

# Review of compliance

## Derbyshire Community Health Services NHS Trust Loughborough Hospital

<b>Region:</b>	East Midlands
<b>Location address:</b>	Hospital Way Loughborough Leicestershire LE11 5JY
<b>Type of service:</b>	Acute services with overnight beds Diagnostic and/or screening service
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	The Loughborough 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

## Our current overall judgement

**Loughborough Hospital was meeting all the essential standards of quality and safety inspected.**

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 Loughborough Hospital had taken action in relation to:

Outcome 21 - Records

### How we carried out this review

We reviewed all the information we hold about this provider, checked the provider's records and talked to staff.

### What people told us

We did not speak to people who used this service as part of this review.

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

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

The provider was meeting this standard. People using the service were protected from the risks of unsafe or inappropriate care because records were kept securely.

### 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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

## 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

We did not speak to people who used this service as part of this review.

##### Other evidence

Our inspection visit to inspect the regulated activity of termination of pregnancy in March 2012 found the provider failed to ensure that patients were protected against the risk of unsafe or inappropriate care and treatment because the doctor's certification, known as HSA1, was not obtained properly. The provider wrote to us and told us about the immediate actions taken to investigate and address the practices, referred specific incidents for a formal investigation and action, introduced a new standardised procedure which was communicated to all staff and increased monitoring.

We reviewed the provider of the service in June 2012 and read the providers protocol for termination of pregnancy records. It clearly described how the records should be completed including the HSA1 form and the process of obtaining a second certification. Staff who provided the service described the practice was consistent with the protocol.

During the course of our review we reviewed eight patient records who attended the service. We found that staff had obtained two HSA1 certifications of medical opinions correctly. We also reviewed a number of records prepared for a future clinic and found all the certifications of medical opinions were blank. Staff explained that the consultant advised them of the number of patients attending the clinic to ensure the correct

number of forms were available. Staff confirmed that the HSA1 forms would never be signed in advance of the clinic. Records viewed of a patient who failed to attend the clinic the previous day showed the HSA1 was blank and confirmed practice was adhered to.

**Our judgement**

The provider was meeting this standard. People using the service were protected from the risks of unsafe or inappropriate care because records were kept securely.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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