in the area if that best met their needs.
  - The service received patients from a variety of referral methods. These included GPs, hospitals, family planning services, intranet and self-referrals. The service collected data on different referral methods across Merseyside and used the information to inform commissioners of their regional referral rates. In the last 12 months 93% of referrals were self-referrals. Most patients could access the service free of charge and in the previous 12 months approximately 0.1% of patients paid a fee. Staff signposted patients to a charity which gave grants if they struggled to pay the fee.
  - The service provided same day consultation and treatment for women, where appropriate. In these cases, the patient usually booked a consultation, an admissions appointment and the treatment for the same day. However, managers told us they would also try to facilitate same day consultation and treatment if a patient requested this and it was safe to do so when only a consultation had been booked.
- The service took account of individual needs. All staff completed training in 'Welcoming Diversity' which equipped staff to recognise different cultural needs and beliefs. The training gave staff the knowledge and skills to support patients to make reproductive choices, whilst acknowledging and respecting their individual needs and beliefs.
  - The building was accessed by a short set of steps or a ramp. There was lift access to all floors and disabled toilets on the ground floor. There was a freephone taxi telephone situated in the hallway near to the front door and a reception area where patients booked in and out. The service provided printed travel instructions for patients which included details on public transport.
  - The service provided appointments and treatments on a Saturday for patients who had a long distance to travel, such as those from Ireland. Staff conducted a telephone appointment with these patients and all the information from this was reviewed and checked with the patient on the day they attended to facilitate same day treatment.
  - The service provided vasectomies on a specific day each month to maintain patient confidentiality and ensure patients attending for termination of pregnancy were not waiting alongside patients not attending for terminations.
  - Staff could access interpreting services through Big Word. Information on how to access this was clearly displayed in consulting rooms and clinic areas. Staff told us they always used professional interpreters and not relatives and friends, to ensure confidentiality and that the right information was given and received. When the need for an interpreter was identified on an initial telephone call, staff placed a flag on the electronic patient record system so this could be booked in advance of the appointment.
  - A range of leaflets were provided including "here to help after termination" leaflets, counselling access and fetal cremation. Information leaflets, including the 'My BPAS' guide were available in different languages. Staff could access information in different languages for patients from the BPAS website.
  - Wi-Fi was available for patients throughout the building and the access code clearly displayed in public areas.

### Meeting people's individual needs

# Termination of pregnancy

- The consulting rooms contained assessment couches which were suitable for bariatric patients.
- The service had a separate small waiting area for patients and carers attending for terminations due to fetal anomaly. This was bright and clean and furnished with soft furnishings. It contained information for patients on their choices for the disposal of pregnancy remains and what to do if they wanted to make arrangements for private burial or cremation. It also gave details of other agencies to contact for further advice and support. Staff recorded the discussion and plan for the disposal of pregnancy remains in the patient care record. There was also a separate second stage recovery area for patients recovering after a termination for fetal abnormality.
- The 'My BPAS Guide' was provided to every client and described how the pregnancy remains were disposed of and invited the patient to inform the service of specific wishes. BPAS facilitated, wherever possible and legal, any request made by a client concerning management of the pregnancy remains. When a patient wanted to dispose of the pregnancy remains privately, the service provided a specific information sheet which set out how the remains should be managed.
- The service had up to date information about local funeral services to assist patients who wanted to arrange a cremation or burial.
- Between January and December 2018, 1,273 (24%) patients waited longer than 10 days from decision to proceed to termination of pregnancy, which was outside of Required Standard Operating Procedures (RSOP) 11 that states women be offered an appointment within five working days of referral or self-referral and offered the abortion procedure within five working days of the decision to proceed. The total time from access to procedure should not exceed ten working days.
- From January to December 2018, 75% of patients attending the service were treated at less than 10 weeks' gestation in line with Department of Health CHI guidance. Managers reviewed this outcome at quarterly meetings with local commissioners.
- At the time of our inspection managers told us the waiting time for a consultation was around two weeks. Managers told us the main cause of waiting times was due to low staffing levels. However, they recognised the need to reduce waiting times and had acted to do so. For example, the treatment unit manager and client care manager monitored all waiting times weekly, they were actively recruiting staff and used a 'cluster nurse' to cover shifts due to staff annual leave or sickness absence. However, the waiting time for an appointment had remained the same since January 2019.
- Managers had identified the types of treatment which had high numbers of patients not attending. They booked more patients than available appointments during these clinics to ensure efficient use of treatment appointments. The service had also developed a 'stand-by' offer for patients. Patients could opt to be on 'stand-by' and if a patient did not turn up for treatment staff would call them and offer them that appointment.

## Access and flow

- People could access the service when they needed it. Arrangements to admit, treat and discharge patients were in line with good practice. However, the waiting time for an initial consultation was longer than the service or patients would have wished and outside of Royal College of Obstetricians and Gynaecologists guidelines.
- In 2018 the wait for women treated at BPAS Merseyside was an average of 9.7 days (booking to consultation) and an average of 4.3 days from consultation to treatment. Information provided before our inspection indicated that the increase in availability of 'consultation and treatment on the same day' appointments meant many women were delaying consultation to access this option.
- Managers benchmarked waiting times against other BPAS clinics and local providers and provided this information to local commissioners each month. The report for April 2019 showed the average number of days from initial contact to appointment was 15.5, the longest wait at local NHS providers was 17.1 days.
- The service completed quarterly activity reports with detailed breakdowns of the average number of days from contact to consultation, from 'decision to proceed' to treatment and from first point of contact to treatment. Between January and December 2018, the

# Termination of pregnancy

service reported 97 patients did not proceed to treatment. In the same period, 483 patients did not attend their appointment, of these 219 cancelled on the day of the appointment.

- Managers recorded the number of 'do not attends' on the booking and information system. This was reviewed quarterly with local commissioners.
- The service offered patients the option of home abortion. This is where staff administered medicine at the clinic and then women returned home to self-administer the second dose of medication and complete the abortion in the safe and familiar surroundings of their own home. The service provided written information to women taking this option before that left the clinic and information was available on the website.
- BPAS' central booking telephone line offered patients a choice of dates, times and locations; ensuring that patients were able to access the most suitable appointment for their needs as early as possible. The phone line operated seven days a week from 9am to 11pm. Patients we spoke to told us they found the booking system easy to access and use.
- The service managed bookings through an online patient management system. The treatment unit manager set up the number of appointments available on the system using templates based on capacity and staffing levels. Nationally, the BPAS Capacity Manager monitored appointment availability and worked with the treatment unit manager to amend templates and add appointments when necessary.
- The service worked closely with local NHS termination of pregnancy services and had an agreed referral process. Managers monitored the number of referrals through this process to ensure patients could access the service from this route.
- The service recorded what appointments were available, within a 30-mile radius of the patient's address on an electronic system. This meant managers could analyse waiting times and evidence patient choice.

- The service offered patients medicines for home use abortion. They gave patients clear written information on use, risks and complications and pain control. There was a 24-hour aftercare telephone line for patients to call if they experienced any problems after treatment.

## Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service invited all patients to complete a client comment form, 'Your Opinion Counts'. Boxes were available at the unit for clients to submit their forms anonymously, or patients could post them directly to the BPAS Head Office. The treatment unit manager reviewed all forms submitted at the unit so that any adverse comments or concerns could be acted on immediately. We saw posters displayed in communal areas and leaflets available about how to make a complaint or give feedback.
- The service received eight formal complaints between January and December 2018. We reviewed records of 10 complaints received between May 2018 and April 2019 and saw all complaints were resolved, with action taken where appropriate and lessons learned shared. The quickest resolution to a complaint was within one working day and the longest 15 working days, which is within the 20 day timeframe stated in the BPAS complaints policy. Complaints made related to staff attitude, clinical issues, information errors and waiting times.
- Staff asked all patients to complete a 'Client Comments/Feedback' forms which included a section on waiting times between contact and treatment and if they were seen within 30 minutes of their appointment time. These were collated into client satisfaction survey reports by the BPAS client engagement manager and the unit. Managers reviewed complaints and feedback including return rates and scores at the regional area managers meetings. Exception reporting was monitored by the Quality and Risk Committee that fed into the national Clinical Governance Committee.

**Are termination of pregnancy services well-led?**

# Termination of pregnancy

Requires improvement 

We did not previously rate well-led. We rated it as **requires improvement**.

## Leadership

- There was not strong enough clinical leadership to run a service providing high-quality sustainable care. However, staff commented positively on managers at all levels and told us they had ‘amazing’ support from managers.
- The clinic was managed by a treatment unit manager who was supported by a clinical nurse manager and a deputy clinical nurse manager. The area manager attended the clinic regularly and also provided cover for the treatment unit manager in their absence. They were at the clinic throughout our inspection. The treatment unit manager was also supported by a client care manager who managed administration and client care staff.
- At the time of our inspection, the clinical nurse manager was not available and there was no deputy in post. Managers told us the service had advertised the vacancy.
- The area midwifery manager was based at the clinic two days a week and provided clinical leadership for the nurses and clinical managers.
- Clinical leadership for doctors was provided through the regional clinical lead who was based at BPAS Merseyside. They dialled into area treatment unit manager meetings.
- The senior management offices were next to the reception area. Known as the hub centre this was designed so that a senior member of staff was on hand quickly in the event of an issue or complaint and provided visible leadership support at the front door.
- Managers told us they could access a leadership and management programme which had the option to become accredited. In addition to this, staff could undertake a first line managers qualification which covered managing staff absence and recruitment. Managers identified suitable candidates through the

annual appraisal system. During our inspection we also spoke with a member of staff who had recently had the opportunity to shadow a member of staff for development.

- The area manager told us they spent at least one day a week at the clinic. They provided cover in the absence of the treatment unit manager.

## Vision and strategy

- The service has a vision for what it wanted to achieve. However, we did not see workable, local plans to turn this into action.
- The treatment unit manager had developed a local vision, mission statement and set of values based on the national BPAS vision and Care Quality Commission key lines of enquiry. Staff had been involved through unit meetings and asked to contribute to the local vision and value statement.
- We saw posters with BPAS values displayed throughout the clinic and staff we spoke with knew the values and could describe how these related to their role.

## Culture

- Managers across the service promoted a positive culture that supported and valued staff, creating a common sense of purpose based on shared values.
- Managers told us all staff worked to the BPAS values which encouraged them to speak up if they saw poor practice or had concerns.
- All staff spoke highly of the culture and told us there was good team work across the service. Staff spoke positively about the clinic and were proud to work for the organisation. One member of staff told us the clinic was more safety focused now and gave an example of a safety checklist which had been implemented since the last Care Quality Commission inspection.
- Staff could access support and advice on wellbeing from a specific area on the BPAS website. Staff could self-refer to the occupational health service in confidence if they wanted to access additional support. There was a 24-hour confidential helpline for staff for additional advice, support and counselling.

## Governance

# Termination of pregnancy

- The service had clear governance structures that related to national BPAS governance structures and committees. However, local governance arrangements did not ensure the identification and monitoring of risks and improvement of quality and patient outcomes were fully effective.
- This was because though the service had a planned schedule of audit activity which was set out by BPAS nationally, managers did not change the frequency or sample size of the audit based on issues found at a local level. We saw several examples of poor practice where audit results had shown high levels of compliance. For example, staff not observing infection prevention and control measures, out of date equipment on emergency trolleys and out of date medicines and VTE assessments not completed in notes.
- We reviewed the client safety incidents policy dated and validated in March 2017 which contained guidance on duty of candour. The policy and letter templates showed that a written apology should be included in the written notification to the patient. However, in the two incidents we reviewed neither contained an apology in the written notification to the patient. We spoke to managers and they were not aware of the need to include an apology in the written notification or the templates. This meant we were not assured managers consistently applied and monitored duty of candour compliance.
- The audit structure was based on a snapshot of individual practice and the results extrapolated to give assurance about all practice within the service. This meant the audit and governance structure might not provide a realistic overview of issues for local managers and managers could take false assurance from high compliance rates.
- All policies and procedures were reviewed at the national Clinical Advisory Group. Staff told us decisions about clinical treatments and policies were made by this group and head office and they were not able to change or develop these locally.
- However, there was a clear national governance structure that included two committees, the quality and risk committee and operational activity committee. Managers told us that all serious incidents were reviewed at the quality and risk

committee. An escalation report of issues identified at the treatment unit managers meeting was also sent to the national associate director. We saw serious incidents and never events were discussed nationally at BPAS clinical governance committee.

- Managers told us that information from the national governance committees was fed down through the area treatment unit managers meetings to staff meetings at the individual clinics.

## Managing risks, issues and performance

- The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected or unexpected. However, we found a lack of local ownership of issues and performance. Managers told us all incidents were reported to head office and the national risk management and incident review team decided if this was a serious incident and conducted the investigation. The treatment unit manager did not conduct the root cause analysis investigation though they were kept informed and helped to organise staff and patient interviews and statements.
- Managers monitored performance through dashboards which were updated each month and sent to head office. These were based on monthly audits and the standard and schedule was set out by BPAS nationally. The performance data from monthly dashboards was shared with staff at the quarterly unit team meeting. The three satellite clinics were included in the monthly and annual audit schedule.
- Managers monitored activity monthly and benchmarked their levels of activity against other BPAS clinics and local NHS providers.
- The treatment unit manager maintained, monitored and reviewed a local risk register; however, we found this process was not fully effective. The risk register was available for all staff to access on the BPAS intranet. Managers demonstrated a knowledge of what was on the risk register and the risks aligned with the challenges managers and staff told us about. The risk register for each service was reviewed and updated at the area treatment unit manager meeting.
- We reviewed the risk register and saw all risks were scored and some had appropriate actions to mitigate the risk. However, we saw not all risks had a review date.



# Termination of pregnancy

For example, a risk relating to ineffective management of controlled drugs was added to the register in February 2017 with no control measures against it. This did not have a review date and the action was due for completion in April 2017. We found issues with the completion and use of the controlled drug register during our inspection. Of 16 risks on the register we saw 10 did not have a review date.

- The service had key performance indicators for the number of surgical treatments to be carried out. Managers had reviewed staffing requirements and levels and increased the capacity for surgical treatments. This had improved the achievement of this target from meeting it for two weeks out of eight in January and February 2019 to meeting it five weeks out of seven in March and April 2019.
- BPAS employed remote doctors to review patient assessments, agree treatment and electronically sign the HAS 1 form. An HSA1 form is a legal form which must be signed by two doctors who agree that a patient is suitable to undergo a termination of pregnancy as per The Abortion Act, 1967.

## Managing information

- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.
- The national BPAS business development team monitored and reported key performance indicators in relation to quality, complaints, patient feedback, mandatory training and safe staffing levels. The business development team and the treatment unit manager attended contract monitoring meetings with the commissioners every three months.
- Staff could access information and all policies on the BPAS intranet. Managers circulated information on changes to policies to all staff. They asked staff to sign to ensure all staff were aware of changes in practice and policy.
- The service had appropriate and up-to-date policies for managing patient's personal information and reporting information security incidents that were in line with

relevant legislation. Both electronic patient record systems were maintained on secure information technology systems. Paper records were stored securely and readily accessible to staff.

- Managers checked the correct completion and submission of HSA1 and HSA4 forms every month. HSA1 forms are a legal requirement and must be completed, signed and dated by two registered medical practitioners before an abortion is performed. The audit of HSA1 forms in April 2019 showed 100% compliance with completion and submission of the form to the Department of Health and Social Care.
- HSA4 forms are a legal requirement and must be completed and submitted no later than 14 days after the termination of pregnancy by the doctor that carried it out. We saw that the target of 100% completion and submission was achieved between July and October 2018.

## Engagement

- The service engaged well with staff, patients and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- Staff attended a team meeting every three months. Managers encouraged agency staff to attend unit meetings and ensured they received copies of the minutes of team meetings
- Staff were encouraged to complete an annual staff survey and we saw that the completion rate nationally in 2018 was 73%. However, the service was not able to provide a breakdown of the results for each clinic. We saw staff were invited to give feedback about the staff survey and suggest improvements at the team meeting. This meant that local issues were not identified and feedback to staff was not tailored to the specific results for the clinic they worked at.
- Staff at the service had elected a representative who attended the national BPAS staff forum. This meant staff could raise issues and concerns with the company nationally and access support from peers.
- The service had a whistleblowing policy that encouraged staff to seek advice from the BPAS Freedom to Speak Up Guardian if they had concerns. The policy contained details of how to contact the guardian.

# Termination of pregnancy

- Managers attended regular engagement meetings with local NHS trust with whom they have transfer arrangements and local commissioners.
- National BPAS managers were working with local universities to develop ways of contributing to midwifery training. However, discussions had only just begun with one university in Liverpool.
- The service sought feedback from patients through 'Your opinion counts' boxes which were placed outside waiting rooms. There were posters advertising this in all communal areas. We saw the notice board in the waiting area had a 'you said we did' section which outlined changes made because of feedback from patients.

## **Learning, continuous improvement and innovation**

- The service was committed to improving services by learning from when things went well or wrong. Staff gave examples of changes in practice following issue highlighted through the monthly audits. For example, they told us the service had provided malignant hypothermia emergency equipment following an audit.
- The treatment unit manager gave examples of issues they had identified in the monthly audit the follow up action they had taken to deal with issues. This included feedback and additional training to staff where it related to individual practice.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure all staff follow best practice when giving, storing and recording medicines, including completing the controlled drugs register accurately. The service must ensure there is adequate temperature control where medicines are stored and monitor temperatures accordingly. (Regulation 12)
- The provider must ensure that local governance and risk management arrangements support managers to monitor and identify poor practice and risks and to take appropriate action. (Regulation 17)

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

- The provider should ensure all agency staff meet the requirements for mandatory training. (Regulation 12)

- The provider should ensure that equipment and medicines on anaesthetic and emergencies trolleys are in date. (Regulation 15)
- The provider should ensure that all clinical waste is stored securely before collection. (Regulation 12)
- The provider should ensure the written notification given to a patient or relevant person after a notifiable safety incident includes an apology. (Regulation 20)
- The provider should ensure that the waiting time for patients to access an initial consultation is reduced in line with national guidance. (Regulation 9)
- The provider should act to ensure all patients who wish to proceed to termination of pregnancy are able to do so within 10 days in line with Required Standard Operating Procedures. (Regulation 9)

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Termination of pregnancies	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met.</p> <p>Care and treatment must be must be provided in a safe way including the proper and safe management of medicines.</p> <p>Regulation 12(1) (2) (g)</p>
Termination of pregnancies	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance</p> <p>How the regulation was not being met.</p> <p>Local governance arrangements must support managers to assess, monitor and improve the quality and safety of services. They must support managers to mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>Regulation 17(1)(2)(a)(b)</p>