

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Leighton Hospital

Middlewich Road, Crewe, CW1 4QJ

Tel: 01270255141

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Management of medicines



Met this standard

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Mid Cheshire Hospitals NHS Foundation Trust |
| Overview of the service | Leighton Hospital is a medium sized district general hospital located on the outskirts of the town of Crewe. It is the management base for Mid Cheshire Hospitals NHS Foundation Trust who are a provider of acute hospital services in south east Cheshire. |
| Type of services | Acute services with overnight beds Rehabilitation services Urgent care services |
| Regulated activities | Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury |

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 March 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and were accompanied by a pharmacist.

What people told us and what we found

At our previous inspection we found that improvements were needed in the way medicines were recorded in the hospital. We found that action had been taken to correct this issue and the trust was carrying out checks (audits) to make sure that improvements were sustained. We talked to patients, members of the pharmacy team and nurses on the wards. Most patients were very happy with the care they received and said they were well informed about their treatment, including medicines. One person told us that they had not been given adequate pain relief during their first few hours in the hospital. Nurses told us that the pharmacy service was good, and pharmacy staff were helpful. However, they said that patients sometimes had to wait several hours, or rarely overnight, for their 'take home' medicines before leaving hospital.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Management of medicines

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicines. The pharmacy opened seven days a week, and a pharmacist was always 'on call'. The weekend pharmacy service included the supply of medicines for patients to take home.

Nurses told us that patients often had to wait a long time for their 'take home' medicines to be prescribed and dispensed, after being told they could go home. When we visited the discharge lounge at 2.30pm we met two patients who had been waiting since the morning 'ward round' to be discharged. However, both had been warned they would have to wait until the afternoon for their medicines. Both were very happy about the care and treatment they had received while in hospital and praised the staff. This meant that people were sometimes inconvenienced but received the medicines they needed.

Appropriate arrangements were in place in relation to recording medicines. We looked at a total of 18 prescription charts on three wards. We saw four unexplained 'gaps' (where it was unclear whether the dose of medicine had been given) but all other administration records were completed. The Trust showed us the checks (audits) it has carried out across the hospital on the recording of medicine administration. A committee meets each month to review practice with medicines. This meant that the trust monitored the recording of medicines and that prescription charts showed if medicines had been given.

Medicines were prescribed and given appropriately. We met pharmacists and pharmacy technicians, who were checking that medicines were prescribed safely, on the three wards we visited. We found that the trust was meeting its target for 70% of all patients to have their medicines checked (reconciled) by pharmacy staff within 48 hours of admission. Medicines reconciliation was recorded on the prescription charts we saw. This meant that patients continued to receive the medicines they were taking before they came into hospital, unless the doctor stopped them for medical reasons.

Medicines were safely administered. We watched a nurse administering medicines on one

ward. We saw that medicines were given to patients in a safe and friendly way. Patients were asked if they needed any medicine for pain relief, where appropriate. However, one patient told us that they had not been given any pain relief medicine when they asked for it, on another ward. They said "I am well-treated on this ward but on the previous ward medicines were always late".

Medicines were kept securely. However, the provider may wish to note that the temperature in rooms used to store medicines was above the recommended maximum temperature. This meant that medicines could deteriorate and be less effective or unsafe to use. The provider may also wish to note that the temperature of one medicine refrigerator was too low. This meant that medicines in the fridge could freeze and then be unfit for use.

Medicines that are controlled drugs (CDs) were also stored securely. We checked the stock of a sample of CDs on two of the wards we visited. We found that the amounts corresponded to the stock balances in the CD registers. This reduces the risk of mishandling and misuse. However, we asked the trust's CD accountable officer to investigate a comment about CDs made to us by a patient.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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