DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Inspection Date:	Inspection Manager:
5 August 2009	Healthcare Inspectorate Wales

Inspection report 2009/2010

British Pregnancy Advice Service (BPAS) Cardiff

Introduction

Independent healthcare providers in Wales must be registered with the Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. The HIW tests providers' compliance by assessing each registered establishment and agency against a set of *National Minimum Standards,* which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at: **www.hiw.org.uk**

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and main findings

This was an unannounced inspection to the clinic on the 5 August 2009. British Pregnancy Advisory Service (BPAS) had Registered Charity Status, number 289145. The Cardiff Clinic is located on a secure entry, multi occupied building, in St Mary Street, Cardiff city centre.

There were telephone action line from which some of the appointments are generated and a post treatment support line. Referrals are also made to the clinic via the National Health Service (NHS). The clinic had recently been refurbished and upgraded.

The manager had been pro-active in implementing previous requirements and recommendations.

The Inspection Manager would like to thank the manager and staff for their time and co-operation during the inspection visit.

Achievements and compliance

There were no outstanding requirements from the 2008-2009 inspection.

Registration Types

This registration is granted according the type of service provided. This report is for the following type of service

Description
Independent Hospital
Independent hospital providing listed service: • **Termination of pregnancy**

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Number	Condition of Registration	Judgement
1.	a) Termination of pregnancies (to include consultation, assessment and treatment) for patients aged sixteen (16) years and over. b) Consultation and advice about termination of pregnancies to patients aged thirteen (13) years and over.	Compliant
2.	a) The following methods of termination can be provided at the establishment: Medical Abortions (as referred to in paragraph 6 which was last reviewed in March 2007) for pregnancies up to (9) weeks gestation. b) Manual Vacuum Aspiration Abortion (as referred to in paragraph 6 of your Statement of Purpose, which was last reviewed in March 2007) for pregnancies up to 12 weeks and 6 days gestation.	Compliant
3.	The maximum number of termination procedures (abortions) to be carried out at the establishment must not exceed Fifty (50) in any seven day period.	Compliant

Assessments

The Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. The Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, the Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: A self assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number.

- Core standards
- Service specific standards

Standards Abbreviations:
C = Core standards
A = Acute standards
MH = Mental health standards
H = Hospice standards
MC = Maternity standards
TP = Termination of pregnancy standards
P = Prescribed techniques and technology standards
PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

Core standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	Standard met
C2	The treatment and care provided are patient - centred	Standard met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard met
C5	The terminal care and death of patients is handled appropriately and sensitively	Standard not inspected
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	Standard met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clears line of accountability for the delivery of services	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Standard met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard met
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard met

Number	Standard Topic	Assessment
C13	Patients and personnel are not infected with blood borne viruses	Standard met
C14	Children receiving treatment are protected effectively from abuse	Standard met
C15	Adults receiving care are protected effectively from abuse	Standard met
C16	Patients have access to an effective complaints process	Standard met
C17	Patients receive appropriate information about how to make a complaint	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment	Standard met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Standard met
C21	Patients receive appropriate catering services	Standard not inspected
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately	Standard met
C23	The appropriate health and safety measures are in place	Standard met
C24	Measures are ion place to ensure the safe management and secure handling of medicines	Standard met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard met
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard not inspected
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard not inspected
C28	Patients are not treated with contaminated medical devices	Standard met
C29	Patients are resuscitated appropriately and effectively	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Standard met
C32	Patients are assured of appropriately competed health records	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality	Standard met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects	Standard not inspected

Service specific standards - these are specific to the type of establishment inspected

Number	Acute Hospital Standards	Assessment
A1	Patients receive clear information about their treatment	Standard met
A2	Patients are not mislead by adverts about the hospital and the treatments it provides	Standard met
A3	Patients receive treatment from appropriately trained, qualified and insured medical practitioners	Standard met
A4	Medical practitioners who work independently in private practice are competent in the procedures they undertake and the treatment and services they provide	Standard not inspected
A5	Patients receive treatment from medical consultants who have the appropriate expertise	Standard met
A6	Patients have an appropriately skilled and trained doctor available to them at all times within the hospital	Standard not inspected
A7	Patients receive treatment from appropriately skilled and qualified members of the allied health professionals	Standard not inspected
A8	Patients receive treatment from appropriately qualified and trained staff	Standard met
A9	Health and safety	Standard met
A10	Infection control	Standard met
A11	Decontamination	Standard not inspected
A12	Resuscitation	Standard not inspected
A13	Resuscitation equipment	Standard not inspected
A14	Meeting the psychological and social needs of children	Standard not inspected
A15	Staff qualifications, training and availability to meet the needs of children	Standard not inspected
A16	Facilities and equipment to meet the needs of children	Standard not inspected
A17	Valid consent of children	Standard not inspected
A18	Meeting children's needs during surgery	Standard not inspected
A19	Pain management for children	Standard not inspected
A20	Transfer of children	Standard not inspected
A21	Documented procedures for surgery - general	Standard not inspected
A22	Anaesthesia and Recovery	Standard not inspected
A23	Operating Theatres	Standard not inspected
A24	Procedures and Facilities Specific to Dental Treatment under General Anaesthesia Facilities	Standard not inspected
A25	Cardiac Surgery	Standard not inspected
A26	Cosmetic Surgery	Standard not inspected

Number	Acute Hospital Standards	Assessment
A1	Patients receive clear information about their treatment	Standard met
A27	Day Surgery	Standard not inspected
A28	Transplantation	Standard not inspected
A29	Arrangements for Immediate Critical Care	Standard not inspected
A30	Level 2 or Level 3 Critical Care within the Hospital	Standard not inspected
A31	Published Guidance for the Conduct of Radiology	Standard not inspected
A32	Training and Qualifications of Staff Providing Radiology Services	Standard not inspected
A33	Published guidance for the conduct of radiology	Standard not inspected
A34	Training and qualifications of staff providing radiology services	Standard not inspected
A35	Responsibility for pharmaceutical services	Standard not inspected
A36	Ordering, storage, use and disposal of medicines	Standard not inspected
A37	Administration of medicines	Standard not inspected
A38	Self administration of medicines	Standard not inspected
A39	Medicines management	Standard not inspected
A40	Management of Pathology Services	Standard not inspected
A41	Pathology Services Process	Standard not inspected
A42	Quality Control of Pathology services	Standard not inspected
A43	Facilities and Equipment for Pathology Services	Standard not inspected
A44	Chemotherapy	Standard not inspected
A45	Radiotherapy	Standard not inspected
Number	Termination of Pregnancy Standards	Assessment
TP1	Quality of treatment and care	Standard met
TP2	Information for patients	Standard met
TP3	Privacy and confidentiality	Standard
TP4	Respect for fetal tissue	Standard not inspected

Schedules of information

The schedules of information set out the details of what information the registered person must provided, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	Standard met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Standard met
3 (Part I)	Period for which medical records must be retained	Standard not inspected
3 (Part II)	Record to be maintained for inspection	Standard met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Standard not inspected
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Standard not inspected

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. The Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Recommendations

Recommendations may relate to aspects of the standards or to national guidance. They are for registered persons to consider but they are not generally enforced.

Standard	Recommendation
	None