Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

British Pregnancy Advisory Service (BPAS), Llandudno

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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 BPAS Llandudno on 06 November 2025.

Our team for the inspection comprised of two HIW healthcare inspectors and a clinical peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 16 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
BPAS Llandudno was committed to providing a high-quality service to patients in an environment that was conducive to providing safe care. Staff placed an emphasis on promoting the privacy and dignity of patients and on protecting patient rights when visiting the clinic. The environment also promoted the patient privacy and dignity.

The clinic operates within an NHS hospital. The waiting area offers a wide range of leaflets and posters, and patient information was available on the clinic's website.

The clinic is clean, light, and airy, with two treatment rooms both equipped for privacy. Dignity drapes were used during intimate examinations. The clinic had a clear chaperone policy, with signage informing patients of their right to a chaperone. We saw staff greeting patients in a polite and welcoming manner.

A review of three patient records confirmed an appropriate consent process, supported by a consent policy.

Due to the sensitive nature of the service, signposting was discreet, with detailed directions provided online and by phone. The SOP and patient guide are accessible at reception and available to take away upon request. Information is provided in accessible formats, including large print, BSL, Welsh, and written materials for those without digital access. All patients are NHS-funded, with flexible booking options for those without internet or mobile access.

Patients receive information about their care at all stages, including aftercare.

An up-to-date equality and diversity policy is in place. The clinic is accessible for those with mobility issues and staff also offer assistance. Adjustments are made for patients with additional needs, such as providing written communication for deaf patients.

Feedback is gathered through a feedback box and a "You said, we did" poster, demonstrating how patient input informs service improvements.

This is what the service did well:

- Patient privacy and dignity was always promoted
- Essential information was provided before and after treatments

- Equality and diversity is promoted and adjustments made for patients when required.

Delivery of Safe and Effective Care

Overall summary:
The clinic maintains a safe environment, with clean, hazard-free premises and robust fire safety measures, including regular drills, clear signage, and maintained extinguishers. Electrical and gas safety checks are up to date, and liability insurance is in place. COSHH protocols are followed for hazardous materials. A business continuity policy outlines emergency procedures and contacts.

IPC standards are high, with a designated lead, regular cleaning, and comprehensive checklists. Handwashing facilities and PPE are readily available. Staff are trained in IPC, and compliance is evidenced in staff files.

Medicines are managed safely, with clear policies for storage, administration, and disposal. Telemedicine is provided in line with policy. Medication checks are routine, and emergency equipment is maintained and regularly checked. Staff are trained in CPR and first aid.

A safeguarding lead is appointed, and staff are trained in safeguarding children and vulnerable adults. Policies are in place, and staff understand reporting procedures.

Clinical areas are well-equipped and maintained. Equipment is inspected daily, and issues are reported promptly. Patients are directed to emergency care if needed. Clinical guidelines are embedded in practice, and staff receive ongoing training.

Regular audits are conducted, and staff roles are clear. Remote consultations follow GMC guidance, using secure systems. Patient records are securely stored electronically, with access controls in place and retention in line with regulations.

This is what the service did well:
- Safe and clean environment
- Appropriate IPC standards
- Medicines are stored, prescribed and administered safely.

Quality of Management and Leadership

Overall summary:
The service demonstrates a strong commitment to high-quality patient care, supported by effective teamwork and a clear management structure. The Registered Manager is backed by directors and an administrative team, with

monthly staff meetings ensuring regular communication. Meeting minutes are circulated to all staff, promoting transparency and shared understanding.

A comprehensive selection of policies and procedures was in place, regularly reviewed, and acknowledged by staff through signatures. The Statement of Purpose (SOP) is current and compliant with regulations, and services are delivered in line with its requirements. Reporting lines are clearly defined, with staff reporting to the regional manager, and all policy changes are communicated through established channels.

Recruitment processes included identity checks, right to work, qualifications, and Disclosure and Barring Service (DBS) checks. Staff files contain job descriptions, contracts, and references. The clinic does not use agency staff and any rota gaps are covered internally.

All clinical staff receive relevant training to meet Continuing Professional Development (CPD) requirements and participate in annual appraisals. The service is delivered by a team of two midwives and one cluster midwife.

Patient feedback is actively sought through Google reviews and via BPAS Patient Experience Team, with results reviewed for trends and actions. A comprehensive complaints procedure is in place, detailing response times and escalation processes. Complaints are logged electronically and reviewed for learning opportunities.

Mandatory training includes professional responsibilities under the Duty of Candour, ensuring staff understand their obligations to be open and transparent with patients.

This is what the service did well:

- Clear management structure with lines of accountability
- Variety of feedback opportunities for patients
- Appropriate mandatory training compliance.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Patient feedback
HIW issued a questionnaire to obtain patient views on the care at BPAS Llandudno for the inspection in November 2025.

In total, we received 16 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 16 responses.

All respondents who provided comments agreed they could be published anonymously within the HIW inspection report.

Patient comments included:

> *"I was made to feel very welcome and calm. I was very nervous but the lady made to feel calm and reassured me. She explained everything in great detail."*

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> *"So I came to the Orme Unit in 2019 and there has been drastic changes here with the layout which has much improved in many ways. The staff here are super friendly with always a smile."*

Health protection and improvement
Patient information was appropriately displayed. During our visit, we observed a wide selection of leaflets and posters in the waiting area, providing patients with clear and accessible information about the services available. Additionally, the website contained a range of information about the service.

Dignity and respect
We noted the clinic was light, airy and clean. The clinic had two clinical consultation rooms. Both rooms had lockable doors and windows fitted with blinds for privacy. There was a post operative room alongside the surgical treatment room that patients were able to change into hospital gowns in privacy. We were told that dignity drapes were used to cover patients during intimate examinations.

The clinic had a chaperone policy. We saw signage throughout the clinic informing patients of their option to have a chaperone present.

We saw patients were greeted on arrival and informal introductions were made with staff.

Patient information and consent
We reviewed a sample of five patient records and saw that the consent process was appropriate. The service had a consent policy. We found that patients were given sufficient time and information to make an informed decision. In addition, patient's mental capacity was assessed during the initial consultation to ensure patients had the capacity to make informed decisions and to provide consent.

Communicating effectively
Signposting for BPAS was discreet due to the sensitive nature of the service. Detailed directions were on the service website and given over the phone to patients who had booked appointments. The service opened three days per week between 9am and 2:30pm.

During the inspection, it was confirmed that the Statement of Purpose (SOP) is made available to patients via a folder located in reception, and a copy is provided upon request to any patient or person acting on their behalf. The SOP is up to date, includes all required information as per the regulations and was reviewed within the last year, with a 12-month review cycle in place. The Patients' Guide is printed and placed in the patient folder on the day of inspection, and the service intends to email it to patients in future. It is current and compliant with the regulations.

Information is made accessible to patients in formats that consider their language and communication needs including large print. Support was available for those with English as a second language, and some documentation available in Welsh. Written materials and letters are used to support patients without digital access. A written policy is in place regarding the provision of information to patients.

Patients are informed about their treatment options, care received, and post-treatment instructions during consultations. All patients are funded by NHS Betsi Cadwaladr, so no direct costs are incurred. Appointment booking and information access for those without internet or mobile access are facilitated through telephone and in-person options, supported by written materials.

Care planning and provision
Staff we spoke with said that patients were provided with information about their care and treatment, at all stages of the treatment. There was information on the clinic website about the general issues that patients would experience and how to

manage these. Additionally, patients were provided with information about the care and treatment provided, including aftercare.

Equality, diversity and human rights
The clinic also had an up-to-date equality and diversity policy in place. We were told that patients were all treated equally regardless of protected characteristics.

The service was accessible for patients with mobility difficulties, featuring a lift to the clinic, wide access doors, and spacious reception and clinical areas. Staff reported that they assist patients as needed to ensure everyone can access the service. This demonstrates that staff deliver care in a manner that upholds and protects individuals' rights.

Citizen engagement and feedback
Patient feedback was gathered through a combination of passive and active methods. A "You said, we did" poster was included in the patient file, providing a visible summary of how feedback has been acknowledged and acted upon. There is a feedback section on the service website including an email address and telephone number. Additionally, a feedback box is available in the reception area, although it serves multiple services and is not specific to one. Feedback is used to inform service improvements, with the "You said, we did" approach offering a clear example of how patient input has led to positive changes. This same method also serves to communicate back to patients how their views have influenced service delivery.

Delivery of Safe and Effective Care

Environment
BPAS Llandudno was located on the ground floor of a community hospital. The clinic comprised a reception area and two clinic clinical consultation rooms. One of these rooms was shared with another NHS service when the clinic is not open. The service offered vasectomy procedures, subject to patient demand. Medical termination of pregnancy was provided on site; patients requiring surgical management were referred to an alternative BPAS location.

Managing risk and health and safety
Suitable arrangements were in place to protect the safety and wellbeing of staff and people visiting the service. The building appeared to be well maintained internally and externally. We saw that all areas were clean, tidy and free from obvious hazards.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment in place. Escape routes were clearly signposted, and we saw evidence of fire drills having taken place. Fire extinguishers were mounted and indicated appropriately with evidence of regular servicing and maintenance. 'No smoking' signs were clearly displayed.

We saw evidence of up-to-date Portable Appliance Testing (PAT), five-yearly electrical installation inspection and annual gas safety checks. We confirmed that employer's and public liability insurance was in place. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

There was a business continuity policy in place with procedures to be followed should it not be possible to provide the full range of services due to an emergency event or system failure. This included contact details for the designated emergency response team and a list of emergency contact numbers for contractors.

There was appropriate emergency equipment in place which was stored and checked correctly.

Infection prevention and control (IPC) and decontamination
Arrangements were in place to ensure a good standard of infection control. These included appropriate infection control policies and having a designated infection control lead. The service had a cleaning checklist, and we saw that these had been

regularly completed. All respondents who completed the HIW felt the setting was ‘very clean’ and that infection and prevention control measures were evident.

Suitable handwashing and drying facilities were available in each surgery and in the patient toilet. Personal protective equipment (PPE) was readily available for staff to use.

We saw clinical waste produced by the practice was stored securely while waiting to be collected for disposal. We also saw a current contract was in place to safely transfer waste from the practice.

We confirmed staff working at the service had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

Medicines management
There was a medicines management policy in place which outlined the procedures for the safe use, storage and disposal of medication. We saw medicines were stored, prescribed and administered safely and in line with the policy. We saw a policy for telemedicine and saw that this was provided safely. We were shown records of medication checks that were regularly taking place.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory with equipment and emergency drugs being in-date and regular checks carried out. We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and first aid.

Safeguarding children and safeguarding vulnerable adults
The practice had an appointed dedicated safeguarding lead. We saw a suitable policy was in place in relation to safeguarding which contained the contact details for the local safeguarding team.

We saw staff had undertaken appropriate safeguarding training to ensure they are kept up to date on managing safeguarding issues. Staff explained the process by which is followed when a safeguarding concern is identified.

Medical devices, equipment and diagnostic systems
We found the clinical areas were suitably equipped to provide safe and effective treatment. Equipment appeared in good condition and fit for purpose. A daily inspection of medical equipment was undertaken and any issues are highlighted and reported to the registered manager.

Safe and clinically effective care
Patients are directed to attend Emergency Department (ED) if they experience symptoms such as increased bleeding or severe pain. Details of an aftercare and support service was found on the service' website along with an emergency contact number to call if patients experience adverse symptoms.

Clinical guidelines were imbedded in the policies and procedures and any changes or updates were communicated to staff via meetings and emails. Staff received up to date training in areas associated with the service.

Participating in quality improvement activities
We found the practice had safe arrangements for the treatment of patients and we were assured that regulatory and statutory guidance was being followed when treatment was provided. Staff were clear regarding their work roles and responsibilities. We saw evidence of daily and monthly clinical and IPC audits taking place.

Information management and communications technology
The service provider determines the appropriateness of remote consultations by referring to guidance and a flowchart developed by the General Medical Council (GMC). This includes considerations for whether the consultation format is suitable for the individual's needs and clinical circumstances. Particular attention is given to intimate examinations conducted remotely, for which the GMC has issued specific guidance to ensure ethical and professional standards are upheld. To maintain safety and security, remote consultations are conducted using approved, secure systems for clinical video consultations, and electronic records are protected by password access. No images or recordings are made during online consultations; however, if this practice were to be introduced, arrangements for safeguarding individuals would need to comply with GMC guidance.

Records management
We reviewed a sample of three patient records and found these to be of a high standard and include all relevant and required information.

We saw a suitable system was in place to help ensure patient records were safely managed and stored securely on a software package for digital records. A register of all patients undergoing medical termination of pregnancy was maintained and kept for three years in line with the regulations.

Records were stored electronically and each clinician had their own password to access the system.

Quality of Management and Leadership

Governance and accountability framework
We saw a clear commitment to providing a high standard of service to patients. We saw staff working well together as a team.

A clear management structure was in place to support the effective operation of the service. The Registered Manager was supported by the directors and the wider administrative team. Monthly staff meetings were held and attended by all team members. We were shown minutes from these meetings, which are circulated to staff via email.

We found a comprehensive range of policies and procedures in place which were reviewed regularly. Staff signed and dated policies to show that they had read and understood them.

The service provider has a Statement of Purpose available for patients, which is up to date and includes all required information in line with the regulations. Observations confirmed that services are being delivered in accordance with this Statement. A Patients' Guide is also available and has been reviewed.

Lines of reporting and accountability are clearly defined, with the Registered Manager reporting to the regional manager and regional clinical staff also reporting to them.

Policies and procedures are reviewed and agreed upon before implementation, and staff are informed of new or updated policies through established communication processes. All relevant policies and procedures required under the regulations are in place and up to date.

Dealing with concerns and managing incidents
Appropriate arrangements were in place for employing staff. We saw policies and procedures detailing the recruitment process which included suitable fitness to work checks made on prospective employees. These checks included proof of identity, the right to work, qualifications, evidence of immunisations and use of the Disclosure and Barring Service (DBS).

Staff files contained job descriptions, employment contracts and written references for the employees. We were told that the service does not use agency staff. Any shortfalls in the rota are covered by staff from other branches of the service.

All clinical staff had attended training on a range of topics relevant to their roles to meet their Continuing Professional Development (CPD) requirements. We were told that all staff receive an annual appraisal to discuss their performance and set objectives.

Workforce recruitment and employment practices
The service was delivered by a team of three clinicians which included a cluster midwife. Two of these clinicians was present on site during each clinic session.

Workforce planning, training and organisational development
Patient feedback was actively sought. Patients can provide feedback via Google reviews. We also saw posters with QR codes that patients could provide anonymous feedback.

There was a comprehensive complaints procedure in place which was readily available to patients. The procedure included appropriate timescales for response and how to escalate the issue if required.

Both verbal and written complaints were logged electronically and included full details and any actions taken. Complaints were regularly reviewed to identify trends or lessons learnt.

We were told that staff are required to complete mandatory training to understand their professional responsibilities under the Duty of Candour.

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 summarises 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 concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: BPAS Llandudno

Date of inspection: 6 November 2025

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.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate concerns were identified on this inspection.					
2.						
3.						
4.						

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):

Job role:

Date:

Appendix C - Improvement plan

Service: BPAS Llandudno

Date of inspection: 6 November 2025

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.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No areas for improvement were identified on this inspection.					
2.						
3.						
4.						

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):

Job role:

Date: