

# Review of compliance

University Hospitals of Leicester NHS Trust  
St Mary's Birth Centre

<b>Region:</b>	East Midlands
<b>Location address:</b>	Thorpe Road, Melton Mowbray, Leicestershire, LE13 1SJ
<b>Type of service:</b>	Acute Services and Community Health Services
<b>Date the review was completed:</b>	April 2011
<b>Overview of the service:</b>	St Mary's Birth Centre is one of four locations registered under the University Hospitals of Leicester NHS Trust (UHL). St Mary's Birth Centre is a low risk birthing unit which offers midwifery led care to expectant mothers. The unit is based within St Mary's Hospital in Melton Mowbray.

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

## What we found overall

**We found that St Mary's Birth Centre was meeting all the essential standards of quality and safety we reviewed.**

The summary below describes why we carried out the 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. It is noted that the other three locations have also been recently reviewed for this trust.

### How we carried out this review

We reviewed nine essential standards of quality and safety at this planned review.

We reviewed all the information we hold about this provider in relation to this location (St Mary's Birth Centre). We requested further specific information in relation to 'respecting and involving people who use the service', 'care and welfare of people who use services', 'cleanliness and infection control', 'staffing', 'supporting workers', and how the location 'assesses and monitors the quality of service provision'. We reviewed this information throughout April 2011.

St Mary's Birth Centre is one of four locations registered under the University Hospitals of Leicester NHS Trust (UHL). St Mary's Birth Centre is a low risk birthing unit which offers midwifery led care to expectant mothers. The unit is based with St Mary's Hospital in Melton Mowbray.

We have taken into account the views of those members of the public who express concerns or compliments, in relation to this hospital, through Local Involvement Networks (LINK). We took into account information provided by Leicestershire LINK. We also take into account the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee (OSC). This enables the voice and concerns of the public and its communities to be heard by hospitals, such as St Mary's Birth Centre.

## **What we found about the standards we reviewed and how well St Mary's Birth Centre was meeting them**

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People using services are treated with respect and are seen to be involved in discussions about care and treatment. Systems are in place that allow people who have used the service to provide feed back.

- Overall, we found that St Mary's Birth Centre was meeting this essential standard.

### **Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

St Mary's Birth Centre has systems in place, along with a range of trust policies and procedures, that enable people using the services to be given suitable information in relation to agreeing to treatment.

- Overall, we found that St Mary's Birth Centre was meeting this essential standard.

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

People using the service get safe and appropriate care that meets their needs and supports their rights.

- Overall, we found that St Mary's Birth Centre was meeting this essential standard.

### **Outcome 7: People should be protected from abuse and staff should respect their human rights**

Based on information held, and also taking into account the low risk indicated on the CQC quality and risk profile, no concerns were evident within St Mary's Birth Centre.

- Overall, we found that St Mary's Birth Centre was meeting this essential standard.

### **Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

St Mary's Birth Centre is compliant in this area. Infection prevention and control systems within the trust (and this location) are operating effectively.

- Overall, we found that St Mary's Birth Centre was meeting this essential standard.

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

Sufficient staff work at St Mary's Birth Centre to keep people safe and meet their health and welfare needs.

- Overall, we found that St Mary's Birth Centre was meeting this essential standard.

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

Staff working at the St Mary's Birth Centre are properly trained and supervised. A programme of staff training and development is in place that enables staff to improve their skills.

- Overall, we found that St Mary's Birth Centre 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**

Information provided indicated that comprehensive systems of quality review, audit and feedback are in place. This enables improvement action to be taken as necessary.

- Overall, we found that St Mary's Birth Centre was meeting this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

Staff and people who use the services are made aware of the process in relation to supporting people should they want to express concerns or complaints. The Patient Information and Liaison Service (PILS) can offer appropriate support. Senior hospital staff would also contribute to any complaints investigations which are relevant to their area of practice/division or clinical business unit.

- Overall, we found that St Mary's Birth Centre was meeting this essential standard.

**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 1: 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

### Our judgement

**The provider is compliant** with outcome 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
All expectant mothers are offered a choice of options about where they would like to give birth when they initially book with their Community Midwife. The 'Community Maternity Care Booklet' is given to all women which identifies the different options including details regarding St Mary's Birth Centre (SMBC). However, women are only recommended to birth at SMBC if they fit the criteria for a low risk birth. In 2010, there were a total of 237 normal spontaneous deliveries conducted on site.

Expectant mothers who fit this criterion and who wish to deliver at SMBC once they reach 36 weeks gestation are invited to visit the Unit. During this visit, women are given the opportunity to ask questions about labour, discuss what pain relief is available, who can attend to support them and what postnatal support is available after the delivery. Birth plans are discussed and are recommended to be completed by the women so the midwives are aware of their preferences for birth. If following the visit the woman still wishes to deliver there, then she is asked to sign an 'intention to birth at SMBC' form. All issues and options discussed are recorded in the hand held maternity records so the woman can review the details at any time

The Unit offers the choice of water births and facilities suitable for alternative birth positions. All the delivery rooms are single rooms with en suite and there are both showers and baths available for the mothers use. In view of SMBC being a midwifery led unit epidurals are not available, however the aim is to inform and support the mother prior to labour so that she is aware of what the options are and how she would best like to cope through the different stages of labour.

Following the birth, the mother can opt for an early discharge home, where the Community Midwife will provide postnatal visits and support. Alternatively the mother can choose to remain in the 8 bedded post natal ward which provides 24 hour midwifery care to ensure that there is expert advice and support available with regards to baby care and breast or bottle feeding.

On discharge all mothers are given a postnatal diary which records the daily postnatal and neonatal observations. The mother retains this record during the postnatal period in order for the visiting Community Midwife to access it on visiting the family. This diary also enables the mother to comment on the care she has received and whether it has been a negative or positive experience.

Mothers have the opportunity to feedback to the maternity services during the pregnancy and in the postnatal period through regular contact with their Community Midwife. The post natal record or diary also encourages mothers to give feedback whether negative or positive. Currently the Unit is in the process of developing bedside booklets to inform women of the facilities and support available in the postnatal period. This booklet will enable women to feedback on the care that they have experienced.

All expectant mothers who wish to deliver at SMBC are initially booked by their Community Midwife, who records their medical, social and previous obstetric history in the maternity hand held notes. Following their dating ultrasound scan the hand held records are returned to the woman for the remainder of the pregnancy. This enables them to read their records, including what is written as each antenatal appointment. The hand held notes inform the women of who to contact when they have concerns and explain what the key issues to monitor in the pregnancy are. Women are encouraged to formulate a birth plan to ensure their choices and needs are met wherever possible

At 36 weeks gestation the expectant mother is invited to visit SMBC to discuss their choices and what care the Unit can provide for them. Expectant women are also offered the option of attending a parent craft session which offers information about labour, the birth and postnatal care in order to make informed decisions. Another session on infant feeding is also available for them to make an informed choice about breast or bottle feeding their baby.

### **Other evidence**

Currently SMBC do not participate in the trust (University Hospitals of Leicester NHS Trust (UHL)) patient experience survey (LRI/LGH/GH sites). We were told there are plans to introduce this within the next three months. SMBC did formulate their own action plans to address the feedback received from the Privacy & Dignity Audit 2010 – 2011 to ensure that the care and facilities that they provide support the

mother in her choice of care and maintain her privacy and dignity during her contact with the maternity services. This includes the use of an admission list to ensure orientation to the unit, volunteers who visit to talk to mothers on a weekly basis and adequate waiting area seating, so women and their partners do not have to stand whilst waiting.

**Our judgement**

People using services are treated with respect and are seen to be involved in discussions about care and treatment. Systems are in place that allow people who have used the service to provide feed back. Overall, we found that St Mary's Birth Centre was meeting this essential standard.

# Outcome 2: Consent to care and treatment

## 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 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**  
As described in Outcome 1 all women who book with the University Hospitals of Leicester are given their own maternity hand held records to retain throughout their pregnancy. This includes all women who intend to birth at SMBC. These hand held maternity booklets records the medical, obstetric and social histories of the expectant mother and charts their antenatal visits, ultrasound scans and any investigations during the pregnancy. It also provides information to the woman of what to expect at different stages of the pregnancy, including what signs and symptoms need to be reviewed by a midwife or an obstetrician, what antenatal appointments are made and advice on how to make a birth plan regarding their choices and preferences for labour and birth.

The maternity hand held records also require the expectant mother to sign to confirm that she has been informed of the choices available with regards to where she can give birth and which option would be her preference.

**Other evidence**  
The trust (covering SMBU) has a consent policy. A consent audit was carried out during 2010. The new consent policy is being re-written to reflect the new divisional

arrangements and processes for capturing delegated consent. It was confirmed by the trust that a redrafted consent policy it is to be submitted to the April 2011 meeting of the policies and guidelines group.

**Our judgement**

St Mary's Birth Centre has systems in place, along with a range of trust policies and procedures, that enable people using the services to be given suitable information in relation to agreeing to treatment. Overall, we found that St Mary's Birth Centre was meeting this essential standard.

# Outcome 4: 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 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
The previously mentioned hand held maternity booklets provide a complete up to date record of the pregnancy. Therefore women are advised to carry the notes with them at all times, especially if they go outside of Leicestershire just in case they need to access maternity services elsewhere.

Women who choose to deliver at SMBC need to fit low risk criteria in order for them to give birth in a midwifery led unit. They are counselled prior to birth on what complications will require transfer out of the unit to the nearest consultant obstetric unit and which methods of pain relief are and are not, available.

During their admission all women who opt to deliver at SMBC will be risk assessed by using the risk tools that UHL currently use. These include the nutrition, falls, tissue viability assessment tools as well as the maternity early warning score to identify any changes in the woman's condition and assist the midwives in seeking medical advice or transfer to a Consultant Unit if required.

The assessment visit at 36 weeks gestation ensures the women are shown and informed about the facilities and services at SMBC before they make a final choice about where to deliver. A checklist is also completed to ensure that the mother is aware that there is no medical cover on site or available to attend and that there are

no epidurals or instrumental deliveries available if the baby became distressed.

As mentioned in outcome 1 antenatal sessions on parent craft and infant feeding are available to access at SMBC to ensure the expectant mother has the correct information to make the right choice for her and her baby.

Birth plans are encouraged by the midwives so women consider the options on how to cope with labour and what they want before active labour commences

Wherever formal discussions take place and information is given about options in care that are available then this is documented in the maternity hand held records to ensure the mother can consider what she has been given information on and that any other health professionals are aware of the information already given.

### **Other evidence**

Information regarding the services, facilities and care available at SMBC is accessible on the UHL website, in the Community Maternity Care Booklet, from the Supervisors of Midwives and from the named Community Midwife. The website states that the aim is to give the mother information and support in order for them to make the right choices for them and their pathway into parenthood.

Regular contact with the Community midwife enables the expectant mother to discuss any options in care available during the pregnancy. Leaflets on 'Tests for you and your baby' are given to all pregnant women in order that they can make informed decisions with regards to what types of scans and tests are available and recommended.

### **Our judgement**

People using the service get safe and appropriate care that meets their needs and supports their rights. Overall, we found that St Mary's Birth Centre was meeting this essential standard.

# Outcome 7: 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 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
No information received by CQC indicated any concerns in relation to this outcome area.

**Other evidence**  
It was stated that the trust would aim to have a target of 100% for appraisals and a personal development plans - this would always include elements of safeguarding.

**Our judgement**  
Based on information held, and also taking into account the low risk indicated on the CQC quality and risk profile, no concerns were evident within St Mary's Birth Centre. Overall, we found that St Mary's Birth Centre was meeting this essential standard.

# Outcome 8: Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

### Our judgement

**The provider is compliant** with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**  
Monthly infection prevention scorecards are in place to record SMBC and the CBU results for monthly hand hygiene audits, environmental audit (Maximiser) scores, MRSA and *Clostridium difficile* rates. Currently there are no high impact intervention audits which are applicable to SMBC.

In March 2011, SMBC were 100% compliant with the hand hygiene audit and had no cases of MRSA or CDT. We were told that the 'Maximiser' audit results were lower than expected and this is currently being revisited as it is believed that this is due to the way the combined scores of equipment and environmental audits are recorded. Areas scoring below 90% require action plans and are re-audited 2 weeks later to check for improved score.

Swine Flu information is displayed for patients and relatives to see and staff are aware of the action cards to use if a case was suspected or confirmed. Midwives are also aware to encourage all pregnant women to have the influenza vaccination.

All staff currently employed at SMBC (with the exception of two new starters) have completed the aseptic non-touch technique (ANTT) e-learning assessment. The Manager for SMBC also has two infection prevention 'link' midwives based at SMBC who assist with the audits.

Cleaning of the unit is the responsibility of the hotel services which are based at St Mary's Hospital, Melton Mowbray. These services are contracted in by the PCT and

not by UHL. The effectiveness, and adherence to the cleaning schedules are monitored on a regular basis and any issues with cleaning are reported directly to hotel services.

There are also daily cleaning schedules for equipment, including blood pressure cuffs, telephones, baby scales and fans when used. Cleaning checks are recorded on logs by either the midwife or maternity care assistant on a daily basis. Weekly cleaning schedules monitor drug and ward fridges, toys and oxygen/air cylinders and monthly schedules monitor the cleaning of cupboards and drawers.

### **Other evidence**

Multi disciplinary monthly clinical business unit (Women's CBU) infection prevention (CBU IP) meetings are held at which the manager for SMBC is a member. A patient representative also attends these meetings. Medical and nursing midwifery leads from CBU IP meetings attend divisional (Women and Children's) infection prevention meeting and report accordingly.

There are hand hygiene audits, environmental audits, MRSA and CDT rates which are carried out, monitored and reported back on a monthly basis, primarily to the meetings noted in the preceding paragraph. Infection prevention 'Toolkit' and associated documents are reviewed at CBU IP meeting quarterly. Exception reports are fed back to the women's CBU board meeting and the divisional board meetings.

All staff currently employed at SMBC (with the exception of the two new starters - scheduled for the 25th May) have completed the ANTT e-learning assessment. Further infection prevention information is included on the Mandatory training days which all staff based at SMBC attend. The figures for this reflect the Women's CBU as a whole and not SMBC training figures specifically.

### **Our judgement**

St Mary's Birth Centre is compliant in this area. Infection prevention and control systems within the trust (and this location) are operating effectively. Overall, we found that St Mary's Birth Centre was meeting this essential standard.

# 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**  
The minimum qualified staff level at SMBC is for one midwife to be on duty per shift. A further 1 member of staff is also on duty at the same time (this could be a maternity care assistant (MCA) or another midwife). Two midwives are always present for a birth and in cases where a 2<sup>nd</sup> midwife is required and is not on duty a Community Midwife from a neighbouring community team is requested to attend to ensure sufficient staffing levels. If this is not possible an out of hours or an on-call Community Midwife will attend. A 2<sup>nd</sup> midwife is also required if a woman or baby requires transfer to a consultant unit and a similar process as noted above is followed.

Currently there are no midwifery vacancies at SMBC. We were told that at times of vacancies or sickness then arrangements are made for either staff to work extra shifts, the neighbouring community team midwives utilised, or the SMBC manager covers the clinical shifts.

**Other evidence**  
There was a period earlier in 2010 when SMBC had to temporarily close the postnatal beds due to sickness among the MCA's. However, throughout this time the Unit was open to deliveries and mothers were advised on an early discharge with midwifery support and advice available via the Community Midwifery Team. This was a short term measure to ensure the safety and welfare of the mothers and

babies.

**Our judgement**

Sufficient staff work at St Mary's Birth Centre to keep people safe and meet their health and welfare needs. Overall, we found that St Mary's Birth Centre was meeting this essential standard.

# Outcome 14: Supporting workers

## 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 workers

### Our findings

**What people who use the service experienced and told us**  
All midwives at SMBC are registered practitioners. A Supervisor of Midwives (SOM) is on call 24 hours a day in order to be able to offer advice and support to midwives and expectant or new mothers. One of the main aims of midwifery supervision is to ensure the health and welfare of mothers and babies and to be an advocate for women when they have concerns regarding the management of their care.

Additional supervision is offered when midwives are undertaking any addition clinical skills training such as suturing. In such cases, the midwife has to attend a specific training session and will then have a series of supervised assessments and theory based assessments before being able to undertake suturing unsupervised. For all new midwifery appointments to SMBC there is an extensive preceptorship induction package to ensure the midwives are aware of any differences in processes and services on the site.

All MCA's undertake an induction programme on commencing at SMBC and are indirectly supervised by the midwives at all times. The MCA's do have the opportunity to attend the Breastfeeding Initiative Study session in order to promote and support breastfeeding to new mothers and can complete study sessions and assessments on newborn bloodspot tests, baby checks and phlebotomy. In all cases a period of assessment follows the training session and only on completion of the final assessment can the MCA's perform the tasks. Nevertheless, direct supervision, support and advice is available from the qualified midwife

The SMBC manager (Band 7) is responsible for the day to day management of SMBC. She conducts all the appraisals for the midwives and assists in identifying any clinical or managerial areas for development. If issues arise within SMBC which involve serious clinical incidents that require senior involvement then the SMBC Manager will inform the Senior Midwife for Antenatal and Community Midwifery Services, who in turn will inform the Head of Midwifery/Lead Nurse for the Women's CBU. Escalation of issues are then in line with the UHL escalation process via the Women's and Children's Division to the Trust Board and PCT if required. There is an on call Women's CBU manager available 24 hours a day as well as a Supervisor of Midwives.

### **Other evidence**

In situations where there are concerns about individual midwives practice then the Head of Midwifery/Lead Nurse for the Women's CBU will be informed together with the on call Supervisor of Midwives in order that the relevant investigations can be instigated if required and support can be organised.

All learning and development plans which are identified for midwives and support workers within the Women's CBU also apply to all midwives and MCA's who work at SMBC. The mandatory training sessions and extended clinical skills training are led by the Education Team based at the LRI site and are open to all relevant staff at SMBC

All staff receive an annual appraisal and individual development plans are formulated between the appraiser and appraisee. All midwives also receive an annual supervisory from their named SOM. Individual continuing professional development plans are formulated to ensure the midwives meet their CPD requirements and to ensure that they are eligible to submit their annual Intention to Practice

In addition there are specific automated cardiac Defibrillation sessions carried out on the SMBC site due to the fact that it is a midwifery led stand alone unit without medical assistance onsite.

### **Our judgement**

Staff working at the St Mary's Birth Centre are properly trained and supervised. A programme of staff training and development is in place that enables staff to improve their skills. Overall, we found that St Mary's Birth Centre 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

### Our judgement

**The provider is compliant** with outcome 16: Assessing and monitoring the quality of service provision

### Our findings

**What people who use the service experienced and told us**  
Quality of care at SMBC is monitored through a variety of audits, complaints received, incident investigations and feedback from users of the service.

Perinatal statistics relating to the number of births, transfers out of SMBC and whether those babies require neonatal care are reviewed on a monthly basis by the perinatal risk group in order to identify any emerging trends or themes. Any concerns are reported to the maternity services management group and then to the women’s CBU board and divisional Board if required

The number of births at SMBC is also monitored on the maternity dashboard on a monthly basis. This information helps inform the PCT of the clinical activity within the women’s CBU as a whole

Audits such as the ‘Booking notes audit’ review the quality of the booking information obtained and assists in developing action plans if needed in how to improve this task. Reviews of maternity documentation at SMBC occur to ensure accurate, timely and appropriate record keeping standards are maintained. Feedback to staff is on an individual as well as overviews of the audit findings being feedback at Unit meetings.

**Other evidence**

Whilst only one complaint was received regarding the standard of care at SMBC, an action plan was formulated to ensure feedback was given with regards to communication and perceptions. Currently communication and attitude has been identified as an underlying theme of complaints received within the trust. In view of this the women's & children's division have introduced a mandatory session on complaints and communication for all staff employed within the Division. This includes all staff based at SMBC.

Any incidents which occur at SMBC are reported via the online Datix system. The manager for SMBC, as well as the senior midwife for antenatal and community midwifery services, receive notification of these incidents. Where appropriate the incidents are investigated further and action plans formulated to address either individual, team or service issues.

Feedback from users of the service at SMBC, whether negative or positive is fed back to all staff at SMBC via the Unit meetings to ensure staff are informed and aware of the comments received.

**Our judgement**

Information provided indicated that comprehensive systems of quality review, audit and feedback are in place. This enables improvement action to be taken as necessary. Overall, we found that St Mary's Birth Centre was meeting this essential standard.

# 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

**The provider is compliant** with outcome 17: Complaints

### Our findings

**What people who use the service experienced and told us**  
Information about PILS and how to make a complaint is visually available for women to access. In the last 6 months only one complaint has been received regarding the standard of care at SMBC, issues around communications were identified and this was fed back to all clinical staff

**Other evidence**  
Whilst only one complaint was received regarding the standard of care at SMBC, an action plan was formulated to ensure feedback was given with regards to communication and perceptions. Currently communication and attitude has been identified as an underlying theme of complaints received within the trust. In view of this the women’s & children’s division have introduced a mandatory session on complaints and communication for all staff employed within the Division. This includes all staff based at SMBC.

**Our judgement**  
Staff and people who use the services are made aware of the process in relation to supporting people should they want to express concerns or complaints. The Patient Information and Liaison Service (PILS) can offer appropriate support. Senior hospital staff would also contribute to any complaints investigations which are relevant to their area of practice/division or clinical business unit. Overall, we found that St

Mary's Birth Centre was meeting this essential standard.

# 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 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

<b>Document purpose</b>	Review of compliance report
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## Care Quality Commission

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