

Review of compliance

Wirral University Teaching Hospital NHS Foundation
Trust
Arrowe Park Hospital

Region:	North West
Location address:	Arrowe Park Hospital Arrowe Park Road, Upton Wirral Merseyside CH49 5PE
Type of service:	Acute services with overnight beds Hospice services Rehabilitation services Long term conditions services Community healthcare service Diagnostic and/or screening service
Date of Publication:	January 2012
Overview of the service:	Arrowe Park Hospital is a large acute

	<p>hospital situated in the Upton area of Birkenhead, on the Wirral. It is one location of Wirral Universities Teaching Hospitals NHS Foundation Trust and is one of the biggest and busiest acute trusts in the North West, serving a population of 400,000 across Wirral, Ellesmere Port and Neston.</p> <p>At the last inspection we found concerns with seven out of 16 essential standards. The trust implemented an action plan to address these concerns.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Arrowe Park Hospital was not meeting one or more essential standards. Improvements are needed.

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 Arrowe Park Hospital had made improvements in relation to:

Outcome 02 - Consent to care and treatment
Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 09 - Management of medicines
Outcome 11 - Safety, availability and suitability of equipment
Outcome 13 - Staffing
Outcome 14 - Supporting staff
Outcome 21 - Records

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 speak to people who use the service at this review. We did review information from people in the form of surveys.

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

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

We found the provider has systems in place to ensure consent is obtained from people who use services in an appropriate manner and by appropriately trained and qualified staff.

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

Overall we found people who use the service generally receive safe and appropriate care. However some people may be at risk as individual assessments are not always carried out in a consistent and timely manner across all areas.

Outcome 05: Food and drink should meet people's individual dietary needs

Overall we found people who use the service are generally supported to have adequate nutrition and hydration. However some people may be at risk as individual nutritional assessments are not always carried out in a consistent and timely manner across all areas.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

We found concerns for this essential standard. People may be at risk from unsafe management of medicines storage, safety and integrity.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Overall we found that people who use services are not at risk from unsafe, inappropriately used and managed equipment.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

We found that people who use services are safe and have their needs met by suitable numbers of knowledgeable, experienced and qualified staff.

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

Overall we found that people who use services receive care from appropriately trained, supported, supervised and appraised staff.

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

Overall we found records are held securely, fit for purpose and are confidential. However some records are not always accurate and assessments are not always carried out in a consistent and timely manner across all areas.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take

enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We did not seek the views of people who use the service for this review.

Other evidence

Current information that we hold did not raise any concerns for this outcome as there was insufficient data to assess.

At the last review (September 2010) we found concerns with this standard. A compliance action was imposed in order to ensure consent is taken by appropriately trained staff as the consent register was out of date.

The trust submitted evidence in the form of regular update action plans since the last review. In May 2011 the trust declared the action plan for this essential standard to be fully implemented. We were told consent training was mandatory, different levels of training was undertaken by different role specific staff and this was recorded on a database. Departments were required to list any members who took delegated consent and evidence was sought as to training they had received. We were told the process was audited as part of the consent audit

At this review we asked the trust for further evidence to support compliance.

The trust submitted audit information and consent training needs analysis. Regular internal audit of the consent to treatment policy was undertaken. The most recent audit in May 2011 demonstrated 100% compliance with the requirement to document the risks and benefits of treatment and for consent forms to be signed by clinician and

patient. However the audit did identify cases where delegated consent had been taken by specialist nurses that were not appropriately trained to take consent for that specific procedure. These were then given appropriate training. An action plan was implemented following this audit and we saw evidence of a training needs analysis for delegated consent that was undertaken in June 2011. This identified staff who had completed and those who required the appropriate training. We were told that recent new consent audit data was indicating full compliance with consent training.

Our judgement

We found the provider has systems in place to ensure consent is obtained from people who use services in an appropriate manner and by appropriately trained and qualified staff.

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

We did not seek the views of people who use the service for this review.

Other evidence

Information that we hold showed some concerns regarding standardised hospital mortality rates for some categories. Hospital mortality rates can be used as an indicator by hospitals to help them better understand trends associated with patient deaths. They compare the observed number of deaths that actually occurred at a hospital with a statistical estimate of the number of deaths that might have been expected, based upon national average death rates and the particular characteristics of the patients treated in each hospital. For this location we identified two outliers against the expected rates in the categories for:

Emergency admissions recorded with the category of complex elderly with respiratory system primary diagnosis (coded as HRG D99).

Emergency readmissions within 28 days of discharge following emergency admission for appendectomy (coded as HRG F82).

The trust was asked to investigate and implement action plans where appropriate for these issues. Submitted evidence demonstrated audits of clinical practice as a result of the alerts. Key learning points, actions developed from the results and a draft protocol for referring surgical patients for a medical opinion were seen. Further actions including implementation of new policies and procedures were seen underway in the action plans.

At the last review (September 2010) we found concerns with this standard. Compliance

actions were imposed. The actions required were:

People who use services need to be able to access appropriate counselling support from appropriately trained staff with respect to termination of pregnancy.

People who use services have their needs appropriately, fully assessed, documented and reviewed including identifying risks and how these will be managed.

An action plan was submitted.

The trust submitted evidence in the form of regular update action plans since the last review. In May 2011 the trust declared the action plan for this essential standard to be fully implemented.

We were told that the termination of pregnancy service was subjected to a rapid process improvement workshop in 2010. People referred to the trust were seen by a doctor or a nurse where discussions take place. We were told there was a 24-hour helpline for advice and support with specific, more in depth counselling being available through the person's G.P.

We were told that compliance with the requirements for nutritional screening and pressure ulcer assessments was included within nursing audits. This was undertaken monthly on every ward. We were told and saw evidence of a new pressure ulcer assessment system that had been implemented. We saw evidence in the form of audit reports, action plans and data that demonstrated an increase in compliance had occurred with standards for pressure ulcer assessment and nutritional assessment. Specific action plans were in place for poorer performing wards. Increase in compliance was demonstrated; however some wards were noted to be poor performers and had not consistently achieved high compliance rates for nutritional screening assessment and pressure ulcer assessment records.

Our judgement

Overall we found people who use the service generally receive safe and appropriate care.

However some people may be at risk as individual assessments are not always carried out in a consistent and timely manner across all areas.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

We did not speak to people who use the service for this review.

Other evidence

Information that we hold identified a data item that was rated as 'much worse than expected' relating to the proportion of respondents to the adult inpatient survey who stated that they were not offered a choice of food. There was one data item rated as 'tending towards worse than expected' relating to the proportion of respondents to the adult inpatient survey who stated that they did not get enough help from staff to eat their meals.

At the last review (September 2010) we found concerns with this standard. Compliance actions were imposed in order to ensure:

People who use services are supported to have adequate nutrition and hydration.

Systems are in place to ensure people who use services have their nutritional needs fully assessed, documented and reviewed.

An action plan was submitted.

The trust submitted evidence in the form of regular update action plans. In May 2011 the trust declared the action plan for this essential standard to be fully implemented. We were told the Malnutrition Universal Screening Tool (MUST) had been implemented across the trust accompanied by a full training program to raise awareness of the MUST tool with more specific training packages for specific staff roles. We were told that compliance with the MUST tool was monitored. Further submitted evidence in the form of audit data demonstrated compliance for the completion and recording of the nutritional assessment had increased across the hospital. Audit data for September 2011 showed overall 72.1% compliance with the MUST tool across the hospital,

however there were some poor performing individual wards identified. These had action plans in place to improve compliance.

Our judgement

Overall we found people who use the service are generally supported to have adequate nutrition and hydration.

However some people may be at risk as individual nutritional assessments are not always carried out in a consistent and timely manner across all areas.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We did not seek the views of people who use the service for this review.

Other evidence

Current information that we hold did not raise any concerns for this outcome. At the last review (September 2010) we found concerns with this standard. A compliance action was imposed in order to ensure:

People who use services are given appropriate person centred medication by ensuring medicines management is undertaken in a safe manner specifically in relation to storage and competency of staff.

An action plan was submitted.

The trust submitted evidence in the form of regular update action plans. In August 2011 the trust declared the action plan for this essential standard to be fully met.

We were told the policies and procedures were in place that allowed the trust to apply for the Wholesaler Dealer's Licence. The licence was granted in November 2011.

An audit of compliance with national storage requirements for medicines was undertaken in July 2011. We were told at this stage compliance had improved including new controlled drug cupboards and storage shelves installed, spot checks for medicine fridges and medication left unattended.

However this audit highlighted a number of areas for concern regarding the safe storage of medicines throughout the trust. These included: product integrity, safe custody issues, separation of category of medication and intravenous fluid storage.

Action plans were developed and seen in place to continue improvements and reduce

the risk to patients especially in the areas of medicines security, safety and product integrity.

Our judgement

We found concerns for this essential standard.

People may be at risk from unsafe management of medicines storage, safety and integrity.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

We did not seek the views of people who use the service for this review.

Other evidence

Current information that we hold did not raise any concerns for this outcome. At the last review (September 2010) we found concerns with this standard. A compliance action was imposed in order to ensure:

People who use services are protected from harm and benefit from equipment that is operated and monitored by appropriately trained staff.

An action plan was submitted.

The trust submitted evidence in the form of regular update action plans. In August 2011 the trust declared the action plan for this essential standard to be fully met.

We were told a new robust monitoring process was now in place to ensure effective monitoring and evaluation of medical devices training. We saw reports that demonstrated the new monitoring system in place. This detailed recording and monitoring of medical devices and equipment training and competency for staff across the varying wards / departments of the hospital.

We received concerning information regarding trusts premises 'The Mums and Midwives Shop' located in Birkenhead shopping centre. The trust were notified, visited and investigated the concerns. Action plans were implemented to improve the facilities and premises. We saw reports and were told that all actions were now complete.

Our judgement

Overall we found that people who use services are not at risk from unsafe, inappropriately used and managed equipment.

Outcome 13: Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We did not seek the views of people who use the service for this review.

Other evidence

Current information that we hold did not raise any concerns for this outcome.

At the last review this review (September 2010) we found concerns with this standard in respect of imposed new shift pattern changes causing concern and stress for some staff including concern around safe staffing levels.

We asked the trust for further evidence to support compliance. We looked at a report outlining the changes which had been made to shift patterns and the impact on sickness absence, work related stress, incident reporting and complaints. The report demonstrated that the effect of the change had been evaluated and had not impacted negatively on the welfare of patients and staff.

Our judgement

We found that people who use services are safe and have their needs met by suitable numbers of knowledgeable, experienced and qualified staff.

Outcome 14: Supporting staff

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 staff

Our findings

What people who use the service experienced and told us

We did not seek the views of people who use the service for this review.

Other evidence

Information that we hold identified data items that were 'much worse than expected' or 'tending towards worse than expected' relating to CQC's staff survey these included: staff receiving job-relevant training, learning or development in last 12 months, staff appraised in last 12 months and staff appraised with personal development plans in last 12 months.

At the last review (September 2010) we found concerns with this standard. A compliance action was imposed in order to ensure:

People who use services are safe and have their care delivered by appropriately trained, supervised and appraised staff.

An action plan was submitted.

The trust submitted evidence in the form of regular update action plans. In May 2011 the trust declared the action plan for this essential standard to be fully implemented.

We were told that improvements had taken place with the appraisal system and improvements with compliance had been noted, however continued improvements were needed to ensure full compliance each year with appraisal.

The systems had been simplified, training had been provided and more stringent auditing had occurred.

Further information we received from the trust detailed the mandatory training and individual review report November 2011. This demonstrated individual review / appraisal compliance had improved significantly this quarter with compliance being achieved for the first time since monitoring commenced. Compliance was seen to be

above the key performance indicator target of 85% having increased from 56.78% at the end of quarter 1 to 85.1% at the end of quarter 2.

Information that we hold showed some concerns regarding standardised hospitality mortality rates for some categories. Hospital mortality rates can be used as an indicator by hospitals to help them better understand trends associated with patient deaths. They compare the observed number of deaths that actually occurred at a hospital with a statistical estimate of the number of deaths that might have been expected, based upon national average death rates and the particular characteristics of the patients treated in each hospital. For this location we identified an outlier against the expected rates in the category for:

Emergency readmissions within 28 days of discharge following emergency admission for appendectomy (coded as HRG F82).

The trust was asked to investigate and implement action plans where appropriate for this issue. Analysis of the investigation and outcomes suggested concern with many appendectomies having been performed by unsupervised surgical registrars. Actions were implemented.

Submitted evidence demonstrated audits of clinical practice as a result of the alerts. Key learning points, actions developed and a draft protocol for referring surgical patients for a medical opinion were seen. Further actions including implementation of new policies and procedures were seen underway in the action plans. We saw evidence of dissemination of information and actions to be taken in relation to supervision of trainees.

Our judgement

Overall we found that people who use services receive care from appropriately trained, supported, supervised and appraised staff.

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 seek the views of people who use the service for this review.

Other evidence

Current information that we hold did not raise any major concerns for this outcome. At the last review (September 2010) we found concerns with this standard. A compliance action was imposed in order to ensure personal and other records are accurate, fit for purpose, and managed appropriately. This was in relation to records stored for inappropriate periods, risk assessments and care records not completed accurately

An action plan was submitted.

The trust submitted evidence in the form of regular update action plans

In August 2011 the trust declared the action plan for this essential standard to be met.

A new destruction of medical records policy and procedures was in place with destruction / culling of the outstanding records having commenced in June 2011. An email was submitted as evidence demonstrating that this process had commenced.

Further evidence submitted told us compliance with the requirements for nutritional screening and pressure ulcer assessment records were included within nursing audits.

This was undertaken monthly on every ward. We were told and saw evidence of a new pressure ulcer assessment system that had been implemented. We saw evidence in the form of audit reports, action plans and data that demonstrated an increase in compliance had occurred with standards for pressure ulcer assessment and nutritional

assessment records. Specific action plans were in place for poorer performing wards. Increase in compliance was demonstrated by monthly audit reports; however some wards were noted to be poor performers and had not consistently achieved compliance rates for nutritional screening assessment and pressure ulcer assessment records.

Our judgement

Overall we found records are held securely, fit for purpose and are confidential. However some records are not always accurate and assessments are not always carried out in a consistent and timely manner across all areas.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>Overall we found people who use the service generally receive safe and appropriate care. However some people may be at risk as individual assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Maternity and midwifery services	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>Overall we found people who use the service generally receive safe and appropriate care. However some people may be at risk as individual assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Nursing care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>Overall we found people who use the service generally receive safe and appropriate care. However some people may be at risk as individual assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Surgical procedures	Regulation 9 HSCA	Outcome 04: Care and

	2008 (Regulated Activities) Regulations 2010	welfare of people who use services
	<p>Why we have concerns:</p> <p>Overall we found people who use the service generally receive safe and appropriate care. However some people may be at risk as individual assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>Overall we found people who use the service generally receive safe and appropriate care. However some people may be at risk as individual assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Maternity and midwifery services	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>Why we have concerns:</p> <p>Overall we found people who use the service are generally supported to have adequate nutrition and hydration. However some people may be at risk as individual nutritional assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Nursing care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>Why we have concerns:</p> <p>Overall we found people who use the service are generally supported to have adequate nutrition and hydration. However some people may be at risk as individual nutritional assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Surgical procedures	Regulation 14 HSCA	Outcome 05: Meeting

	2008 (Regulated Activities) Regulations 2010	nutritional needs
	<p>Why we have concerns:</p> <p>Overall we found people who use the service are generally supported to have adequate nutrition and hydration.</p> <p>However some people may be at risk as individual nutritional assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>Why we have concerns:</p> <p>Overall we found people who use the service are generally supported to have adequate nutrition and hydration.</p> <p>However some people may be at risk as individual nutritional assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>Why we have concerns:</p> <p>Overall we found records are held securely, fit for purpose and are confidential.</p> <p>However some records are not always accurate and assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Maternity and midwifery services	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>Why we have concerns:</p> <p>Overall we found records are held securely, fit for purpose and are confidential.</p> <p>However some records are not always accurate and assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Nursing care	Regulation 20 HSCA 2008 (Regulated	Outcome 21: Records

	Activities) Regulations 2010	
	<p>Why we have concerns: Overall we found records are held securely, fit for purpose and are confidential. However some records are not always accurate and assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Surgical procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>Why we have concerns: Overall we found records are held securely, fit for purpose and are confidential. However some records are not always accurate and assessments are not always carried out in a consistent and timely manner across all areas.</p>	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>Why we have concerns: Overall we found records are held securely, fit for purpose and are confidential. However some records are not always accurate and assessments are not always carried out in a consistent and timely manner across all areas.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: We found concerns for this essential standard. People may be at risk from unsafe management of medicines storage, safety and integrity.</p>	
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: We found concerns for this essential standard. People may be at risk from unsafe management of medicines storage, safety and integrity.</p>	
Family planning	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: We found concerns for this essential standard. People may be at risk from unsafe management of medicines storage, safety and integrity.</p>	
Maternity and midwifery services	Regulation 13 HSCA 2008	Outcome 09: Management of

	(Regulated Activities) Regulations 2010	medicines
	<p>How the regulation is not being met: We found concerns for this essential standard. People may be at risk from unsafe management of medicines storage, safety and integrity.</p>	
Nursing care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: We found concerns for this essential standard. People may be at risk from unsafe management of medicines storage, safety and integrity.</p>	
Surgical procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: We found concerns for this essential standard. People may be at risk from unsafe management of medicines storage, safety and integrity.</p>	
Termination of pregnancies	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: We found concerns for this essential standard. People may be at risk from unsafe management of medicines storage, safety and integrity.</p>	
Treatment of disease, disorder or injury	Regulation 13	Outcome 09:

	HSCA 2008 (Regulated Activities) Regulations 2010	Management of medicines
<p>How the regulation is not being met: We found concerns for this essential standard. People may be at risk from unsafe management of medicines storage, safety and integrity.</p>		

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

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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