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### 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

One woman said, 'Its not my first baby so I did not need much information, but they gave it to me just in case- it included lots of information about what to expect and what options I had.' Another said 'because of my age I had to choose what scans and tests to have. They were brilliant; they did not tell me what to do but gave me all the information.'

We were told that midwives asked permission and consent before they performed any examination or test. One woman said 'It's quite O.T.T but I know why they do it.' Another said 'They always ask me, I know it's expected of them.'

One partner said 'As a dad I have been included very well, they have been very kind.'

##### Other evidence

No further evidence was required to make a judgement.

##### Our judgement

Women can be confident that they will be in control of their care.

## 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

Everyone we spoke with said they felt 'safe' and 'in good hands'. Each woman described a different pattern of care. All had been happy with the care they had received. Women explained that they saw 'their' midwife in pregnancy and then again after the birth. When questioned, all the women said they did not mind not knowing the midwife who looked after them in labour, 'just as long as they were nice'.

Women who had been cared for by more than one midwife said they had been given the same advice. One dad said 'They have all been very consistent with their advice.'

The feedback regarding care was positive. One woman said 'It's been nothing but brilliant'. Another woman said 'My midwives have been lovely, I've had the same one most of the way through, it did not matter to me who I saw as they are all lovely.'

Midwives explained a 'vague plan' of care following the birth of a baby and where visits take place. We were told this had to be flexible to 'fit around' women's needs. Should women not be visited at home, a telephone consultation can take place.

##### Other evidence

No further evidence was required to make a judgement.

##### Our judgement

Women and their babies receive safe appropriate care.

## Outcome 06: Cooperating with other providers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

### What we found

#### Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

#### Our findings

##### What people who use the service experienced and told us

Midwives work well with other healthcare professionals and have developed working relationships to ensure women receive the best care. Examples of healthcare professionals communicated with, included Health visitor, GP, family support workers, link workers for social services, drug liaison midwives, hospital midwives and consultants.

##### Other evidence

No further evidence was required to make a judgement.

##### Our judgement

Midwives cooperate well with other providers to ensure women receive the best care.

## 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

Midwives have an understanding of the Trusts safeguarding process and have a named safeguarding supervisor for advice and guidance. Regular meetings take place within the midwifery department to identify vulnerable families. There are also clear guidelines for midwives to follow if they have a vulnerable family of child in their care.

We were told midwives attend child protection training annually and can vary to include specialist subject to ensure the team have a wide knowledge base regarding child protection issues.

##### Other evidence

No further evidence was required to make a judgement.

##### Our judgement

The systems, policies and procedures in place help to protect vulnerable families.

## 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

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

We were told that routine medicines are obtained from Derriford by staff completing a stock list. This also includes creams and lotions. We were also informed that additional medicines are obtained from the GP. Sometimes a telephone consultation with the midwife is all that is needed should the midwife describe symptoms clearly. An example given was a simple prescription of iron tablets.

Midwives have access to medicines and pain relieving gas used for home deliveries by attending Derriford. Systems are in place for clear recording and storage of these products.

##### Other evidence

No further evidence was required to make a judgement.

##### Our judgement

Systems are in place to make sure women get the medicines they need.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

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

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

Midwives use rooms in local children's centres, GP surgeries or clinics in the community. Women said they enjoyed coming to the children's centre because of the convenience.

We were also told that midwives visit women in their own home and this service is tailor made around the needs of the woman and her baby.

##### Other evidence

No further evidence was required to make a judgement.

##### Our judgement

The arrangements between Plymouth Hospitals NHS Trust and the children's centre mean that women are seen in a convenient and safe place.

## 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 were told that some of the equipment in the centre on this visit was given by a local redevelopment grant. The equipment is now maintained by the estates department at Derriford Hospital. Midwives told us all other equipment is issued from Derriford Hospital.

##### Other evidence

No further evidence was required to make a judgement.

##### Our judgement

Systems are in place to make sure equipment is well maintained and available.



## 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

Feedback about staff was positive. We were told that the midwives have been 'lovely', 'friendly', 'kind' and 'like part of the family'. Another said 'I have loved seeing them.'

Women were not aware of any staff shortages and always felt there was a midwife available when required. One woman explained that because of an emergency, she needed to see a midwife urgently at home. She was reassured that following a couple of phone calls the midwife arrived within 7 minutes.

We were told that there are teams of midwives that cover geographical areas in Plymouth to minimise the amount of midwives a woman may see in her pregnancy.

##### Other evidence

No further evidence was required to make a judgement.

##### Our judgement

There are sufficient skilled staff to meet the needs of women and their families.

## 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

Midwives follow a national programme of supervision where midwives meet with a named supervisor of midwives. This ensures they are supported to provide a high standard of care to women in their care. Discussion showed that the ratio for supervisor to supervisee is well within the national recommendation, meaning midwives have easy access to support.

We were told that midwives have access to extensive mandatory training days including; obstetric emergency scenarios, the trust update, moving and handling, public health study day and child protection study day.

##### Other evidence

No further evidence was required to make a judgement.

##### Our judgement

Staff receive the support and training to perform their role in a safe way.

## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

There are minor concerns with Outcome 17: Complaints

#### Our findings

##### What people who use the service experienced and told us

Two of the three women and the partner we spoke with said they had not needed to complain as they had been pleased with the service. One woman said she had considered making a minor complaint whilst being in hospital but didn't in the end. However, none of the women or partner we spoke with knew how to make a complaint. One person said they would look on the internet.

All women are given an information leaflet at the beginning of their pregnancy. This does not contain clear guidance on how to complain, although it does offer women the chance to discuss their labour or become involved in the maternity services.

The midwife told us there were information leaflets available for contacting PALS (Patient Advice and Liaison Services) who are able to deal with patients complaints.

##### Other evidence

No further evidence was required to make a judgement.

##### Our judgement

Improvements are needed to make sure people know how to make a complaint.

## 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

Women who are pregnant are given a booklet which contains all their antenatal (before birth) information, including results of examinations. The booklet holds information and advice and is held by the woman who takes it to each appointment. Following birth the woman then receives a post natal (after birth) booklet which is also gives information to the woman. This means that information for all healthcare professionals is held in one place and means communication is consistent.

We were told that regular audits are conducted within the maternity department and any issues or shortfalls are either addressed through management processes or through supervision of midwifery processes.

##### Other evidence

No further evidence was required to make a judgement.

##### Our judgement

Records are well managed

## 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
Maternity and midwifery services	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 17: Complaints
	<b>Why we have concerns:</b> Improvements are needed to ensure women and their families know how to make a complaint.	
Treatment of disease, disorder or injury	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 17: Complaints
	<b>Why we have concerns:</b> Improvements are needed to ensure women and their families know how to make a complaint.	

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 within 28 days of this report being received.

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.

## Information for the reader

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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA