

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 Community healthcare service Diagnostic and/or screening service Hospice services Long term conditions services Rehabilitation services
Date of Publication:	September 2012
Overview of the service:	Arrowe Park Hospital is an acute NHS

	hospital that provides termination of pregnancy services.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Arrowe 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 to check whether Arrowe Park Hospital had taken action in relation to:

Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 5 September 2012, looked at records of people who use services and talked to staff.

What people told us

We did not speak to people who used this service as part of this review. We looked at a random sample of medical records. This was to check that improvements had been made and no treatment for the termination of pregnancy was commenced unless two certificated opinions from doctors had been obtained.

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

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

The provider was meeting this standard.

The registered provider met the part of the regulation which was the subject of this review in relation to the maintenance of HSA1 forms.

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

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

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

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

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

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not speak to people who used this service as part of this review. We looked at a random sample of medical records. This was to check that improvements had been made and no treatment for the termination of pregnancy was commenced unless two certificated opinions from doctors had been obtained.

Other evidence

Section 1 (1) of the Abortion Act 1967 (as amended) and the Abortion Regulations 1991 (as amended) require that two doctors provide a certificated opinion, formed in good faith, that at least one and the same ground for a termination of pregnancy as set out in the Act, is met.

These opinions have to be given in a certificated form as set out in the Regulations and must be given before the commencement of the treatment for the termination of pregnancy, except in the specified circumstances set out in the Act.

One of the ways in which the Regulations provide for doctors to certify this opinion is in an HSA1 form. If using the HSA1 form, both of the certifying doctors must complete the form as required and sign and date the certificate. The opinion of each doctor is required to relate to the circumstances of the individual person's case.

During an inspection visit on 22 March 2012, we looked at a random sample of medical

records for people who had undergone a termination of pregnancy at Arrowe Park Hospital. We found the HSA1 records each contained two doctors signatures. However records showed that in each case the second doctor's signature pre dated the first doctor's signature. We found the registered provider failed to ensure people were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of accurate and proper information about them.

The provider wrote to us and told us they had taken immediate action to ensure this practice had been discontinued and there would always be two doctors available to provide a certified opinion and sign the form appropriately.

We visited on 5 September 2012 to check improvements had been made. We looked at a sample of records from April to September 2012. Of the 21 records we looked at non of these had pre signed forms. All of them were signed by two doctors.

We looked at the investigation report, undertaken following our last inspection. This identified one cause for the pre signing to be due to lack of second doctor cover at the pregnancy counselling clinic. We saw rotas for the months following the last inspection to date which demonstrated a second doctor was allocated to cover the pregnancy counselling clinic to enable a second medical opinion and signature to be obtained on the day of assessment. We also looked at a weekly audit checklist for termination of pregnancy consent forms. These demonstrated all forms were correct with no concerns identified. The audits seen were from 26 March 2012 up to the day of inspection.

The provider may find it useful to note that the care pathways for termination of pregnancy did not record counselling or information discussed with the patient prior to assessment and treatment at the hospital. The records demonstrated discussion with the patient regarding the treatment to have taken place on the day of treatment in the majority of cases. The pathway of care for these patients did indicate referral would be taken from the patients G.P, family planning clinics or pregnancy advisory clinics and treatment was discussed at these clinics prior to assessment and treatment at the hospital.

Our judgement

The provider was meeting this standard.

The registered provider met the part of the regulation which was the subject of this review in relation to the maintenance of HSA1 forms.

What is a review of compliance?

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

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

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

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

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

Information for the reader

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