### Guy's and St Thomas' NHS Foundation Trust

#### St Thomas' Hospital

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<th>Region:</th>
<th>London</th>
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| Location address: | Westminster Bridge Road  
London  
SE1 7EH |
| Type of service: | Acute services with overnight beds  
Hospice services  
Rehabilitation services  
Long term conditions services  
Community healthcare service  
Diagnostic and/or screening service  
Ambulance service |
| Date of Publication: | December 2011 |
| Overview of the service: | Guy's and St Thomas' NHS Foundation Trust is a NHS hospital providing a full range of general hospital services for |
| residents of Lambeth, Southwark and Lewisham. St Thomas' Hospital is one of the trust's two main hospital sites in central London providing acute services. |
Our current overall judgement

St Thomas’ Hospital was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 20 October 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

Most people we spoke to said the staff gave them good, clear information about their treatment and care and their individual needs were taken into account. They were able to contribute fully to discussions about their choices and rights and felt that staff listened to their views and were respectful of their decisions. They were asked for their opinions and feedback about the quality of the service they received.

The majority of people felt the staff were competent and confident and cared for them appropriately. They told us that most of the time there were enough staff available when they needed them. They felt safe at the hospital and believed that staff promoted their health and welfare.

What we found about the standards we reviewed and how well St Thomas’ 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

We found that the majority of people were satisfied that their individual needs and wishes were respected and that they were involved in decisions about their care. However, we found that on occasions, people’s privacy and dignity was not always respected, people had to wait for staff to respond to their needs, and people were not always fully informed or given sufficient choice about their care, treatment and support.
Overall, we found that St Thomas' Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

Most of the time people receive safe and appropriate care and treatment. However, we found that sometimes the service is not as effective as it could be in meeting people's needs.

Overall, we found that St Thomas' Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

The hospital has processes in place to protect people using services from abuse, and to respond to abuse that does occur appropriately.

Overall, we found that St Thomas' Hospital was meeting this essential standard.

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

People who use the service are treated and cared for by well supported and trained staff.

Overall, we found that St Thomas' Hospital was meeting this essential 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**

The hospital has processes in place to ensure that the quality of care is monitored and reviewed, so that the treatment people receive is safe and effective.

Overall, we found that St Thomas' Hospital was meeting this essential standard.

**Actions 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 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 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

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What people who use the service experienced and told us
We spoke to a number of people who use the service and the majority told us that the staff gave them good, clear information about their treatment and care. They and their relatives were able to contribute fully to discussions about their choices and rights. They felt that staff listened to their views, were respectful of their decisions and promoted their privacy and dignity. One person and their partner said that the care they had received was "exceptional" and "extraordinary". They said that the many different staff they had seen during their stay "were all wonderful". Another person said that "the service had been brilliant" and the staff had kept them informed at all times.

Most people told us that their individual needs were taken into account and staff were responsive when they needed assistance. They were able to make choices about the food they ate and had enough to eat and drink. Most people were satisfied with the choice of menu but some found the food unappealing. On the Maternity Unit one person said that there was a limited choice of food because some options had been crossed off the menu. Another person said "you can't get your five a day" and that their partner had brought in food for them.

Although people we spoke to were generally positive about the information given about their treatment, some described negative experiences. In the Elderly Care Unit some...
people said they were not told what was happening about their treatment, for example as a result of blood tests or x-rays. Others said they would like to be told something about the plans for their treatment and to be given some idea as to how long they might be in hospital. On one of the general medicine wards, one person said that sometimes their nurse alarm was not responded to for up to ten minutes.

**Other evidence**

On 6 April 2011 we carried out a review of dignity and nutrition for older people at St Thomas' hospital. At that review, we found that the trust was meeting the essential standards for the majority of people using the service but improvements were needed in order for the trust to maintain compliance with outcome 1. We asked the trust to send us a report to tell us what action they were taking to maintain compliance with this outcome. We took the opportunity on our latest visit to see whether concerns identified previously still remained.

We saw evidence of people receiving personalised care and support. In most cases staff treated people with consideration and respect. If people required assistance staff responded quickly to their needs. We saw also that staff took care to ensure people's privacy and dignity. Curtains were closed around people's beds when staff were helping people with personal care or they were receiving treatment. However, on one general medicine ward we observed staff entering people's rooms on several occasions, without knocking before entering.

The staff we spoke to understood and had a clear commitment to the involvement of people who use the services and to the promotion of their individual rights, choices and independence. Staff told us how they had accommodated people's individual wishes about their treatment and care and did their best to meet people's particular needs. The interactions we observed between staff and people using the service were generally positive and supported this. On the Elderly Care Unit all staff we spoke to demonstrated genuine fondness for the people in their care, and for caring for elderly people in general.

On the wards we visited we saw good sources of information available to people about the ward and the service provided through posters and leaflets. We also saw suggestion boxes and explanatory leaflets by the doors of wards. We noted from information boards details about 'Releasing time to care', which is an ongoing project to free up nursing time. Some wards had patient information leaflets about the initiative.

We saw that people's religious needs were recorded and noted that dietary needs were considered, for example, in the provision of halal meat on the food menu.

The director of midwifery and head of nursing for gynaecology told us about an initiative called 'How can I help?' This was introduced following the results of the Care Quality Commission's Maternity Survey in 2010. One of the issues was how staff spoke to people using the service and a great deal of work had been done to address this issue. Staff were expected to offer help to anyone who looked as though they were lost or were not sure what to do. We observed this in practice.

We noted that the trust had a range of methods to collect patients' views. These included 'patient diaries' to enable people and their families and friends to write any questions, queries and concerns; the weekly monitoring of comment cards; regular
monitoring of complaints; and Patient Advice and Liaison Service (PALS) data.

The trust provided evidence which showed that the hospital was monitoring and taking action on the information gained from these methods.

**Our judgement**

We found that the majority of people were satisfied that their individual needs and wishes were respected and that they were involved in decisions about their care. However, we found that on occasions, people’s privacy and dignity was not always respected, people had to wait for staff to respond to their needs, and people were not always fully informed or given sufficient choice about their care, treatment and support.

Overall, we found that St Thomas’ Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.
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

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What people who use the service experienced and told us
Most people we spoke to said that they had the care and treatment they needed and that this was explained to them, so that they understood it. In general, they also commented very favourably about the staff who cared for them. One person said that the staff were "absolutely wonderful, very kind and supportive and responsive to my needs". People in the maternity unit told us that they always knew what was going on and that the midwife always explained what was happening during the birth. One person said that "I didn't feel as if I was left alone and when the midwife left the room for a short time they said why they were going and how long they would be".

Although the majority of people we spoke to commented positively on their experience in the hospital, some people were not fully satisfied with aspects of their care, treatment and support.

One person told us that when being moved between areas of the hospital, on a number of occasions they had been left in their wheelchair unattended for some time outside of the porters' room, waiting to be moved back to the ward. This was the case even when there were porters present in the room.

On the maternity unit some people told us that occasionally communication between shifts or between maternity and other specialties was not good. One person said that their discharge from the antenatal unit took five hours because after a change in shift the new midwife did not know what was happening about their discharge. Another said that they were kept on 'nil by mouth' for longer than necessary because the ward staff
did not seem to know what the surgeon had decided about their treatment.

**Other evidence**

People's needs were recorded on admission and staff carried out a thorough risk assessment tailored to specific areas or conditions and covering for example MRSA, falls (including moving and handling assessments) and risk of pressure sores.

On some of the wards we found that formal care plans were not in place. Treatment was based on a range of documents including individual patient files, electronically recorded handover notes updated after each shift, and medication charts. In some cases it did not appear readily evident from these documents what a person's individual care, treatment and support needs were. We also found some cases on one of the general medicine wards where assessment forms were incomplete or where the risk assessment was unclear. For example, in one case, the majority of the information indicated that the person was at risk of pressure sores but they were assessed as not at risk.

The trust told us that it was rolling out the introduction of formal care plans and they were already in place and staff trained in their use in a number of areas.

We saw that there were good arrangements in place to support people during their stay in hospital. For example, in the maternity unit antenatal classes were given in several languages, and there were special classes for women with multiple pregnancies. Physiotherapy antenatal class were offered twice a month. The Midwifery Support Workers run a number of groups including the breast feeding support group and one to one sessions on the postnatal ward. They also have a pre-discharge discussion with the women and their partners.

We spoke to the discharge co-ordinator who explained that discharge was planned from admission. The staff worked with the community teams to look at how people could be supported to go home with equipment and care support. On one elderly care ward we were told that all disciplines are involved in the discharge process. If there were any concerns then discharge was delayed. Relatives were involved in discussions about discharge plans.

We also saw evidence of continuity of care treatment and support in staff handover arrangements between shifts. People’s specific issues and needs were communicated to staff coming on to the new shift and this was also documented in handover notes. As already noted, however, people told us of occasions when a lack of clear communication between shifts led to shortfalls in the quality of the service they received.

Staff on the maternity unit told us that the hospital birth centre had temporarily closed to admissions five times in June 2011 because of high demand. Following this a discharge lounge had been introduced to free beds in the post natal ward. The centre had closed only once following this.

**Our judgement**

Most of the time people receive safe and appropriate care and treatment. However, we found that sometimes the service is not as effective as it could be in meeting people’s needs.
Overall, we found that St Thomas’ Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.
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

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
The people we spoke to told us that they felt safe at the hospital. Staff gave them the support they needed and promoted their health and welfare.

Other evidence
The trust has two dedicated safeguarding leads, one for children, and one for adults. They cover both St Thomas' Hospital and Guy's Hospital sites. They told us that staff were given safeguarding training during induction and it also formed part of the annual refresher training that all staff must undertake. There were safeguarding policies and procedures in place and the safeguarding leads were confident that they were effective in protecting children and adults who use the service. The policies and procedures were on the trust intranet, which all staff can access.

Different parts of the trust have different flagging systems and leads for safeguarding. For example: Accident and Emergency has a flagging system for safeguarding alerts and there is a safeguarding midwife. There are various teams that have a specific focus for safeguarding, including substance misuse and mental health. There is a team that identifies at risk babies. Adult safeguarding also links into the domestic violence unit and the women's service, and there are links into Accident and Emergency.

The safeguarding leads told us that the hospital worked with local authority safeguarding leads in the council boroughs and with other agencies to make sure that safeguarding cases were managed effectively to protect people using the service and keep them safe.
The staff told us that they had regular training in safeguarding adults and children, although some staff appeared uncertain about the training available. In general, staff felt confident about dealing with safeguarding issues and were able to tell us about how they used their knowledge at work. They told us that they discussed safeguarding in team and individual meetings with their managers. They gave examples of how they supported people and followed safeguarding procedures.

On one ward staff told us about the safeguarding training they had done as part of a recent staff development programme. They talked about when they had used the training in relation to concerns about people’s carers, potential financial abuse and people with pressure ulcers when admitted to the ward.

Our judgement
The hospital has processes in place to protect people using services from abuse, and to respond to abuse that does occur appropriately.

Overall, we found that St Thomas’ Hospital was meeting this essential standard.
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
Most people we spoke to felt the staff were competent and confident and cared for them appropriately. They told us that generally there were staff available when they needed them.

Other evidence
In general, staff we spoke to told us that they felt supported by their managers and colleagues. They told us that there was a regular programme of training for new staff and refresher courses for more experienced staff. They felt that this equipped them well to provide good care, treatment and support to people who use the services. Junior staff said that they benefited from the experiences gained from working alongside more senior staff.

Midwives on the maternity unit told us that they received five days training per year. The training covered a range of areas, such as paediatric and adult resuscitation, manual handling (including in and out of the birthing pool), and skills and drills (key midwifery skills). We were told that midwifery assistants previously trained to gain NVQs, but the trust was now supporting staff to do diplomas.

Staff on the Elderly Care Unit spoke about a development programme recently undertaken when their ward closed for two months for refurbishment. During this time they had training in care for older people, ways of communicating and developing greater understanding of dementia and how it feels to be an older person with needs. On one of the general medicine wards staff said that they had recently had training in handling difficult situations.
Senior nurses told us about 'Clinical Fridays' where they had the opportunity to return to the ward each week to observe working practices. They saw this as an important part of supporting staff and improving care. The managers spoke about the staff in their teams with respect and clearly valued their input and hard work.

The staff told us that although there were sometimes shortages, generally there were adequate numbers of staff and senior support. Staff on the maternity unit said that staffing levels of midwives were adequate. The current ratio of births per midwife was 1 to 33 (higher than the recommended 1 to 28) but this was expected to drop following a recent influx of new starters including student midwives, midwives, support workers, and junior doctors. We were told that there was a good skill mix of midwifery support workers, newly qualified midwives and experienced midwives. We noted that the target ratio of midwives to supervisors of midwives was 15 to 1 but the figure was currently 18 to 1. Midwives told us that they had regular supervision and that they could ask for additional support if they needed it.

On one of the general medicine wards staff told us that there were three qualified staff vacancies and they were not aware of recruitment taking place. Rotas show that vacancies are filled by bank and agency staff to maintain the ward establishment. However, there are occasions where they have felt short staffed and had less opportunity for one to one supervision discussions with their managers. The staff on the ward felt supported by their managers.

The staff said that they had good relations with each other and other teams. They said that handovers were thorough and that full and comprehensive information was shared at each change of shift. There were regular meetings within the team and with their managers. Staff told us that the trust had an open culture and they felt able to express freely any concerns or raise questions. They said that they had also been given the opportunity to contribute to the development of the service. More generally, the trust kept them informed of important issues and developments. Staff on the maternity unit told us that there was regular feedback to staff through the 'Women's weekly' newsletter, which celebrated staff achievements and gave feedback from women who had used the service.

Staff told us that they had annual appraisals and personal development programmes, and expressed their satisfaction with these arrangements. There was a structured formal supervision process in place for midwives but in other areas managers told us that regular supervision was done informally on day to day basis. The trust told us that it would be looking at extending structured formal supervision to other areas of the hospital.

**Our judgement**

People who use the service are treated and cared for by well supported and trained staff.

Overall, we found that St Thomas' Hospital was meeting this essential 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

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What people who use the service experienced and told us
The people we spoke to told us that they were able to talk to staff about their experiences. They told us about the 'patient diary' they had been given to record their experience and any questions or concerns. Some people who were going home told us that they were asked to complete a survey about their experiences using a hand held electronic device.

Other evidence
In May 2011 we completed a review of compliance of this outcome following the receipt of information relating to the trust's governance framework and collection of clinical data. We concluded that in most respects the trust had processes in place to ensure that the quality of services was monitored and reviewed. However, we found that improvements were needed in the trust's clinical auditing processes. The trust reported that a significant number of audits were being lost before reporting stage and that many of those that did reach completion were not being re-measured.

The trust submitted an action plan to show how it would improve its systems in order to maintain compliance with the essential standards of quality and safety. For this inspection we asked the trust to provide documentary evidence of the improvement measures set out in its action plan.

We noted from the evidence submitted that the trust had taken a number of steps to address the issues identified previously. Clinical audits were now being closely monitored and re-audits followed up. An escalation process had also been drawn up to
ensure audit projects were completed and this was due for implementation in December 2011.

We also asked the trust for evidence in relation to quality assurance and monitoring issues that we had identified from a number of other sources. These included the trust’s performance targets; incidents and complaints handling; and potential risks highlighted in the latest quality and risk profile (QRP) produced by the CQC. We use QRPs to support how we monitor providers’ compliance with each of the essential standards of quality and safety. They draw on data collected from a wide range of sources.

The trust provided evidence of the action it had taken to address shortfalls in its performance targets set by Monitor. This would be closely monitored by the trust board and the outcome reported to Monitor for evaluation.

The evidence provided in relation to NPSA notifications and complaints demonstrated that the trust had appropriate systems for identifying, recording, and monitoring incidents and complaints, and for making changes and improvements as a result.

The evidence submitted by the trust about the latest quality and risk profile (QRP) produced by the CQC demonstrated that the trust had responded appropriately to potentially significant risks identified in the QRP. Where appropriate, the trust had put in place action plans and these showed that progress was being made in mitigating the risks highlighted.

When we visited wards during the inspection, staff also told us about systems for assessing and monitoring the quality of services and action planning to address problems. On one ward staff told us about a ‘follow up call diary’ used to record calls, and attempts to call people who had been discharged to obtain feedback on how they were coping since leaving hospital and asking about their experience on the ward. We were also told about the ‘Showing we care programme’ introduced in response to patient feedback about staff attitudes and communication.

We were also told about hand held electronic devices the trust was introducing for collecting and reporting inpatient experience feedback. These were in place on some wards we visited. The trust would be analysing and reporting the data collected to feedback into service delivery improvements. Touch-screen kiosks were also being introduced in outpatient areas around the hospital for people to give feedback on the quality of hospital services.

Our judgement
The hospital has processes in place to ensure that the quality of care is monitored and reviewed, so that the treatment people receive is safe and effective.

Overall, we found that St Thomas’ Hospital was meeting this essential standard.
## 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.

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**Why we have concerns:**
Most of the time people receive safe and appropriate care and treatment. However, we found that sometimes the service is not as effective as it could be in meeting people's needs.

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 28 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.
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.
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