Review of compliance

Taunton and Somerset NHS Foundation Trust
Musgrove Park Hospital

<table>
<thead>
<tr>
<th>Region:</th>
<th>South West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location address:</td>
<td>Musgrove Park Hospital</td>
</tr>
<tr>
<td></td>
<td>Taunton</td>
</tr>
<tr>
<td></td>
<td>Somerset</td>
</tr>
<tr>
<td></td>
<td>TA1 5DA</td>
</tr>
<tr>
<td>Type of service:</td>
<td>Acute services with overnight beds</td>
</tr>
<tr>
<td>Date of Publication:</td>
<td>August 2012</td>
</tr>
<tr>
<td>Overview of the service:</td>
<td>Musgrove Park Hospital is one of five locations operated by Taunton and Somerset NHS Foundation Trust. Musgrove Park Hospital is situated in Taunton and is registered for acute services with overnight beds.</td>
</tr>
</tbody>
</table>
Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Muskgrove Park Hospital 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 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, carried out a visit on 31 July 2012, carried out a visit on 1 August 2012, carried out a visit on 2 August 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

During this inspection we also followed up on a compliance action we had made at our last inspection which took place in March 2012. This related to the regulated activity of termination of pregnancy and related to outcome 21, records.

We visited 12 wards which specialised in paediatrics, maternity, cardiology, acute medicine, gastroenterology, elderly care, general surgery and rehabilitation & intermediate care. We also visited accident and emergency, two outpatient departments and the main xray department.

We spoke with staff and patients on each of the units we visited. Staff spoken with ranged from reception staff to consultant level.

All patients spoken with said that they were treated with respect by staff employed by the Trust. Some comments included "I have found all of the staff to be kind and courteous" and "I have never felt uncomfortable or embarrassed when I am examined."

We saw that staff ensured curtains were closed around patients' bed area when they required assistance or examination. Discussions with patients were carried out in a sensitive manner which ensured that other patients could not overhear conversations. We saw that patients in outpatient departments were seen in private consulting rooms and that they were seen promptly. Any delays in waiting times had been clearly displayed for patients.

Patients spoken with told us that they felt well informed and that they were kept updated.
about their care and treatment. We saw that they had been provided with information about the hospital, ward and the services available. Patients also told us that they had been involved in discussions about any planned treatment. Comments included "I always know what is going on," "The nurses explain things when they are writing in the care notes" and "I'm always comfortable to ask questions."

During our time at the hospital we observed that staff spent time explaining what was happening to the people they were assisting.

The hospital had systems in place which ensured that patients with communication difficulties had access to the information needed to enable them to make an informed decision about their care and treatment. These included specialist practitioners in dementia care and care of people with a learning disability.

The consultant spoken with in the accident and emergency department explained the procedures in place which enabled effective communication with patients where their first language was not English.

Everyone said that staff were polite and respectful. We also saw thank you cards from people who had stayed at the hospital thanking the staff for their kindness and thoughtfulness.

We were told that staff asked people how they would like to be addressed and that this was respected.

On the children's wards, we saw that all staff communicated directly with the child. This showed that children were fully informed and involved in their care and treatment. We also found that 'play specialists' were available to help reduce any anxieties a child might have. An example of this included showing the child photographs of the anaesthetic room and information about the different types of anaesthetic. The play specialist also escorted the child to theatre and were there when the child was ready to return to the ward.

In all of the areas we visited during our inspection, patients confirmed that they were very happy with the care and treatment they received at the hospital.

One patient said "my condition is quite unusual and the doctor has taken time to learn more about it to make sure I get good treatment and am comfortable." Another patient told us "I'm very pleased with everything."

Patients on the maternity wards were very positive about the care and support they received. Comments included "the staff have been fantastic and kept me calm throughout" and "the care that my baby and I have received has been excellent."

Patients confirmed that staff responded promptly for any requests for assistance. They told us that when they used their call bell to summon assistance, staff responded in a timely manner. Comments included "the staff are great. If I need help, the staff are there" and "they check us regularly throughout the day and at night. I can't fault anything at all."

We found that patients had access to a range of health care professionals as part of their assessed need and treatment. We observed patients being visited by physiotherapists, speech and language therapists, doctors and consultants. One patient told us that the
hospital had arranged for specialised social care support and support from mental health services. They said "they have been great and they are making sure I have all the support I need before I am discharged."

Protected mealtimes had been introduced throughout the inpatient areas of the hospital. This meant that people were not disturbed during mealtimes. Staff that we asked about this said that they thought that people were able to eat in an unhurried manner. It also ensured that nursing staff were available throughout the meal time to assist those who may require physical support or prompting.

Staff observed and spoken with, demonstrated a good knowledge of the needs and preferences of the people who used the service.

Patients spoken with confirmed that they felt safe and well cared for. No concerns were raised with us during our inspection and patients told us that they would feel confident in raising concerns if they had any.

Patients were very positive about the staff in all of the areas we visited. Some of the comments made included "all the staff are angels. They are there when you need them and they all know what they are doing", "the skills of the staff are incredible and they don't seem phased by anything" and "the staff are very caring. They listen to you and explain things really clearly."

In all of the areas of the hospital we visited, staff morale was noted to be very good. Staff told us that they enjoyed working at the hospital. Some comments made included "I have worked here for many years and I wouldn't want to work in any other hospital" and "I feel that we all do a great job here and patients receive a very good standard of care."

All staff spoken with told us that staffing levels were sufficient to meet the needs of the patients they were caring for. They also confirmed that additional staff were made available where required. Comments included "the ward is very busy but we always ensure that patients get the care they need" and "I believe that patients here get good care. I would certainly say if I had any concerns."

What we found about the standards we reviewed and how well Musgrove Park Hospital was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Patients were supported to make decisions about the care and support they received. Patients were treated with respect and their right to privacy was upheld.

The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Patients experienced care, treatment and support that met their needs and protected their rights.
The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Patients felt safe and staff knew how to recognise and report any suspicions of abuse. The service had procedures in place which ensured that patients were protected from the risk of harm or abuse and that their rights are protected.

The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

There were enough qualified, skilled and experienced staff to meet patients needs.

The provider was meeting this standard.

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

There were procedures in place which ensured the on-going monitoring and improvement of the quality of the service provided.

The provider was meeting this standard.

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

Patients were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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 01: Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
During our inspection we spoke with patients in all of the areas we visited. All confirmed that they were treated with respect by staff employed by the Trust. Some comments included "I have found all of the staff to be kind and courteous" and "I have never felt uncomfortable or embarrassed when I am examined."

We saw that staff ensured curtains were closed around patients' bed area when they required assistance or examination. Discussions with patients were carried out in a sensitive manner which ensured that other patients could not overhear conversations. We saw that patients in outpatient departments were seen in private consulting rooms and that they were seen promptly. Any delays in waiting times had been clearly displayed for patients.

Patients spoken with told us that they felt well informed and that they were kept updated about their care and treatment. We saw that they had been provided with information about the hospital, ward and the services available. Patients also told us that they had been involved in discussions about any planned treatment. Comments included "I always know what is going on," "The nurses explain things when they are writing in the care notes" and "I'm always comfortable to ask questions."
During our time at the hospital we observed that staff spent time explaining what was happening to the people they were assisting.

The hospital had systems in place which ensured that patients with communication difficulties had access to the information needed to enable them to make an informed decision about their care and treatment. These included specialist practitioners in dementia care and care of people with a learning disability.

The consultant spoken with in the accident and emergency department explained the procedures in place which enabled effective communication with patients where their first language was not English.

Everyone said that staff were polite and respectful. We also saw thank you cards from people who had stayed at the hospital thanking the staff for their kindness and thoughtfulness.

We were told that staff asked people how they would like to be addressed and that this was respected.

On the children’s wards, we saw that all staff communicated directly with the child. This showed that children were fully informed and involved in their care and treatment. We also found that ‘play specialists’ were available to help reduce any anxieties a child might have. An example of this included showing the child photographs of the anaesthetic room and information about the different types of anaesthetic. The play specialist also escorted the child to theatre and were there when the child was ready to return to the ward.

Other evidence
We saw that there were information leaflets around the hospital to ensure that patients had adequate information to enable them to make choices about the services offered.

Waiting times in accident and emergency were clearly displayed. In outpatients departments we saw that people were kept informed when clinics were running late.

The Director of Nursing and Governance for the hospital explained how patients were informed of any changes which may affect them. An example of this included an invitation to the ‘patient association’ to speak with patients about the implementation of a new patient monitoring tool.

We were also informed that each month, members of the senior management team visited wards and outpatient departments to speak with patients about their experiences. Topics covered included whether patients felt involved in their care and whether they were treated with respect by staff. Findings had been fed back at ward and board level.

Although no concerns were raised with us during our inspection, the provider may like to note that the arrangements for patients who had to change into gowns in the main xray department (MRI scanning) may compromise their dignity. We saw that after changing into a hospital gown, patients had to walk a short distance down the corridor and then through the main waiting area.
**Our judgement**
Patients were supported to make decisions about the care and support they received. Patients were treated with respect and their right to privacy was upheld.

The provider was meeting this standard.
Outcome 04:
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement
The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
In all of the areas we visited during our inspection, patients confirmed that they were very happy with the care and treatment they received at the hospital.

One patient said "my condition is quite unusual and the doctor has taken time to learn more about it to make sure I get good treatment and am comfortable." Another patient told us "I'm very pleased with everything."

Patients on the maternity wards were very positive about the care and support they received. Comments included "the staff have been fantastic and kept me calm throughout" and "the care that my baby and I have received has been excellent."

Patients confirmed that staff responded promptly for any requests for assistance. They told us that when they used their call bell to summon assistance, staff responded in a timely manner. Comments included "the staff are great. If I need help, the staff are there" and "they check us regularly throughout the day and at night. I can't fault anything at all."

We found that patients had access to a range of health care professionals as part of their assessed need and treatment. We observed patients being visited by physiotherapists, speech and language therapists, doctors and consultants. One patient told us that the hospital had arranged for specialised social care support and support from mental health services. They said "they have been great and they are making sure I have all the support I need before I am discharged."
Protected mealtimes had been introduced throughout the inpatient areas of the hospital. This meant that people were not disturbed during mealtimes. Staff that we asked about this said that they thought that people were able to eat in an unhurried manner. It also ensured that nursing staff were available throughout the meal time to assist those who may require physical support or prompting.

Staff observed and spoken with, demonstrated a good knowledge of the needs and preferences of the people who used the service.

**Other evidence**

Patient care records contained risk assessments which included moving and handling, nutrition and pressure area care. We saw that care plans had been developed to manage any concerns or risks which had been identified. We saw that where required, patients had been provided with specialised equipment to meet their assessed needs. This included pressure relieving equipment and mobility aids.

Patient records on the maternity unit were made up of three booklets. The first contained information about the pregnancy and details about the patient's preferences for birth. This remained with the expectant mother throughout her pregnancy and provided maternity staff with clear information about the patient and their preferences. The second detailed information about the labour and birth. The third booklet related to postnatal notes and care. This remained with the patient on discharge and provided professionals providing postnatal care clear information about the well being of the patient, the birth and the baby.

A falls package had been introduced on some wards to reduce the number of falls and minimise injuries caused. The falls package meant that more comprehensive assessments of patients were being carried out and action had been taken which ensured that those assessed as being at high risk were more closely monitored. Staff said that the new initiative had made "a huge difference" to patients staying on the wards.

The hospital had also introduced a patient monitoring tool, 'intentional rounding', which ensured that every patient was seen and checked every two hours as a minimum. This meant that patients had regular one to one contact with a member of staff. Apart from their general well being, staff would check patients for skin integrity, pain, nutrition, hydration, continence and falls. We noticed that nurse call bells were not constantly ringing. Staff told us that the intentional rounding checks had reduced the patients need to use their call bells.

The hospital was working to ensure that the service was appropriate for patients who had a dementia. Some environmental changes had been made to wards and further changes were planned. Dementia champions had been appointed who received additional training in this area and were able to share their specialist knowledge with other staff.

The accident and emergency department had separate waiting and play facilities for children which helped to reduce distress and anxiety whilst they waited for treatment. We were informed that a separate treatment room was also available but this was not routinely used due to staffing constraints. We spoke with a consultant who told us that this did not affect the care that children received.
The hospital also had facilities to support relatives. These included sleeping and refreshment facilities for parents on the children's wards and private areas for discussions with relatives in other areas.

As previously mentioned in this report, patients told us that they had been fully informed and involved in their plan of care and treatment.

**Our judgement**

Patients experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.
Outcome 07: Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

<table>
<thead>
<tr>
<th>Our judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider is compliant with Outcome 07: Safeguarding people who use services from abuse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our findings</th>
</tr>
</thead>
</table>
| **What people who use the service experienced and told us**
Patients spoken with confirmed that they felt safe and well cared for. No concerns were raised with us during our inspection and patients told us that they would feel confident in raising concerns if they had any.

In all of the areas we visited, we observed staff interactions with patients to be kind and respectful. Patients appeared relaxed and comfortable in the presence of staff.

**Other evidence**
The hospital had policies and procedures for recognising and reporting abuse and whistle blowing for staff. On each ward and department we visited all staff spoken with had a very good understanding of safeguarding procedures relating to adults and children and all were aware of the name of the hospital's safeguarding lead contact. Named safeguarding leads were also available for each department.

We were able to speak with the safeguarding lead for the hospital. They confirmed that they visited the accident and emergency department each day to check any safeguarding concerns had been appropriately responded to especially with regard to children. We saw that robust systems were in place to ensure that children were protected where concerns had been highlighted.

Staff spoken with confirmed that they had received training in safeguarding procedures. They were aware of issues of abuse and knew how to report any worries or concerns. All said they felt confident that any reports would be fully investigated to ensure that
people were protected.

The safeguarding lead provided examples of where they had liaised with the local authority safeguarding team which ensured that all concerns were appropriately investigated and responded to.

Staff spoken with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. We were informed that there were currently no patients who were subject to any orders which restricted their liberties. Staff spoken with were very clear on the procedures to follow where there were concerns around a patient's capacity to give consent to, or refuse treatment. This meant that staff knew about the arrangements for protecting people’s human rights.

Some wards/departments were locked to safeguard patients. This meant that visitors could only gain access when they were let in by staff. These included the children’s wards and the maternity unit. Information regarding this had been clearly stated in patient leaflets and we also found notices for visitors outside of the units. During our visit we observed staff checking the identity of visitors before they were let in.

We noticed that the visitors' toilet on the maternity ward was situated before the locked door to the unit. This meant that the visitor would have to ring to re-enter the unit each time they used these facilities.

**Our judgement**
Patients felt safe and staff knew how to recognise and report any suspicions of abuse. The service had procedures in place which ensured that patients were protected from the risk of harm or abuse and that their rights are protected.

The provider was meeting this standard.
Outcome 14: 
Supporting workers

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement
The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
Patients were very positive about the staff in all of the areas we visited. Some of the comments made included "all the staff are angels. They are there when you need them and they all know what they are doing", "the skills of the staff are incredible and they don't seem phased by anything" and "the staff are very caring. They listen to you and explain things really clearly."

In all of the areas of the hospital we visited, staff morale was noted to be very good. Staff told us that they enjoyed working at the hospital. Some comments made included "I have worked here for many years and I wouldn't want to work in any other hospital" and "I feel that we all do a great job here and patients receive a very good standard of care."

All staff spoken with told us that staffing levels were sufficient to meet the needs of the patients they were caring for. They also confirmed that additional staff were made available where required. Comments included "the ward is very busy but we always ensure that patients get the care they need" and "I believe that patients here get good care. I would certainly say if I had any concerns."

Other evidence
Staff told us that they felt well supported, especially at ward and department level. All confirmed that they had received regular one to one supervisions and appraisals with senior staff. Staff told us that they could discuss any training requirements or requests during their supervision sessions or at any other time.
Staff said that they thought that their views were listened to. For example when one team had identified the need for additional staff this had been taken forward to senior managers and had been agreed.

On the wards which had implemented the ‘falls bundle’, previously mentioned in this report, staff told us that additional staff had been made available where patients had been assessed as being at high risk of falls. They said that the number of patient falls had reduced significantly as a result.

Staff spoken with were very positive about the training opportunities available to them. All confirmed that they had received mandatory training along with specialised training appropriate to their role. Staff spoken with confirmed that they were never asked to undertake a task for which they had not received training.

We were informed by senior management and by staff at ward level that staff had been supported and trained to take lead roles in topics such as dementia care, infection control, dignity and respect, nutrition and tissue viability. This meant that appropriately trained staff could promote best practice for patients and provide additional training for other staff.

Our judgement
There were enough qualified, skilled and experienced staff to meet patients needs.

The provider was meeting this standard.
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 saw that a range of information had been made readily available to patients. This included brochures about the services provided, information about how to make a complaint and how to contact the services of an advocate.

There were feedback cards available asking 'What was the best part of your visit?' and 'What one thing would you like us to improve?'

Other evidence
During our inspection we spoke with the Director of Nursing and Governance, the person responsible for compliance management and the lead for patient experience and complaints. We also spoke with the Head of Midwifery and Children's Services. Each explained how regular internal audits monitored and improved the quality of the service provided.

Regular quality monitoring audits included incident reporting, falls, infection control, pressure area care and nutrition. We looked at a selection of completed records which identified areas of good practice as well as highlighting areas for improvement. We saw that any actions required had been identified and implemented. An example of this had been the implementation of a 'falls bundle' on a ward where there had been a high number of falls. This had resulted in a significant reduction in the number of falls and was in the process of being rolled out to other wards.

We looked at a governance report for the maternity services which showed that
systems were in place to monitor any incidents which occurred. We saw that actions taken at the time and actions to reduce reoccurrence had been implemented.

The hospital had also implemented a 'Topic Assessment Record' which linked to the Commission's Essential Standards of Quality and Safety. We were informed that each quarter a particular topic would be mapped against the Essential Standards to monitor compliance with our regulations and to measure the quality of the service provided. We looked at an assessment completed in March 2012 which focused on nutrition. This showed that the hospital had also considered national guidance such as the National Institute for Health and Clinical Excellence (NICE) and patient feedback. We saw that areas for improvement had been identified and actions implemented.

The Director of Nursing and Governance told us that each month a member of the hospital's executive team along with a member of the governance team visited a selection of wards and departments. This allowed the team to get first hand feedback from patients and staff and also enabled them to monitor the quality of the service provided. We were informed that the visits also enabled them to follow up on any areas which had been identified for improvement and to feedback on examples of good practice.

The head of complaints and patient experience explained that they reviewed each complaint received which ensured that all were appropriately responded to. They explained that there were systems in place which would identify any trends in the topics raised. This meant that any actions required could be implemented in a timely manner with the aim of reducing further complaints and improving the experience for patients who used the service.

Inpatients and outpatients were provided with surveys to seek their views on the quality of the service they received. We were informed that surveys were analysed on a monthly basis and that findings were discussed at board level where any required actions would be agreed.

In addition to patient surveys, hospital volunteers visited all departments on a monthly basis to meet with patients and seek their views on all aspects of their care and inpatient experience. We were informed that the views of over 400 patients were captured in the last quarter. Report findings had been fed back to ward and board level where points had been considered for action.

We were informed that as part of a national programme, 'Listening in Action', 400 staff met with the chief executive of the hospital over a two day period. This provided staff with an opportunity to express their views on a range of topics. We were informed that as a result various projects were being implemented based on what staff had said. These included projects to improve leadership, equipment and administration time.

**Our judgement**

There were procedures in place which ensured the on-going monitoring and improvement of the quality of the service provided.

The provider was meeting this standard.
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 to patients about this outcome.

Other evidence
In March 2012 as part of a national programme, we carried out an inspection which looked at the regulated activity of termination of pregnancies. At that inspection we found that the provider had failed to ensure that patients were protected against the risks of unsafe or inappropriate care or treatment.

We found that there was a lack of proper information about patients 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 found that one doctor had pre-signed a blank HSA1 form and that this had been photocopied. At that time we were informed that all patients at the Pregnancy Advisory Clinic had pre-signed forms and that the second signature was provided by the doctor who had seen and assessed the patient. This practice was in breach of the Abortion Act 1967.

Immediately following that inspection, the Trust suspended the regulated activity of termination of pregnancy whist a full investigation was carried out. The provider submitted a plan to the Commission detailing the action they had taken to ensure compliance. This included the removal and destruction of all pre-signed HSA1 forms and ensuring the availability of a second doctor in the Pregnancy Advisory Clinic.
During this inspection we spoke with staff and looked at the records of seven patients which included two patients which had been seen in clinic that morning. We found that appropriate procedures had been followed.

Each patient file contained an HSA1 form which showed that the assessment of the patient had been considered by two doctors at the time the patient had been seen in the Pregnancy Advisory Clinic. Forms had been signed and dated by both doctors. The provider may find it useful to note that the doctors had not always confirmed whether they had or had not examined the patient.

Staff spoken with confirmed that a second doctor was now available for all Pregnancy Advisory Clinics. They also confirmed that all pre-signed forms had been destroyed. We found no evidence of any pre-signed forms when we looked at blank supplies of forms kept on the ward.

In all of the departments we visited, we found information pertaining to patients to be securely stored. This ensured that confidentiality was not compromised.

**Our judgement**
Patients were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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.