



# Review of compliance

University Hospitals of Leicester NHS Trust  
Leicester Royal Infirmary

<b>Region:</b>	East Midlands
<b>Location address:</b>	Infirmary Square Leicester Leicestershire LE1 5WW
<b>Type of service:</b>	Acute services with overnight beds Community healthcare service Diagnostic and/or screening service Long term conditions services Hospital services for people with mental health needs, learning disabilities and problems with substance misuse Prison Healthcare Services Rehabilitation services
<b>Date of Publication:</b>	May 2012

**Overview of the service:**

Wards 15 and 16 of the Leicester Royal Infirmary operated as one ward known as the medical admissions unit. The ward received medical in-patient admissions from the hospital's emergency department and from the clinic which operated on the ward.

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

## Our current overall judgement

**Leicester Royal Infirmary 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 Leicester Royal Infirmary had taken action in relation to:

Outcome 04 - Care and welfare of people who use services

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 4 May 2012.

### What people told us

During our inspection visit on 4 May 2012 we spoke with two patients. They told us they were satisfied with the care they had received during their time on the ward. Neither of them had had to wait on a trolley for a bed to become available. One told us, "I saw the doctor very quickly. Staff have looked after me very well and staffing levels seem good." Another said, "There are plenty of staff around. Staff attitudes are good and I haven't had any problems."

### What we found about the standards we reviewed and how well Leicester Royal Infirmary was meeting them

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

People experienced care, treatment and support that met their needs and protected their rights.

### 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 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

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

During our inspection visit on 4 May 2012 we spoke with two patients. They told us they were satisfied with the care they had received during their time on the ward. Neither of them had had to wait on a trolley for a bed to become available. One told us, "I saw the doctor very quickly. Staff have looked after me very well and staffing levels seem good." Another said, "There are plenty of staff around. Staff attitudes are good and I haven't had any problems."

##### Other evidence

At our previous inspection of Leicester Royal Infirmary Wards 15 and 16 on 16 March 2012 we identified major concerns in this outcome area.

In view of these concerns we served a warning notice on the registered provider on 10 April 2012.

We carried out a follow up inspection on 4 May 2012 to check whether the provider had acted on this warning notice and addressed the concerns we had previously found.

When we arrived for this follow up inspection there were no patients on trolleys anywhere on the ward. We were told by staff that patients were no longer sent to the ward to wait on trolleys, or chairs, for a bed to become available. The practice of patients waiting on trolleys had ceased soon after our previous visit on 16 March.

We discussed this change in practice with senior managers. Following the concerns

that had been raised they had reconsidered their arrangements for managing admissions to the ward. They had decided that patients would not arrive on the ward until a suitable bed was ready for them.

Because patients were no longer waiting or having their healthcare needs met on trolleys, our previous concerns about a lack of privacy and dignity for patients in these circumstances had been addressed. This meant that people's care and treatment was planned and delivered in a way that helped to ensure people's safety and welfare.

During our previous inspection we found medication trolleys were not properly secured. On this follow up inspection we found that all the medication trolleys were properly secured to the wall with lockable brackets, and all the cabinets were locked. This meant that our previous concerns over the storage of medication had been addressed.

We had also found there were no proper arrangements in place to demonstrate how staff concerns had been addressed. There had been limited arrangements in place to support ward staff and keep them properly informed. When we carried out this follow up inspection we found that action had been taken in response to our concerns. This had included two ward meetings being held, attended by the Director of Nursing along with other senior staff. Notes of these meetings had been made and copies in the staff room for all to read. A further meeting was planned. Staff we spoke with confirmed that these meetings had taken place and also told us they felt they would be able to raise concerns if they had any and managers would act on these. This was a contrasting picture to our previous visit when staff felt communication was poor and that their comments were not acted upon.

During our previous inspection we were concerned that the area which received ambulatory patients direct from GP's was unsuitable and there was a lack of consideration of patient's privacy and dignity. Building work had been completed with the initial intention of providing a trolley bay where patients on trolleys would wait until a bed became available. Because the practice of waiting on trolleys had ceased this area was no longer needed for that purpose. The provider had decided to use this area to help address the concerns we had raised in relation to the area for ambulatory patients. The former trolley bay area was now a triage area for this clinic and was being used to examine and treat patients. Further equipment was on order to fully equip the room and additional staffing had been allocated to the clinic. The clinic room itself had also been refurbished since our previous visit. The flooring had been replaced and the room decorated.

Because improvements had been made to the clinic area, including the introduction of the triage room, our previous concerns about this aspect of the service had been addressed.

### **Our judgement**

People experienced care, treatment and support that met their needs and protected their rights.

# 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

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