

Review of compliance

<p>Blackpool PCT Blackpool Stadium</p>	
<p>Region:</p>	<p>North West</p>
<p>Location address:</p>	<p>Seasiders Way Blackpool Lancashire FY1 6JX</p>
<p>Type of service:</p>	<p>Community healthcare service Dental service Community based services for people with a learning disability Community based services for people with mental health needs Rehabilitation services</p>
<p>Date of Publication:</p>	<p>April 2012</p>
<p>Overview of the service:</p>	<p>NHS Blackpool is responsible for funding healthcare for all patients registered with a Blackpool GP,</p>

	<p>wherever that care may take place.</p> <p>They provide key community services. These include health visiting, district nursing, dentistry, sexual health and family planning, Connect for young people, mental health services for both children and adults and the Walk-In Centre, at Whitegate Health Centre on Whitegate Drive in Blackpool.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Blackpool Stadium was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and checked the provider's records.

What people told us

We did not visit the provider as part of our inspection and there were no comments received from people in receipt of their service. We looked at all the information we hold about the provider and asked them to send us information confirming how they had achieved compliance with assessing and monitoring the quality of their service provision. They sent us comprehensive evidence of the Quality Monitoring Systems the Trust had in place for seeking and incorporating feedback from patients and people using their services. Information provided included comments/complaints they received and the actions taken to implement improvements. Information about the training and development of staff, monitoring of clinical incidences and the most recent Board minutes and performance data also provided

What we found about the standards we reviewed and how well Blackpool Stadium was meeting them

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Appropriate systems were in place for monitoring the quality of service people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not visit the service as part of this inspection and have no comments made by people who use the service with regards to this outcome.

Other evidence

Whilst undertaking this review we requested and received information from the provider about how they were monitoring the quality of their service provision. They provided us with information about the audits they had in place to monitor their service, their incident report procedures, staff training, risk management and staff and patient surveys.

They told us audits were in place to support compliance with Essential standards of quality and safety including patient experience, infection control and risk management. The results of clinical audits completed within the NHS Blackpool Community Health Service are reported to the provider services trust board via the clinical governance sub-committee. Audit results are then discussed at local staff meetings. The information we were provided with clearly identified improvements following the outcome of one clinical audit. The action plan produced following the audit identified how the results of the audit had been shared with staff members.

We received information about the policies and procedures the provider had in place for reporting incidents. The system used by the provider included completion of a form, providing details of the incident, its impact and its cause. An additional details section has usual inclusions of manager's comment, underlying cause and action plan to

prevent reoccurrence. Of the reports we viewed many had recorded awaiting further advice/information and it was not clear if this had been received and acted upon.

We received information about the providers quarterly complaints and compliments review. The provider had recorded the numbers and details of all complaints or compliments. Lessons learnt had been identified from both the time taken to respond to complainants and their detail. An action plan had been presented which was clear and concise detailing recommendations for improvement and the action required to make the improvement as well as time scales and the outcome.

The provider had risk registers in place and these were being held at division and locality level and were being updated quarterly. Most risks were monitored through monthly review meetings. A comprehensive business continuity plan was in place at the Whitegate Drive Walk in Centre. The plan had appropriate risk assessment and impact analysis undertaken for a number of emergency situations including severe weather, IT constraints, power failure and fire.

The provider completed a number of annual surveys in the period 2010/ 2011 including the introduction of real time questionnaires completed by patients before they leave surgeries. The providers community health services also held a number of patient experience events throughout 2010/2011. Each division of community health evaluated the results of their day and drew up action plans to improve service provision.

We were also provided with the outcome of the 2010 staff survey which had been reviewed by the provider and action plans to review the position had been implemented.

Our judgement

Appropriate systems were in place for monitoring the quality of service people receive.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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