

## Independent Healthcare Inspection

Unannounced &  
Announced Visit

British Pregnancy Advice  
Service (bpas) Welshpool,  
Powys

20 & 24 November 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales<sup>1</sup>.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of the patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

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<sup>1</sup> The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

## 2. Methodology

During the inspections we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice<sup>2</sup>. Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

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<sup>2</sup> As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's non compliance process is available upon request.

### 3. Context

The British Pregnancy Advice Service (bpas) is registered to provide an independent hospital at Victoria Memorial Hospital, Salop Road, Welshpool, Powys, SY21 7DU. The service was first registered on 24 July 2013.

The service employs a staff team which includes clinicians, nurses 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 gestation.

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection to the services on the 20 November 2015 to bpas, Powys and an announced follow-up inspection on the 24 November 2015 to bpas, Chester. No documentation was available on the day of the unannounced inspection, as all required equipment and documentation is brought to the clinic from the Chester clinic. Therefore an additional visit was organised and all relevant documentation and interviewing of staff took place on the 24 November 2015 at Chester clinic.

## 4. Summary

Bpas clinic, based in Welshpool, had an unannounced inspection on the 20 November 2015. On arrival, we were told the clinic session had been cancelled, due to staff training. There was an administrator available to answer any potential patient queries.

All patients are encouraged to complete a feedback form about the service. Feedback from patient's questionnaires indicated they were very satisfied with the service received. This was collated annually on a quarterly basis. Remedial action is taken as required. However, it was noted that this was not site specific. The Welshpool clinic scored highly in all areas. However, outcomes from the survey with regard to the Welshpool clinic were not available within the patients' guide.

We noted that the reception room was small and cramped and would request that current reception arrangements are reviewed.

We found that the service was committed to providing patients with safe and effective care.

A comprehensive range of written policies and procedures were in place. There is a process in place to ensure regular review and updating as required. However, it was noted that cleaning schedules and risk assessments were unavailable at the time of the unannounced visit. This documentation is held in the Chester clinic.

A management structure with clear lines of reporting and accountability was in place. The staff member we spoke to was able to describe their role and responsibilities and confirmed they had access to relevant training.

Arrangements were in place to monitor and report on the quality of the service provided.

We identified the following areas for improvement during this inspection regarding – the non availability of patient survey outcomes in the patients' guide, the non-availability of cleaning schedules and risk assessments. A review of the current reception room arrangements should also be undertaken. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in HIW taking action in accordance with our non-compliance and enforcement process.

## 5. Findings

### *Quality of patient experience*

All patients are encouraged to complete a feedback form about the service. Feedback from patient's questionnaires indicated they were very satisfied with the service received. This was collated annually on a quarterly basis. Remedial action is taken as required. However, it was noted that this was not site specific. The Welshpool clinic scored highly in all areas. However, outcomes from the survey with regard to the Welshpool clinic were not available within the patients' guide.

We noted that the reception room was small and cramped and would request that current reception arrangements are reviewed.

### **Equality, Diversity and Human Rights (Standard 2)**

The service recognised its responsibilities under equality, diversity and human rights legislation.

The service had an up to date written equality and diversity policy. The rights afforded to patients were set out within the service's "My bpas Guide". This included the right for patients to choose whether to proceed with or refuse treatment.

Disabled access to the clinic is available. The reception area and clinical facilities were located on one level making them easy to access.

### **Citizen Engagement and Feedback (Standard 5)**

The service routinely sought feedback from patients. The results are collated and reviewed by the clinical governance committee of the organisation. The outcomes for "bpas, Welshpool" were not available within the patients' guide. This is a regulatory requirement. The information would also inform potential users of the service of how the service is operating and what improvements, if any, have been made as a result.

### ***Improvement needed***

***The registered persons must make suitable arrangements to ensure that outcomes from the patient survey are available within the patients' guide.***

### **Care Planning and Provision (Standard 8) and Records Management (Standard 20)**

Overall, we saw that patient care records were comprehensive. These demonstrated that treatment was agreed with patients and/or where appropriate their



carers/supporters and planned in a way to ensure patient safety and wellbeing. All relevant and required documentation was available. A proforma was in place to ensure required documentation had been completed.

### **Patient Information and Consent (Standard 9)**

Patients were provided with both verbal and written information about their care and treatment.

A comprehensive booklet titled “My bpas Guide” is given to all patients at their first appointment. This booklet contains detailed information and also contains a question and answer section. We considered this to be noteworthy practise.

Information for patients was available within the service’s statement of purpose and patients’ guide.

The service had comprehensive arrangements for obtaining, recording and reviewing patients’ consent to examination and treatment.

### **Dignity and Respect (Standard 10)**

Overall, we found the service had arrangements in place to protect and provide for patients’ rights to privacy and dignity and to be treated with respect. The service’s statement of purpose set out the arrangements for respecting patients’ privacy and dignity.

The environment was arranged to protect patients’ privacy and dignity. A separate clinical room was available so that confidential conversations could take place away from the waiting area and treatment undertaken. However, it was noted that the bpas reception area is shared by other patients who are attending other clinics. We identified that the reception area for the clinic was small and cramped; it was also used by the on-call out of hours medical service. There was very little available space to display leaflets/information.

### **Recommendation**

***To review existing reception area arrangements. If possible to access a larger room to allow greater privacy for patients and where leaflets and information boards could be displayed, during clinic session.***

## ***Delivery of safe and effective care***

**We found that the service was committed to providing patients with safe and effective care.**

**A comprehensive range of written policies and procedures were in place. There is a process in place to ensure regular review and updating as required.**

**However, it was noted that cleaning schedules and risk assessments were unavailable at the time of the unannounced visit. This documentation is held in the Chester clinic.**

### **Health Promotion, Protection and Improvement (Standard 3)**

We found that a range of health promotion/education information was readily available to patients. Written health promotion information on contraception, relationship safety awareness, domestic abuse and smoke cessation and health education was available to patients

### **Safe and Clinically Effective Care (Standard 7)**

A number of relevant written policies to guide staff in their day to day work with the aim of providing patients with safe care were viewed. Policies also included time associated regulatory requirements This is an essential factor in possible options of patient treatment/ care.

The staff were aware of their responsibilities and demonstrated a safe approach with the aim of protecting patients' safety. Staff training is undertaken in patient care.

### **Safeguarding Children and Safeguarding Vulnerable Adults (Standard 11)**

The service had an up to date written policy on safeguarding. This referred to the procedures to follow in respect of safeguarding children and adults. Staff training is mandatory and entered on staff records when undertaken.

### **Infection Prevention and Control (IPC) and Decontamination (Standard 13)**

The service had detailed current policies regarding infection control and had arrangements in place to minimise the risk of patients contracting preventable healthcare associated infections. Patient documentation records the decontamination pathway used with regard to procedures.

The service is audited on a quarterly basis and outcomes are acted upon as required. Where necessary action plans are submitted with actions undertaken and

the responsible person. This allowed the service to measure compliance against infection control standards and to monitor outcomes as part of the continuous improvement process.

Personal protective equipment (PPE) was available to reduce cross infection. Hand washing and drying facilities were available within clinical areas and toilet facilities to reduce cross infection.

Arrangements were in place for the safe transfer and disposal of hazardous and non hazardous waste produced by the clinic.

During a tour of the premises we found all areas to be clean and tidy. Cleaning is undertaken by hospital staff. However, we were unable to confirm how often this was undertaken and we were unable to ascertain when the shared reception office carpet had last been cleaned. Cleaning regimes and checklists were retained in the Chester site.

### ***Improvement needed***

***The registered persons must make suitable arrangements to ensure that cleaning schedules are available at the Welshpool site.***

### **Emergency Planning Arrangements (Standard 4) and Medicines Management (Standard 15)**

There is a policy available for staff to respond to a patient emergency (collapse.).

Staff had access to emergency drugs and resuscitation equipment in the event of a patient collapsing. Training records indicated that staff had attended training on cardiopulmonary resuscitation on a regular basis.

### **Managing Risk and Health and Safety (Standard 22)**

All staff undertake required training during their induction period and then on a scheduled basis. This is recorded and held within staff records.

We found that that the service had taken steps to identify hazards and reduce the risk of harm. However, no written risk assessments were available at the time of the unannounced inspection. The information was held at the Chester clinic. It would be helpful to have this information available, when the clinic is operating to inform and guide staff as appropriate. However, the staff induction sheet had been completed with reference to health & safety issues, fire training, security and actions identified to manage and mitigate risk.

***Improvement needed***

***The registered persons must make suitable arrangements to ensure that risk assessments are available at the Welshpool site..***

**Dealing with Concerns and Managing Incidents (Standard 23)**

The service had an up to date written policy and procedure for dealing with concerns and complaints.

Details of the procedure were available to patients within the service's statement of purpose, the "My bpas Guide" and on the bpas intranet site.

There is a process to record written (formal) complaints received. However, we were told the clinic had received no complaints.

## *Quality of management and leadership*

**A management structure with clear lines of reporting and accountability was in place. The staff member we spoke to was able to describe their role and responsibilities and confirmed they had access to relevant training.**

**Arrangements were in place to monitor and report on the quality of the service provided.**

### **Governance and Accountability Framework (Standard 1)**

Overall, we found the service to be well managed and a number of relevant policies were in place with the aim of providing safe care to patients.

The service had submitted an up to date statement of purpose, which clearly set out the organisational structure and lines of reporting. An experienced registered manager was in post and demonstrated a clear understanding of her role and responsibilities.

A comprehensive and detailed number of written policies were in place and there is a process to review and update these regularly.

### **Participating in Quality Improvement Activities (Standard 6)**

The service undertakes a rolling programme of audits to monitor and identify areas for improvement.

These include documentation audit, patient engagement and infection control.

Written reports of visits (to assess the quality of the service provided) by a nominated person(s) were available as required by the Regulations.

### **Workforce Recruitment and Employment Practices (Standard 24)**

The service had arrangements in place for the safe and effective recruitment of staff.

The service had a written policy on the recruitment of staff. A random sample of staff files was reviewed. All demonstrated recruitment checks had been completed and they contained the information and documentation required by the Regulations for independent health care services.

Staff records demonstrated a staff training programme which supported staff to meet their continuing professional development (CPD) requirements. The staff training

records demonstrated that staff had attended training relevant to their role. Staff appraisals are undertaken annually to identify development and training needs.

## 6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of quality of the patient experience and delivery of safe and effective care. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at bpas, Welshpool will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

## Appendix A

### Improvement Plan

**Service:** bpas, Welshpool

**Date of Inspection:** 20 & 24 November 2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
<b>Quality of Patient Experience</b>					
6	The registered persons must make suitable arrangements to ensure that outcomes from the patient survey are available within the patients' guide.	Regulation 7(1)(e) Standard 5	Patient survey results will be displayed on the <a href="#">BPAS</a> noticeboard within the waiting area; to be displayed when the clinic is in session.	Christopher Plummer	Immediately
<b>Delivery of Safe and Effective Care</b>					
9	The registered persons must make suitable arrangements to ensure that cleaning schedules are available at	Regulation 15(8)(c)	Cleaning services are provided by the host premises.	Christopher Plummer	Already in place



Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	the Welshpool site.	Standard 13	<p>The cleaning schedule for Shropdoc (<a href="#">host premises</a>) is included with the 'General areas, Shropdoc and sluice area'. This is held in a perspex holder visible to <a href="#">BPAS</a> clients in the OPD corridor, which is central to the <a href="#">three</a> areas covered by the schedule.</p> <p>All other cleaning schedules are situated outside the doors of the appropriate rooms.</p>		
10	The registered persons must make suitable arrangements to ensure that risk assessments are available at the Welshpool site.	Regulation 15(2) Standard 22	Risk assessments are available on site in both paper and electronic form. The member of staff who was at the unit on the day of inspection has now been made aware of the location of these.	Christopher Plummer	Already in place
<b>Quality of Management and Leadership</b>					
	No improvement needed identified				

**Service Representative:**

**Name (print):** .....ANN-MARIE CORRIE.....

**Title:** .....TREATMENT UNIT MANAGER.....

**Date:** .....27.01.16.....