

Review of compliance

University Hospitals Bristol NHS Foundation Trust Central Health Clinic

Region:	South West
Location address:	Tower Hill Bristol BS2 0JD
Type of service:	Acute services with overnight beds Ambulance service
Date of Publication:	October 2012
Overview of the service:	The provider is an acute NHS foundation trust providing services across the Bristol and greater Avon area. The trust also provides specialist care to people from across the South West Region. The Central Health Clinic does not provide overnight beds, but operates a specialist clinic service.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Central Health Clinic was meeting all the essential standards of quality and safety inspected.

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 to check whether Central Health Clinic had taken action in relation to:

Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 4 October 2012, checked the provider's records, looked at records of people who use services and talked to staff.

What people told us

We visited the service on 4 October 2012. The purpose of this inspection was to check that improvements had been made to achieve compliance with outcome 21. During our visit 20 March 2012 we found that there was a lack of proper information about people in so far as certificates of opinion (HSA1 forms), required as part of the management of the regulated activity of termination of pregnancy, were not properly maintained.

We received an action plan from the trust on 9 July 2012 about the improvements in place to ensure that proper information about people in so far as certificates of opinion (HSA1 forms), required as part of the management of the regulated activity of termination of pregnancy, were being properly maintained.

We were told that an audit to test compliance was also being carried out by the trust on 30 September 2012.

During this visit we did not involve people who used the service, but we spoke with registered nurses, a nurse manager and a doctor who worked in the clinic. They told us about the new systems in place to ensure that the procedure for two doctors to provide their certified opinion, formed "in good faith", that at least one and the same ground for a termination of pregnancy was met.

Staff told us that there were no presigned certificates of opinion (HSA1 forms) used in the clinic. We also asked to see a sample of patients medical records. We looked at these

records and we found no presigned certificates of opinion (HSA1 forms).

What we found about the standards we reviewed and how well Central Health Clinic was meeting them

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

People were protected from the risks of unsafe or inappropriate care and treatment.

The provider was meeting this standard.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not speak with people who used the services as part of this inspection.

Other evidence

We received an action plan from the trust on 9 July 2012 about the improvements in place to ensure that proper information about people in so far as certificates of opinion (HSA1 forms), required as part of the management of the regulated activity of termination of pregnancy, were being properly maintained.

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Our judgement

People were protected from the risks of unsafe or inappropriate care and treatment.

The provider was meeting this standard.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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