

Review of compliance

Mid Cheshire Hospitals NHS Foundation Trust Leighton Hospital

Region:	North West
Location address:	Middlewich Road Crewe Cheshire CW1 4QJ
Type of service:	Acute services with overnight beds Rehabilitation services Urgent care services
Date of Publication:	July 2011
Overview of the service:	Leighton Hospital is a medium sized district general hospital located on the outskirts of the town of Crewe and is the management base for Mid Cheshire Hospitals NHS Foundation Trust who are a provider of acute hospital services in south east Cheshire.

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

Our current overall judgement

Leighton Hospital was meeting all the essential standards of quality and safety.

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 Leighton Hospital had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 09 - Management of medicines

How we carried out this review

We reviewed all the information we hold about this provider.

What people told us

We did not speak to people who use the service as part of this follow-up review.

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

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

Overall, we found that Mid Cheshire Hospitals NHS Foundation Trust was meeting this essential standard.

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

Overall, we found that Mid Cheshire Hospitals NHS Foundation Trust was meeting this essential standard.

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.

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 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

We did not speak to people who use the services as part of this follow-up review.

Other evidence

When we carried out a review of compliance in response to information we had received, we had moderate concerns relating to this essential standard.

It was identified that:

- No agreed pathway was in place for women with high risk factors such as epilepsy, obesity and hypertension.
- There were no guidelines for women with risk factors in pregnancy.
- There was no overall high risk pathway in place.
- Conflicting advice was given to women.
- There was no ratified policy for telephone advice.
- There was no official audit programme for monitoring stillbirth rates.
- Antenatal screening for foetal growth restriction required enhancement.

The Trust provided us with a detailed action plan to address these issues and kept us informed as to its progress on a monthly basis. This action plan referred to supporting evidence which we reviewed.

This supporting evidence included Maternity Manual Guidelines for Epilepsy in Pregnancy, Obesity and Hypertension in Pregnancy. We also saw an overall High Risk

Pregnancy Pathway Guideline together with the associated pathways.

We saw evidence that the issue of conflicting advice had been addressed through a standard method of recording information together with a revised patient information leaflet. We also saw a Maternity Manual Guideline for telephone advice, subsequent admission and escalation.

We also saw an updated guideline for foetal growth restriction.

We concluded that all necessary steps had been taken to address the issues identified in the original report.

Our judgement

Overall, we found that Mid Cheshire Hospitals NHS Foundation Trust was meeting this essential standard.

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 did not speak to people who use the services as part of this follow-up review.

Other evidence

When we carried out a review of compliance in response to information we had received, we had moderate concerns relating to this essential standard.

We found that there were a number of alerts issued by the National Patient Safety Agency that had not been acted on in the required timescale. When we looked further we found that The Trust had good systems for recording and monitoring these breached alerts and that all but one were related to medicines management.

The Trust told us that they had had their own concerns about the Pharmacy Department in 2008 and that they had conducted a review of the Department in January 2009 which had resulted in an action plan. We noted that this review and action plan recognised the non compliance with these alerts and addressed them.

The action plan had three phases. We noted that phase 1 which involved a departmental restructure and recruitment of key staff had been completed on time by April 2010. The second phase was due for completion in April 2011 and we saw that it would address the issues of concern through recruitment of additional staff. We saw evidence that this phase of the plan was on track and that funding was allocated.

Since publication of the review The Trust has continued to keep us informed of progress and has provided satisfactory evidence that their Pharmacy Action Plan has been implemented. The Trust has also provided monthly updates about the National Patient Safety Agency alerts and we are satisfied both that the historical breaches have been dealt with and new alerts are being addressed in a timely manner.

Our judgement

Overall, we found that Mid Cheshire Hospitals NHS Foundation Trust 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 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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