

Review of compliance

University Hospitals of Leicester NHS Trust
Leicester General Hospital

Region:	East Midlands
Location address:	Gwendolen Road, Leicester, LE5 4PW
Type of service:	Acute Services
Date the review was completed:	February 2011
Overview of the service:	Leicester General Hospital is one of four locations registered under the University Hospitals of Leicester NHS Trust (UHL). It has approximately 710 bed spaces. It provides a service for the population of Leicestershire, Leicester and Rutland.

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

What we found overall

We found that Leicester General Hospital 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.

How we carried out this review

We reviewed all the information we hold about this provider in relation to this location (Leicester General Hospital). We carried out an unannounced visit on 9 February 2011. During the visit we observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

Leicester General Hospital is a large acute hospital situated in the outskirts of Leicester. It has over 700 bed spaces, and also deals with many out-patients on a daily basis.

Our team of four inspectors visited four wards at the hospital and were able to talk to a wide sample of people who were using services during the day of the inspection.

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 Leicester General Hospital.

What people told us

Summary of comments made by people who use the services: (Full comments are included in the second section of this report under each outcome area pages 10-40)

During our visit on 9 February 2011, we talked to patients at the Leicester General Hospital. On the whole the patients we spoke to were positive about their experiences of care and treatment at the hospital. Patients reported that staff were respectful and focused on meeting their personal care needs. Patients felt they were treated with dignity and respect. They also stated that they were given information about procedures including reasons for needing to reschedule or cancel them. Patients told us that the risks and benefits of different care and treatment options had been explained to them.

We found that the trust asks patients for their views and experiences of care on a regular basis.

Patients told us that they thought the general fabric of the hospital was good; they also said that cleanliness of the ward environment was good.

Patients reported that the staff explained and provided sufficient information on the medication that they were required to take whilst in hospital.

Overall, the majority of these comments reflected well on the hospital; patients we spoke to confirmed that they were looked after well and generally had their needs met. However, as was the case at Glenfield Hospital, some patients thought that the nurses always appeared to be very busy; some questioned whether there should be more staff. Some of the comments made from patients spoken with include the following:

“The nurses are overworked, sometimes you need to wait to get things done but you need to be patient, when you ring the bell they come pretty quickly but you may need to wait a while for them coming back”.

“They are so busy here the nurses and the carers, but they are very good and make time for you”.

“Depending how busy they are depends on how quickly they answer the bell”.

“You know they’re short staffed, but that’s like everywhere else”.

What we found about the standards we reviewed and how well Leicester General Hospital 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

During our ward visits the patients and relatives we spoke to confirmed that they understood the care and treatment they were receiving. Most patients said that nurses and doctors explained things in ways that could be understood. Our observations indicated that privacy, dignity and independence was respected. The hospital had systems in place to enable patients to give their views on the care they had received at the hospital.

- Overall, we found that Leicester General Hospital 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

The hospital has systems in place, along with a range of policies and procedures, that enable people using the services to be given suitable information in relation to agreeing to treatment. This relates to adults, children (and their parents), people whose first language is not English and also people using the services who may lack capacity to give informed consent.

- Overall, we found that Leicester General Hospital was meeting this essential standard.

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

Our observations, during the inspection, supported comments given by patients and relatives which were largely complimentary about care received. Comments received from Leicestershire Local Involvement Network(LINK) were also largely positive about the hospital . Leicester City Local Involvement Network had also undertaken an inspection of two wards at the hospital during 2010. The outcome from this reflected a wide variety of patients views and staff comments and generally reflected the outcome of the CQC inspection.

The trust have developed a set of acceptable behaviours which inform front line staff on exactly what is expected by the organisation when providing care to patients. Whilst we saw that some wards in the hospital were very busy we felt that the care and welfare needs of patients were being met.

- Overall, we found that Leicester General Hospital was meeting this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

Mealtimes appear to be a good experience for the people using the services. The trust recognises the importance of mealtimes and has recently put in place a number of systems to ensure that people's individual dietary needs are met. Some of these initiatives are as a direct result of the feedback received from patients.

- Overall, we found that Leicester General Hospital was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

Patients we spoke to confirmed that information was generally shared effectively with other providers, such as their GP and community hospitals. Work should continue to ensure that in 'cooperating with other providers', particularly the ambulance service (East Midlands Ambulance Service), the best possible services are available for people who rely on this type of transport. It is also important to be aware of, and be

able to react, to the continuing changes in the local health economy relating to commissioning services with other providers.

- Overall, we found that Leicester General Hospital was meeting this essential standard.

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

Based on observations made during our visit, and also taking into account the low risk indicated on the CQC quality and risk profile, no concerns were evident within Leicester General Hospital. It is also noted that no adverse comments were received from the Health Overview and Scrutiny Committee or either the Leicester City or Leicestershire LINKs.

- Overall, we found that Leicester General Hospital was meeting this essential standard.

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

Leicester General Hospital is compliant in this area. Infection prevention and control systems within the trust are operating effectively. During our inspection the hospital environment was seen to be clean, staff were clear about their responsibility for infection prevention and control, and comments received from patients and relatives were positive.

- Overall, we found that Leicester General Hospital was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

The hospital has systems in place for the management of medicines. Comments received showed that patients are receiving the medication they need and are informed about their medication.

- Overall, we found that Leicester General Hospital was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Based on our observations and the information currently held by CQC there is assurance in relation to the safety and suitability of premises at Leicester General Hospital.

- Overall, we found that Leicester General Hospital was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Based on our observations and the information currently held by CQC there is assurance in relation to the safety, availability and suitability of equipment.

- Overall, we found that Leicester General Hospital was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Based on our observations and the information currently held by CQC there is assurance in relation to requirements relating to workers.

- Overall, we found that Leicester General Hospital 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

Our observations made on four wards during the course of the inspection concluded that staff are able to keep people safe and meet their health and welfare needs. However, it was confirmed to us that some ward areas have recently been operating at minimal staffing levels. This has presented staffing challenges for the hospital, particularly over the winter period when demand for in-patient beds has increased and the hospital has had to increase capacity. The trust are aware of these issues and are managing the associated risks appropriately. The trust had just managed the closure of the Emergency Medical Unit at this location and a number of staff had been redeployed within other trust locations.

- Overall, we found that Leicester General Hospital was meeting this essential standard.

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

As a result of self declared non compliance at the time of initial registration in April 2010 the trust, including Leicester General Hospital, produced an action plan to address the key measures for achieving compliance by September 2010. Training plans and trust wide monitoring now sufficiently meets the required outcome area in relation to supporting workers. During the course of the inspection visit all staff spoken to confirmed that they had received mandatory training, e-learning, classroom teaching and specific ad-hoc training as required.

- Overall, we found that Leicester General Hospital 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 by the trust, and the outcome of the observations undertaken on the day of the visit indicated that the hospital has a comprehensive system of quality review, audit and feedback. This enables improvement action to be taken as necessary. The NHS litigation authority has graded the trust at level two (three levels in place, level three is the highest grade) in relation to reporting from learning systems and risk management. The trust has also developed and implemented a system of nursing metrics that are used to audit and assess key indicators relating to patient quality and safety.

- Overall, we found that Leicester General Hospital 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 were generally 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 managers would also contribute to any complaints investigations which are relevant to their area of practice/division or clinical business unit.

- Overall, we found that Leicester General Hospital was meeting this essential standard.

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

Systems are in place to ensure that people's personal records are kept accurately, are held securely and remain confidential. The hospital complies with the required legal restrictions relating to records management.

- Overall, we found that Leicester General Hospital 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
Patients we spoke to told us that they understood the care, treatment and support choices available to them. They said that staff tried to explain things in ways which they understood and that they felt able to ask questions if they did not understand. Some patients were able to give examples of how they were told about the risks involved in their treatment. This was also confirmed by some relatives who said that they were with their husband when a doctor explained the options and associated risks of a surgical procedure. On the wards we visited we saw that information about the ward, the hospital and the trust was displayed. We also saw information displayed giving the results of audits and monitoring that had taken place during January 2011. During our visit to the four wards we saw that staff communicated with patients in ways that were respectful and appropriate for the different needs of the patients. Some of the patients told us they were not aware of the trust 'welcome packs' even though the nurses on the wards showed us they were available within bedside lockers. Some patients were not aware that they were able to give feedback when they were due to leave hospital, although patients we spoke to on the maternity ward were aware of this. Staff confirmed that they try and explain as much

as possible about the ward and ward activities (mealtimes, doctor's rounds) when the patients are admitted. Staff said they try and adapt the way they provide information depending on the individual circumstances of the patient and how ill they are at the time of admission.

Other evidence

The most recent (March 2010) outcome score for Leicester General Hospital in relation to 'privacy and dignity, modesty and respect', carried out by the Patient Environment Action Team (PEAT) indicated that the hospital was 'tending towards better than expected' when compared with other trusts. Within the hospital it was evidenced that guidance is available to all staff to ensure they understand how to uphold and maintain the privacy, dignity and independence of people who use services. A range of reported monitoring activity was in place to check, at regular intervals, that staff were completing effective assessments of needs and consequently producing appropriate plans of care and treatment. The monitoring covers the following, and relates to areas that the trust believe involve the highest risk factors: patients observations, pain management, falls assessment, pressure area care, nutrition, medicine prescribing and administration, patient dignity and discharge. It was confirmed that patient experience feedback is collected and analysed by the trust. On the wards we visited there was an expectation that staff will endeavour to collect a minimum number of feedback forms from patients. The trust indicated that this information is used to improve services.

Our judgement

During our ward visits the patients and relatives we spoke to confirmed that they understood the care and treatment they were receiving. Most patients said that nurses and doctors explained things in ways that could be understood. Our observations indicated that privacy, dignity and independence was respected. The hospital had systems in place to enable patients to give their views on the care they had received at the hospital. Overall, we found that Leicester General Hospital 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
Patients we spoke to told us that staff had explained the care and treatment that was involved during their stay in hospital. These explanations had involved them (the patient) giving permission to carry out the treatment. Some comments from patients included the following:
“They came for some blood today, she’s very courteous, because she knows I don’t like it, she talks you through it”.
“They ask you if its ok to do something, you wouldn’t say no though would you if it’s for your own good!”

Other evidence
The hospital 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.

It was evidenced in communications with people using the services that every effort is made to ensure that clear communication is enabled. This is reinforced through the availability and use of interpreters. The translation telephone service (language line) is also utilised in the hospital. In emergency situations, when it is necessary to communicate rapidly, members of a patients family may be used, although this would not be usual hospital policy.

Our judgement

The hospital has systems in place, along with a range of policies and procedures, that enable people using the services to be given suitable information in relation to agreeing to treatment. This relates to adults, children (and their parents), people whose first language is not English and also people using the services who may lack capacity to give informed consent. Overall, we found that Leicester General Hospital 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
Patients that we spoke to were generally positive about the care they were receiving on the wards. It was stated a number of times that they felt well cared for, looked after and felt that their needs were met. On some of the wards the patients we spoke to said they thought that the nurses always appeared to be very busy; they wondered if more staff should be on duty. Our observations at the hospital indicated that the care and welfare of people who use the services was of a satisfactory standard. We were aware that the hospital had increased capacity to ensure they were able to deal with increased demand for in-patient beds at a time of winter pressures. At the time of the visit this had led to increased challenges for the hospital to ensure that each ward was able to provide sufficient staffing levels. We were told that the staffing levels on each ward were closely monitored and staff resources were deployed across the hospital to ensure effective care.

Whilst we saw that staff were very busy we also saw that patient needs were being met. We were able to confirm that identified needs were being addressed through the ward admissions and assessment process. We saw that the outcome of assessments were being put into practice.

Other evidence
We visited four wards at the hospital. The nurses and doctors spoken to on the

wards were clear about the regular reviewing, monitoring and auditing that was taking place to ensure that expected standards were achieved. (At Leicester General Hospital, and throughout the trust, these are called nursing metrics). These cover such things as ward and patient context, productivity and efficiency, patient feedback, and clinical outcomes. This information is collected in all wards and clinical areas. This information is collected monthly and is communicated within the hospital up to the highest level, so the chief executive and senior managers are aware of how wards are performing in caring for patients. If problems are identified in certain wards then the level of scrutiny for that ward is increased until such time as it meets the required standard. It is also the case that wards in this situation are offered additional support to increase the speed of required improvements.

The outcome of this monitoring is displayed within each ward area.

Executive safety walkabouts take place in all wards and departments with the aim that one occurs daily. Two individuals undertake the walkabout including executives, non executive directors, senior staff in corporate roles and patient advisors. Guidance is offered on questions to ask and issues to observe and discuss. This includes health and safety, patient safety and infection control issues. A feedback form is used and these are collated and reported to a variety of individuals and groups. Actions are taken when necessary to alleviate problems or reduce issues of concern.

The report from the Leicestershire Local Involvement Network (LINKs) was largely positive and stated that a very professional, positive and constructive relationship had been developed with the provider - University Hospitals of Leicester NHS Trust (UHL), which includes Leicester General Hospital. This relationship has enabled the ability to enquire, challenge and also effectively represent the people of the wider Leicestershire area in relation to acute healthcare services. 36 direct responses were received from the Leicestershire LINKs in relation to care and welfare at the hospital. Overall, these respondents provided positive feedback about the hospital. Of the 10 questions that were asked about the provision of care within the hospital all 10 had a majority of positive responses.

Leicester City Local Involvement Network had also undertaken an inspection of two wards at the hospital during 2010. The outcome from this reflected a wide variety of patients views and staff comments and generally reflected the outcome of the CQC inspection.

A set of acceptable behaviours that link directly with the trust vision and values and the current appraisal process has been developed. These behaviours will help inform front line staff exactly what is expected by the organisation in relation to care and welfare of patients. The plan is to make these behaviours an integral part of practise, allowing staff to challenge practise from within, changing behaviours as they happen, as well as praising others for consistently achieving acceptable behaviours.

Our judgement

Our observations, during the inspection, supported comments given by patients and relatives which were largely complimentary about care received. Comments received from Leicestershire Local Involvement Network(LINK) were also largely

positive about the hospital . Leicester City Local Involvement Network had also undertaken an inspection of two wards at the hospital during 2010. The outcome from this reflected a wide variety of patients views and staff comments and generally reflected the outcome of the CQC inspection.

The trust have developed a set of acceptable behaviours which inform front line staff on exactly what is expected by the organisation when providing care to patients. Whilst we saw that some wards in the hospital were very busy we felt that the care and welfare needs of patients were being met. Overall, we found that Leicester General Hospital was meeting this essential standard.

Outcome 5: 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

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
At mealtimes we observed that patients experienced good levels of support to ensure they had adequate food and drink. On the wards visited, we observed that people using services, who needed assistance in eating, received assistance from nurses and health care assistants. In the wards we visited, protected mealtimes were in place. This meant that during mealtime's doctors and nurses did not pursue clinical interventions, as the emphasis was on ensuring that all appropriate staff were assisting with meals. Choices of food for different cultures was also available. No direct comments were received in relation to this outcome area.

Other evidence
The Patient Environment Action Team (PEAT) scored the food (menu, choice, availability, quality, quantity (portions), temperature, presentation, service and beverages) at the Leicester General Hospital as much better than expected when compared to other trusts during March 2010.

Our judgement
Mealtimes appear to be a good experience for the people using the services. The trust recognises the importance of mealtimes and has recently put in place a number of systems to ensure that people's individual dietary needs are met. Some of these initiatives are as a direct result of the feedback received from patients. Overall, we found that Leicester General Hospital was meeting this essential standard.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
Some of the patients we spoke to confirmed that communication between the hospital their GP and local community hospitals was satisfactory. They also told us that they were aware of, and had been involved in, planning care after discharge. Staff told us that at the admission stage they are required to take account of and prepare for all patients discharge. This is to ensure that appropriate information is collated and available for other providers who will take on care responsibilities.

Other evidence
The trust have systems in place to ensure that effective cooperation takes place with other providers. It was confirmed that trust staff have regular liaison and formal meetings with other providers and provider representatives. It is the case that regular communication takes place with the ambulance service to promote effective admission and discharge activity. The nursing metrics in place at the trust include criteria relating to discharge. This includes the requirement to identify patients who will require ongoing support following discharge. This is to ensure that effective discharge planning can begin. When this criteria is monitored on a monthly basis the auditors are required to check and ensure that the planning includes reference and/or referral to social services or the district nurse if this is required.

Our judgement
Patients we spoke to confirmed that information was generally shared effectively

with other providers, such as their GP and community hospitals. Work should continue to ensure that in 'cooperating with other providers', particularly the ambulance service (East Midlands Ambulance Service), the best possible services are available for people who rely on this type of transport. It is also important to be aware of, and be able to react, to the continuing changes in the local health economy relating to commissioning services with other providers. Overall, we found that Leicester General Hospital 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 direct comments were received from people who use the service in relation to this outcome. Our observations on the wards indicated that patients are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

Other evidence
In all ward areas we visited the nursing documentation did include sections whereby at admission, the assessment allowed any issues in relation to suspicion of being in receipt of any type of abuse could be recorded. It was also noted that some forms contained very useful information in relation to the safeguarding of people using the service. For example a 'patient profile' document was available whereby close family or friends could note specific issues of concern. These forms were also integrated with the assessment of capacity as required. For example the Dewing tool for wandering screening; wandering assessment and therapeutic plan; the confusion assessment method. When we spoke to staff on the wards they confirmed they had received training and were aware of the signs, triggers and behaviours that would suggest there may be a suspicion of abuse. 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.

Some wards at Leicester General Hospital (along with other trust locations) have

developed a system whereby, patients that have been identified as at risk of 'wandering' have a device attached to their wristband. This would alert staff should an 'at risk' patient be walking towards the ward exit. In this example the trust have indicated that the system complies with legal obligations and balances the need to safeguard vulnerable patients. The system was implemented as a result of learning from an incident that took place at the Leicester General Hospital.

Our judgement

Based on observations made during our visit, and also taking into account the low risk indicated on the CQC quality and risk profile, no concerns were evident within Leicester General Hospital. It is also noted that no adverse comments were received from the Health Overview and Scrutiny Committee or either the Leicester City or Leicestershire LINKs. Overall, we found that Leicester General Hospital 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

Our observations on the four wards visited confirmed good levels of cleanliness, with no obvious issues relating to problems with infection control. We saw that staff observed required infection control precautions such as regular hand washing and appropriate use of personal protective equipment, such as gloves and aprons. All the patients we spoke to expressed positive comments in relation to the cleanliness of the ward environment.

Other evidence

It is the case that regular monitoring and auditing takes place on each ward on a regular basis. This is informally on a daily basis by the nurse in charge or matron, and on a more formal basis via monthly infection control and cleanliness checks. Hand hygiene observations also take place on a regular basis.

As mentioned previously in this report, should any ward fall short of its nursing metrics (a range of nursing related checks), then the ward is put on a 'health check', with support, to ensure it makes appropriate improvements. It was also noted that throughout the whole hospital site sufficient hand wash facilities were available, along with antibacterial gels. It was observed that nurses would remind visitors to use these when entering and leaving the wards. The last two infection control inspections at the trust (2008, 2009) had positive outcomes with all required infection control standards met. It is also noted that cleanliness and infection control has the lowest (Green) risk rating on the current CQC quality and risk profile.

The trust provided information to evidence that appropriate systems are in place to assess the risk of and to prevent, detect and control the spread of healthcare associated infection. Further information also confirmed that the hospital premises and equipment used on the wards are maintained to appropriate standards of cleanliness and hygiene.

Our judgement

Leicester General Hospital is compliant in this area. Infection prevention and control systems within the trust are operating effectively. During our inspection the hospital environment was seen to be clean, staff were clear about their responsibility for infection prevention and control, and comments received from patients and relatives were positive in this respect. Overall, we found that Leicester General Hospital was meeting this essential standard.

Outcome 9: 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

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
This was not an area in which people using services offered any direct comments. Our observations on the four wards confirmed that staff follow appropriate procedures when giving out medication. This includes confirming the patients name, checking wristbands and recording doses given.

Other evidence
As part of the 'Releasing Time to Care' initiative it is good practice for nurses who are responsible for giving out medication are required to wear red tabards. This is to show who is giving out medication; it is also a clear indication that these people should not be disturbed whilst carrying out this task. The intended message is not to provide any distraction during this busy and important activity. It is also the case that numerous audits are undertaken in relation to the management of medicine - two examples of these are; compliance with safe handling of medicines; medication management in patients over 70 years. Pharmacists are often located on wards who will also ensure, along with prescribers, regular audit of compliance with medicines management policy.

Evidence presented by the trust stated they have well described systems for medicines management which are defined in a range of trustwide policy documents. (Controlled drugs, self administration of medicines, medicines reconciliation,

pharmacy standard operating procedures, clinical guidelines - prescribing and administration of medicines) There is a trust training system in place for health professionals involved in medicines management; pharmacy support is in place at ward level to ensure there is a process for accurate prescribing and also access to expert advice on medicines, for both patients and health professionals.

The trust stated that pharmacists provide input into patient rehabilitation programmes, for example, cardiac and respiratory, in order to optimise medicines taking and patient support. Written patient information leaflets on medication are available and pharmacy have a database by which they can generate individual patient tailored medicines reminder cards. A prescribing and medicines management website is available on the trust intranet to enable easy access for health professionals on medicines information.

Our judgement

The hospital has systems in place for the management of medicines. Comments received showed that patients are receiving the medication they need and are informed about their medication. Overall, we found that Leicester General Hospital was meeting this essential standard.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
This was not an area in which people using services offered any direct comments. Our observations confirmed that people who use services at this hospital are in safe, accessible surroundings that promote their wellbeing. The design and layout of the wards we visited were suitable for the activities being carried out. Staff told us that they were well supported by the maintenance team at the hospital and that required repairs to the environment are undertaken within acceptable timescales.

Other evidence
Information was available from the trust that showed how appropriate measures are in place to ensure the security of the hospital. Information was also available to show how the trust met all legal requirements relating to these premises. Reports from the Patient Environment Action Group (PEAT) in relation to the premises and environment at Leicester General Hospital showed good results. The results were within the range of 'as expected' and 'tending towards better than expected.'

Our judgement
Based on our observations and the information currently held by CQC there is assurance in relation to the safety and suitability of premises at Leicester General Hospital. Overall, we found that Leicester General Hospital was meeting this essential standard.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
This was not an area in which people using services offered any direct comments. Our observations confirmed that people who use services at this hospital are not at risk of harm from unsafe or unsuitable equipment. We saw that equipment used by staff was fit for purpose. Staff told us that they had access to equipment in sufficient quantity to meet the needs of people who use the service. On the wards we visited we saw that staff were using a range of equipment in ways that took account of safety and comfort. We also saw that patients were using equipment that assisted them in maintaining their independence.

Other evidence
Information was available from the trust to show that equipment was properly maintained and suitable for its purpose. This also showed that appropriate guidance was in place to support staff in the safe use of equipment; this was also linked to risk assessment processes. The trust have systems in place to monitor and audit the effective use and suitability of patient equipment.

Our judgement
Based on our observations and the information currently held by CQC there is assurance in relation to the safety, availability and suitability of equipment. Overall,

we found that Leicester General Hospital was meeting this essential standard.

Outcome 12: Requirements relating to 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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
This was not an area in which people using services offered any further comments other than similar comments that have already been made in the report about how the staff at the hospital are caring and respect independence, privacy and dignity. This is further confirmed through the comments made through the Leicestershire Local Involvement Networks.

Other evidence
The information held by CQC indicated that this is a low risk area for the trust. The quality and risk profile indicated that all areas in relation to requirements relating to workers were similar to expected with additional positive comments. We were assured that the Leicester General Hospital staff are safe and the health and welfare needs of people who use services are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job. The hospital have effective recruitment and selection procedures in place; carry out relevant checks when they employ staff and ensure that staff are registered with the relevant professional regulator or professional body where necessary and are allowed to work by that body. The human resources directorate is responsible for this assurance. Should issues arise within the hospital, disciplinary and grievance procedures are instigated.

Our judgement
Based on our observations and the information currently held by CQC there is

assurance in relation to requirements relating to workers. Overall, we found that Leicester General Hospital 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

There are minor concerns with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
On some of the wards the patients we spoke to said they thought that the nurses always appeared to be very busy; they wondered if more staff should be on duty. Our observations at the hospital indicated that the care and welfare of people who use the services was of a satisfactory standard. We were aware that the hospital had increased capacity to ensure they were able to deal with increased demand for in-patient beds over the winter period. At the time of the visit this had led to increased challenges for the hospital to ensure that each ward was able to provide sufficient staffing levels. We were told that the staffing levels on each ward were closely monitored and staff resources were deployed across the hospital to ensure effective care.

Whilst we saw that staff were very busy, on all four wards we visited, we also saw that patient needs were being met.

Other evidence
During the visit we observed a number of conversations between staff in relation to ensuring that ward areas had sufficient staffing levels. It was confirmed that during this period a greater number of staff were having to cover wards other than the one they usually work on. The nurses we spoke to confirmed that they understood why these actions were necessary and also that they were supported when undertaking cover duties. The Matrons we spoke to said that the allocation of staff resources is

undertaken in a way which ensures that the skill mix is appropriate.

To manage the need for increased numbers of staff during a period of increased capacity the trust were accessing additional staff from 'preferred agencies' and also utilising available 'bank' staff. We were told that other governance and communication systems would be instigated should the need arise for escalation of staffing issues and associated risk factors. It is also the case that nursing metrics (nursing checks) have been embedded into the clinical business units and wards in order to identify quickly those areas which fall short of the required standard. These checks are to ensure the correct resource is available to staff and to implement improvements when indicated. It is further noted that the clinical leads, lead nurses and heads of nursing are visible within the clinical business units and undertake regular formal monitoring (as noted above re. metrics) and also regular informal 'walk-about's'.

Our judgement

Our observations made on four wards during the course of the inspection concluded that staff are able to keep people safe and meet their health and welfare needs. However, it was confirmed to us that some ward areas have recently been operating at minimal staffing levels. This has presented staffing challenges for the hospital, particularly over the winter period when demand for in-patient beds has increased and the hospital has had to increase capacity. The trust are aware of these issues and are managing the associated risks appropriately. The trust had just managed the closure of the Emergency Medical Unit at this location and a number of staff had been redeployed within other trust locations. Overall, we found that Leicester General Hospital 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
This was not an area in which people using services offered any direct comments other than similar comments that have already been made in the report about how the staff at the hospital are caring and respect independence, privacy and dignity; provide effective, safe and appropriate care. Our observations indicated that patients who use services have their health and welfare needs met by competent staff. Staff told us that they feel supported in the work they do at the hospital.

Other evidence
At registration, in April 2010, the trust (including Leicester General Hospital) declared non-compliance with this outcome. In their declaration they indicated this was due to insufficient evidence that staff learning and development needs were consistently and effectively used to inform training plans. At that time there were some concerning items relating to this outcome, all relating to the NHS staff survey 2008/09. These items included concerns about training and development, work related injury, work-life balance, support and communication from managers, job satisfaction, poor job design and work pressure. However, at this present review it was noted that the staff survey at that time, and its consequent results are quite dated (over 12 months old). It is now the case that the results of the most recent staff survey have shown some improved results in a number of areas, one example includes an improvement in staff appraisals from the previous figure of 35% to 82%. Another example is there have been increases in the number of staff telling the trust they have received training, learning and development and, in particular, there has

been a large increase in staff accessing e-learning. This has risen from 36 per cent to 68 per cent. Staff told us that the areas where training had particularly increased were health & safety and equal opportunities. As a result of this self declared non compliance the director of human resources and the senior training and development manager produced an action plan to address the key measures for achieving compliance by September 2010. Each division and clinical business unit has put in place an accountable officer for monitoring purposes, and to ensure continued compliance.

Our judgement

As a result of self declared non compliance at the time of initial registration in April 2010 the trust, including Leicester General Hospital, produced an action plan to address the key measures for achieving compliance by September 2010. Training plans and trust wide monitoring now sufficiently meets the required outcome area in relation to supporting workers. During the course of the inspection visit all staff spoken to confirmed that they had received mandatory training, e-learning, classroom teaching and specific ad-hoc training as required. Overall, we found that Leicester General Hospital 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
This was not an area in which people using services offered any direct comments other than similar comments that have already been made in the report about how the staff at the hospital are caring and respect independence, privacy and dignity; provide effective, safe and appropriate care.

This is further confirmed through the comments made though the Leicestershire Local Involvement Networks. The only additional comment made by a few people were that they noticed that 'lot's of checking' went on in the ward and clinical areas.

Other evidence
The trust (including Leicester General Hospital) has a comprehensive system of governance (methods by which information is communicated from ward level to board level). This system uses a range of methods such as nursing metrics (checking elements of nursing quality and processes on the ward for the benefit of people who use the services) to ensure that senior managers in the trust are aware of what is happening, in the wards, in their hospitals.

The results of this information is fed back to a number of committees and sub-committees that are part of the trust governance structure. These committee's are

accountable overall to the trust board. The information flow allows the hospital (and trust), divisions and clinical business units to maintain a system which can assess and monitor the quality of service provision. Most importantly it provides prompts, based on monitoring and reviewing systems, and allows senior managers to take actions when this is indicated. This process involves a range of reporting, and consequent actions, which will effect operational activity and ensure appropriate management of resource to ensure that all areas within the hospital (and divisions within the trust) are working to their optimum potential. The trust state that this should also equate to the overall strategy. This is evidenced in publicly available trust board minutes.

The trust have indicated that situations may arise when it may be necessary to re-allocate resources to cover for emergency situations. As previously mentioned it is always the case that in a complex organisation, such as this trust, a number of sub-committees are established to support the trust board in its strategic direction. It is also the case that working alongside executive directors are a group of non-executive directors who are able to offer appropriate challenge when important decisions are made which effect the people of Leicester, Leicestershire and Rutland (and further a field). It is also the case that the National Health Service Litigation Authority (NHSLA) has graded University Hospitals of Leicester at level 2 in relation to reporting and from learning systems and risk management.

Our judgement

Information provided by the trust, and the outcome of the observations undertaken on the day of the visit indicated that the hospital has a comprehensive system of quality review, audit and feedback. This enables improvement action to be taken as necessary. The NHS litigation authority has graded the trust at level two (three levels in place, level three is the highest grade) in relation to reporting from learning systems and risk management. The trust has also developed and implemented a system of nursing metrics that are used to audit and assess key indicators relating to patient quality and safety. Overall, we found that Leicester General Hospital 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
As previously mentioned in this report we gathered information about complaints from the Health Overview and Scrutiny Committee, Leicester City LINK and Leicestershire LINK. In general this gave the wider public throughout Leicester, Leicestershire and Rutland an opportunity to make comments, both positive and negative, about the health services offered by Leicester General Hospital. Because the comments have been wide ranging we have tried to include both positive and negative comments under all the outcome areas. This is also because complaints or compliments are usually based on a wide variety of issues, both specific and general. Comments made to the inspection team at the site visit have been included in this report. The trust provides patient information on how to complain together with a patient information and liaison service (PILS) which offers advice and information to people using the hospital services.

Other evidence
During our observations on the four wards we visited 'complaints information' (how to complain/express concerns/PILS information) was visible on all wards. All nursing and medical staff were clear in relation to the procedures they should follow if they needed to support people using services who wanted to express a concern, complaint or compliment.

Our judgement

Staff and people who use the services were generally 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 managers would also contribute to any complaints investigations which are relevant to their area of practice/division or clinical business unit. Overall, we found that Leicester General Hospital was meeting this essential standard.

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
No direct comments were made in relation to this outcome area.

Other evidence
Due to the very low risk profile (Green) on the quality and risk profile this is not an area that was fully assessed in depth by the inspection team. However, it was the case that the hospital had clear procedures in place that are followed in practice. Systems are monitored and reviewed, to ensure personalised records and medical records are maintained, according to trust policy, for each person who uses the service.

When we visited the wards it was observed that records about the care, treatment and support of people who use services, are updated as soon as practicable. Verbal communications about care, treatment and support were also documented within personal records as soon as was practicable. It was observed that in each of the wards we visited the ward clerks appeared to be very pro-active and organised to ensure information was as up to date as possible. The patient records we observed about care, treatment and support were clear, factual and accurate. They maintained the dignity and confidentiality of patients. Records observed were securely stored and transferred internally between departments and externally to

other organisations appropriately, when required.

Our judgement

Systems are in place to ensure that people's personal records are kept accurately, are held securely and remain confidential. The hospital complies with the required legal restrictions relating to records management. Overall, we found that Leicester General Hospital 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

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