



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:	Assessment or medical treatment for person's 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
Date the review was completed:	20th March 2012
Overview of the service:	Arrowe Park Hospital is an NHS hospital that provides a range of services, including termination of pregnancy.

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

What we found overall

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

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

This review is part of a targeted inspection programme to services that provide the regulated activity of terminations of pregnancy. The focus of our visit was to assess the use of the forms that are used to certify the grounds under which a termination of pregnancy may lawfully take place

How we carried out this review

We carried out a visit on 20th March 2012. We checked the provider's records and looked at medical records relating to termination of pregnancy services provided.

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 current practice ensured that 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 registered provider failed to ensure that people were protected against the risks of unsafe or inappropriate care and treatment. There was a lack of proper information about people in so far as certificates of opinion (HSA1 forms), required as part of the management of the regulated activity of termination of pregnancy, were not properly maintained.

Action we have asked the service to take

We have asked the provider to send us a report within 28 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 the CQC has a range of enforcement powers it can use to protect the safety and welfare of people who use this service. Any regulatory decision that the CQC takes 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.

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 21:

What the outcome says

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
There were moderate concerns with Outcome 21: Records

Our findings
<p>What people who use the service experienced and told us We did not speak with people who used the service as part of this review.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>During our visit, we looked at a random sample of medical records for nineteen people who had undergone a termination of pregnancy at Arrowe Park Hospital. The records dated from 19/12/2011 to 19/03/2012. In each case, we looked at the certificate completed and the other records for that person.</p>

During our visit, we looked at a random sample of medical records for nineteen people who had undergone a termination of pregnancy at Arrowe Park Hospital. The records we looked at dated from 19th December 2011 to 19th March 2012. Contained within each person's records was a HSCA 1 form each showing two doctors signatures.

Records showed that in each case the second doctor's signature pre dated the first doctor's signature, in one case up to eighteen days prior to the patient attending the hospital for their first consultation and assessment.

Out of the nineteen HSCA 1 forms we looked at, ten of them showed the second doctor had signed the form at least seven days prior to the patient's first consultation and assessment and in each case the person commenced treatment on that day.

As noted above, a number of certificates had signatures completed in advance.

Judgement

The registered provider failed to ensure that people were protected against the risks of unsafe or inappropriate care and treatment. There was a lack of proper information about people in so far as certificates of opinion (HSA1 forms), required as part of the management of the regulated activity of termination of pregnancy, were not properly maintained.

Action we have asked the provider to take

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
Termination of pregnancy	20	Outcome 21 Records
	<p>How the regulation is not being met: The registered provider failed to ensure that people were protected against the risks of unsafe or inappropriate care and treatment. There was a lack of proper information about people in so far as certificates of opinion (HSA1 forms), required as part of the management of the regulated activity of termination of pregnancy, were not properly maintained.</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 28 days of this report being received.

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 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 Adult 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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