

Review of compliance

Wirral University Teaching Hospital NHS Foundation
Trust
Arrowe Park Hospital

Region:	North West
Location address:	Arrowe Park Hospital Arrowe Park Road, Upton Wirral Merseyside CH49 5PE
Type of service:	Acute services with overnight beds Community healthcare service Diagnostic and/or screening service Hospice services Long term conditions services Rehabilitation services
Date of Publication:	September 2012
Overview of the service:	Arrowe Park Hospital is a large acute

	<p>hospital situated in the Upton area of Birkenhead, on the Wirral. It is one location of Wirral Universities Teaching Hospitals NHS Foundation Trust and is one of the biggest and busiest acute trusts in the North West, serving a population of 400,000 across Wirral, Ellesmere Port and Neston.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Arrowe Park Hospital was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Arrowe Park Hospital had taken action in relation to:

Outcome 09 - Management of medicines

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 5 September 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke with nine patients about their medicines. All were very positive about their stay and nobody raised any concerns about the way their medicines were handled.

What we found about the standards we reviewed and how well Arrowe Park Hospital was meeting them

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider is meeting this standard.

Patients were protected against the risks associated with medicines because there were arrangements in place to safely manage them.

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 09: 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 09: Management of medicines

Our findings

What people who use the service experienced and told us

We spoke with nine patients about their medicines. All of them were very positive about their stay. All said they received enough information about their medicines.

Comments from patients included

"I am well looked after, everyone is kind and caring".

"I understand what my medicines are for and I have been provided with a list of medicines and information sheets"

"Pain killers are offered to me every day but I have no need for them"

"More than happy with medicines"

"I'm not afraid to ask staff about my care"

"I had good lengthy discussion with the pharmacist and had opportunities to discuss my medicines with the Doctor"

"Fully aware of treatments and medicines"

"Care is excellent"

"Nurses are very good, they take a lot of stick they don't deserve"

"Very good here, very efficient".

Other evidence

We carried out this inspection to make sure improvements had been made since our last review. We found continued improvements in medicines storage as the Trust continues to invest in updating medicines storerooms and medicines storage cupboards. As a result of this we found medicines were safely kept throughout our visit.

We looked at a range of medicines records and spoke with staff about how medicines were prescribed, administered and recorded. We found appropriate arrangements in relation to the prescribing, recording and administration of medicines but found a number of errors that were due to staff not following the correct procedures. Monitoring and auditing systems were in place that helped identify some of these errors but the Trust might find it useful to note that a number of medicines were not signed as administered so we could not be sure patients had been given them correctly. We also found unclear auditing systems for checking medicines administration so there was a risk that these types of errors would not be identified and acted upon to help prevent them happening again.

We reviewed how patient's medicines were checked when they were admitted to the hospital because we found Doctors were not using the correct paperwork when we visited in April 2012. We found significant improvements in the use of the paperwork and the Trust's own audits indicated medical staff were usually following the correct procedures. However the Trust might find it useful to note that we saw a number of prescribing errors that were due to medical staff not using the paperwork correctly. For example we saw two separate incidents involving pain killers that did not result in any harm to the patients but were incorrect and placed their health and wellbeing at unnecessary risk. Failing to safely check patient medication histories increases the risk of errors.

We spoke with a patient that was managing one of their own medicines and found the Trust's self medication policy was not being followed. This meant the records were not clear about how this medicine was being administered and the patient did not have a secure place to store their medicines. Managers told us self medication was only being officially piloted on some wards so not all staff were aware of the correct procedures to follow. The Trust might find it useful to note that this patient had no completed risk assessment or care plan so there was a risk they might not receive enough support to safely manage their medicine.

Our judgement

The provider is meeting this standard.

Patients were protected against the risks associated with medicines because there were arrangements in place to safely manage them.

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

Document purpose	Review of compliance report
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