

Independent Healthcare Inspection Report (Announced)

British Pregnancy Advisory
Service (BPAS), Cardiff

Inspection date: 28 March 2023

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of the British Pregnancy Advisory Service (BPAS), Cardiff on 28 March 2023.

Our team for the inspection comprised of one HIW Senior Healthcare Inspector, who led the inspection, one clinical peer reviewer and one patient experience reviewer.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found the staff at BPAS Cardiff were all committed to providing a positive experience for patients. Staff were sensitive and compassionate when speaking to patients which helped create a calm environment of care. All patients that completed a HIW questionnaire rated the service provided by the clinic as very good. Patients could feed back their experiences to the clinic in a number of ways. Patients were provided with sufficient information before and after their treatments.

This is what we recommend the service can improve:

- A portable ramp would improve the accessibility of the building
- The service should display outcomes of patient feedback in the waiting area for patients to see.

This is what the service did well:

- Appropriate consent was being obtained from all patients, including those aged under 18, before providing treatment.

Delivery of Safe and Effective Care

Overall summary:

Suitable processes were in place to manage and review risks to help protect the health and safety of patients, staff and visitors at the clinic. Appropriate infection prevention and control measures were evident, and the clinic appeared clean and tidy. Robust procedures were available to help ensure staff safeguarded patients appropriately, which was particularly important due to the nature of services offered at the clinic. We saw medication was being managed, administered and stored safely.

This is what the service did well:

- The patient records we reviewed were being maintained to a very good standard and helped evidence the good standards of care being provided to patients.

Quality of Management and Leadership

Overall summary:

Staffing levels were appropriate to maintain patient safety within the clinic at the

time of our inspection. We saw that suitable processes were in place for senior staff to monitor staff compliance with mandatory training and that overall compliance was high. The day-to-day management of the clinic was the responsibility of the registered manager, who we found to be very committed to providing high quality patient care. The majority of staff who completed questionnaires provided positive feedback about working at the hospital. Recruitment was being undertaken in an open and fair process with appropriate employment checks being carried out prior to employment.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the setting to hand out HIW questionnaires to patients to obtain their views on the service provided at the clinic. In total, we received 20 completed questionnaires. Feedback was positive on all aspects of care. All patients that completed a questionnaire rated the service they received as 'very good'. Some of the comments provided by patients on the questionnaires included:

"All staff were very friendly and looked after me very kindly. It was a lovely atmosphere to be in which helped me relax."

"Very lovely staff. Treated me with so much attention and care. I felt respected and assured throughout my stay."

"The staff were compassionate and understanding and made me feel comfortable throughout."

Health protection and improvement

We saw that a range of health promotion information was available for patients in the waiting room in the form of posters, leaflets and postcards. This included information on the particular services offered by the service and also other health information such as contraception, breast cancer, counselling and domestic abuse services.

Dignity and respect

Throughout the inspection we observed staff treating patients respectfully and with compassion which helped create a calm and reassuring environment. All patients that completed a questionnaire felt they were treated with dignity and respect by staff. One patient commented:

"Everyone was so helpful, and I felt very safe."

A number of rooms were available for staff to hold private consultations and discussions with patients. We saw that doors were kept closed during these appointments to protect patient confidentiality.

A separate recovery room was located near the surgical theatre for patients to sit following their procedures. Each area within the room had privacy curtains to help protect the dignity of patients. The majority of patients that completed a questionnaire agreed that suitable measures had been taken to protect their privacy while at the setting. However, when asked in the questionnaires how the clinic could improve the service it provides, one patient suggested:

“Maybe individual rooms.”

We did note that the recovery room was not solely being used for this purpose; staff meetings were being held in the same room before patients arrived, and equipment and cabinets were also being stored in the room which made it feel like an office more than an environment of care. The service should reflect on this feedback and review whether any improvements could be made in regard to the immediate aftercare arrangements currently in place for patients at the clinic.

Communicating effectively

Patients receive a face-to-face consultation where staff undertake a medical assessment and discuss treatment options and arrangements for their procedure at the clinic. All patients that completed a questionnaire confirmed that they had their medical history checked before undertaking treatment. All patients also agreed that they were provided with enough information to understand which treatment options were available and the associated risks and benefits before the procedure.

Patient information and consent

The service had a written statement of purpose that met the requirements of the regulations. A range of patient leaflets were available in lieu of a patients' guide. The service also has a comprehensive website detailing the services offered at the clinic which also informs patients how they can access the most recent HIW inspection report.

We saw that some patient information was available in Welsh. Given that the clinic operates in Wales, we remind the service to ensure all information can be provided in Welsh and other languages when required. The clinic did have access to a sign language interpreter and braille booklets which helped meet the communication needs of patients using the service.

We were told that obtaining consent from patients is captured at several stages before patients received their treatment. This included during the initial consultation and on the day of their appointment. During the inspection we reviewed the healthcare records of five patients and saw evidence that valid consent had been obtained. The records also demonstrated that staff understood

their responsibilities in relation to the ethical and legal issues that relate to the services offered at the clinic. All patients that completed a questionnaire confirmed that they had signed a consent form before receiving their treatment.

The clinic is registered with HIW to provide termination of pregnancy treatment and advice to patients aged 13 and over. We were told that before undertaking treatment on patients under the age of 18, consent is required from an appropriate adult, such as a legal guardian, school nurse or social worker.

Care planning and provision

We saw that suitable treatment plans were being developed by clinical staff following the initial consultation with patients. The healthcare records we reviewed were up-to-date and contained a comprehensive overview of the treatment provided. We also saw that the rationale for treatment options had been determined using evidence based best guidance. All patients that completed a questionnaire agreed that they had been involved as much as they wanted to be in making decisions about their healthcare.

We found that patients were provided with sufficient aftercare guidance following their treatment. Patients were able to call and make an appointment for free post-treatment counselling should they feel the need. All patients that completed a questionnaire agreed that they had been given aftercare instructions on how to prevent infection and aid healing and given clear guidance on what to do and who to contact in the event of an infection or emergency.

Equality, diversity and human rights

The clinic is situated on the high street and therefore access for people with mobility difficulties would not be straightforward. Parking is only available in one of the nearby multi-storey car parks. Furthermore, access to the building is limited due to there being two large concrete steps leading to the entrance. We were told that a portable ramp was not available for people that required help on the steps.

The service should explore the option of obtaining a portable ramp to help patients that may need additional help accessing the building.

Once inside the building, a lift was available to take patients directly to the clinic, which was located on the first floor. All areas of the clinic itself appeared accessible and able to accommodate any mobility aids. We saw suitable signs displayed to assist patients to find their way around the clinic.

Information posted on the BPAS website clearly sets out the rights of patients to receive the services offered at the clinic. All patients that completed a questionnaire said they felt they could access the right healthcare at the right

time (regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). None of the patients reported they had faced discrimination when accessing or using the service.

Citizen engagement and feedback

We were told that patients had various opportunities to provide feedback on their experiences at the clinic. Patients are invited to complete a survey following their treatment via email. Feedback forms were also available within the clinic should patients not wish to be contacted via email.

As well as issuing HIW questionnaires to patients, we also issued HIW questionnaires to staff before the inspection to obtain their views on what it was like to work at the clinic. All staff members that completed a questionnaire agreed that patient feedback was collected by the setting and agreed that they received regular updates on the feedback received, and that the feedback was used to help make informed decisions within the organisation.

We noted that the results of patient feedback were not displayed in the waiting area for patients to see.

We recommend the service displays the results and outcomes of patient feedback within the waiting area to show patients that the clinic has considered their views and taken appropriate action where necessary.

Delivery of Safe and Effective Care

Managing risk and health and safety

We were assured that suitable processes were in place to manage and review risks to help maintain the health and safety of patients, staff and visitors at the clinic.

Environmental audits were being undertaken every two years by staff internally. Annual health and safety audits were also being completed by the central health and safety team at BPAS to monitor compliance. Fire extinguishers had been serviced annually and fire exits were clearly signposted. A fire risk assessment of the clinic had recently been carried out and we saw evidence that an electrical installation condition report had been undertaken in 2021. Other general risk assessments such as Control of Substances Hazardous to Health (COSHH) and needlestick and sharps injuries were also in place.

The clinic environment was well maintained and in a good state of repair. We saw that all areas were clean and tidy and free of obvious hazards.

Staff members that completed a questionnaire, and senior staff during the inspection, spoke about the challenges faced by the service due to the location of the clinic. It did appear that a different location, away from the busy high street and with better access and more space, could potentially improve the environment and quality of experience that could be offered to patients, as well as benefitting the staff that work there.

Infection prevention and control (IPC) and decontamination

We found suitable IPC arrangements in place at the clinic. A range of up-to-date policies were available that detailed the various infection control procedures to keep staff and patients safe.

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 visibly clean and tidy. There were no concerns expressed by patients over the cleanliness of the clinic; all of the patients that completed a questionnaire felt that the environment was clean.

Staff had access to personal protective equipment (PPE) to help prevent cross infection. Hand washing facilities were available. Cleaning rotas were displayed within the clinic together with infection control audit results which we noted as good practice.

Shared equipment and reusable medical devices were being stored and decontaminated appropriately. We saw that green stickers were being used to inform staff that the equipment had been cleaned and was therefore safe to use. We were told that the surgical theatre was cleaned between each patient and was deep cleaned every morning.

Safeguarding children and safeguarding vulnerable adults

We found processes in place to help ensure that staff at the clinic safeguarded patients appropriately. Written policies and procedures were available to guide staff on the action to take should they suspect abuse of children or adults who are vulnerable or at risk. Contact details for health board and local authority safeguarding teams were easily accessible to staff in a safeguarding folder kept at the clinic. We saw evidence of appropriate referrals that had previously been made by staff at the clinic to external safeguarding agencies.

Any safeguarding concerns of patients attending clinic that day are raised and discussed each morning at the daily staff meeting. We were told that a quarterly safeguarding committee is held for staff to discuss any overarching safeguarding issues or updates to relevant policies.

Staff working at the clinic had completed safeguarding training to a level appropriate to their roles.

Medical devices, equipment and diagnostic systems

There was appropriate and sufficient medical equipment at the clinic to support the needs of the 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

We were assured that suitable procedures and policies were in place to help ensure the clinic provided safe and clinically effective care. We observed staff working well as a team throughout the inspection. Staff members that completed a questionnaire agreed that they were satisfied with the quality of care they give to patients and with the efforts of the service to keep staff and patients safe.

The staff we spoke with demonstrated good knowledge of the relevant clinical guidelines for the services offered by the clinic. The care provided to patients was evidenced well in the patient records we reviewed, which were being maintained to a very good standard. We found that:

- Patient records were clear, accurate and easy to navigate
- Patients had their needs appropriately assessed through a range of risk assessments
- The patient records reflected any identified risks and the actions required
- There was clear evidence of any medicines that had been prescribed and given to patients
- The patient records clearly stated when chaperones had attended appointments or treatments with patients
- Comprehensive medical histories for each patient were being completed and the electronic record management system alerted staff to any possible drug allergies.

We found suitable arrangements in place for the safe management of medication. Relevant policies were in date and available to staff electronically. We saw that medication was stored securely throughout the inspection and that daily temperature checks of the fridge were being completed to ensure that medication was stored at the manufacturer's advised temperature. Staff had access to a corporate BPAS pharmacist if they required advice. The medication notes we reviewed in the patient records were clear and included all relevant information to help ensure medication was administered safely.

Participating in quality improvement activities

We were assured that there were suitable systems in place to regularly assess and monitor the quality of service provided at the clinic. This is because:

- A regular schedule of audit activities were being completed by staff
- A monthly corporate operational quality and compliance dashboard was being maintained which helped senior managers identify areas for improvement
- A corporate BPAS member of staff has visited every six months to review the quality of services being provided at the clinic in line with the requirements of the Independent Health Care (Wales) Regulations 2011
- Staff from other BPAS clinics across England and Wales undertook peer review audits to help identify and share learning across sites.

We were told that the clinic actively engaged with other relevant stakeholders and health boards to share lessons learned. We were provided with examples where BPAS had shared their experiences of good clinical practice in operation at the clinic which was subsequently adopted by some health boards across Wales. We noted this as a positive initiative towards improving the quality of care being provided to all patients requiring termination of pregnancy treatment in Wales.

Records management

Patient records were being maintained via paper files and electronically. Paper files were securely stored on site and the electronic system was password protected to prevent unauthorised access and breaches in confidentiality.

Quality of Management and Leadership

We handed out HIW questionnaires to staff during the inspection to obtain their views on the service provided at the clinic. In total, we received eight completed questionnaires.

Staff responses were positive across all areas, with all respondents recommending the clinic as a place to work and agreeing that they would be happy with the standard of care provided for their friends or family. Some of the questionnaire results appear throughout the report.

Governance and accountability framework

It was positive that throughout the inspection staff were receptive to our views, findings and recommendations. We found the team to be dedicated and aware of their roles and responsibilities in caring for the patients.

We were assured that there were appropriate governance processes and systems in place at the clinic to help identify risks and improvements to the service. There was good oversight shown by the registered manager and the team at Cardiff appeared to be well supported from their corporate BPAS colleagues. The majority of staff members that completed a questionnaire agreed that senior managers are visible, that communication between senior management and staff is effective and that senior managers are committed to patient care.

Safety huddles were being held before every surgical list. We observed a safety huddle on the morning of the inspection and saw that it was informative and effective. We were told that safety huddles are also held with staff at the end of each surgical list to review how the day went and help identify any issues or areas for improvement.

A wide range of policies and procedures were in place and we saw that these were up-to-date with appropriate future review dates. We were told that any changes or updates to policies or procedures communicated to staff through SBAR (Situation, Background, Assessment, Recommendation) reports.

Dealing with concerns and managing incidents

Posters were on display throughout the clinic that informed patients how they could make a complaint or raise a concern should they wish to do so. We saw that the contact details for HIW were also on display should patients wish to contact us directly. Numerous 'feedback and complaints policy' leaflets were also available in the waiting area. The leaflet clearly set out the timescales for acknowledging and responding to complaints. However, we noted the contact details for HIW were not

included in these leaflets. We discussed this with the service who made immediate arrangements for the HIW contact details to be added to the leaflets via a sticker.

We found appropriate arrangements in place to deal with any incidents that may occur at the clinic. All staff were able to report incidents through an electronic Datix system. The registered manager described the processes in place to investigate incidents and identify and share any lessons learned. Incidents and themes are also reviewed and discussed regularly between all BPAS treatment managers in the region and at quarterly operational meetings with the BPAS senior management team.

All staff members that completed a questionnaire agreed that the service encourages staff to report errors, near misses or incidents and agreed that any staff who are involved in an error, near miss or incident would be treated fairly.

Workforce planning, training and organisational development

Staffing levels were appropriate to maintain patient safety within the clinic at the time of our inspection. We were told that additional continuity nurse practitioners are assigned to the region to provide support at the clinic in the event of any staff absences. The continuity nurse practitioners are required to maintain a clinical passport which provides evidence to treatment managers at each clinic that their skills have been kept up-to-date.

We saw that suitable processes were in place for the registered manager to monitor compliance with mandatory training. We were shown data that evidenced that staff had completed their mandatory training as required and other training relevant to their roles. One staff member commented in the questionnaires:

“Training always available and we are encouraged to complete additional courses.”

We were told that staff receive clinical supervision regularly throughout the year with a lead nurse from another BPAS clinic in the region. All staff had received an appraisal of their work performance within the last 12 months. All staff that completed a questionnaire agreed that the training, learning and development they had undertaken at BPAS has helped them to do their job more effectively and helped them deliver a better experience for patients. We asked staff in the questionnaires if they would find any other training useful for their roles. We received the following responses:

“Conflict management, to deal with aggressive escorts of clients.”

“Standardised HCA training pathway.”

The service should reflect on this feedback and discuss these training opportunities with staff.

Workforce recruitment and employment practices

Workforce recruitment practices and procedures were being followed in line with regulations and standards to ensure recruitment followed an open and fair process. Prior to employment, potential staff are required to provide two references and evidence of professional qualifications. Disclosure and Baring Service (DBS) checks are also carried out, and then renewed every three years, to ensure staff are fit to work at the clinic.

Newly appointed permanent staff receive a period of induction to learn about the clinic, read policies and complete mandatory training. Staff are assessed by senior managers after three months to ensure they have demonstrated their competence to do the job in practice.

The majority of staff that completed a questionnaire agreed that the service takes positive action on health and well-being, that they are offered full support when dealing with challenging situations and confirmed that they were aware of the occupational health support that is available to them as an employee at BPAS.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

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 identified on this inspection.			

Appendix B - Immediate improvement plan

Service: BPAS Cardiff

Date of inspection: 28 March 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate non-compliance concerns were identified on this inspection.				

Appendix C - Improvement plan

Service: BPAS Cardiff

Date of inspection: 28 March 2023

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	Standard/ Regulation	Service action	Responsible officer	Timescale
The service should explore the option of obtaining a portable ramp to help patients that may need additional help accessing the building.	Equality, diversity and human rights	Treatment unit Manager to liase with Health and Safety Manager, Risk and Procurement along with Landlord to discuss this. Determine if a portable ramp is feasible and staff are able to manoeuvre and store when required. Currently the lease for Cardiff is due for renewal, Senior Leadership Team considering new premises for this service and a risk assessment of ramp set up will be added to access requirements.	Treatment Unit Manager - Viv Rose Operations quality Manager - Kerrie Dawson	July 2023

The service should display outcomes of patient feedback in the waiting area for patients to see.	Citizen engagement and feedback	Treatment unit Manager to implement client feedback board in main waiting room which will include client satisfaction scores and feedback actions.	Treatment Unit Manager - Viv Rose	July 2023
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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): Viv Rose

Job role: Treatment Unit Manager

Date: 30 May 2023