Review of compliance

Tameside Hospital NHS Foundation Trust Tameside General Hospital	
Region:	North West
Location address:	Fountain Street Ashton-under-Lyne Lancashire OL6 9RW
Type of service:	Acute services with overnight beds
Date of Publication:	December 2011
Overview of the service:	Tameside General Hospital is an acute general hospital which is eight miles to the east of Manchester and serves a population of approximately 250,000. The hospital has 549 beds 71 of which are used for day case admissions. It provides a number of services: accident and emergency, medicine, surgery, paediatrics, maternity, intensive care, high dependency and critical care.

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

Our current overall judgement

Tameside General 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 Tameside General Hospital had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 09 - Management of medicines
Outcome 13 - Staffing
Outcome 16 - Assessing and monitoring the quality of service provision
Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 20 October 2011.

What people told us

People we spoke to were very happy with the care that they were receiving at the hospital. They told us that they were well looked after and that they didn't have to wait for staff to help.
Comments included, 'the staff are lovely', 'the foods really nice', 'my care here has been excellent', 'staff are so very kind'.
One person said that said that, although the hospital was very busy staff had taken time to explain things to her and reassure her. People we spoke to were happy with the time taken to see a doctor following admission to the hospital.

What we found about the standards we reviewed and how well Tameside General Hospital was meeting them

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

People using this service cannot always be assured that their needs are properly assessed and appropriate care provided.

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

People using this service cannot always be assured that they are supported to have adequate nutrition and hydration.

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

People using this service cannot always be assured that medicines are stored securely and staff handling medicines have the competency and skills needed.

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

People using this service cannot always be assured that their health and welfare needs are met by sufficient numbers of staff.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People using this service cannot always be assured that they benefit from safe quality care due to effective decision making and the management of risks. The trust has systems in place for gathering recording and evaluating information about the quality and safety of care. The quality of information sourced by the trust as part of monitoring and audit programmes was inconsistent with the information we sourced and observed during our visit. The trust is therefore often reacting to events rather than promoting a preventative/ proactive culture.

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

People using this service cannot always be assured that medical records are accurate, fit for purpose and held securely.

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 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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We spoke to nine patients who were very positive about their experiences at the hospital and the care delivered. All the people we spoke to said that they were happy with the care they were receiving. Comments included, 'the staff are lovely', 'my care here has been excellent', 'staff are so very kind'.
People we spoke to were happy with the time it had taken to see a doctor following their admission to the hospital.

Other evidence
We visited three wards in the hospital, spoke to patients and staff and reviewed case notes. We observed care being delivered at the hospital. All the nurses and support workers we observed talked to patients in a kind and professional manner. We noted spontaneous interaction occurring between staff and patients. All of the patients we saw were well groomed and their clothing was clean and appropriate.

The CQC's monitoring of the trust's risks in relation to outcome 4 shows it performs slightly worse than expected in this area. At the time of our visit the trust was rated as low neutral risk and there were four data items of concern relating to standardised hospital mortality rates for primary cardiac conditions and digestive system health groups.

During our visit we looked at the care plans of thirteen patients across three wards. Our review of the documentation and risk assessments undertaken by nurses on these wards showed that there were a number of inconsistencies and inaccuracies in the

records. This meant that people were not put on the correct care pathways or did not have the equipment needed to prevent falls. We discussed this with nurses on all three wards and they agreed that there were inconsistencies in care planning and incomplete recording.

The trust's own quality monitoring has identified patient falls as a risk area. During our visit we looked at how falls risks were being managed. Six of the patients who were at risk of falls had no clear plans in place to manage these risks. Additionally assessments were not complete or reviewed when required and some were inconsistent with other information about the patient. For example, one patient's assessment had been ticked to document that they did not use aids when the patient used a walking stick.
On one ward a system was in place to identify patients' at high risk of falls by placing an orange triangle next to their name on a wipe board. When we visited we observed that there were delays in updating the board so only one person instead of five had an orange triangle by their name.

We looked at how the trust provided same sex accommodation. The medical assessment and admissions unit had located to a larger area in July 2011, which had achieved gender segregation and eliminated same sex accommodation breaches.

Our judgement
People using this service cannot always be assured that their needs are properly assessed and appropriate care provided.

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

There are minor concerns with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
We spoke to people who use the services when we visited. They said that they were happy with the food provided by the hospital. Comments included 'the foods really nice'.

Other evidence
The information we held about Tameside hospital prior to our visit showed that there was a low risk that they were not meeting this outcome.

The trust told us that there was a specialist nutritional nurse in post. The trust had replaced a number of nutritional assessment forms with one standard assessment form, to improve the consistency of documentation across the trust. From information supplied by the trust, and from what staff told us, we saw that the trust carried out unannounced audits of nutritional screening tools across all wards.

We visited two wards at lunchtime to see how people were supported to eat and drink. Staff were seen to assist those who needed help. Staff wore aprons and washed their hands before serving meals. The trust operates a 'red tray' system for people who need additional support with eating or drinking. This means meals are served on red coloured trays that come on the food trolleys. Hot drinks were served throughout the meal time and staff assisted and monitored people in a calm and well organised manner.

We looked at peoples records and saw that nutrition screening tools were completed on admission. Accurate and up to date records of how much people ate and drank were not always kept.

Nutrition screening tools had been used to determine what sort of additional support or assistance a person might need. All of the staff that we spoke to had received training in nutritional screening and monitoring. Weights and body mass indexes (BMI) were not being accurately recorded and updated. For example one person's height was recorded incorrectly on admission. One member of staff told us that there were no systems in place to ensure that a person's height was checked and recorded correctly Another staff member said that disposable tape measures were available.

Records did not always confirm that appropriate action was being taken in response to weight loss or poor appetite. For example one person with diabetes had a poor appetite and should have been referred to a dietician. There was no evidence that a referral had been made and no information in records to show how much they had eaten or drunk. Staff we spoke to were unable to confirm the nutritional risks which would trigger an immediate referral to a dietician.

People had a file in their bedside locker that provided information about the rotating menu and the choices available.

Our judgement
People using this service cannot always be assured that they are supported to have adequate nutrition and hydration.

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 minor concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
We spoke to people who use services when we visited. They did not make a comment on this outcome.

Other evidence
The trust promotes a no blame culture for reporting of medicines management errors. An example of a recent completed medication error proforma was viewed which showed that staff had used the form following the error. The form showed that action had been taken to assess staff competency before they were allowed to administer medicines again.
Medicines were seen not to be secured appropriately. We observed on one ward, during our visit, that an unlocked drug trolley was left in a clinic room. The door to the room was propped open with a bin. A nurse came back to the trolley, took some drugs out and left it again unlocked. Staff seemed unaware that safe storage procedures were being breached.
On one nurse station we found a 2009 copy of the British National Formulary (BNF). The BNF is published biannually and provides updated information about the use and selection of medicines.

Our judgement
People using this service cannot always be assured that medicines are stored securely and staff handling medicines have the competency and skills needed.

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

There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We spoke to people who commented positively about their experiences at the hospital and the care delivered. All the people we spoke to said that they were happy with the care they were receiving. Comments included, 'the staff are lovely', 'my care here has been excellent', 'staff are so very kind'.
People we spoke to were happy with the time it had taken to see a doctor following their admission to the hospital.

Other evidence
The trust provided a report documenting that the trust would aim to achieve supernumerary status for ward managers, as a general principle. The trusts operational standard documented that band 7 staff should undertake a minimum of 2 by 7.5hr shifts per week supernumerary status. During our visit some staff told us that supernumerary time was not protected and was sometimes used to cover staff absences.

The trust provided a report showing the number of shifts where there were less nurses on duty than planned. In June 2011 6.3% of shifts had less nurses on duty than planned. The trust had predicted that by year end this will reduce to 5%.

The trust has undertaken a nurse staffing benchmark in collaboration with the Audit Commission, which involves comparing the trust's nurse staffing levels with an average ward, derived from all participating trusts. During our visit we observed that one ward had a staffing establishment for 39 beds. This establishment did not take into account two additional four bed bays or attending to up to eight patients accommodated in sit

out areas. Staff also told us that it was difficult to identify any time for team meetings to discuss and share learning from incidents.We observed staff to be very busy on this ward. They attended to patients quickly and the atmosphere was calm. Staff told us they often did not have time to take their breaks.

The trust provided a report which detailed the workforce implications of the trust's financial recovery plan. The report set out the proposals for eleven workstreams to achieve a reduction of 128 whole time equivalent staff posts. During our visit we reviewed the accident and emergency service redesign programme. The trust had carried out a quality and safety impact assessment before implementing the changes. A number of key risks were identified during the assessment process. It was not clear from the documents provided by the trust how these would be monitored and managed.

Our judgement
People using this service cannot always be assured that their health and welfare needs are met by sufficient numbers of staff.

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

Our judgement

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We spoke to people who use services when we visited. They did not make a comment on this outcome.

Other evidence
In March 2011 we reviewed this outcome and had moderate concerns with the trusts compliance. In view of the concerns identified in this outcome area the Care Quality Commission requested a report under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The trust provided a report in May 2011 which documented what action they were going to take to achieve compliance with this essential standard.

The report documented that the trust had revised its approach to ward auditing. Ward managers will be expected to take a greater degree of "ownership" for monitoring the standards of documentation being achieved in their area, and for implementing any actions needed to secure full compliance. The report also detailed how the trust was implementing a new system, within their risk management department, to identify and manage learning points from complaints, claims and incidents.

The Care Quality Commission has had regular communication with trust managers during 2011. As part this communication, managers have explained the trust's assurance framework and how incidents relating to safety, quality and standards are investigated and addressed.

The trust has a formal risk management structure in place. This structure should enable the trust board to manage the delivery of safe quality care. The Trust Board has delegated overall responsibility for clinical risk management to the quality and clinical governance committee. This committee is chaired by the vice chair of the trust.

The trust has a system in place for issues and risk to be escalated by staff to the senior managers, medical leads and matrons. These risks are placed on departmental risk registers. All departmental and corporate risk registers detail the areas of concern, the level of risk and likelihood of occurrence, along with the actions taken to eliminate, reduce or control the risk. The trusts corporate risk register was last updated on 6th July 2011. The trust provided reports and committee minutes which showed that departmental risk registers were updated and when appropriate issues were escalated to the corporate register.

The Trust has implemented a new system to manage risks identified from incidents, complaints and claims. A designated team meet on a monthly basis to identify learning points. The team follow up each learning point to ensure it has been implemented and disseminated to all areas of the trust as appropriate.

The trust has a manual incident reporting system in place. We spoke to staff who said they understood the system and could describe the types of incident that should be reported and the process for raising concerns. The trust has an incident, complaints and claims policy in place that was reviewed and updated in July 2010.

The trust have a range of audit systems in place including an annual audit programme, matrons round audits, nutritional support and falls management audits. The trust has also implemented a documentation audit process across all adult care areas to provide assurance that records kept are consistent with good standards of practice. The July trust board report stated that documentation audits showed that all areas were currently meeting or exceeding a 90% compliance target.

The trusts audit and monitoring systems still lack sufficient rigor to identify and escalate risk issues. If audit and monitoring systems had been effective the issues identified during this review would have been escalated to risk management committees for discussion, action and resolution.

The trust has a monitoring system in place to audit a range of care indicators. The outcomes from these audits are reported to the trusts governance committee. The care indicators include the NSF for Older People DoH 2001, The Assessment and Prevention of Falls on Older People NICE 2004, Slips, Trips and Falls in Hospital NPSA 2007 and a range of other risk management standards. The trusts report for the quarter ending July 2011 documents compliance rates of between 87% and 100% for completion of patient risk assessments and care plan related indicators.

During our visit we reviewed the records of thirteen patients across three wards, of these 50% of the falls assessment documentation was incomplete, inconsistent or incorrect. 32% of the nutritional assessment documentation was incomplete, inconsistent or incorrect. On one ward we saw evidence that a ward audit of completion of falls assessment documentation had been carried out. The audit showed 97% compliance. We reviewed the records and found that falls assessment documentation had been completed incorrectly on a number of occasions. For example

one assessment had been completed on the basis that the patient didn't use aids when they walked using a stick for support. For one patient, who was identified as high risk, only part of the assessment had been completed so no equipment to prevent falls had been ordered for them.

There were a number of inconsistencies in the quality of the completion of nutritional screening tools. For example one person with diabetes had a poor appetite and should have been referred to a dietician. There was no evidence that a referral had been made and no information in records to show how much they had eaten or drunk. Staff we spoke to were unable to confirm the level of nutritional risks which would trigger an immediate referral to a dietician.

The trust provided a copy of the dignity in care monitoring report. The report documented, in response to a recent serious incident, that the trust had increased monitoring programmes to ensure ward drug fridges were secure. During our visit we observed that medicines were not secured appropriately, on one ward. We observed that the staff seemed unaware that safe storage procedures were being breached.

The risks associated with breaches of confidentiality and data protection legislation were documented in the trusts corporate risk register. The management of these risks had been discussed at risk meetings and policies and procedures had been put in place to control the risks. We found that medical records were not stored securely in two of the areas we visited.

The trust has undertaken a nurse staffing benchmark in collaboration with the Audit Commission, which involved comparing the trust's nurse staffing levels with an average ward, derived from all participating trusts. The trusts staffing establishment management programme details the staffing establishment requirements for bed numbers to deliver safe effective continuity of care. During our visit we observed that one ward, which had recently relocated, had a staffing establishment for 39 beds. This establishment did not take into account that there were two additional four bed bays, in the new location, and up to eight patients accommodated in sit out areas. Staff on this ward were extremely busy and told us that it was difficult to identify any time for team meetings to discuss and share learning from incidents. This risk to the delivery of safe effective continuity of care had not been monitored or escalated.

The trust provided a report, which detailed the implications of the trusts financial recovery plan. The report set out the proposals for eighteen workstreams to meet cost improvement programme targets. During our visit we reviewed the accident and emergency service redesign programme. The trust had carried out a quality and safety impact assessment before implementing the changes. A number of potential negative impacts were identified during the assessment process. It was not clear from the documents provided by the trust how these would be monitored, managed and reviewed as the changes progressed.

In view of the concerns identified in this outcome area the Care Quality Commission served a Warning Notice on the Registered Provider on 9th December 2011.

Our judgement
People using this service cannot always be assured that they benefit from safe quality care due to effective decision making and the management of risks. The trust has

systems in place for gathering recording and evaluating information about the quality and safety of care. The quality of information sourced by the trust as part of monitoring and audit programmes was inconsistent with the information we sourced and observed during our visit. The trust is therefore often reacting to events rather than promoting a preventative/ proactive culture.

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

There are minor concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us
We spoke to people who use services when we visited. They did not make a comment on this outcome.

Other evidence
We reviewed case notes on all the wards we visited. We found that a small number of records had not been signed and dated. We found that assessments for risk of falling and nutrition screening tools had not been completed accurately in a number of cases. This is followed up in Outcomes 4 and 5.
We found that medical records were not stored securely in two of the areas we visited.

Our judgement
People using this service cannot always be assured that medical records are accurate, fit for purpose and held securely.

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
Maternity and midwifery services	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People using this service cannot always be assured that their needs are properly assessed and appropriate care provided.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People using this service cannot always be assured that their needs are properly assessed and appropriate care provided.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People using this service cannot always be assured that their needs are properly assessed and appropriate care provided.	
Family planning	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People using this service cannot always be	

	assured that their needs are properly assessed and appropriate care provided.	
Surgical procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People using this service cannot always be assured that their needs are properly assessed and appropriate care provided.	
Termination of pregnancies	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People using this service cannot always be assured that their needs are properly assessed and appropriate care provided.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	How the regulation is not being met: People using this service cannot always be assured that they are supported to have adequate nutrition and hydration.	
Diagnostic and screening procedures	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	How the regulation is not being met: People using this service cannot always be assured that they are supported to have adequate nutrition and hydration.	
Family planning	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	How the regulation is not being met:	

	People using this service cannot always be assured that they are supported to have adequate nutrition and hydration.	
Maternity and midwifery services	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	How the regulation is not being met: People using this service cannot always be assured that they are supported to have adequate nutrition and hydration.	
Surgical procedures	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	How the regulation is not being met: People using this service cannot always be assured that they are supported to have adequate nutrition and hydration.	
Termination of pregnancies	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	How the regulation is not being met: People using this service cannot always be assured that they are supported to have adequate nutrition and hydration.	
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: People using this service cannot always be assured that medicines are stored securely and staff handling medicines have the competency and skills needed.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 13 HSCA 2008	Outcome 09: Management of

	(Regulated Activities) Regulations 2010	medicines
	How the regulation is not being met: People using this service cannot always be assured that medicines are stored securely and staff handling medicines have the competency and skills needed.	
Surgical procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: People using this service cannot always be assured that medicines are stored securely and staff handling medicines have the competency and skills needed.	
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: People using this service cannot always be assured that medicines are stored securely and staff handling medicines have the competency and skills needed.	
Maternity and midwifery services	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: People using this service cannot always be assured that medicines are stored securely and staff handling medicines have the competency and skills needed.	
Termination of pregnancies	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines

	How the regulation is not being met: People using this service cannot always be assured that medicines are stored securely and staff handling medicines have the competency and skills needed.	
Family planning	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: People using this service cannot always be assured that medicines are stored securely and staff handling medicines have the competency and skills needed.	
Maternity and midwifery services	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: People using this service cannot always be assured that their health and welfare needs are met by sufficient numbers of staff.	
Family planning	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: People using this service cannot always be assured that their health and welfare needs are met by sufficient numbers of staff.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: People using this service cannot always be assured that their health and welfare needs are met by sufficient numbers of staff.	

Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: People using this service cannot always be assured that their health and welfare needs are met by sufficient numbers of staff.	
Surgical procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: People using this service cannot always be assured that their health and welfare needs are met by sufficient numbers of staff.	
Termination of pregnancies	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: People using this service cannot always be assured that their health and welfare needs are met by sufficient numbers of staff.	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: People using this service cannot always be assured that their health and welfare needs are met by sufficient numbers of staff.	
Surgical procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met:	

	People using this service cannot always be assured that medical records are accurate, fit for purpose and held securely.	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People using this service cannot always be assured that medical records are accurate, fit for purpose and held securely.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
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Maternity and midwifery services	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People using this service cannot always be assured that medical records are accurate, fit for purpose and held securely.	
Termination of pregnancies	Regulation 20 HSCA 2008 (Regulated	Outcome 21: Records

	Activities) Regulations 2010	
	How the regulation is not being met: People using this service cannot always be assured that medical records are accurate, fit for purpose and held securely.	
Family planning	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People using this service cannot always be assured that medical records are accurate, fit for purpose and held securely.	

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 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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