

# HEALTHCARE INSPECTORATE WALES

**Care Standards Act 2000**

**INSPECTION REPORT  
Independent Healthcare**

**British Pregnancy Advice Service  
(BPAS)  
Cardiff**

**Date of Inspection  
4<sup>th</sup> December 2008**

Healthcare Inspectorate Wales  
Bevan House  
Caerphilly Business Park  
Van Road, Caerphilly,  
CF83 3ED

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Healthcare Inspectorate Wales**

## INSPECTION REPORT

**Inspection Episode:**                    **April 2008 to March 2009**

<b>Healthcare Provision:</b>	British Pregnancy Advisory Service
<b>Contact telephone number:</b>	02920 345030
<b>Opening Days/Hours</b>	9am to 5pm Monday to Friday.
<b>Registered Provider:</b>	British Pregnancy Advisory Service
<b>Responsible Individual</b>	Ms A Furedi
<b>Registered Manager:</b>	Ms V Rose
<b>Number of places:</b>	N/A
<b>Category:</b>	Independent Hospital
<b>Date of first registration:</b>	4 <sup>th</sup> April 2007
<b>Date of publication of this report:</b>	14 <sup>th</sup> May 2009
<b>Date of previous published report:</b>	
<b>Lead Inspector:</b>	Healthcare Inspectorate Wales (HIW)
<b>Specialist Inspectors/Advisors:</b>	Healthcare Inspectorate Wales (HIW)

## **GUIDELINES ON INSPECTION**

### **INTRODUCTION**

This report had been compiled following an inspection of the establishment undertaken by the Healthcare Inspectorate Wales (HIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The report contains information on the process of inspection and records its outcomes. The report is divided into nine distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the establishment's compliance with Private and Voluntary Healthcare (Wales) Regulations 2002 is recorded.

The HIW's Inspectors were authorised to enter and inspect healthcare establishments at any time. At each inspection episode or period there are visit/s to the service in addition to a range of other activities such as self- assessment and the use of questionnaires. HIW try to find the best way of capturing patients, their relative/representatives and staff employed within the service experiences.

At any other time throughout the year visits may also be made to the service to investigate complaints and in response to changes in the establishment. Inspection enables the HIW to satisfy itself that continued registration is justified. It ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards
- The setting's own statement of purpose

Readers must be aware that the report is intended to reflect the findings from this particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate. The National Minimum Standards are also very detailed and some are technical in nature and the HIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by HIW. This includes those made by HIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection.

The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the Inspector's findings, you may wish to discuss these with the HIW or with the registered person.

The Healthcare Inspectorate Wales is required to make reports on registered facilities available to the public. The report is a public document and will be available on the HIW web site: <http://www.hiw.org.uk/>

## OVERALL VIEW OF THE HEALTHCARE SETTING

The British Pregnancy Advisory Service (BPAS) has Registered Charity Status, number 289145.

There were telephone action line from which some of the appointments are generated and a post treatment support line. Referrals are also made to the clinic via the National Health Service (NHS). The Cardiff Clinic is located on a secure entry, multi occupied building, in St Mary Street, Cardiff city centre.

On the day the day of inspection the inspection team were allowed entry to the premises without their identity being verified. This was discussed with the manager at the time of the visit.

Patients were seen by prior appointment and visitors were required to sign in the register. The atmosphere was friendly and professional, putting patients at ease and respecting their privacy and dignity. Counselling was provided and informed consent obtained before any treatment was undertaken. The 'patient's journey' was assisted with clear information on the BPAS computer website in comprehensive, well written leaflets.

Policies and procedures were available and were time-dated. Health and safety issues Were monitored.

The clinic accommodation was spacious but the décor in the patient's waiting room was not of an acceptable standard. The walls and carpets were extensively stained and marked and a part of the PVC skirting was broken therefore posing a health and safety risk. Advice was given on the storage of cleaning equipment and the clinical waste bin seen in the corridor. A recommendation was made on the day of inspection to improve the standard of accommodation within three (3) weeks. This had been undertaken.

The clinic was proposing to extend their provision of service to include Manual Vacuum Aspiration (MVA), one day per week. This procedure was to be available for clients with a pregnancy of up to 12 weeks gestation. Patients with a higher than average Body Mass Index, (BMI), may benefit from this procedure, as opposed to a termination of their pregnancy under general anaesthesia.

The child's 'patient journey' could be enhanced by, including a wider range of sexual health and health promotion information. The consent procedure was taken very seriously with risks to patients clearly identified in the patient information leaflets and reinforced verbally at both the counselling and consultation sessions. The members of staff had knowledge of child protection procedures and young people's health Issues; this can be further strengthened by mandatory training.

Patient records were kept separately and securely. Documentation and information relating to treatment was detailed and given to all patients, pre and post treatment.

The inspection team would like to thank the manager and staff for their time and co-operation on the day of inspection.

## **METHODOLOGIES USED IN THIS INSPECTION**

The methodology used for this inspection was through examination of documentation, viewing of physical environment and discussion with the manager and members of the team present during the day of the visit.

## INFORMATION PROVISION (STANDARD C1)

### Inspector's findings:

#### Statement of Purpose & Patients Guide

The British Pregnancy Advisory Service (BPAS) had produced a comprehensive statement of purpose and patients guide.

#### Additional Information

The service also had a user friendly web-site, which provided detailed and comprehensive information about the service it provides.

The 'patient's journey' was assisted with clear, information in corporate comprehensive, well written leaflets, on the British Pregnancy Advisory Service (BPAS) computer website and the provision of the action and post treatment telephone lines.

This included specific age and language appropriate patient and health promotion information. The 'Brook' young people's booklet was available, appropriate and useful to young people. The child's 'patient journey' could be enhanced by the provision of a wider range of sexual health and health promotion information. A folder of additional information is available for all patients under the age of eighteen (18) years which also includes an explanation regarding the term "Gillick Competent".

Specific names and addresses of organisations providing independent advocacy, support and help for children and young people, such as Child-line and The Children's Commissioner was displayed in waiting and clinical areas.

#### Patients Questionnaire

The clinic provided a 'Comments' leaflet for patient's feedback on the service provided. The clinic also had a patient feedback questionnaire. Results were reviewed monthly. Results were viewed on the day of the inspection.

A child friendly format questionnaire was available to gain the views of young people who may become users of the service.

### Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
Provide age and language, appropriate information. There must be an indication on the Patient information Leaflet about where information can be obtained for those whose first language is not English or those who had communication difficulties.	April 2008	Regulation 8(1)(g)

**Requirements which remain outstanding from previous inspection activity:**

Action Required	To have been completed by	Regulation Number
None		

**New requirements from this inspection:**

Action Required	Timescale for completion	Regulation Number
None		

**Good practice Recommendations:**

The Child's 'patient journey' could be enhanced by the provision of a wider range of sexual health and health promotion information.

**QUALITY OF TREATMENT AND CARE (STANDARDS C2-C7)****Inspector's findings:****Patient Centred-Care**

The clinic had provided a range of policies and procedures that comply with the requirements of the standard.

The consent procedure is taken very seriously with 'Risks to Patients' clearly identified in the patient information leaflets and reinforced verbally at both the counselling and consultation sessions. The consent form includes the good practice point of ensuring a space on the form for the signature of an interpreter's and parent. Written consent is obtained prior to treatment and it is the stated policy/procedure of the clinic to spend sufficient/dedicated time with the patients to ensure that they understand the information provided. Dedicated time is also allocated post treatment. This is noted and commended as good practice.

**Quality of Care and Management of Patient Conditions**

Detailed and comprehensive pre and post treatment information were available and given to patients. This was noted and commended.

The consultation rooms, at the centre are conducive to private confidential discussions. Chaperoning arrangements were in place if required.

Staff members at the clinic were able to provide evidence of continuous professional update and clinical guidelines, including those issued by the National Institute for Clinical Excellence (NICE) and other relevant bodies. There was a strong commitment to staff training.

The clinic demonstrated a clear awareness of Clinical Governance principles and had systems in place to facilitate reviews of the quality of treatment provided. These included analysis of complaints, adverse incidents and health events, accident reports, equipment and facility checks and analysis of patient feedback questionnaires.

The clinic had clear systems for communication with other relevant professionals, subject to patient consent.

### **Meeting the psychological and social needs of children**

The clinic provided a spacious, environment and had sensitive and caring staff. There was a friendly and professional atmosphere, putting patients at ease and respecting their privacy and dignity. Counselling was provided and informed consent obtained before any treatment is undertaken. Consultation and advice about termination of pregnancies is available to patients aged thirteen (13) years and over.

The clinic provides Early Medical Abortion (EMA) (up to 9 weeks gestation). This procedure was available to young people aged sixteen years and over. It was medication based and requires two appointments, three days apart. It does not involve surgery or anaesthesia but there were some health and safety risks which were outlined in the bpas patient information leaflet. The décor was not especially appealing to children and young people; the environment must be improved, properly maintained and 'softened' by the application of appropriate artwork or laminated posters to the walls.

The consent procedure was taken very seriously with risks to patients clearly identified in the patient information leaflets and reinforced verbally at both counselling and consultation. There was understanding of children's consent issues and 'Gillick Competent' was cited on the consent form.

### **Records of Care**

The inspector examined care pathways for a number of individual patients and observed that the processes of assessment care planning and evaluation are in place. All disciplines continue to be involved in recording information in patient's records/documentation in order to maintain effective communication regarding treatment and care.

### **Requirements made since the last inspection report which have been met:**

<b>Action Required</b>	<b>When Completed</b>	<b>Regulation Number</b>
None		

### **Requirements which remain outstanding from previous inspection activity:**

<b>Action Required</b>	<b>To have been completed by</b>	<b>Regulation Number</b>
None		

### **New requirements from this inspection:**

<b>Action Required</b>	<b>Timescale for completion</b>	<b>Regulation Number</b>
None		

### **Good practice Recommendations:**

None
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## MANAGEMENT AND PERSONNEL (STANDARDS C8-C15)

### **Inspector's findings:**

#### **Registered Manager**

The manager had received training and had gained the experience, skills and knowledge to undertake and perform role requirements. There was supportive advice accessible as required from within the organisation.

#### **Policies & Procedures**

Policies and procedures were available and time-dated. The clinic had access to corporate support to assist in any required review and/or changes of policies and documentation, as this becomes required.

#### **Human Resources**

Although appropriate employment and professional checks were stated to have been completed in accordance with the British Pregnancy Advisory Service recruitment policy and regulations, it was noted that some information was not available. Apparently this is held at head office. This was discussed with the manager on the day of the visit. Proof of CRB checks and staff registration/insurance must be verified and/or available for inspection. There is one Nurse Practitioner vacancy at present. Confirmation of current NMC registration is awaited for one staff member.

Clear job descriptions have been developed and all relevant documentation in relation to the establishment has been obtained.

The British Pregnancy Advisory Service has comprehensive recruitment, induction and retention policies and procedures in place.

The clinic's policies and procedures make references, where appropriate, to codes of professional conduct. There was evidence that medical practitioners participate in continuing professional development. However, evidence of annual appraisal was not available.

The organisation had a strong commitment to staff training and development.

#### **Staff Occupational Health**

The clinic had an infection control policy, which specifies that all staff must provide evidence of immunisation, Hepatitis B check and declaration of health.

The health and immunisation status of the medical practitioners had been established and recorded.

#### **Child Protection Procedures**

There was knowledge of child protection procedures and young people's health issues with a formal link with the area child protection nurse and information about the Children's Commissioner's Office.

In line with the proposed extension of services to minors, the centre will need to provide mandatory child protection and child health issues training to strengthen the knowledge of child protection procedures and young people's health issues.

**Adult Protection**

The clinic had a copy of the South Wales Protection of Vulnerable Adults (POVA) procedure.

The manager and staff demonstrated an awareness of the policy and how to respond to any suspicion of abuse.

**Requirements made since the last inspection report which have been met:**

Action Required	When Completed	Regulation Number
Evidence of staff CRB checks should be available for staff working at clinic.	May 2008	Regulation 18(2) Schedule 2(a).
Evidence of annual appraisal of medical staff need to be confirmed and made available.	May 2008	Regulation 17(2)(a)

**Requirements which remain outstanding from previous inspection activity:**

Action Required	To have been completed by	Regulation Number
None		

**New requirements from this inspection:**

Action Required	Timescale for completion	Regulation Number
Evidence of staff registration should be available for staff working at the clinic.	December 2008 (Completed)	Regulation 18(2) Schedule 2(a).
Recruit to vacancy.	April 2009 (Completed)	Regulation 17(1)(a)
Provide mandatory Child Protection and Child Health Issues training to strengthen the knowledge of Child Protection Procedures and Young People's Health Issues.	May 2009 HIW have been informed this requirement has now been actioned	Regulation 35(c)
Evidence of medical practitioner's annual appraisal was not available.	May 2009 (Completed)	Regulation 17(2)(a)

**Good practice Recommendations:**

Royal College of Nursing (2002) Caring for Children, Guidance for Nurses working in the independent sector.

The National Assembly for Wales (NAfW) 2002, Too Serious a Thing, Carlile Review.

## COMPLAINTS MANAGEMENT (STANDARDS C16-C18)

### **Inspector's findings:**

The clinic had a clear complaint procedure, which was included in the patient's guide and posted on the web site.

### **Whistle blowing**

The clinic had a "whistle blowing" procedure available.

### **Requirements made since the last inspection report which have been met:**

<b>Action Required</b>	<b>When Completed</b>	<b>Regulation Number</b>
The contact details of the Healthcare Inspectorate Wales (HIW) must be added to the complaints procedure.	April 2008	Regulation 22(4)(a)

### **Requirements which remain outstanding from previous inspection activity:**

<b>Action Required</b>	<b>To have been completed by</b>	<b>Regulation Number</b>
None		

### **New requirements from this inspection:**

<b>Action Required</b>	<b>Timescale for completion</b>	<b>Regulation Number</b>
None		

### **Good practice Recommendations:**

None

## PREMISES, FACILITIES AND EQUIPMENT (STANDARDS C19-C21)

### Inspector's findings:

#### Facilities

The British Pregnancy Advisory Service was located in modern serviced offices located in Cardiff city centre. The clinic was located on the first floor. There were stairs from the entrance lobby to the reception area, but disabled access was provided in the form of an appropriate lift. The premises were overall, clean, light and relaxed. However, it was noted that the waiting area décor was in a poor decorative state with stains on the carpets, chairs and walls. A repair was needed to the PVC skirting. The décor was not especially appealing to children and young people; the environment must be improved, properly maintained and 'softened' by the application of appropriate artwork or laminated posters to the walls. Adequate toilet and hand-washing facilities were available. The consulting rooms, reception and other areas were observed to be heated to a comfortable temperature, with air conditioning available. Privacy was ensured through the clinic. Although there were no car parking facilities adjacent to the practice, a large NCP car park was located within five minutes walking distance.

#### Maintenance Plan

This was managed by the company facilities manager. It was anticipated that the clinic will be undergoing refurbishment and renovation within the next six months. During this period the clinic will be closed.

#### Certificates & Testing

A fire risk assessment had been undertaken. Fire equipment had been serviced. A water analysis had been undertaken. Staff fire training had been undertaken and recorded in fire book. A gas safety certificate was available. Emergency lighting and portable appliance check had been undertaken. Mixer taps or thermostatically controlled hot water temperatures were checked and recorded monthly. A cleaning service contract was in place.

Clinical waste was seen to be appropriately managed with a suitable contract in place for disposal. On the day of the visit it was noted that the clinical waste container was unlocked. The manager was advised that a record should be kept of when clinical waste is removed from the premises. The centre was seen to be adequately equipped for its day to day function. Equipment was maintained and serviced as required.

#### Catering

Catering services were not offered at the clinic.

### Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
The sharps boxes needs to be labelled at source.	Immediate (Completed day of visit)	Regulation 14(2)(b)

**Requirements which remain outstanding from previous inspection activity:**

Action Required	To have been completed by	Regulation Number
None		

**New requirements from this inspection:**

Action Required	Timescale for completion	Regulation Number
The waiting area décor was in a poor decorative state with stains on the carpets, chairs and walls. A repair is needed to the PVC skirting. The décor was not especially appealing to Children and Young People; the environment must be improved, properly maintained and 'softened' by the application of appropriate artwork or laminated posters to the walls.	HIW have been informed a new Plasma TV and age appropriate artwork has now been added. Complete refurbishment will take place between 1-11 May 2009.	Regulation 24(2)(a)(b)(c)(d)  Regulation 24(2)(b)

**Good practice Recommendations:**

None
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## RISK MANAGEMENT (STANDARDS C22–C30)

### Inspector's findings:

#### **Risk Management**

The British Pregnancy Advisory Service had a facilities/estates manager whom oversees risk management with the manager in reference to the centre.

The centre had appropriate policies in place to comply with risk management in relation to other areas specified in this standard.

Any alert letters and hazard warnings were received directly by the Registered Provider. The Centre had secure entry, patients were seen by prior appointment and visitors were required to sign in the register. Appropriate policies and procedures were in place and Health and Safety Issues were monitored. COSHH review was carried out weekly by the manager and recorded.

#### **Health & Safety**

There were policies available for health and safety in relation to the premises.

An accident book was seen to be available, as were forms for recording adverse incidents.

#### **Medicines Management**

A risk management process was seen to be in place with regard to the secure handling of medicines. Medicines were seen to be stored approximately and securely. Medicines were seen to be appropriately stored in a lockable fridge. A temperature probe was placed in the fridge and this is checked on a daily basis and recorded. An 'As required and Variable Prescriptions' chart within the patient's consultation note allowed appropriate analgesia be prescribed. No 'Pain Assessment Scales' for Children and Young People were incorporated into this documentation. Documentation will need to be amended to provide/incorporate 'age and understanding' appropriate Pain Assessment Scales.

Relevant up to date reference sources including the British National Formulary and 'on - line- information, were seen to be readily accessible.

#### **Infection Control**

Policy and procedure was available in relation to Infection Control. Single use disposal instruments are used for examination if required. Disposable plastic aprons were available.

Liquid soap was available in the required areas.

#### **Resuscitation**

The staff and medical practitioners were trained and experienced to provide basic cardio pulmonary resuscitation (CPR). The lead nurse was trained in advanced life support (ALS) pending the arrival of emergency services. A first aid box was available and checked on a weekly basis and recorded.

It was noted that no specific 'Transfer of Children' policies were available. With regard to the proposed extension of services to minors, the centre must ensure a robust transfer policy is in place in the event of a child becoming ill or injured at the centre. An Algorithm of action to be taken by staff and the instruction to initiate Basic/Paediatric Life Support and dial 999 was available. Basic paediatric life support training to be mandatory for all staff caring for children.

Clear documentation should be provided to show that a staff member with a current Paediatric Life Support qualification is on duty at all times when children are attending the clinic. A record of resuscitation training for all staff and of resuscitation scenarios practised should be kept.

**Contracts**

The Registered manager was responsible for reviewing monitoring and reviewing the quality of goods and services provided at the clinic. Appropriate contracts were seen to be in place, monitored and audit carried out by the head office.

**Requirements made since the last inspection report which have been met:**

Action Required	When Completed	Regulation Number
Ensure adequate means of escape in the event of a fire.	April 2008	Regulation 24(4)(b)
The sharp's boxes needs to be labelled at source.	April 2008	Regulation 14(2)(b)

**Requirements which remain outstanding from previous inspection activity:**

Action Required	To have been completed by	Regulation Number
None		

**New requirements from this inspection:**

Action Required	Timescale for completion	Regulation Number
Transfer of children policy and procedure to be made available.	HIW have been informed this requirement has been partially completed	Regulation 34(1) & Regulation 35 (c)

**Good practice Recommendations:**

Documentation will need to be amended to provide/incorporate 'age and understanding' appropriate Pain Assessment Scales.

## RECORDS AND INFORMATION MANAGEMENT (STANDARDS C31-C33)

<b>Inspector's findings:</b>
<p><b>Records Management</b>                  Records were stored and kept securely. The paper documentation that was in use was observed to be appropriately stored in accordance with the Data Protection Act.</p> <p>The clinic demonstrated an awareness of Caldicott principles and there was a nominated Caldicott Guardian.</p> <p><b>Information Management</b>                  The clinic had a comprehensive policy on information sharing with NHS GP's and other healthcare professionals and evidence was provided to show that this was implemented in practice.</p> <p>There was a written information management policy. The practice complies with the Data Protection Act.</p> <p><b>Health Records</b>                  There was a policy on information for patients and access to health records.</p> <p><b>Confidentiality</b>                  The clinic had a strict and comprehensive confidentiality policy and all staff was informed of this during their induction training.</p>

**Requirements made since the last inspection report which have been met:**

Action Required	When Completed	Regulation Number
None		

**Requirements which remain outstanding from previous inspection activity:**

Action Required	To have been completed by	Regulation Number
None		

**New requirements from this inspection:**

Action Required	Timescale for completion	Regulation Number
None		

**Good practice Recommendations:**

None
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## RESEARCH (STANDARD C34)

<b>Inspector's findings:</b>
No research is carried out at the clinic.

### Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
None		

### Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

### New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

<b>Good practice Recommendations:</b>
None

## STANDARD TP 1: INFORMATION FOR PATIENTS.

### Inspector's findings:

Patients were given comprehensive information, which includes directions, contact numbers and fees were applicable, and accepted means of payment.

Comprehensive and detailed information was given to all patients, pre and post treatment. A 24- hour telephone line was available for advice and support.

Full documentation was kept of all patient contact.

### Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
None		

### Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

### New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

### Good practice Recommendations:

None

## STANDARD TP 2: PRIVACY AND CONFIDENTIALITY FOR PATIENTS.

### Inspector's findings:

The clinic had strict, detailed and comprehensive policies and procedures with reference to confidentiality. All staff were made aware of these policies and procedures during induction training.

All records relating to patient treatment were stored securely and kept strictly confidential within the establishment.

### Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
None		

### Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

### New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

### Good practice Recommendations:

None

### STANDARD TP 3: RESPECT FOR FOETAL TISSUE

<b>Inspector's findings:</b>
Standard not applicable

#### Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
None		

#### Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

#### New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
N/A		

#### Good practice Recommendations:

N/A
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## STANDARD TP4: EMERGENCY PROCEDURES

<b>Inspector's findings:</b>
Standard not applicable

### Requirements made since the last inspection report which have been met:

Action Required	When Completed	Regulation Number
None		

### Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

### New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
N/A		

### Good practice Recommendations:

N/A
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## ACTION PLAN FROM REPORT

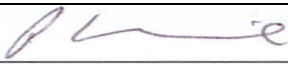
### Inspector's findings:

The focus of the inspection and report for this year had been to report on compliance with the requirements made previously in the context of the compliance with standards and regulations made under the Care Standards Act 2000.

Submission of a detailed action plan in relation to the (0) outstanding and (6) new requirements is required as a result of this report as set out below.

### New requirements from this inspection:

Action Required	When Completed	Regulation Number
HIW requires the submission of an action plan addressing all the requirements made this year (3) and those carried forward in this report (0). The action plan must clearly identify <ol style="list-style-type: none"> <li>1. The requirement,</li> <li>2. The action to be taken,</li> <li>3. Person responsible,</li> <li>4. Due date for completion,</li> <li>5. And a status report as of the day of the action plan.</li> <li>6. The plan must be reviewed 2 monthly, and a copy submitted to HIW on the last day of the third month until all requirements have been met.</li> </ol>	3 Months	Section 31 (1) Care Standards Act 2000 <i>The registration authority may at any time require a person who carries on or manages an establishment or agency to provide it with any information relating to the establishment or agency which the registration authority considers necessary or expedient to have for the purposes of its functions under this Part.</i>

<b>Inspector's Name:</b> P.Price	<b>Date:</b> 3 <sup>rd</sup> April 2009
<b>Inspector's Signature:</b> 	

**Vivienne M Rose Registered Manager bpas Cardiff**

**Action Plan following Inspection report from 04 December 2008**

1. **Staff CRB checks** All now on staff files held in Unit.
2. **Medical Staff Appraisal** Up to date copies held on staff files in Unit.
3. **Nurse Vacancy** Filled. New nurse joined on 6 April 2009.
4. **Child Protection Training** All staff attending course at Head Office on 5 May 2009.
5. **Clinic Décor** As advised Unit undergoing total Refurbishment 1-11 May 2009.
6. **Age Appropriate Artwork** New artwork purchased. Plasma TV being Installed.
7. **Transfer of Children Policy**  
Explained via phone call to Trish Lake at HIW that bpas Cardiff does not treat under 16's. Clients aged 16+ needing to be transferred out get admitted to adult gynae as they are pregnant.  
Note (27.4.09) – further to a telephone Conversation between Mrs P Price and Vivienne Rose bpas instructed to complete a Policy/Procedure for children and transfer out as under 16's, whilst not treated, are seen for consultation. A flowchart is in the process of being created.

