

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Arrowe Park Hospital

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We followed up on our inspection of 23 January 2013 to check that action had been taken to meet the following standard(s). We have not revisited Arrowe Park Hospital as part of this review because Arrowe Park Hospital were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

Records

✓ Met this standard

Details about this location

Registered Provider	Wirral University Teaching Hospital NHS Foundation Trust
Overview of the service	Arrowe Park Hospital is situated in the Upton area of Birkenhead, on the Wirral peninsula. It is one location of Wirral University Teaching Hospitals NHS Foundation Trust and is one of the biggest and busiest acute trusts in the North West, serving patients across the Wirral peninsula and surrounding areas. They provide a full range of 'acute' health services for adults and children, an Accident & Emergency (A&E) unit, a Maternity Unit and a Walk-In Centre.
Type of services	Acute services with overnight beds Community healthcare service Diagnostic and/or screening service Hospice services Long term conditions services Rehabilitation services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Maternity and midwifery services Nursing care Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'

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Summary of this follow up review

Why we carried out this review

We carried out an inspection on 23 January 2013 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited Arrowe Park Hospital as part of this review because Arrowe Park Hospital were able to demonstrate that they were meeting the standards without the need for a visit.

How we carried out this review

We reviewed information given to us by the provider.

We have not revisited Arrowe Park Hospital as part of this review.

What we found about the standards we followed up

We followed up the area of non compliance identified in a previous inspection. We reviewed evidence that demonstrated the provider's compliance in this area. Audit information demonstrated improvements in compliance against record keeping standards. Initiatives had been implemented to raise awareness of good record keeping and adherence to the record keeping standards.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard reviewed

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At the last inspection, the provider was found to be non compliant for this standard. This was because we found that people were not adequately protected from the risks of unsafe or inappropriate care and treatment due to inadequate care records. The provider submitted an action plan that told us how they would meet the regulation by the end of April 2013.

The provider submitted evidence which demonstrated they now met the regulation for outcome 21. We reviewed clinical record keeping audit information for the trust. This information demonstrated progress had been made towards achieving the record keeping standard across all departments of the trust. We examined the audit report for the Women and Children's department (this department was not meeting the standard at the last inspection); this demonstrated that from March to April this year improvements had been made against the criteria for the record keeping standard.

We found at the last inspection, on the maternity unit, staff signatures, designation and dates were not always completed in line with the trust's policies and procedures. We found gaps in the completion of the comfort check charts, assessments such as skin integrity and moving and handling and within record keeping in general. The audit information we looked at demonstrated that there had been improvements in the completion of signatures, job title and dates. The provider may find it useful to note however that assessment and completion of comfort check records remained poor.

At the previous inspection we found that some records were stored on an electronic system. This included a number of key risk assessments. We found, and staff commented, that using this electronic system could sometimes prove challenging due to a lack of computer availability and skills in using the technology. Staff thought this had contributed to poor record keeping. We were told that ongoing identification of IT training needs occurred through the individual review and appraisal process and subsequent arrangements were made to address training needs. This would help to ensure staff could use the electronic based records more effectively.

Evidence submitted demonstrated that since March 2013, audits had been conducted that

looked at compliance against the health record keeping standards of consultants and healthcare professionals. Individual feedback on compliance with the standard was given and plans were in place to implement record keeping standards as part of the appraisal and revalidation process. Within the maternity unit spot checks on record keeping standards were made. We saw an example of communication from managers to individuals who were identified as persistently non compliant with the standards. These along with other initiatives (such as record keeping posters, briefing sessions and education sessions from the chief executive and educational supervisors) were implemented to help raise individual awareness and promote compliance with the record keeping standards. We saw evidence that demonstrated senior clinical staff had attended a seminar at which good record keeping was promoted and we saw evidence of individual feedback to clinicians regarding their record keeping audit results.

Evidence reviewed provided assurance that the provider was meeting this standard and that people were protected from the risk of unsafe or inappropriate care arising from a lack of proper information about them by means of the maintenance of an accurate medical record.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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