



# Review of compliance

## **United Lincolnshire Hospitals NHS Trust Grantham and District Hospital**

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| <b>Region:</b>                        | Central  |
| <b>Location address:</b>              | 101 Manthorpe Road<br>Grantham<br>Lincolnshire<br>NG31 8DG   |
| <b>Type of service:</b>               | NHS Healthcare Organisation  |
| <b>Date the review was completed:</b> | 21 March 2012  |
| <b>Overview of the service:</b>       | Grantham and District Hospital is an NHS hospital that provides a range of services, including termination of pregnancy. |

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

## What we found overall

**Grantham and District Hospital was meeting the essential standards of quality and safety.**

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

### Why we carried out this review

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

### How we carried out this review

We carried out a visit on 21 March 2012. We checked the provider's records and looked at medical records relating to termination of pregnancy services provided.

### What people told us

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

### What we found about the standards we reviewed and how well Grantham and District Hospital was meeting them

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

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

## **Action we have asked the service to take**

Where we have concerns the CQC has a range of enforcement powers it can use to protect the safety and welfare of people who use this service. Any regulatory decision that the CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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

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

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

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

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

# Outcome 21:

## What the outcome says

People who use services can be confident that:

- \* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- \* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

## What we found

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| <b>Our judgement</b>                                      |
| <b>The provider is compliant with Outcome 21: Records</b> |

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| <b>Our findings</b>  |
| <p><b>What people who use the service experienced and told us</b><br/>We did not speak with people who used the service as part of this review.</p> <p><b>Other evidence</b><br/>Section 1 (1) of the Abortion Act 1967 (as amended) and the Abortion Regulations 1991 (as amended) require that two doctors provide a certificated opinion, formed in good faith, that at least one and the same ground for a termination of pregnancy as set out in the Act, is met.</p> <p>These opinions have to be given in a certificated form as set out in the Regulations and must be given before the commencement of the treatment for the termination of pregnancy, except in the specified circumstances set out in the Act.</p> <p>One of the ways in which the Regulations provide for doctors to certify this opinion is in an HSA1 form. If using the HSA1 form, both of the certifying doctors must complete the form as required and sign and date the certificate. The opinion of each doctor is required to relate to the circumstances of the individual person's case.</p> <p>During our visit, we looked at a random sample of medical records for six people who had undergone a termination of pregnancy at Grantham and District Hospital. The records dated from October 2010 to March 2012. In each case, we looked at the certificate completed and the other records for that person.</p> |

We found that in all of these records, doctors' certifications had been accurately and appropriately maintained.

**Judgement**

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

# What is a review of compliance?

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

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

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

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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



## Information for the reader

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| <b>Document purpose</b>    | Review of compliance report  |
| <b>Author</b>              | Care Quality Commission  |
| <b>Audience</b>            | The general public   |
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