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: | Infirmary Square  
Leicester  
Leicestershire  
LE1 5WW |
| Type of service: | Acute services with overnight beds  
Community healthcare service  
Diagnostic and/or screening service  
Long term conditions services  
Hospital services for people with mental health needs, learning disabilities and problems with substance misuse  
Prison Healthcare Services  
Rehabilitation services |
| Date of Publication: | August 2012 |
| Overview of the service: | University Hospital Leicester NHS Trust has several hospitals. Leicester Royal Infirmary provides all major specialities and an emergency department. The Trust is registered to provide the following regulated activities: treatment of diseases, disorder or injury, surgical procedures, diagnostic and/or screening procedures, maternity and midwifery services, termination of pregnancies and family planning. |
Our current overall judgement

Leicester Royal Infirmary was not meeting one or more essential standards. Action is needed.

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

Why we carried out this review

We carried out this review 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 27 June 2012, carried out a visit on 28 June 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

During our inspection of over two days we spoke with a number of patients and in some instances their family members or carers, on the maternity wards, emergency department and planned care wards. We asked patients for their views on their experiences of the care and treatment received. Patients were complimentary about the treatment received and most patients had not expressed any concerns.

Patients told us they were satisfied with the care and treatment received, all treatments were explained and they were involved in the decisions about their health needs.

Some of the comments we received from patients included "The consultant has been outstanding and I've always seen the same consultant. I've received bespoke treatment and have been very involved in decision making" and "the staff were very good they always explained what they were going to do."

Patients told us they received their medication on time and staff had explained to them why they had been prescribed the medicines.

Patients told us they felt safe to and were comfortable to when they spoke with members of staff if they had any worries. One patient told us staff members in that ward were "approachable."

Patients said there were enough staff available to meet their needs. Patients acknowledged that staff at times were very busy but that had not affected the care and treatment they had received.
What we found about the standards we reviewed and how well Leicester Royal Infirmary was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People have their privacy and dignity respected and involved in the decisions made about their health care treatment.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

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.

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

The provider was not compliant with this standard. The service does not fully protect people against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the storage of medicines.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard. There were sufficient qualified, skilled and experienced staff to meet people’s needs.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was not compliant with this standard. Whilst staff received regular appraisals, appropriate training and professional development to deliver care and treatment safely, the system to support staff, and the evaluation of feedback on areas for improvement is not effective due to poor communication and information sharing.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was not compliant with this standard. The provider has numerous systems in place to regularly assess and monitor the quality of services provided but the mechanisms to evaluate, identify and manage risks are ineffective as these were not specific,
measureable or time-bound to safeguarding the standard of care and treatment delivered.

**Outcome 17: People should have their complaints listened to and acted on properly**

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints from people were responded to appropriately.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

The provider was meeting this standard. People using the service were protected from the risks of unsafe or inappropriate care because records were kept securely.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the Guidance about compliance: Essential standards of quality and safety.
Outcome 01: 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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| **What people who use the service experienced and told us**
We spoke with a number of people using the service and in some instances, their carers or relatives in the emergency department, maternity wards and on the planned care wards. We asked people about their experiences and views about the care and treatment received. Patients told us they were satisfied with the care and treatment received. A friend of a patient said "They (the staff) have been very good to my friend who has learning difficulties."

Patients understood the care and treatment choices available to them. Patients told us the treatment was explained to them and they were part of all the decisions made with regards to their health and treatment. One patient said "The consultant has been outstanding and I've always seen the same consultant. I've received bespoke treatment and have been very involved in decision making" and "the staff were very good they always explained what they were going to do."

We asked patients about their experience of how their privacy and dignity was maintained by staff. Patients told us staff ensured privacy screens were used for examination or private discussions. Patients told us during their stay in the hospital staff had ensured their privacy and dignity was respected. |
Other evidence
We inspected the service 27 and 28 June 2012 and spoke with staff about the training they received in the promotion of privacy and dignity. Staff told us they had received training in the promotion of privacy and dignity and were aware of the expected conduct with regards to privacy, dignity and confidentiality.

We saw a number of staff confirming patient details and gained verbal consent with regards to their treatment plan. Privacy screens were drawn for examinations, assessments and where possible staff spoke quietly with patients about their ongoing treatment. Whilst there were mixed male and female wards, the bays were single sex and staff confirmed that these were rigidly adhered to.

The redesign of flow within the Emergency Department (ED) has resulted in the creation of a rapid assessment area to ensure that patients receive the appropriate level of care and treatment. This is in a small area at the ambulance entrance of the unit. This area is small and does not have the facility to transfer patients from ambulance stretchers to trolleys in a private area. This is currently done in the corridor. The ward areas have red pegs which they use as privacy pegs to ensure that people behind curtains are asked if others may enter. There are many posters reminding staff, patients and relatives of the use of these pegs.

Staff on the wards and in departments told us they try to respect patient's privacy and dignity through a number of different ways wherever possible. However in the departments where there is increased activity and due to the lay out of the building this is difficult for staff. An example of this is the "major" area of the ED. This area often becomes overcrowded and as the only exit from the resuscitation area is through this part of the ED patient's privacy and dignity is not always respected as they leave this area. Staff we spoke with said "We try to protect patients from seeing something, which may upset them but it is not always possible when the department is busy" and "when the department is busy we struggle to ensure that everyone's privacy and dignity is respected." We saw one instance of a patient's dignity being compromised because of a failure to provide a blanket and inadequate screening of the area. The provider might find it useful to note that there were instances whereby some patient's privacy and dignity was compromised. Greater awareness and observations by staff would ensure patients privacy and dignity is maintained at all times.

Senior members of ED told us that plans for the expansion of the elderly frail unit in addition to an enlarged footprint through the use of the fracture clinic and major capital refurbishment would assist in the capacity issues experienced in ED. Staff in the maternity unit confirmed as soon as there is an actual capacity issue, the unit is closed in line with the trust escalation plan and patients are diverted to neighbouring maternity units.

Our judgement
The provider was meeting this standard. People have their privacy and dignity respected and involved in the decisions made about their health care treatment.
Outcome 04:
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement
The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We spoke with patients using the service and in some instances their relatives or carers in the Emergency Department (ED), planned care wards and the maternity wards. We asked patients for their views about the experiences of the care and treatment received. Patients told us they were satisfied with the care and treatment they received and felt their needs were met. The majority of patients we spoke with told us staff had explained the treatment to them and said, "The staff have been lovely I have been well looked after", "you don't mind waiting when you are being looked after so well"; "the staff are great I have." A few patients also told us they had not been told how long they were likely to wait for the test results and whether they could eat or drink. Relatives of patients told us the visiting times were good and staff allowed them to visit at a more convenient time.

We spoke with patients and some family members on the maternity wards. Patients felt fully informed about all aspects of their health throughout their pregnancy. Medical decisions and the need for monitoring was understood by patients. Patients told us the health of their unborn child had been monitored throughout their pregnancy and options for progressions with their pregnancy and birthing plan was discussed. Patients told us the care was centred on them as individuals. A patient told us they generally had a good experience on the maternity ward and recalled they only had one incident where poor communication between the staff had an impact on the care experienced.

The parents of a new born baby said "As parents we've had 24 hour access to our baby and initially were able to stay at the hospital over night." A second parent said
"Fantastic, brilliant, I can't rate them enough. The doctors explained everything; the consultants' bed side manner was absolutely fantastic."

**Other evidence**

We inspected the service 27 and 28 June 2012 and spoke with staff on the maternity wards, Emergency Department (ED) and planned care wards. Due to high numbers of patients attending the ED the senior team were reviewing the care pathway. The trust has set up an assessment area which comprises of three bays in which patients are assessed and baseline tests undertaken. This ensured that they can go to their next destination in a timely manner. This initiative also ensured that ambulance personnel could hand over patients quickly and return to their duty. To facilitate a reduction in the number of patients returning to the department on a regular basis the ED staff have access to a variety of workers who meet the patients and offered them access to other services including social care services.

We pathway tracked a patient over two days. We found they were assessed on arrival on 27 June 2012 and staff delivered the care and treatment required including re-positioning the patient to prevent the risk of them developing further breakdown of skin and resulting in an increased grade of pressure sores. The patient was transferred to the Acute Medical Unit four hours after arriving in ED, where they were provided with a specialised pressure care mattress and received oral care.

Those patients who are on a defined care pathway are moved to the Emergency Decisions Unit (EDU) for treatment. This enables their treatment to start at this point. Within the EDU there is an Elderly Frail Unit which receives patients from ED who may be able to be discharged into a community setting. The trust has worked with the community workers to ensure that these patients receive a higher priority of access to these facilities. This reduced their stay and their chance of increased frailty due to any length of extended stays in hospital.

Staff on ED described the admission and assessment process, which ensured that patients had a comprehensive assessment that identified their needs and risk factors. This ensured that patients were transferred to the relevant wards for urgent care and treatment in a timely manner. Staff told us the deprivation of liberty safety process was only used when it was considered to be in the patient's best interest. We pathway tracked four patients and found their assessment information was promptly entered on the electronic records.

The Department of Health has set a target that patients should wait no longer than four hours in ED and that hospitals should ensure that at least 95% of patients were seen in this time. During our visit we did not witness any breaches of this standard.

On the day of our inspection visit the maternity unit was very busy and closed to further admissions and women were transferred directly to the sister hospital because of capacity issue. Staff told us about the new triage room where women were assessed and had baseline observations. Patients at risk were transferred to the four bedded bays or to the ward, delivery suite or the birthing pool as an interim solution. A midwife explained that there are guidelines in place for all staff involved in the care of pregnant women through the various stages. This included liaising with community midwives and the General Practitioner (GP). Staff in the hospital and community were trained to promote breast feeding and the latest statistical information showed there was an
increase from 69% to 73% of women breast feeding.

Staff recognised that the main issue was capacity and layout of the floor in maternity. Care and treatment was planned and delivering in a way that ensured people's safety and welfare. We reviewed records of four patients and found risk assessments were completed and risk management strategies were put in place. We found vulnerable patients were supported by a specialist midwife.

**Our judgement**
The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.
Outcome 07: 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 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We spoke with patients and in some instances their relatives or carers and asked them if they felt safe. Patients told us they felt safe and were comfortable when they spoke with members of staff if they had any worries. One patient told us staff members in that ward were "approachable." Another patient said "I trust the staff here; I feel I can speak to them if anything was wrong on the ward. They would listen to me and do something about it."

We saw staff on the maternity unity check people's identification before they entered the ward. This showed steps were taken to ensure patients were protected from any potential risk of harm.

Other evidence
We inspected the service 27 and 28 June 2012 and spoke with a range of staff on the maternity wards, emergency department, planned care wards and number of other wards. We asked staff about their understanding and training received on safeguarding for vulnerable adults and children. Staff told us they had received training in safeguarding vulnerable adults and children's procedures, which was updated every three years.

Staff had a good knowledge about types of abuse, aware of the vulnerabilities and risks related to the patients and people using services and the action to take in the event of suspected abuse or allegation. Staff told us they felt they would be supported by their manager if they raised any safeguarding concerns and were aware the hospital had a
safeguarding lead and knew how to contact them, if necessary.

Staff told us they had received training in the Mental Capacity Act and deprivation of liberty safeguards. Staff found the training was informative and helped them to understand the purpose of the Act and their role in its application. Staff told us the deprivation of liberty safeguards were only used when it was considered to be in the person's best interest.

We spoke with a range of staff on the maternity wards who all had a comprehensive understanding about child and adult safeguarding. There were midwives who specialised in supporting vulnerable groups which included teenage pregnancies, learning disability and domestic violence and worked with other external agencies to safeguard patients from the risk of harm. Domestic violence was now part of the staff induction training for all new medical staff.

The trust has a 24 hour on call service for reporting safeguardings and access to the specialised teams involved in multi-agency partnership working. We viewed the maternity safeguarding database, which demonstrated the referrals processes, status of any safeguarding, protection plans in place and involved of other agencies in the multi-agency risk conferences.

The Care Quality Commission (CQC) received timely statutory notification of all deprivation of liberty applications and authorisation. The safeguarding lead told us about the new safeguarding database being introduced in the trust and it will have 3 sections to cover maternity, children and adults. Safeguarding was also reported through the Clinical Risk Governance Committee and an annual report is produced for the trust board. The reports were available from the recent integrated inspections for safeguarding and looked after children's services within NHS Leicester and Leicestershire and Rutland Cluster which involved OFSTED and CQC and the aggregated inspection finding for health was scored ‘Good’.

**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.
Outcome 09:  
Management of medicines

What the outcome says  
This is what people who use services should expect.

People who use services:  
* Will have their medicines at the times they need them, and in a safe way.  
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is non-compliant with Outcome 09: Management of medicines. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us
We spoke with patients using the service and asked them to tell us about how they were supported with their medicines. Patients told us they were happy with the arrangements made for their medication. Patients told us they received their medication on time and staff had explained to them why they had been prescribed the medicines. One person told us that staff were ”Helpful” when they asked for pain killers and that they did not have to wait ”Too long” before they received them.

We spoke with patients that were waiting for their discharge. Patients told us that they received information about their medicines from the nurses, with regards to their medicines and instructions as to how to administer the medicine before they left the hospital.

Other evidence
An audit of the storage and security of medicines was carried out by the trust in July 2011 and raised some concerns over the management of medicines within the trust. The trust had submitted an action plan detailing the actions to be taken to improve the storage and security of medicines.

We inspected the service 27 and 28 June 2012 and found that medicines were not being stored securely for the protection of people who use the service. We looked at the medication storage and found that medicines were not always being locked away when not in use. In one ward, we found medicines were openly accessible to
unauthorised people as the storage area was an open area off the main ward. Fridges used to store medicines requiring cold storage were not locked and the temperatures were not always monitored. Medicines which patients had brought in with them were found with their personal belongings, although lockable storage cupboards were provided at each bedside. Patients had told us that their medicines had been checked by either a nurse or a member of the pharmacy staff but had not been locked away.

The storage cupboards provided for controlled drugs met the legal requirements but one cupboard was found to also contain soft drinks. We found some intravenous fluids which had been removed from the original packaging and not kept separate from others to avoid selection of the wrong item.

The trust had comprehensive and robust policies and procedures for the safe use of medicines and staff spoken with had a good knowledge of these. However, the trust policy on the storage and security of medicines was not being followed.

We looked at the medicine stock levels on the wards we visited and found these were at acceptable levels. Appropriate emergency drug packs were in date and there was evidence that they were regularly checked. Therefore medicines were available for use when needed.

We looked at the prescription and medication records in detail for all patients on three wards. The records were generally in good order and indicated that patients received their medicines as prescribed. Records of medicines given to patients on discharge were of a good standard and patients we spoke with confirmed this. We found the medical and care notes for several patients on other wards were well maintained and up to date.

All wards received a regular visit from a pharmacist who provided clinical advice and checked the validity of prescriptions. This ensured people were prescribed and administered medicines safely. A few ward areas had satellite pharmacies and we found these were secure. This provision has improved the discharge experience for people who use the service by greatly reducing the time their medicines took before they were available for them.

Our judgement
The provider was not compliant with this standard. The service does not fully protect people against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the storage of medicines.
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
We spoke with patients in the maternity wards, Emergency Department (ED) and planned care wards and asked them for their views about the availability of staff. Patients said there were enough staff available to meet their needs. Patients acknowledged that staff at times were very busy but said this had not impacted on their care and treatment they had received. People said "The staff are really busy but they have looked after me well" and "we know that the hospitals are short of nurses but they come as quickly as they can."

Other evidence
We inspected the service 27 and 28 June 2012. We spoke with staff in a number of wards and asked them for their views about the staffing levels in the ward they worked in. Staff expressed no concerns about the staffing levels in any of the areas we visited. One staff member commented that there were enough staff to meet the needs of patients, but often not enough space to examine them or carry out treatment.

We spoke with a doctor and physician assistant from the elderly frail unit and asked about the compliment and staffing levels. They told us patients referred to the unit were supported by a multi-disciplinary team and co-ordinated service in partnership with mental health, dementia and psychiatric service. Staff in that ward understood the needs and support required by elderly patients and worked closely with external agencies to prevent inappropriate admissions of elderly patients into the hospital.

Staff we spoke with in the maternity wards told us there was a compliment of staff that
included consultant anaesthetist, obstetrician and specialist registrars within the delivery suite. The staff rota we looked at in the maternity ward was reflective of the staff on duty. Senior staff in the maternity wards told us there were sufficient midwives available on the maternity wards. In addition new midwives were due to start in September of this year. Senior staff told us there were specialist midwives to support women on the maternity wards and community midwives who supported patients in the community for vulnerable groups which include travelling communities, substance misuse and teenage pregnancies.

Throughout our inspection visit to the emergency department, acute and planned care wards found staffing levels were sufficient and patient's needs were promptly met. Staff in the Emergency Department (ED) were deployed through out the whole of ED. This included triage, Minor, Majors assessment, Majors and Resuscitation bays. Most staff were interchangeable and this enables good coverage of the department. Staffing in the Majors area was split into three teams, those undertaking assessment and a red and blue team. This enabled all in the team to have a grasp on the plan of care for individual patients. A shift leader or coordinator was assigned to troubleshoot issues and reallocated staff as necessary.

Some staff told us staffing levels were generally well managed. Short notice absence had impacted the staffing levels at times, but staff were confident that the new system in place enabled additional staff to be available at short notice. Staffing levels in the planned care wards was more settled and reflected a more stable pattern of work. Staff were allocated to a ward and this was generally split into two area teams. These two teams worked together and ensured the availability of equipment and that the needs of patients were met. Staff on the wards worked as part of a multidisciplinary team with a compliment of specialists such as physiotherapists and occupational therapists assigned to particular wards.

**Our judgement**
The provider was meeting this standard. There were sufficient qualified, skilled and experienced staff to meet people's needs.
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 non-compliant with Outcome 14: Supporting workers. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
We spoke with patients using the service, and in some instances their relatives or carers. We asked patient about their experience and their views about the staff. Patients were generally satisfied with the range of staff that supported them.

Other evidence
We inspected the service 27 and 28 June 2012 and spoke with staff on the maternity wards, Emergency Department (ED) and planned care wards. We asked staff about the training and opportunities they had for their professional development to support the people using the services. Staff told us they had good access to training for the mandatory training and professional development. Staff told us they access internal training through e-learning packages and specialist training to maintain their skills and competency. We also spoke with a number of staff who told us about the training undertaken to obtain a further qualification. A new member of staff told us their work in the department was part of their induction to working on ED. Another member of staff showed us examples of documentation that had been used in their induction training. They explained how this was used by all staff to assist in their care and treatment of people using the service. This showed that the provider ensured that staff were properly trained, so people’s needs were met by competent staff.

Staff told us they had handovers within their wards where information and status of patients was shared. Staff in ED told us that most of the information they received was through handover meetings at the beginning of each shift. Staff found the handover meetings were informative.
We asked staff about the range of support they received. All the staff we spoke with on the wards we visited told us they had regular appraisals. These appraisal meetings were used to discuss approach to work, training and developmental needs and personal objectives. The internal audit report on staff appraisals showed there was a significant increase in the staff receiving timely appraisals and had benefited from a simplified template. Further improvements were identified through this audit and included missing signatures of staff involved in the appraisal meeting, duration of the appraisal meetings varied from 30 minutes to 120 minutes.

ED had introduced methods of collecting the views of staffing including a suggestion book and evaluation sheets used when major changes were introduced such as the assessment bays. We reviewed a number of pages from the feedback book given to us and found a mixture of comments and suggestions for the period October 2011. The book showed the department manager had reviewed the information and referred it to the most appropriate personnel within the department or senior management. However, it was unclear to staff how their comments and suggestions had been reviewed and implemented.

Staff we spoke on the maternity wards told us they received good support from their seniors and managers. Staff working on the acute wards and planned care wards also felt supported by their immediate managers and benefited from good peer support. Staff said they could raise concerns with the department managers. One staff member said, "The nurses wouldn't stand for any nonsense." This showed staff were supported by their immediate managers so they delivered care and treatment safely and to an appropriate standard.

We asked staff whether they had completed a staff survey. Some staff said they had completed the staff survey and other staff recalled completing a staff survey but were unsure whether it was this year or last year and could not tell us what, if any, were the improvements. We reviewed information received about the workforce, which looked at the national survey known as the national staff attitude and opinion survey (NSAOS) and the local staff polling (LSP). The LSP asked a range of questions relating to job satisfaction, work pressures, training, health and safety, appraisals and management support. The summary of the key findings from the LSP for the trust compared to the previous year showed there was little change. The only two improvements in related to training in equality and diversity, and appraisal uptake.

The trust board has a range of initiatives promoted within the trust, which included rewards and the 'caring at its best award' to recognise staff for their work. However, staff we spoke with throughout our inspection visit made no reference to these initiatives and social events.

**Our judgement**
The provider was not compliant with this standard. Whilst staff received regular appraisals, appropriate training and professional development to deliver care and treatment safely, the system to support staff, and the evaluation of feedback on areas for improvement is not effective due to poor communication and information sharing.
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

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Throughout our inspection visit spoke with a number of patients, and their relatives or carers in the wards we visited. They all expressed satisfaction with the standard of care and treatment they had received. Patients spoke highly of the staff and managers in the wards where they were treated.

We asked patients how confident they felt to approach staff or ask for assistance. Patients told us they found the staff were approachable and had time to discuss any concerns that they had.

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Prior to our inspection visit we contacted a number of stakeholders and interested parties such as the Overview and Scrutiny Committee (OSC) and Leicestershire County Council and the Leicestershire Involvement Network (LINk). We received a range of information about their views on the quality of care and treatment provided, management performance, including financial status and concerns. We had received concerns about the financial status of the trust which was classified as 'red'. Senior members of the trust produced a report on the financial status of the trust dated 28 June 2012, which was discussed in the public part of the board meeting. It stated the position of the trust was £1.6m deficit against a plan of £1.2m deficit. The improvement plan showed that at end of May the trust was on target for £0.4m deficit.

The report on the maternity outlier alert highlighted concerns regarding the puerperal
sepsis and other puerperal infections. The trust reviewed the records of the patients involved and found clinical coding issues. The trust also undertook an audit of puerperal infections and pyrexia's of unknown origin and caesarean section surveillance and antimicrobial prescribing and involved the infection control team as part of the task and finish team. New guidelines and monitoring systems have been put in place and the Care Quality Commission (CQC), the Primary Care Trust (PCT) cluster and the Strategic Health Authority cluster have been notified.

We viewed the maternity risk management strategy and spoke with the specialist midwife for quality and safety. The midwife confirmed that risks were reported on a monthly basis to the quality and safety team through the governance group and then reported to the Women’s Clinical Business Unit. This formed part of the Women and Children’s Division and reflected on the risk register for the maternity unit, which was monitored and updated regularly.

The chief pharmacist confirmed that staff and managers in the hospital carried out regular audits of medication storage and saw evidence to support this. An audit carried out on 8 February 2012 identified most of the issues that we found and an action plan was in place to address these. However, the action plan did not define any timescales as to when these issues were to be resolved by and so was not measureable. An example of this is that the audit identified that the storage of medications was not secure and during our visit we saw a number of incidents where medication was still accessible. This meant that patients could be at risk as effective measures were not in place to manage these risks.

The trust introduced a suggestion book in Emergency Department (ED) to collect views from staff about new systems. We read a number of pages sent to us from the suggestion book. We saw that comments and action written such as report to the risk management team and information for doctors was noted. However, staff told us they did not receive any direct feedback to the concerns raised and would have to read the written response. The name of the staff member writing was omitted in the majority of entries. The purpose of the suggestion book had become a method of communicating with colleagues and management. One particular entry captured staff’s frustration that the suggestion book had become 'ineffective'.

We received a mixture of responses from staff about the staff survey and whether they had completed it. We also asked staff about the outcome of the survey and what the improvement were. We saw the results from a national staff survey and the local staff polling (LSP). The summary of the key findings from the LSP for the trust compared to the previous year showed there was little change. The only two improvements in related to training in equality and diversity and the appraisal uptake. We were shown the findings from the survey results and the action plan implemented, which was the same as the previous year’s action plan. This showed that the trust continued to implement an action plan that was evidently ineffective previously.

Staff we spoke with on the ED and Acute Wards expressed dissatisfaction with support from senior management. Staff told us that no actions were taken to the concerns raised with management. For example, staff reported that they did not always have essential equipment. Therefore, people had to wait longer than necessary for basic assessments. We pathway tracked a patient over the two day inspection. The patient arrived in ED at 8:14am on the 27 June 2012 and was immediately assessed. Nurses
identified that the patient had pressure sores and a repositioning chart was commenced shortly afterwards. We saw that regular turns took place whilst the patient remained in ED. The initial assessment in ED had identified that the patient required a pressure relieving mattress and records we viewed confirmed this. The patient was regularly turned to prevent further skin breakdown and at 10:35am the patient was transferred from the trolley on to a bed which had a standard pressure relieving mattress. The patient was transferred to the Acute Medical Unit (AMU) at 12:30pm, which was a wait of just over 4 hours. A further assessment was carried out on the AMU at which time an enhanced pressure mattress was ordered. Staff in AMU told us they receive no information about the patient’s needs, other than their name, age and the reason for admission. This demonstrated the poor communication between the wards and the failure to have the right equipment identified in the assessment, available at the right time and in a timely manner placed this patient at the potential risk of developing further tissue breakdown.

Senior members of the trust stated at a risk summit held on 30 April 2012 that the ED was one of the trusts greatest risks. However on review of board meeting minutes, of 7 June 2012. The minutes stated that "The current remedial plan for ED was not yet sufficiently robust to ensure confidence". These minutes outlined the need to take action in a number of areas including: an external visit by Kings University College Hospital to the department, the plans for increasing capacity both physical and in staffing and changing the culture of the department through winning hearts and minds of staff. Challenges from the trust board included a suggestion to involve more junior staff in the re-development plans.

The trust has an electronic system, called EDIS, collected data from details entered by staff. This allows the trust to monitor key pieces of information. The trust sets a number of targets for maintaining the flow of patients through the ED onto the wards and these includes the whole hospital processes for releasing beds. However the trust continues to miss the targets it sets itself. Examples of this include; missing the four hour wait targets in the previous week prior to the inspection on four out of seven days. Performance against type 1 and 2 ED wait and discharge targets were reviewed in Q4 which the trust has not measured in light of the timing of the review. However on average the trust missed their targets for and discharges before the target time. The trust was currently performing below target for the year to date (90.5%) and achieved target only twice in the previous twelve month period. Further analysis highlighted that the majority of breaches occurred outside of normal business hours with the average of performance between 17:00hrs and 06:00hrs being below target for each hourly block. Despite seeing a number papers in respect of actions to be taken and minutes of meetings it was not clear what actions the trust were taking to ensure that they meet their own targets.

The target to move patients to wards within 30 minutes of the decision to admit was often suspended when there was an increase in the patients arriving. We observed staff asking team leaders whether the targets were suspended and the inspection team could not find the reasons recorded for the period of suspension. This meant some patients' were assessed as needing specialist care, but had to wait. The trust had systems to monitor the timeliness of the service that patients received but these were not effective because they were not used consistently as they were suspended when there was an increased number of patients' arriving. The trusts data showed there was a trend for the trust not meet targets in ED and therefore their action plan was not
We found that there are range of systems for assessing and monitoring at departmental and trust board level. Each clinical business unit had their own risk register and was combined into the Operational Risks scoring 15 or above. We were presented with a copy of the latest report dated 31 May 2012. On reviewing this two issues relating to the ED were signalled as completed in December 2011 and October 2010. We asked staff from the ED about the outcomes of these actions. They could give a verbal update on the one closed in December 2011 but were unable to give an update on the actions of the other which included a full review of the ED process. Whilst both of these actions were effectively completed one was rated as 'red' the other as 'amber'. This meant that the risk register was not up to date, as the RAG rating applied denoted that actions were behind schedule and staff were not aware of the outcomes of previous actions.

We saw a number of action plans, which had no target dates for completion and were not up to date. For example the ED Improvement Plan 2012- 2013. The plan had 28 items listed with the 'red, amber or green' ratings to reflect the level of completion against targets; however a number of these had no date for completion. For example the achievement of clinical indicators was listed as a high priority and rated as an amber achievement against the target but there was no target date set nor was there any comment in the progress column. Similarly a number of priorities rated as medium priority did not have target dates or updates on progress but were RAG rated as green.

The trust has a 'confirm and challenge' group led by the senior members of the trust. The purpose of the group was to scrutinize the breadth of the clinical business units and Divisional performance regarding quality, finance and national imperatives. However on review of the action points from these meetings we saw little evidence that demonstrated the effective scrutiny and challenge of actions to professionals presenting to this group. There was no evidence available to demonstrate changes to actions as a result of the confirm and challenge group or the potential impact on the other areas of the hospital and patient care. An example of this is the impact on the ED following the cessation of patients nursed on trolleys in AMU.

In summary the trust has a vast range of systems that assesses and monitors the trust. Risk summit, conferences and working groups met regularly to review, assess information, concerns and reported performance on targets. A variety of graphs, and statistical information was produced with data compared with previous performance data. Action notes and minutes from meetings were produced and along with numerous action plans. However, we found the action plans were not effective as these were not measurable or time bound. Whilst some actions were specific to an area in the hospital, the impact or consequences of implementing a new system on other parts of the hospital was not considered.

**Our judgement**

The provider was not compliant with this standard. The provider has numerous systems in place to regularly assess and monitor the quality of services provided but the mechanisms to evaluate, identify and manage risks are ineffective as these were not specific, measureable or time-bound to safeguarding the standard of care and treatment delivered.
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

<table>
<thead>
<tr>
<th>Our judgement</th>
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<tr>
<td>The provider is compliant with Outcome 17: Complaints</td>
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<th>Our findings</th>
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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>We spoke with patients in the maternity wards, emergency department and planned care wards and asked them about their understanding of how to make a complaint. Patients told us they had seen information about how to complain in the ward that they were in. Patients told us they were confident to raise any concerns that may have with the staff on the ward. Patients also told us they were confident that any concerns raised with the ward managers would be addressed promptly.</td>
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<tr>
<td>We saw information about how to make a complaint displayed in the wards that we visited. The information was available and accessible in range of suitable formats that met people's requirements. There was information about support and advocacy services, should people require additional support to raise concerns. This showed the provider made suitable arrangements to support people and patients to make a comment or complaint.</td>
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<tr>
<td><strong>Other evidence</strong></td>
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<tr>
<td>We inspected the service 27 and 28 June 2012. Staff we spoke told us they would try to resolve the concern immediately or would refer patients to the complaints procedure.</td>
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<tr>
<td>We reviewed the summary of complaints received by the service. Records of the summary of complaints and resolution indicated the trust responds to complaints in a timely manner, considers the best course of action for the individual case and whether there are areas of improvement across the division / ward / trust.</td>
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</table>
The trust received 422 formal complaints in the first quarter of the financial year, which indicated there was marginal increase compared to the previous quarter. We saw the trust had concluded the majority of complaints successfully within the set timescales and to the satisfaction of the complainant.

There were a range of methods used to resolve complaints, which included face to face meetings with the complainant. Records showed the majority of complaints were fully investigated and resolved to the satisfaction of the complainant.

Records showed that patients had exercised their rights and referred their complaint to the Parliamentary Health Service Ombudsman, as they remained dissatisfied with the resolution. The investigation was continuing and the outcome was not known.

The Care Quality Commission received a complaint about the Leicester Royal Infirmary, which we referred to the trust to investigate and resolve. The investigation and resolution records showed the complainant remained dissatisfied and had referred their complaint to the Parliamentary Health Service Ombudsman.

**Our judgement**
The provider was meeting this standard. There was an effective complaints system available. Comments and complaints from people were responded to appropriately.
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
We spoke to patients using the service and their relatives and asked about their understanding of how their information was gathered and stored. Patients told us staff completed the assessment forms and recorded their personal information on records and set up their medical file. Patients told us they were confident that information about them was accurate and treated confidentiality. One person told us they were waiting for the discharge letter before they could go home.

We observed staff complete medical assessment forms and electronic records when patients arrived in the emergency department. Access to the electronic records was password protected and for use by authorised staff.

Other evidence
Our inspection visit to inspected the regulated activity of termination of pregnancy in March 2012 found the provider failed to ensure that patient were protected against the risk of unsafe or inappropriate care and treatment because the doctor's certification, known as HSA1, was not obtained properly. The provider wrote to us and told us about the immediate actions taken to investigate and address the practices, referred specific incidents for a formal investigation and action, introduced a new standardised procedure which was communicated to all staff and increased monitoring.

We visited the service in June 2012 and read the providers protocol for termination of
pregnancy records. It clearly described how the records should be completed including the HSA1 form and the process of obtaining a second certification. Staff we spoke with described the practice was consistent with the protocol.

We reviewed eight patient records who attended the termination of pregnancy clinic that week. We found that staff had obtained two HSA1 certifications of medical opinions were obtained correctly. We also reviewed a number of records prepared for the following day's clinic and found all the certifications of medical opinions were blank. Staff explained that the consultant advised them of the number of patients attending the clinic to ensure the correct number of forms were available. Staff confirmed that the HSA1 forms would never be signed in advance of the clinic. Records viewed of a patient who failed to attend the clinic the previous day showed the HSA1 was blank and confirmed practice was adhered to.

Staff we spoke with in the emergency department and planned care wards were aware of their responsibilities to maintain confidentiality and ensured care records were accurate and kept up to date. Staff told us people's personal information was stored securely and was accessible to them when required.

We reviewed records patients in the emergency department and planned care wards. We found patients personal records included medical records were comprehensive and up to date. Records were accurate and reflected the care we had observed being delivered.

**Our judgement**
The provider was meeting this standard. People using the service were protected from the risks of unsafe or inappropriate care because records were kept securely.
Compliance actions

The table below shows the essential standards of quality and safety that are not being met. Action must be taken to achieve compliance.

<table>
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<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
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<td>Outcome 09: Management of medicines</td>
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<th>Outcome 14: Supporting workers</th>
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action**: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
### Information for the reader

<table>
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<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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</table>
| Postal address           | Care Quality Commission  
Citygate  
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Newcastle upon Tyne  
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