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24th July 2014

Dear Ms Furedi,

Re: Healthcare Inspectorate Wales unannounced visit to British Pregnancy Advice Service Clinic on the 22nd May 2014 and announced inspection on the 16th June 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to British Pregnancy Advice Service (BPAS) Clinic on the 22nd May 2014 and announced inspection on the 16th June 2014.

Description of Healthcare Service

The BPAS is a UK charity providing specialised care and services to women faced with an unplanned pregnancy, or a pregnancy they choose not to continue. The service incorporates; free pregnancy testing, consultation, non-directive and impartial counselling, early medical abortion, post abortion counselling, surgical abortion, emergency contraception (morning after pill), and vasectomy services for men.

Overall View of the Healthcare Setting

HIW undertook an unannounced visit to BPAS Clinic on 22nd May 2014 and an announced follow-up visit was undertaken on the 16th June 2014. The Inspection focused on the examination of patient records, discussions with staff and patients, review of a range of documentation, observation of interactions between staff, and patients, therapeutic interventions and treatments, and observing the environment, facilities and equipment.

The BPAS Cardiff is located via a secure entry, multi-occupied building, in St Mary Street, Cardiff. There are telephone action lines from which some of the appointments are generated and a post-treatment support line. Referrals were also made to the clinic via the National Health Service (NHS). The patients were seen by prior appointment and visitors were required to sign 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 visit highlighted the following noteworthy areas:

- The patient group was positive in their feedback about the staff and care received
- The ethos of the centre is patient focussed, caring and compassionate, with a significant amount of time given to addressing individual patient needs especially when local NHS services have not been able to meet them. The centre's flexibility in managing variations in the flow of patients, particularly when local NHS services have not been able to is notable. The relationship with local NHS services is excellent in all respects
- The paperwork for evidence based practice was informative and there is a regular system for audit of all areas of practice and systems
- The education and training systems for ensuring that staff remain up-to-date with practice development

Patient Centred Care

BPAS Cardiff apply their own criteria for accepting or declining patients or referring to another centre according to the patient's medical conditions or gestation. BPAS Cardiff also had a range of strategies and policies and procedures in place to recognise and address a range of patient needs including; physical, psychological, and social needs. The national BPAS website was available and could be accessed in the waiting and consulting rooms. The Cardiff centre information booklets were varied and also available in the waiting and consulting rooms. These were patient friendly and were given to all patients who also see a patient care co-ordinator to discuss and agree options and obtain informed consent.

Separate male and female clinics were used for termination of pregnancy and the vasectomy service. The choices and preferences of patients were always taken into consideration by staff. The centre emphasises the need for ongoing contraception and a range of support services was offered. However, this was limited by local commissioners who may not cover the costs of the more cost effective long acting methods of contraception.

All patients undergoing surgical abortion were offered antibiotic prophylaxis for Chlamydia Trachomatis and anaerobes but were not routinely offered testing. While the above meets the recommendations of Royal College of Obstetricians and Gynaecologists (RCOG), from a public health perspective, it would be preferable if

all patients were tested for Chlamydia Trachomatis as this would allow for partners of infected patients to be treated, as without the treatment of partners, patients will inevitably be re-infected. Only private paying patients and some NHS patients (depending on which health board they reside in) were offered testing.

The centre provided access to Language Line for patients whose first language is not English. There is a range of support services offered in relation to any indication of domestic abuse and patients under the age of 16 years.

Patient feedback was encouraged through a comprehensive questionnaire. Patient satisfaction surveys “your opinion counts” were available and patients were encouraged to complete them as a way of improving the service. The survey is well presented and simply written, in a language people can understand, and explores views on important qualitative and quantitative issues. They were reviewed on a regular basis and issues acted on as part of their clinical governance programme. The most recent report was very positive.

A policy and procedure was in place for dealing with complaints. A copy of the complaints procedure was displayed on the notice boards in the waiting area and leaflets were also available for patients to take away. A system of recording, investigating, and reporting in a timely manner was in place.

Quality of Patient Care

One patient who spoke with our reviewer said she had been treated with sensitivity and compassion from beginning to end. From her first contact with the centre, she had found staff professional, helpful and been assured of confidentiality. The patient was surprised to find staff were non-judgemental and respectful.

The patient was given the information booklet which told her everything about the treatment, choices, contact names and numbers, in a language that was easy to understand. The patient had found this very helpful after her consultation, as she could go away and look at all the issues and consider her choices in her own time. At every stage of her treatment, she had found all staff she met to be caring, comforting, and reassuring in what were difficult circumstances for her. The patient had also found the environment calming and welcoming. The patient was confident that the quality of her care was of a high standard and that medical and nursing staff were competent, knowledgeable, and explained everything and were able to answer all her questions and concerns.

On her initial consultation, (as is routine practice in the centre, to ensure the woman has the ultimate choice in decisions made) she was informed she was going to be seen without her partner. While she understood the rationale behind the decision, following an initial discussion about her choice, she would have liked to have chosen

to have her partner present throughout that discussion and didn't feel the option was open to her.

In discussion with the centre manager, the reviewers were led to understand that following an initial discussion with the woman, there is a choice in this matter, but clearly this was not understood by the patient concerned and is something that the manager will ensure is made clear to patients in the future.

Privacy and Dignity

There was clear evidence that privacy and dignity is considered at every stage of the patient's experience and is integral to the philosophy of the service. Consulting rooms are private and quiet and patients can have discussions, with the door closed, assured of privacy and there are quiet, private areas for patients to sit at any time. Patients can have a chaperone if they choose.

There had been an incident with pro-life protestors and opposing groups demonstrating outside the centre. This was clearly a difficult situation which could have had a serious impact on patients attending the clinic. However, although it caused some disruption, the matter was managed very sensitively by the team with patient privacy and dignity paramount to any actions taken.

On arrival at the clinic, patients were observed to be put at their ease and treated with dignity and respect.

Patient Confidentiality

When discussing patients and in their contact with patients, confidentiality is assured and considered paramount by all staff. All staff are very conscious and sensitive to the need for confidentiality and its importance underpins the staff induction and ongoing training programmes.

Clinical Governance

There were a wide range of protocols and procedures in place, and checklists are used to ensure rhesus status, anaemia and venous thrombosis risks were always checked. There are suitable pathways of care including managing patients with non-viable pregnancies. There is also a comprehensive pre-operative surgical safety checklist in use and this is undertaken for all patients prior to treatment.

There was clear evidence of the frequent audit of clinical and non-clinical processes and resultant change in practices. There was a rolling programme of audits covering a number of areas including record keeping, pharmacy, health and safety, infection control, and cleanliness. There was also a range of procedures in place to deal with

clinical and other incidents. Recent events were reviewed and there was clear evidence of action plans being developed following these events.

The centre has suitable equipment for dealing with emergencies and staff are trained in its use. There is a clear pathway for the transfer of acutely ill patients to the National Health Service (NHS) hospital nearby, although this has been rarely necessary.

A range of policies and procedures were available in relation to prescribing, dispensing and administration of medicines and these were being complied with at the time of the inspection. No controlled drugs were being stored at the establishment.

A range of policies and procedures are in place for infection control, waste disposal, decontamination, and housekeeping and there were cleaning schedules in place. Aspects of infection control are audited regularly. There was a range of health and safety policies and procedures and staff were aware of where to locate these in the event of needing to refer to them. In addition, there was a range of risk assessments that had been undertaken.

The clinical records were reviewed and found to be complete, understandable, contemporaneous (live updating of records) and in accordance with a range of medical and nursing standards. All records were stored safely and maintained securely.

BPAS has checklists and protocols in place for identifying children and adults at risk of sexual exploitation or other forms of abuse and they work with patients and other agencies regarding this area.

Staff spoken with, were aware of the principles and arrangements for clinical governance. Clinical information and innovative practice is encouraged locally and through forums and conference calls across the organisation. There are standardised clinical protocols, outlined by BPAS that are in place across all BPAS centres. These are referenced and evidence based wherever possible and regularly reviewed. Additionally, BPAS has a company strategy on research and the centre networks with other providers to share and promote good practice. Audits and other quality improvement processes were integral to the ethos of the service and were carried out regularly, with notable improvements in practice.

Management and Personnel

A sample of staff records was reviewed and all records reviewed contained application forms, record of interviews, contracts, confirmation of Criminal Record Bureau (CRB) or Disclosure Barring Scheme (DBS) checks, record of induction,

clinical competency assessments, evidence of qualifications obtained, and appropriate registration with a professional body. It was noted that staff had suitable and regular appraisals with input from the company medical director and centre manager.

Training needs for staff are identified on a regular basis and reflect patient need, professional development of the individual and ensuring up-to-date, evidence based practice. As part of their induction, clinical staff visit other centres and are introduced to clinical leads and others within BPAS that they can contact for advice and support. The clinic invests in training and staff were up-to-date in mandatory training and had undertaken other relevant training to enhance their care of patients. Training was closely linked to staff performance management plans and a competency framework was available for all staff.

Clinical Leadership and Teamwork

Staff spoke of and demonstrated effective multidisciplinary teamwork and a real sense of team spirit. Staff also spoke of excellent opportunities for training and for sharing practice with other centres to ensure the highest standards of care to their patients and to enable their own continuous professional development.

A strong and empowering leadership style was demonstrated by the centre manager, who is well respected by her staff and who supports and encourages clinicians to lead and advise on clinical care and professional practice. Staff felt they were provided with excellent professional and personal support.

Mandatory training needs were identified as part of the staff induction programme and these were available soon after the start of employment. There was an ongoing programme of training and development for all staff, including vocational training and skills and competencies required within their role, and often to extend their role. For example, training included interviewing skills, so that staff can participate in interviews of new candidates, or training for undertaking specialised scans.

A recently appointed member of staff said that she had never worked anywhere where she felt so valued, or where her views and opinions were so respected and she really enjoyed coming to work.

There were monthly staff meetings, where there was an opportunity to discuss good practice, new policies, and numerous one to one meetings with the centre manager to discuss individual issues, training, and practice issues etc. The only issue that staff felt could improve was more space and better storage facilities.

Research, Development and Innovation

It was noted that BPAS had a company strategy on research and although the centre networks with other providers to promote good practice, it is not actively engaged in research for publication.

Premises, Facilities and Environment

The environment is tastefully decorated and furnished. The colour of the walls and furnishings create a very calm and pleasant ambience that is appreciated by both patients and staff. There is a drinks making machine in the waiting area and there are quiet, comfortable, spaces and private rooms available for patients. Due to the nature of the unannounced visit, not all documentation could be accessed.

Feedback was given on the following items that needed attention, and was reviewed on a return inspection arranged for Monday 16th June at 10.00am.

- Segregate and secure the entinox and oxygen cylinders in Store 1
- Investigate drain odour in disabled toilet. Recommend to clean and re-seal waste trap to wash hand basin initially
- Review access to high level storage in Store 2, in accordance with BPAS health and safety policies
- Secure loose bracket on CO2 extinguisher adjacent to treatment room access
- Provide evidence of fire alarm testing, weekly, three to six monthly and 12 monthly
- Provide evidence of emergency lighting tests, monthly, six monthly (one hour). The last three hour discharge certificate was available
- Provide copy of test report for Portable Electrical Appliances, October 2013
- Provide report on installation of new gas isolation valve
- Provide action plans to attend to outstanding points raised on last Fire Risk Assessment review and the health and safety audits on 6th October 2013
- Provide action plan to attend to requirements of the Legionella Risk Assessment on 24th May 2013
- Provide copy of 'Duty of Care' notice for SRCL, the clinical waste company appointed to remove clinical waste. Also, to provide copies of the recent collection reports

- Provide copy of current landlords gas safety certificate
- Attend to recent low hot water temperatures in disabled toilet

On the return announced visit on the 16th June 2014, the inspection focussed on outstanding technical information from the last un-announced inspection on 22nd May 2014.

The last service report for the fire alarm installation required new batteries to be fitted, and these were due in today. There were still some outstanding queries to be resolved on the emergency lighting installation. Portable Appliance Testing (PAT) was completed, and a schedule of testing available.

The gas isolation valve had been completed, and most of the outstanding items for the internal health and safety report. Outstanding issues to be subject of a letter to the landlord. The landlord had commissioned his own assessment of the water distribution within the building, which will incorporate the problems identified within the BPAS centre. A duty of care notice was produced of the clinical waste contract, and this was valid for a period of three years. The problem associated with the odours within the disabled toilet had been resolved, and was due to a defective section of the vertical soil pipe.

Verbal feedback was given throughout and at the end of each visit.

There are no outstanding regulatory requirements from this inspection.

Good Practice Recommendations
Realign slats to venetian blinds, where they have been parted to open windows. It should be made clearer to patients, that following an initial private discussion, if the patient wishes their partner to be present for the consultation, it will be their choice to do so.

HIW would like to thank all members of staff for their time and co-operation during the visit.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

A copy of this letter is being sent to Ms Vivienne Rose, Registered Manager at BPAS Cardiff.

Yours sincerely



Phil Price
Inspection Manager

SICRHAU
GWELLIANT
TRWY
AROLYGU ANNIBYNNOL
A GWRTHRYCHOL

DRIVING
IMPROVEMENT
THROUGH
INDEPENDENT AND
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