Review of compliance

University Hospitals of Leicester NHS Trust
Leicester Royal Infirmary

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<th>Region:</th>
<th>East Midlands</th>
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| Location address:| Leicester Royal Infirmary  
Balmoral Building level 3  
Infirmary Square  
Leicester  
LE1 5WW |
| Type of service: | Acute Services |
| Date the review was completed: | November 2010 |
| Overview of the service: | Leicester Royal Infirmary (LRI) is the largest hospital site for the University Hospitals of Leicester NHS Trust. The site has approximately 1000 bed spaces. The services are available for the people of Leicester, Leicestershire and Rutland. Specialist provision is also accessed from people external to these areas.  
Four divisions are in place across the three |
main trust sites. Part of all of these divisions are hosted within the LRI site. The four divisions are: planned care; acute care; children's and women's; clinical support.
What we found overall

We found that Leicester Royal Infirmary 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.

Compliant for all outcomes reviewed and therefore no regulatory action being taken

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, carried out a visit on 11 November 2010, 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.

What people told us

Leicester Royal Infirmary is a large acute hospital in Central Leicester. It has over 1000 bed spaces, an emergency department and deals with many out-patients on a daily basis. Therefore our team of inspectors were able to talk to a wide sample of people who use the services during the day of the inspection.

It should also be noted that we take into account to the views of those members of the public who express concerns or compliments through Local Involvement Networks (LINk). We took into account information provided by the Leicester City LINk and 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 the Leicester Royal Infirmary.
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 9-44)

We spoke to a number of people who confirmed that respecting and involving people who use the services, particularly in relation to issues of privacy and dignity, were well respected and put into practice by staff working on the wards. One person said staff always used the curtaining for privacy and communicated in hushed tones preserving privacy and dignity (he indicated he’d been a regular visitor with his son 5 times in the last 12 months).

It was confirmed that separate male and female facilities were available in the theatre arrivals area. In the theatre arrivals area it was confirmed by a number of people who use the services that they had been informed about what clinical procedures they would be going through that day.

It was confirmed that the appointment in outpatients were thorough. This involved a full pre-assessment and an explanation of what to expect when they came into theatre for the operation. It was also confirmed that patient information given at the pre-assessment was double checked on their admission day.

One man said his allergies were recorded the last time he came for pre-assessment, but they also double checked again on arrival. He indicated that staff have kept him informed, explained the treatment, and let him know his time for going into the theatre. He said he felt confident to ask staff about any concerns, but didn’t feel it was necessary.

One man said he felt that a Doctor interacted well with his mum, for example, he knelt down at her level when talking to her, which he thought was good and respectful.

Patients stated that consent forms are always signed prior to going into theatre. One man stated he was involved in care planning at all times. Doctors and nurses explain what is going on and explain medical terms in plain English, for example the issues around consent. Another person using the service confirmed they were aware of the treatment plan and felt clear about consent issues. She indicated that this was explained to her.

On the children’s wards some parents said they were able to stay overnight with their child if they wanted to. One mum said that the nurses were helpful and allowed her to care for her son, so she still felt able to look after him, but with the knowledge that nurse support was available.

Another mum said she felt the nurses were respectful in that they would explain things to the family, but would always ensure they explained it to her child first. She said it felt as if she was involved in care and treatment.

One mum, who had been into the hospital several times throughout most of her child’s life was very complimentary of the care on the children’s wards in particular.
One lady said she had surgery late 2009 (in the Kensington Building). She let the head of nursing and midwifery know that the care was exceptional as she had had wonderful care on the ward and by the theatre staff pre and post op. She said she was treated with dignity at all times. She also commented that the cleanliness of the ward was second to none and that cleaning never seemed to stop.

What we found about the standards we reviewed and how well Leicester Royal Infirmary 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

Since the last visit improvements had been made in relation to privacy and dignity in the theatre arrivals area. This included the launch of dignity pegs and care in progress signage for areas in the ward that were divided via curtains. The ward had also been divided into male and female areas with appropriate bathroom and toilet facilities.

- Overall, we found that the Leicester Royal Infirmary 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 consent issues. 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 the Leicester Royal Infirmary was meeting this essential standard.

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

Comments about the care received by people, during the inspection, were mostly complimentary as were comments from the Leicester City and Leicestershire Local Involvement Network (LINk). Leicester Royal Infirmary have developed a set of acceptable behaviours which inform front line staff exactly what is expected by the organisation.

- Overall, we found that the Leicester Royal Infirmary 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 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 the Leicester Royal Infirmary was meeting this essential standard.

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

Work should continue to ensure that in 'cooperating with other providers', particularly the ambulance service (East Midlands Ambulance Service), that the further work needed to ensure 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 the Leicester Royal Infirmary was meeting this essential standard.

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

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

- Overall, we found that the Leicester Royal Infirmary was meeting this essential standard.

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

Leicester Royal Infirmary is compliant in this area. During our inspection the hospital environment was seen to be clean and comments received from patients and relatives were positive. The previous two infection control inspections during 2009/2010 both had very good outcomes.

- Overall, we found that the Leicester Royal Infirmary 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 the Leicester Royal Infirmary was meeting this essential standard.
Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

At the last CQC visit in March 2010 some concerns were noted in relation to theatre arrivals. It is now the case that adequate improvements have been made to ensure that the premises are both suitable and safe. However, the safety and suitability of all premises will continue to present on-going challenges when managing older parts of the Leicester Royal Infirmary estate.

- Overall, we found that the Leicester Royal Infirmary was meeting this essential standard.

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

A challenge for the children’s wards is how to best manage the storage of children’s lifting/hoist equipment. Quite a lot of equipment, at the time of the visit, was stored in the corridor areas. It is appreciated that demand on these wards varies depending on which children are using the service. It is important to ensure that equipment is safe, available and suitable when needed by the children and young people. This might be best considered under the productive ward scheme.

- Overall, we found that the Leicester Royal Infirmary 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 the information currently held by CQC there is assurance in relation to requirements relating to workers.

- Overall, we found that the Leicester Royal Infirmary 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

Based on the information provided and also based on our observation on the two paediatric wards we feel that progress has been made in reinforcing staffing structures within the children's hospital. We spoke with staff in both wards and they were positive about the changes made and the visible improvements. Patients and relatives stated that they felt safe at the hospital.

- Overall, we found that the Leicester Royal Infirmary 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 Royal infirmary, produced an action plan to address the key measures for achieving compliance by September 2010. It is now
considered that training plans and trust wide monitoring 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 the Leicester Royal Infirmary 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 site 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 2 in relation to reporting from learning systems and risk management.

- Overall, we found that the Leicester Royal Infirmary 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 aware of the process in relation to supporting people who 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 the Leicester Royal Infirmary 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 and are stored safely. The hospital complies with the required legal restrictions pertaining to records management.

- Overall, we found that the Leicester Royal Infirmary 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

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<td>Comment: From patient and wife – staff had asked for permission to enter the curtained area prior to entering, preserving privacy and dignity.</td>
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<td>Comment: Patient had been seen on Fielding Johnson ward straight from outpatients before returning for a later appointment. He felt this had helped his orientation to the ward when due to return for his procedure.</td>
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<td>Comment: Person stated he’d been given full information by staff (Nurses and doctors) about procedures e.g. anaesthetic / biopsy.</td>
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<td>Comment: &quot;The staff are really good, I saw them cleaning the arrest trolley this morning when we arrived. I can’t fault the treatment, it's been 10 days since I saw my GP, and I am here having the operation.&quot;</td>
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<td>Comment: &quot;This is the second time I’ve come in. When I came the first time they did the pre assessment 2 weeks before I came in for the operation. They also double-checked the information today.&quot;</td>
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Comment: "They did the pre-assessment this morning as I only got the letter on Tuesday and my appointment was for today (Thursday)."

Comment: "I had a shower at home with the gel (re MRSA) that they had given me before, so I didn’t have to shower again; the toilets are all clean." She said that her allergies were recorded the last time she came for pre assessment, which was double-checked on arrival. She also confirmed that the staff have kept her informed by explaining the treatment and giving her an indication of the time she would be going into theatre. She said she felt confident to ask staff about any concerns she may have but didn’t feel it was necessary.

Comment: A mother indicated that staff always used the curtaining for privacy and communicated in hushed tones, preserving privacy and dignity (she’d been a regular visitor with her son 5 times in the last 12 months).

Comment: "Doctors interacted well with my mum. The doctor knelt down, at her level, when talking to her, which I though was good and respectful."

**Other evidence**

We re-visited the theatre arrivals area within the Fielding Johnson ward because some concerns had been expressed in March 2010, at the time of registration about privacy and dignity issues in relation to elective patients (patients with pre-booked appointments) waiting in areas which did not provide for appropriate segregation of sexes. This concern had been raised via a 'whistleblower' (someone working at the hospital expressing concern about how the situation was being managed).

During the inspection it was the case that privacy and dignity issues were assessed in all other areas of the hospital site that we visited. It was also noted that the distance between the theatre arrivals area was not in close proximity to the theatre area. In the interim period since the last visit in March 2010, Fielding Johnson ward had been split into male and female areas (23 bed spaces, with separate male and female bathroom areas). The trust has plans in place to outsource the sterile service department (SSD) to free up the space, which was adjacent to the theatre area, and utilise this area for theatre arrivals. This is currently in the planning stage and is dependant on the out-sourcing of the SSD.

In relation to privacy and dignity the doctors always try and make use of private rooms if available; if not, respectful and lowered tones in speech is expected behind curtain areas.

Nursing staff ensure appropriate information is given in relation to risks involved in procedures. They encourage patients to own and take on some responsibilities after they’ve undergone procedures e.g. smoking, encourage exercise avoid DVT (Deep Vein Thrombosis). Patients are given information about what they can and should do when they go home. (verbal and written information given). All patient lockers we saw had patient booklets, with relevant information about the ward and the hospital. The information contained within these can be adapted to relate to the particular specialism of the ward.

The ward has in place an 'older peoples champion' staff member to promote independence/dignity.

Translation services are available (or language line). As an elective surgery area this can often be arranged prior to visit. Although not encouraged, in emergency
situations relatives will sometimes translate through a ‘need to do so’. Complaints information was on display. Matron indicated that they like to try for early resolution of any complaints whenever possible or appropriate. To capture patient feedback an electronic patient experience machine was in a prominent position in the centre of the ward. This real time tool enabled people who use services to express their view of care received, and also ran in parallel with weekly patient feedback questionnaires. The information was communicated to nurse managers who could take action if this was necessary.

The environment was visibly clean, spacious light and airy. Hand gel was observed on each bed end. Nurses were observed to wash hands and use gels appropriately. It is also the case that the Leicestershire LINk (Local Involvement Network) made the following comment in their report to us (21/10/10) - “Dignity is clearly a highly significant factor in quality provision. All LINk members were consulted on this issue and requests were made for any concerns to be reported. No such concerns were received. LINk is very happy with the policy of the trust in its implementation and review.” The review undertaken by LINks concluded that all appropriate steps had been taken to provide this facility and maintain the dignity and respect of every patient.

In contrast to the above statement it was noted by the Health Overview and Scrutiny Committee (OSC) that “On the 1 September 2010 the OSC visited all trust sites specifically emergency admissions. Aspects of privacy and dignity were discussed with staff on this visit. The OSC concluded that in those areas there was a need to improve privacy and dignity issues.”

Our judgement
We found that as a consequence of the last visit significant improvements had been made in relation to privacy and dignity in the current ‘temporary arrangement’ for the theatre arrivals area. This included the launch of dignity pegs and care in progress signage for areas in the ward that were divided via curtains. It is noted that the ward had also been divided into male and female areas with appropriate bathroom/toilet facilities. It was noted that the ward area was in good condition, clean and well ordered. When we spoke to patients in the areas all comments made were positive. When we spoke to the matron and head of nursing (Planned Care) in this area they were also very positive and knowledgeable about previous problems. They felt that their staff teams had worked hard to make improvements work for the benefit of people using the services.

It is also the case that when the new theatre arrivals area is developed adjacent to theatres the service may improve further, due to its closer proximity.
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
Comment: One patient stated that consent forms are always signed prior to going into theatre.

Comment: "We are involved in care planning at all times. Doctors and nurses explain what is going on and explain medical terms in plain English, for example the issues around consent."

Comment: "I was aware of the treatment plan and felt clear about consent issues. These were explained to me."

Other evidence
The hospital has a consent policy. A consent audit was carried out during 2010. The new consent policy is being rewritten to reflect the new divisional arrangements and processes for capturing delegated consent. It is evidenced that 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. When emergency cases arrive and it is necessary to communicate rapidly,
members of the family have also been used, although this would not be usual hospital policy. The redrafted consent policy will be submitted to the December 2010 meeting of the policies and guidelines group.

**Our judgement**

Based on the evidence available the hospital has systems in place, along with a whole range of policies and procedures that enable people using the services to be given suitable information in relation to consent issues. 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.
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
Comment: A patient told us they had been seen on Fielding Johnson ward straight from outpatients before returning for a later appointment. They felt this had helped their orientation to the ward for when returning for their procedure.

Comment: "I stopped overnight, and was made very welcome You can ask the staff anything, they go out there way to help. They (nursing staff) aren’t always here, and I can still care for ‘A’ (her son) Staff are good, very friendly."

Comment: We spoke to a family admitted via NHS Direct as an emergency admission. They said, “They always talk to us and let us know what’s going on, and they talk to ‘B’ first which is only right as he is the patient. They regularly ask us if we are OK. The food is OK, I like it when there is pasta on the menu, and I can eat where I want to."

Comments: One patient said he thought communication between the Neurology consultant/doctors with patients could be better. However, he said he had observed positive communication between the staff, nurses and the ward manager. He found the nurses on the ward could not be more helpful. She gave an example that related to medication. She said that staff measure out the medication and bring it to her (mother) to give to her child.
Comment: "All the staff wear name badges so you know who they are."

Comment: One patient told us that information is given at all times with regards to care planning, risks and possible changes of medication. The mum said, “the support from the Epilepsy Nurse has been fantastic, I have her telephone number and she helps me. I’ve been in contact with her several times now whilst in hospital and at home.”

Comments: One mum said “this place is very much like home from home.” She said her child has “been in and out of here most of her life and compared to another children’s hospital, which specialises for children, I would prefer to be here every time. It’s great here, staff know us very well now. They’ll greet us with hello (name of child), you here again.”

Comments: "Initially I used to be afraid of the consultants, but after a bad experience, I now feel able to tell them." The mum gave the example of when bloods need to be taken, and to avoid putting a gas mask on her child, as she will gag and this happened on one occasion. Now mum will ask that she speaks with the doctor or consultant when they treat her. She said she is now confident to pursue concerns, initially with the ward manager, and said it’s always been resolved at this stage.

Comments: One mum said she was happy about the staffing. She said some staff promoted familiarity and knew her child, which made the stay easier. “We’re involved with the care planning at all times and more confident to ask doctors to explain medical terms in plain English.” The child said, "the staff are alright, they’re all friendly and I know the one’s that are fun." The child said she likes doing craftwork, and said that staff would bring activities to her bed to do.

Comments: One patient said he was aware of his treatment plan. He said," they talk to me and answer my questions."

Comments: One family said they are involved in discussions regarding medical treatment and were given verbal and written information ready for when they leave the hospital.

Comment: One lady, who had had previous surgery stated that she had, “let the head of nursing and midwifery know that the care was exceptional. Wonderful care on the ward and by the theatre staff pre and post op." She felt that she was treated with dignity at all times. She stated that, "the cleanliness of the ward was second to none. In fact cleaning never seemed to stop."

Other evidence
We visited five wards at the hospital, theatre arrivals, paediatric medicine, paediatric surgery, care of the elderly and acute medical admissions. It is noted that we obtained consent from the nurse in charge on both the paediatric wards to observe care interactions and speak to children and young people. It can be seen, in the above section, that it was clear from the evidence presented, and from our observations that the care and welfare of people who use the services was of a satisfactory standard. It was clear that people’s needs were being formally
addressed through the ward admissions and assessment process. The outcome of assessment was being put into practice. It was positive to note on the children's wards the number of thank you letters and postcards that were on display.

The nurses and doctors spoken to on the wards were also very clear about the regular reviewing, monitoring and auditing that was taking place to ensure that expected standards were achieved. (At the Leicester Royal Infirmary 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 right 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.

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. In addition to the executive safety walkabouts the chief executive and chief nurse do clinical visits on a daily basis.

The report from the Leicestershire Local Involvement Network 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 the Leicester Royal infirmary. This relationship has enabled the ability to enquire, challenge and also effectively represent the people of the wider Leicestershire area in relation to acute primary healthcare services.

From Leicester City LINk we received 11 direct positive quotes during the month of October, this was contrasted to just over 30 negative comments on the Leicester Royal Infirmary. The majority of these related to issues around staff attitude and some behaviour which was not deemed appropriate. In response to this it is the case that the Leicester Royal Infirmary has told us they are taking action to promote the right communication skills as a key to improving the patient experience. The LINk report noted the attitudes and behaviours of staff still consistently appear in a large number of complaints the trust receive.

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. 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.

It was also noted by people using the services that nurses responded to 'call bells'
Our judgement
Based on the information contained within the above sections the care and welfare of people using the services at the Leicester Royal Infirmary are largely satisfactory. It is apparent that comments made on the day of the inspection were complimentary in relation to the care received. As previously mentioned it is also the case that the review process for the Leicester Royal Infirmary does take into account the views of other important local groups such as the Health Overview and Scrutiny Committee and also the Local Involvement Networks for Leicester, Leicestershire and Rutland.
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
We had a mixed reception in relation to the quality of food on offer, linked to nutritional needs.

Comments: One person said the food is ok, "I like it when pasta is on the menu".

Comments: Another patient said he didn't think the food was very good or appetising.

Comment: We also found that some patients reported the food was good and varied.

Other evidence
As can be seen from the information above it is apparent that people using the services have a range of views on the food available. It was observed on the care of the elderly ward that people using services, who needed assistance in eating, did receive assistance from nurses and health care assistants. One observation was made whereby it appeared that one patient was not been assisted to eat her meal in a way that respected her dignity, and we felt in this one case was that it appeared to be rushed and not a pleasant experience. However, in all other observations good interactions at mealtimes were observed to be satisfactory. In the adult 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. This is always beneficial as staff time can be spent in ensuring that all people using services receive adequate nutrition at mealtimes.

We discussed some patient polling results as part of nursing metrics (measuring aspects of nursing care) observations and information through patient feedback saw some poor results for food. They had therefore moved from cook/chill packs to a choice of served meals. We saw food being dispensed which looked hot and appetising. This had resulted in more favourable patient comments but had not yet been tested by further update polling. However, this showed a good example of action taken as a result of patient feedback. Choices of food for different cultures was also available.

It is also the case that the Patient Environment Action Team (PEAT) scored the food at the Leicester Royal Infirmary as much better than expected (Green rating) during March 2010.

**Our judgement**

Based on our observation it was apparent that in the ward areas where we carried out observations, the mealtimes appeared to be a good experience for the people using the services. With the exception of one incident it was the case that all people who used the services, and needed assistance, were offered such assistance. Protected mealtimes were also in place which allowed staff to concentrate on that activity.
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

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<td><strong>What people who use the service experienced and told us</strong></td>
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<tr>
<td>The only comments made in relation to this outcome were from the Leicestershire Local Involvement Network (LINk).</td>
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<th>Other evidence</th>
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<td>There remains some concern by the Leicestershire LINk as to the level of cooperation, between and with other providers, which exists in the provision of health and social care. LINk recognises that this is a very complex area of work which the local authorities and trusts do appear to endeavour to achieve satisfactory outcomes as far as possible. However, the LINk has received evidence of superficial joint working and a less than desirable recognition of whose responsibility it may be for funding e.g. lack of pre-consultation between the local authority and the trust as to potential cuts and local authority reduction in eligibility criteria which may have some significant impact on service provision and continuity, LINk is monitoring this issue. Whilst the LINk has a very good relationship with the trust, further work is required to ensure engagement with LINk on planning and consultation processes. LINk has received concerns over the quality of service, on occasions, provided by EMAS (East Midlands Ambulance Service). Whilst EMAS is outside the remit of this review, it still has implications for the acute trust, for example, failure to provide transport for patients delaying discharge from wards, but still requiring specialist transport to take home nursing care or residential care patients. In some cases this delay has resulted in the need for readmission of some patients back onto a ward.</td>
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Further work is to be undertaken by the LINk in monitoring this and working with the trust and EMAS to achieve satisfaction.

Our judgement
It is apparent that some work is already in progress, and should continue to ensure that in 'cooperating with other providers', in this particular example, the ambulance service (East Midlands Ambulance Service), further work is needed to ensure the best service is available for people who rely on these transport services. No other material is included in relation to other issues around cooperating with other providers. However, it is also important to be mindful of the constant and continuing changes in the local health economy with regard to commissioning strategy and operational policy.
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.

**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. A consultant on one of the wards also confirmed he had received training and was aware of the signs, triggers and behaviours that would suggest there may be a suspicion of abuse. It was stated that the trust would continue to ensure a minimum of 90% of staff have appraisals and a personal development plan - this should always include elements of safeguarding

**Our judgement**
Based on comments during our visit and also taking into account the indicated low
CQC quality and risk profile, no concerns are evident within the Leicester Royal Infirmary. It is also noted that no adverse comments were received from either the Health Overview and Scrutiny Committee or either the Leicester or Leicestershire LINks.
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
Comments: "All areas of the wards we went to, the reception area, the playroom and the bath/shower room were clean."

Comments: One person said they thought the basic hygiene was poor.

Comment: Another patient said he thought there was a lack of cleanliness.

Other evidence
All the five wards we visited had good levels of cleanliness, with no obvious issues relating to problems with infection control. Whilst we were talking to people using the services, and their relatives, no specific comments were made other than the three general comments noted above.

It is the case that high levels of monitoring and auditing take 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 it’s nursing metrics (a range of nursing related checks), then the ward is put on 'special measures', 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 Leicester Royal Infirmary (2008, 2009) had very 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.

Our judgement
Based on the information observed during the inspection, along with the previous positive infection control reports the Leicester Royal Infirmary is fully compliant in this area.
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
Comment: We were told, and shown, on the paediatric medicine ward they have installed medication storage on the walls near to the nursing station. This was to ensure that, after risk assessments, parents were allowed to continue to medicate their children under appropriate supervision.

Comment: One man said he feels able to ask about the medication that his mum is getting. He said, "The nurses or doctors explain this in a way we understand."

Other evidence
It was stated that nurses who are responsible for giving out medication are required to wear 'red tabards'. This is to clearly show who is giving out medication, it is also a clear indication that these people should not be disturbed whilst carrying out this tasks. The 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 prescribes, regular audit of compliance with medicines management policy.

Our judgement
Based on the comments made above, along with the fact that this outcome presents as the lowest (green) risk rating on the quality and risk profile, we are satisfied that this area is compliant. The hospital has strong support and reviewing structures in relation to management of medicine.
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

There are minor concerns with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

Many of the comments made in outcome one (specific to privacy and dignity in the theatre arrivals area) are also related to this section. Please refer to outcome one for specific comments in relation to how the suitability of premises is related to people using services having privacy and dignity.

Other evidence

The issue brought to out attention previously was in relation to the suitability of the premises, in relation to privacy and dignity, specific to the theatre arrivals area. The improvements made in this area have already been described in this report under outcome one - please refer there for further details. During our visit to the five hospital wards it was the case that the safety and suitability of the premises is generally satisfactory. However, it is also the case that due to the nature of the Leicester Royal Infirmary site/estate (some parts are quite old), the director of estates and facilities has to ensure that the buildings on the Leicester Royal Infirmary site remain safe and suitable to carry out the required regulated activities. Constant re configuration of services is necessary to ensure an appropriate and safe service is provided. An example of this was the recent re configuration of stroke services and the emergency medical unit. As previously mentioned there is a proposal to relocate theatre arrivals when the sterile services are relocated next year (2011). This proposal is currently going through trust business planning processes.
Our judgement
Based on concerns at the last CQC visit in March 2010, in relation to theatre arrivals, adequate improvements have now been made to ensure that the premises are both suitable and safe. However, it is also noted that the safety and suitability of all premises will continue to present on-going challenges when managing older parts of the Leicester Royal Infirmary estate.
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

There are minor concerns 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 comments.

Other evidence
On the five wards we visited no issues of concern were noted in relation to the safety and suitability of equipment. The only comments relate to the children’s wards where, due to the nature of the people using the services, substantial items of equipment are necessary for use in their care. The challenge faced by nursing staff was where this equipment should be stored when not in use. Linked to this is the fact that the equipment, if stored in corridor areas, as it was in the majority of cases, would need to be decontaminated effectively between each time it was used. We were not able to establish how this system was managed. Although important it falls outside the remit of outcome 11 and is more important for consideration under outcome 8 (cleanliness and infection control) This might be best considered under the productive ward scheme when considering storage issues

Our judgement
A challenge for the children’s wards is how to best manage the storage of children’s lifting/hoist equipment. Quite a lot of equipment, at the time of the visit, was stored in the corridor areas. It is appreciated that demand on these wards varies depending
on which children are using the service. It is important to ensure that equipment is
safe, available and suitable when needed by the children and young people.
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

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<td>The provider is compliant with outcome 12: Requirements relating to workers.</td>
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<tr>
<td><strong>What people who use the service experienced and told us</strong></td>
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<tr>
<td>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 though the Leicester City and Leicestershire Local Involvement Networks.</td>
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<td><strong>Other evidence</strong></td>
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<td>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 an additional positive comment. We were assured that the Leicester Royal Infirmary 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.</td>
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<td><strong>Our judgement</strong></td>
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Based on the information currently held by CQC regarding assurance as to requirements relating to workers then the hospital is compliant
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

The provider is compliant with outcome 13: Staffing

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 Leicester City and Leicestershire Local Involvement Networks.

Other evidence

The hospital declared compliant at registration. However, some concerns were identified at the time of registration in relation to specialist staffing in the Children's Hospital. Additional information provided by the trust evidenced action taken to address concerns. Actions taken included recruitment of additional nurses. The hospital has successfully recruited fifteen band 5 nurses, and a further seven health care assistants vacancies have been filled. The hospital has also secured funding for specialist nurses in diabetes and haemoglobinopathy, both of which have been appointed to. All wards have continued to achieve 1.4 whole time equivalent nurses per bed ratio for in patient beds and 0.6 to 0.8 for day case beds. The children's admissions unit has maintained its over-recruitment of band 6 staff to provide clinical support and leadership. The Women's and Children's division have increased consultant support, particularly in the evenings and at weekends on the admissions unit; recruited additional junior doctors, with an additional registrar shift over the winter months. Other governance and communication systems would be
instigated should the need arise for escalation. With this work having already taken place, there is no outstanding evidence of non-compliance. It is also the case that nursing metrics (nursing checks) have been embedded into the clinical business unit 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 lead, lead nurse and head of nursing are visible within the clinical business unit and undertake regular formal monitoring (as noted above re. metrics) and also regular informal ‘walk-abouts’.

**Our judgement**

Based on the information provided and also based on our observation on the two paediatric wards we feel that progress has been made in reinforcing staffing structures within the children’s hospital. All staff we spoke to in both areas were very positive about the changes made and commented on the visible improvements.
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 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 Leicester Local Involvement Networks.

Other evidence
At registration the trust (including the Leicester Royal Infirmary) declared non-compliance with this outcome (regulation 23). 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 us 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 to monitor progress, and ensure compliance by the specified time scale.

**Our judgement**
We now consider the work undertaken by the training and education group in relation to training plans and trust wide monitoring sufficiently meets our required outcome area in relation to supporting staff. The trust told us to ensure continuous review and monitoring a further progress report will take place at the end of October 2010. It is also stated that training plans for the next year will be confirmed by 1 March 2011. During the course of the inspection visit all staff spoken to confirmed that they had received mandatory, e-learning, classroom teaching and specific ad-hoc training as required. This was confirmed by doctors and nurses. They also confirmed that annual appraisals were in place along with varied supervisory methods depending on need.
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 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 though the Leicester City and 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. As mentioned in outcome one this included ways to capture patient feedback. People using the service, on the theatre arrivals ward, showed us an electronic patient experience machine that was in a prominent position in the centre of the ward. We were told that this real time tool was to enable people who use services to express their view of care received. This was also run in parallel with weekly patient feedback questionnaires. The information was communicated to nurse managers who could take action if this was necessary.

Other evidence

The trust (including the Leicester Royal Infirmary) has a very comprehensive system of governance (methods by which effective and useful 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 which sit within the whole governance structure, but which ultimately are accountable to the trust board. The information flow allows the hospital to maintain a system which can assess and monitor the quality of service provision. Most importantly it provides prompts and allows senior managers to take actions when this is required. This involves a range of strategies which will effect operational activity and ensure adequate management of resource to ensure that all areas within the hospital are working to their optimum quality.

Depending on situations which arise 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 operations. 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 afield). 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 from learning systems and risk management.

**Our judgement**
Based on available information and the outcome of the observations undertaken on the day of the site visit, the hospital has a comprehensive system of quality review, audit and feedback. This system includes assessment and monitoring of service provision and enables improvement action to be taken as necessary.
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

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<td>The provider is compliant with outcome 17: Complaints</td>
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<th>Our findings</th>
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<tr>
<td>What people who use the service experienced and told us</td>
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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 the Leicester Royal Infirmary. 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 not usually based on one particular issue. In this way the wider public opinion was sought in order to make comments on the health services offered by the Leicester Royal Infirmary. 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) to offer advice and information to people using the hospital services.

Other evidence
During our observations on the five 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
During the course of this review it is apparent that staff are aware of the systems and processes in relation to supporting people who use the services should they want to express concerns. It is also the case that the (PILS) service can offer appropriate support as is required. It is also the case that senior hospital managers will also be required to contribute to any complaints investigations which are relevant to their area of practice/division or clinical business unit.
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 comments were made.

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 service has clear procedures that are followed in practice, monitored and reviewed, to ensure personalised records and medical records are kept and maintained 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 practical. Verbal communications about care, treatment and support were documented within personal records as soon as was practical. 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 few records we observed about care, treatment and support were clear, factual and accurate. They maintained the dignity and confidentiality of the people who use services. Records observed were securely stored and transferred internally between departments and externally to other organisations, when required.
Our judgement
Based on our observations and discussions with staff in each of the five wards we visited it appeared that systems were in place that were effective and complied with the required legal restrictions relating to records management.
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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<tr>
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| Postal address | Care Quality Commission  
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