

Independent Healthcare Inspection (Announced)

British Pregnancy Advisory
Service (BPAS) Welshpool,
Powys

Inspection date: 23 November
2018

Publication date: 25 February
2019

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	12
	Quality of management and leadership	16
4.	What next?	19
5.	How we inspect independent services	20
	Appendix A – Summary of concerns resolved during the inspection	21
	Appendix B – Improvement plan	22

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

Our purpose

To check that people in Wales are receiving good care.

Our values

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

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

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of British Pregnancy Advisory Service (BPAS) Welshpool on 23 November 2018.

Our team, for the inspection comprised of a HIW inspector and one clinical peer reviewer. The inspection was led by a HIW inspection manager.

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

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

2. Summary of our inspection

Overall, we found that the clinic had arrangements in place to promote the safety and wellbeing of patients attending the clinic.

However, we found some evidence that the service was not fully compliant with all standards/regulations in all areas.

This is what we found the service did well:

- Environment and facilities
- Patient Information and communication
- Policies and procedures
- Record keeping
- Management overview
- Auditing and reporting.

This is what we recommend the service could improve:

- Include outcomes of patient feedback in the information folder within the waiting area
- Review the use of the rubber ink stamp within patient notes
- Monitor the use of carbonated copy forms to ensure that entries are legible on all copies
- Ensure that patients complete all sections of the patient history self assessment forms.

There were no areas of non compliance identified at this inspection.

3. What we found

Background of the service

The British Pregnancy Advisory Service (BPAS) is registered as an independent hospital. The service was first registered on 24 July 2013. Services are provided at Victoria Memorial Hospital, Salop Road, Welshpool, Powys, SY21 7DU.

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

The clinic is open on one day a week and employs a staff team which includes clinicians, a nurse and administrative staff. A range of services are provided which include:

- Termination of pregnancies (to include consultation and assessment) for patients aged 15 (fifteen years and over)
- Consultation and advice about termination of pregnancies to patients aged 13 (thirteen) years and over
- Vasectomy consultation, treatment and follow-up semen analysis for patients aged 18 (eighteen) years and over
- Early Medical Abortions for pregnancies up to 9 (nine) weeks 6 (six) days gestation.

Quality of patient experience

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

Patients provided positive feedback about their experiences of using services provided at the clinic.

We found that staff at the clinic treated patients with politeness and respect. We saw that arrangements were in place to promote and protect patients' privacy and dignity. Arrangements were also in place for patients to provide their views on the services provided at the clinic.

Prior to our inspection we distributed HIW questionnaires to obtain their views on the standard of care they have received at the setting. In total, we received 13 completed questionnaires.

Feedback provided by patients in the questionnaires was very positive; they rated the care and treatment provided by the clinic as excellent. All patients agreed that staff were kind and sensitive when carrying out care and treatment and that staff provided care when it was needed. Comments in the questionnaires about the care provided at the clinic included:

"The staff were very helpful and polite, made me very settled and at ease, thank you"

"Service was outstanding"

"I had a lovely welcome from the lead nurse and another. My service was excellent"

Health promotion, protection and improvement

There was information available for patients on how they can take responsibility for their own health and wellbeing.

Leaflets were freely available in the waiting room relating to services offered at the clinic. Some of this information was available in both Welsh and English. The service also has a comprehensive website detailing the services offered at the clinic and those offered by the organisation at other sites.

Dignity and respect

All but one of the patients confirmed in the questionnaires that they were offered the option to communicate with staff in the language of their choice.

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the staff at BPAS. Where appropriate, all patients agreed that staff were always polite and listened, both to them and to their friends and family, and told us that staff called them by their preferred name. One patient told us:

“Staff are all lovely and listen when talking to them”

All patients agreed that staff had talked to them about their medical conditions and helped them to understand them.

We found that arrangements were in place to promote patients' privacy and dignity and we saw staff engaging with patients in a respectful and professional manner both during telephone conversations and face to face.

The clinic shares facilities with the hospital's outpatient department and has use of the waiting area, consulting rooms and treatment rooms. We saw that doors were closed during consultations. Disposable curtains were provided around examination couches to maintain patients' privacy and dignity during consultations or when they were receiving treatment.

Information was displayed informing patients of their right to have a chaperone present when being seen by healthcare staff. The use of chaperones aims to protect both the healthcare professional and patient when the patient is examined by the healthcare professional.

We saw staff welcoming patients in a friendly manner and being polite and courteous when speaking to them. Patients who provided comments also told us that staff were always polite and were kind when carrying out care and treatment.

Patient information and consent

As described earlier there was some health promotion material available.

The registered persons had produced a Statement of Purpose and Patients' Guide as required by the regulations. These set out information about the clinic and included information about the services offered, how they could be accessed and the arrangements for consent to treatment.

Patients with sensory problems or additional needs/cognitive difficulties were offered information adapted to their specific needs i.e. Braille, Large Print or pictorial. The service could also access translation services via the language line.

Obtaining consent from patients going through treatments is a key part of the process. We discussed this with staff and were assured by their knowledge and understanding of consent and the ethical and legal issues that relate to some of the services offered at the clinic. We concluded that their knowledge of this subject had sufficient depth to ensure they would do their utmost to handle this process as sensitively and carefully as possible, ensuring that discussions are held with patients, at each consultation, to confirm that they continue to consent to treatment.

Communicating effectively

The majority of information provided in leaflet form and on the website, was provided in English only. Given that the clinic operates in Wales, further efforts should be made to routinely provide information in both Welsh and English.

Efforts should also be made to provide information in other languages and formats, taking into consideration the communication needs and wishes of patients using the service.

There was a hearing loop available by the hospital's main reception but not in the outpatient reception area to assist those patients who are hard of hearing (and who wear hearing aids) to communicate with staff at the clinic.

We saw suitable, bilingual signs displayed to assist patients to find their way around the clinic.

Improvement needed

Further efforts should be made to routinely provide information in both Welsh and English.

Care planning and provision

The arrangements for providing care and treatment were set out within the Statement of Purpose.

There is a central appointment booking system with most treatments being funded by the National Health Service. Patients are expected to complete a self

assessment form detailing past medical history. A treatment plan is then developed in line with the patient's wishes and in consultation with relevant clinical staff.

We found that there were adequate out of hours, follow up and counselling arrangements in place with patients being able to call the central telephone number for support.

Equality, diversity and human rights

The Statement of Purpose, Patients' Guide and information posted on the clinic's website, clearly sets out that services are provided having due regard to patients' rights.

There was disabled parking available adjacent to the clinic and good, level access to the main entrance with a stairway and lift to access the clinic which is located on the lower ground floor of the hospital.

Citizen engagement and feedback

Patients had opportunities to comment on their experiences of visiting the clinic with questionnaires made available following consultation or treatment to provide feedback on an ongoing basis. It was evident that the comments received from patients had been considered by the staff team and action taken as a result to make improvements where appropriate.

We discussed the possibility of including outcomes of patients' feedback in the information folder within the waiting area for patients to read. This would show patients that the service gave due consideration to patients' views and that they would take appropriate action, where necessary, in response.

Delivery of safe and effective care

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

We found that the staff team were committed to providing patients with safe and effective care.

We found that the clinic had arrangements in place to promote the safety and wellbeing of patients, visitors and staff.

The clinic was clean and tidy and arrangements were in place to reduce cross infection.

There were good medication management processes in place and effective processes for checking the equipment used.

Managing risk and health and safety

The clinic environment appeared well maintained and in a good state of repair.

We saw that all areas were clean and tidy and free of obvious hazards.

Fire exits and escape routes were clearly identified. We saw records to show that fire drills were conducted on a regular basis. Fire safety equipment and portable electrical appliances had been checked to make sure they were working and safe to use.

General risk assessments were being conducted on a regular basis by the hospital and BPAS managers.

Specific clinical risk assessments were being undertaken as part of the patient assessment process.

Infection prevention and control (IPC) and decontamination

Written policies and procedures were available to help guide staff on infection prevention and control. The lead nurse assumed responsibility for infection prevention and control within the clinic. All staff had received up to date training on this subject.

We saw that the clinic was clean and tidy. We also saw that staff had access to personal protective equipment (PPE) to help prevent cross infection. Hand washing facilities were available. Effective hand washing is important to promote infection prevention and control. Cleaning rotas were displayed within the waiting area together with hand hygiene and infection control audit results.

Surgical procedures were performed by some of the clinicians who use the clinic. Instruments used during these procedures were single patient use only. This meant that instruments did not have to be decontaminated and so promoted effective infection prevention and control. We saw that medical sharps (such as needles) had been placed in appropriate containers for safe disposal. This helps reduce the risk of injury (to staff and patients) and cross infection from used sharps.

We were informed that no human tissue waste was generated at BPAS Welshpool, due to the interval between taking the termination medication and the commencement of symptoms and, more recently, the use of home administration of the medication.

There is a BPAS organisational policy on the management of clinical waste which instructs on all actions to be taken in BPAS clinics where disposal of human tissue is undertaken (surgical units). This policy is compliant with The Human Tissue Act (2004) and the RCN document - Managing the Disposal of Pregnancy Remains 2018.

Medicines management

A written policy available on the management of medicines used at the clinic.

The lead nurse had responsibility for medicines management. This included overseeing the ordering, obtaining, safe storage and disposal of medicines. Medication was delivered to the clinic, as required, each Friday.

We saw that medicines at the clinic were stored safely and securely. Records were maintained of medicines administered to patients. These records showed that patients had been asked about known allergies to promote their safety and wellbeing prior to medication being prescribed/administered as part of their care and treatment.

Safeguarding children and safeguarding vulnerable adults

Written policies and procedures were available to guide staff on the action to take should they suspect abuse of children or adults who become vulnerable or at risk. These included contact details for health board and local authority safeguarding teams. Staff working at the clinic had completed safeguarding

training to a level appropriate to their roles. The organisation had a safeguarding committee who oversee the management of referrals.

Medical devices, equipment and diagnostic systems

A range of equipment was available at the clinic to support the provision of care and treatment to patients. We saw evidence that this equipment was being tested/calibrated on a regular basis to ensure that they were safe to use and providing accurate readings.

Equipment and drugs for use in the event of a patient emergency (collapse) were available and staff had received suitable resuscitation training.

Safe and clinically effective care

There was evidence of very good multi disciplinary working between the staff.

From our discussions with staff and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

A range of written policies and procedures were available to support the operation of the clinic. These were being reviewed and updated on a regular basis.

Policies and procedures were in place to ensure that clinicians were practising in line with evidence based clinical guidelines.

We reviewed a sample of patient medical records and found that they were generally organised and legible. The records reviewed contained details of the clinician making the record together with sufficient details of the clinical findings and the care/treatment given to each patient. We saw that these records were stored securely when not being used.

Ink stamps were being used to accompany staff signatures, to identify name and designation of the staff member. However, the stamps were not always legible making it difficult to ascertain who had completed the entries.

We also found that carbon copy documentation was being used and that not all the carbonated copies were legible.

We also noted that patients were not always completing every section of the patient history self assessment forms.

Improvement needed

Review the use of the rubber ink stamp within patient notes.

Monitor the use of carbonated copy forms to ensure that entries are legible on all copies.

Ensure that patients complete all sections of the patient history self assessment forms.

Information management and communications technology

There was a robust information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintaining confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

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

Records management

We found robust systems in place to ensure that personal information relating to patients and staff was kept securely, both electronically and in paper format.

Quality of management and leadership

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

We found good management and leadership at the clinic with staff commenting positively on the support that they received from the manager.

Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was generally effective.

Staff were able to describe their individual roles and responsibilities and told us they had access to the training and guidance that they needed to undertake their duties.

Governance and accountability framework

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

There was a robust management structure in place and clear lines of reporting were described.

We found that there were well defined systems and processes in place to ensure that the focus is on continuously improving the services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place. Staff we spoke with during our inspection confirmed that they felt supported in their work by their manager and colleagues.

We saw that there were good links with managers based at other settings operated by BPAS, with regular meetings held in order to share information around any emerging issues and safety alerts etc.

We were told that members of BPAS senior management team visit the clinic regularly as part of their governance responsibilities. Monthly audit reports were presented to the clinic's management board.

Records showed that the responsible individual, or their nominated representative, visited the clinic at least every six months in accordance with the regulations. The purpose of these visits is to consider different aspects relating to the quality of the services provided.

We were satisfied with the level of oversight of the service by members of the senior management team and board.

Dealing with concerns and managing incidents

A written complaints procedure was available and that details of how patients could make a complaint were included within the Statement of Purpose, on the website and in leaflet form. These clearly set out the timescales for acknowledging and responding to complaints. In accordance with the regulations, the contact details of HIW were also included.

Arrangements were described for reviewing significant incidents and sharing learning from these to promote patient safety and well being. Significant incidents were formally reported through the Datix¹ system.

¹ Datix is a web-based patient safety incident reporting and risk management software for healthcare and social care organizations.

Workforce planning, training and organisational development

At the time of our inspection, a small team comprising of the acting manager, lead nurse and receptionist/administrator were employed at the clinic.

Medical/consulting services were provided by visiting healthcare professionals (with practising privileges²) who were not directly employed by the clinic. Practising privileges were being formally reviewed every two years as required.

Information contained within the staff files inspected demonstrated that staff had attended mandatory training and other training relevant to their roles.

We found that staff had received an appraisal of their work performance within the last 12 months.

Workforce recruitment and employment practices

Workforce recruitment practices and procedures were being followed in line with regulations and standards.

We looked at staff records and found that the clinic had followed the appropriate procedures and undertaken relevant recruitment checks prior to their commencement in post.

Each member of staff had a Disclosure and Barring Service (DBS) certificate available as required by the regulations.

² The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services.

4. What next?

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

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

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

The improvement plans should:

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

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

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

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

5. How we inspect independent services

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

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

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

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

We also consider other professional standards and guidance as applicable.

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Improvement plan

Service: British Pregnancy Advisory Service (BPAS) Welshpool

Date of inspection: 23 November 2018

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

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
Further efforts should be made to routinely provide information in both Welsh and English.	Regulation 18. (1) (b) 18. Communicating effectively	BPAS provide all Consent forms in Welsh. The BPAS Client Guide is also printed in Welsh when needed. This guide contains all relevant treatment and aftercare information for women attending BPAS. Local Information is printed out in English and Welsh in respect of signposting locally. Welshpool Hospital provide all signage in English & Welsh	Mandy Myers	
Delivery of safe and effective care				
Review the use of the rubber ink stamp within	Regulation 23. (1) (a)	Staff made aware. New stamps have been ordered for staff and notes will be	Laura McAllister Treatment Unit	Immediately

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
patient notes.	7. Safe and clinically effective care	audited monthly	Manager	
Monitor the use of carbonated copy forms to ensure that entries are legible on all copies.		Nursing staff made aware. Notes to be audited on a monthly basis to ensure all entries are legible.	Laura McAllister Treatment Unit Manager	Immediately
Ensure that patients complete all sections of the patient history self assessment forms.		Staff made aware. This is done routinely. Discussed with Lead Nurse and monthly audit checks to commence.	Laura McAllister Treatment Unit Manager	Immediately
Quality of management and leadership				
No improvement needed.				

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

Service representative

Name (print): LAURA MCALLISTER

Job role: TREATMENT UNIT MANAGER

Date: 31/01/2019