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

The Countess of Chester Hospital

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Date of Inspections: 20 February 2013
19 February 2013

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

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<td>Respecting and involving people who use services</td>
<td>✓ Met this standard</td>
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<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
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</tr>
<tr>
<td>Management of medicines</td>
<td>✓ Met this standard</td>
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<tr>
<td>Staffing</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Records</td>
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<tr>
<td>Details about this location</td>
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<td>----------------------------</td>
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<td><strong>Registered Provider</strong></td>
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<tr>
<td>Countess of Chester Hospital NHS Foundation Trust</td>
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<tr>
<td><strong>Overview of the service</strong></td>
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<tr>
<td>The Countess of Chester Hospital is a large 600 bedded district general hospital. The Trust has almost 4,000 staff and provides a range of emergency and planned medical services to more than 445,000 patients per year from areas covering Western Cheshire, Chester, Ellesmere Port, Neston and North Wales.</td>
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<tr>
<td><strong>Type of services</strong></td>
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<td>Acute services with overnight beds</td>
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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 19 February 2013 and 20 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and were accompanied by a pharmacist. We reviewed information sent to us by local groups of people in the community or voluntary sector.

What people told us and what we found

During our inspection we spoke with patients, relatives and staff on the paediatric unit and two adult surgical wards.

People said they were treated with respect, consulted about their care and treatment and provided with the information they needed to make informed decisions.

All of the patients we spoke with on the adult wards said their needs were met and they were very happy with their care and treatment, although patients on ward 46 said that they sometimes had to wait to have their needs attended to. Comments included "I have no complaints at all, the treatment is excellent" and "It's very good". One person said "There are possibly not enough staff, but there's never an occasion when things don't get followed up".

Five out of six parents we spoke with on the paediatric unit said they were very happy with the care of their child. One couple said "We have been very impressed with the service we have received" and another parent said "My little girl is cared for very well".

Patients and relatives were, without exception, complimentary about the staff. Comments included: "Generally the staff are very good"; "The nurses are brilliant"; "Everyone is amazing"; "They are very nice, wonderful really"; "Very dedicated"; "They do a brilliant job and seem so patient"; "They can't do enough"; "I can't fault them".

We found that people were protected from harm and records were well maintained.

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

Respecting and involving people who use services  ✔ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.
People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our inspection we spoke with patients and relatives on the paediatric unit, an orthopaedic ward (ward 46), and another surgical ward that takes patients for bariatric and general surgery (ward 41).

Patients said that the staff always asked permission before carrying out any examinations or care and also regularly asked if they had any concerns. We observed that staff always explained what they intended to do and made sure that patients were comfortable and didn't need anything else before they moved on to another patient.

The patients and relatives we talked to said that staff had explained to them about their medical condition (or their child's) and that they were encouraged to take part in drawing up a plan of care and treatment and also encouraged to ask questions if they didn't understand anything. Staff identified patients who had dementia and consulted with them and their relatives to complete a booklet developed by the Alzheimer's Society called 'This is Me', which provided detailed information about the patient, their life history and important people and events in their lives. This helped the staff to understand the patient better and provide more personalised care. It was clear from conversations that staff had with patients who had dementia that they knew their home circumstances and knew who needed extra reassurance.

We saw that information leaflets were available for patients and relatives about the ward and the facilities available and also about various medical conditions and surgical procedures. Most people said they had been given written information. One person said "I received a wealth of information". We saw that a doctor on the paediatric unit explained to a parent the treatment options available and checked their understanding. He also provided printed information and ensured that the nurses were aware of what the parent had been told so they could answer any queries. We also saw that a dietician on the bariatric ward gave a patient some information leaflets, advice on diet and further reading material and responded fully to all the questions the patient posed.
Patients said staff maintained their privacy and dignity. One person said "They are very respectful" and another said "They always use the screens and talk quietly to maintain my privacy".

We observed staff practice. We saw that staff introduced themselves, explained procedures to patients and asked their permission before they carried them out. Staff drew curtains round patients before carrying out examinations or personal care, and clipped a sign to the curtain saying 'care in progress, please do not enter'. We noted that when doctors spoke with patients, they asked whether the patient had understood and if they wanted to ask any questions.

We asked staff how they maintained people's privacy and all talked about single sex accommodation and the use of curtains and signs. Wards were mixed, but bays and bathrooms were designated either male or female.

Staff said they had received training in equality and diversity and could describe facilities available to meet patients' diverse needs. These included an interpreter service, prayer rooms, communication aids, special diets and patient information in various formats.

There were systems in place to gain feedback about services provided. This included inpatient surveys, local LINK involvement (Local Involvement Networks are made up of individuals and community groups, working together to improve health and social care services) and review of complaints and suggestions. People are also invited to public meetings of the Board of Directors and Board of Governors.

The hospital recently held a Dignity Action Day, which included a 'listening wall' positioned near to the main entrance where people could post comments about their experience and general views on dignity in healthcare.
Care and welfare of people who use services  

Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

All of the patients we spoke with on the adult wards said their needs were met and they were very happy with their care and treatment. Everyone said they received adequate pain relief. Comments included "I have no complaints at all, the treatment is excellent" and "It's very good".

Patients and relatives said that the staff were very helpful and responded to call bells, although patients on ward 46 said that they sometimes had to wait to have their needs attended to. One person said "There are possibly not enough staff, but there's never an occasion when things don't get followed up". Another person said they'd had to wait twenty minutes for a commode. We observed that staff answered call bells as quickly as they could, but sometimes had to explain to patients that they were busy doing something else and would come back as soon as they were free.

The patients on ward 41 said that they never had to wait for assistance and one person said "I never have to ring the bell because staff are always here".

Five out of six parents we spoke with on the paediatric unit said they were very happy with the care of their child. One couple said "We have been very impressed with the service we have received" and another parent said "My little girl is cared for very well". One child's parents were dissatisfied because they felt their child had been misdiagnosed, but said they were going to formally raise this with the Trust.

On the paediatric unit we saw that play was incorporated into the children's care. We observed staff playing with the children who were well enough. There was a play room available that was staffed from 8am to 4.30pm by hospital play specialists and if children couldn't visit the play room play and craft equipment was taken to their bed. We also observed that young children were never left on their own if their parents had to go out of the unit.

Care records were integrated and demonstrated people had been looked after by a multi-disciplinary team. We saw evidence patients had access to a full range of medical, nursing and other allied health care professionals.

People's needs were assessed and care and treatment was planned and delivered in line
with their individual care plan.

We found there was a risk management system in place that included reflecting on practice, learning from adverse events, incidents and near misses and taking into account findings from national reviews and recommendations from safety and risk alerts.
Safeguarding people who use services from abuse  
Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with patients and relatives of patients who used the service. They commented that they felt comfortable with the service they received and told us that the staff were very helpful and supportive and had put them at ease. One child said "I feel that I would be safe here without my mum". Patients told us that if they did have any concerns, they felt able to raise them with ward staff.

Staff told us how they would raise any concerns in relation to safeguarding. Staff gave examples of where safeguarding alerts had been triggered and how these had been dealt with appropriately. Ward staff we spoke with were knowledgeable about the actions they needed to take should they have any concerns for the safety or welfare of patients. Staff were able to describe the various types of abuse that could occur and the signs they should look for. They were familiar with the term whistle blowing and expressed confidence in raising issues with current managers.

Basic safeguarding training (Level 1) formed part of the Trust's mandatory training and was included in the induction programme for all new starters at the trust. In addition, annual safeguarding training was provided at Level 2, which included Mental Capacity Act and Deprivation of Liberty Safeguards training. All staff were expected to attend this every two years.

The Trust had named leads for adult and child protection who had attended Level 3 training.

There were comprehensive safeguarding policies and procedures for children and vulnerable adults on the hospital's intranet. Safeguarding reports were presented to the Board of Directors on a quarterly basis.
Management of medicines

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

Met this standard

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at how medicines were handled and saw appropriate arrangements were in place for confirming and reviewing people's medicines on first admission to hospital. When patients were admitted to the hospital doctors recorded and prescribed their medicines following a standard procedure. This was checked by the pharmacy team to make sure all the information was correct.

We looked at the prescription and medication records in detail for seven people on two wards. We found that appropriate arrangements were in place in relation to medicines administration and recording. One person we spoke with confirmed "they always ask you if you need painkillers and if you need anything at night, you just buzz, there's always a nurse at night." Patients we spoke with confirmed that nurses and doctors "explained the changes" to their medicines. One person confirmed "I have the same medicines as I take at home but I've an infection so I've got something for that too, they've told me all about it." The medicines records we checked were completed correctly and new medicines were obtained promptly.

However, the provider might like to note that we examined one record that showed doses of a medication for Parkinson's disease had not been properly spaced throughout the day. The ward manager explained that training raising awareness of this was being rolled out. This is important because if people with Parkinson's disease don't get their medication on time, their ability to manage their symptoms may be lost.

We looked at how patients were supported to look after their own medicines. Procedures for assessing and supporting patients to self-administer medication were not available. However, managers confirmed that a new self-administration policy had been written and that a pilot was planned. It is important that self-administration is assessed and recorded in line with hospital policy to help ensure patients are best supported.

We looked at medicines storage. We saw that medicines including controlled drugs were safely locked away and the ward emergency drug packs were in date and regularly checked to ensure they were available when needed.

Records of medicines given to people on discharge were clear. Patients were also given a
letter explaining how they could contact the hospital if they had any concerns about their medicines. We spoke with three patients who were getting ready for discharge from the hospital. Everyone we spoke with in the discharge lounge was going on to another healthcare setting but all confirmed that they had enough information about the medicines they were taking.
Staffing

There should be enough members of staff to keep people safe and meet their health and welfare needs

Met this standard

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Patients and relatives were, without exception, complimentary about the staff. Comments included: "Generally the staff are very good"; "The nurses are brilliant"; "Everyone is amazing"; "They are very nice, wonderful really"; "Very dedicated"; "They do a brilliant job and seem so patient"; "They can't do enough"; "I can't fault them".

We looked at staff rotas and discussed staffing levels with staff and patients.

On the paediatric unit all the parents we spoke with told us there were enough staff and that a member of staff checked on their child at least every half an hour. We saw that at least one member of staff was present in the assessment unit at all times. However, the staff said they didn't think there were enough staff, particularly between 5pm and 8pm, when there tended to be a lot of admissions to the assessment unit. This was discussed with the ward manager. She said she believed the staffing levels were safe, but staff may be rushed at that time. However, she said there were always at least two staff on the assessment unit for six beds and staff from the inpatient ward helped out if that was quieter. She said could also get staff from the nurse bank if necessary, although they may not always have training or experience in paediatric nursing.

On ward 46 patients said their needs were met but sometimes they had to wait for assistance. Staff were also concerned about this. The ward manager said that often two thirds of the patients needed two staff to assist and that audits of dependency were going to be completed to determine whether staffing was sufficient. However, she did say that extra staff could be obtained from the nurse bank if she thought staffing levels were unsafe. We discussed this with the Director of Nursing who told us that she was aware of the concerns and the Trust had decided to reduce the number of beds on this ward by three, but leave the staffing levels the same.

On ward 41 patients and staff said the staffing levels were more than adequate. This was a new ward and had not achieved full occupancy at the time of the inspection.
Records

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at the nursing records for six patients across the three units. These were held on an electronic database and only authorised personnel had access. The care plans were personalised and provided guidance about how patient's needs should be met. Risk assessments were incorporated within the care records. These identified risks to patients and provided guidance on how staff should support patients to manage the risk of harm. Guidance information was seen in the form of standard operating procedures and guidelines.

The care plans and risk assessments were reviewed on a frequent basis by the staff to ensure they were current and relevant to the needs of the patient. They were also audited monthly by the ward managers.

On the second day of our inspection the Trust was also being assessed for accreditation by the National Health Service Litigation Authority (UK) (NHSLA). The Trust's records were assessed against a set of risk management standards incorporating organisational, clinical and health & safety risks. The trust have since informed us that they attained Level 3, which is the highest accreditation level.
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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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.

<table>
<thead>
<tr>
<th>✔️ Met this standard</th>
<th>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.</th>
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<tbody>
<tr>
<td>✗ Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>✗ Enforcement action taken</td>
<td>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.</td>
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</table>
Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.
### (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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