Inspection Report

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

The York Hospital

Wigginton Road, York, YO31 8HE

Tel: 01904725045

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31 July 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	York Teaching Hospital NHS Foundation Trust
Overview of the service	The York Hospital provides acute health care for about 350,000 people living in and around York. They also offer a range of specialist services, which are spread over a wider area of North Yorkshire, serving a total of approximately 500,000 people. The overall structure of the Trust changed in July 2012, when the York Teaching Hospital NHS Foundation Trust acquired additional responsibility for the management of Scarborough Hospital and other community based services on the East Coast.
Type of services	Acute services with overnight beds Blood and Transplant service Community healthcare service Diagnostic and/or screening service Long term conditions services Rehabilitation services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Management of supply of blood and blood derived products Maternity and midwifery services Nursing care Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 July 2013 and 1 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by local groups of people in the community or voluntary sector, talked with local groups of people in the community or voluntary sector, were accompanied by a specialist advisor and used information from local Healthwatch to inform our inspection.

What people told us and what we found

York Hospital is part of the York Teaching Hospital NHS Foundation Trust. A team of inspectors and a specialist advisor visited the site between 31 July and 1 August 2013.

The focus for the inspection was to look at the patient journey through accident and emergency (A&E) and admission to the hospital. We spent time observing practice and interactions between staff and people visiting the department. We spoke with a range of staff, including doctors and nurses, and with people who had been admitted to a ward following assessment and treatment in A&E. We visited Ward 14, the rapid assessment unit (RAU) and the medical assessment unit (MAU).

We found that people were treated with respect by the staff. People were aware of their treatment options and plans and they felt that they had been fully consulted and involved. One patient told us, "The staff are wonderful, they have explained everything to me." We saw that care and treatment was planned and delivered in a way that ensured people's safety and welfare.
We found the clinical areas in the departments we visited were clean and well maintained and there were systems in place to monitor this.

At the time of our visit we found there were sufficient staff in all of the areas and wards we visited and that systems were in place for monitoring staffing levels and the skills mix. However, several nursing and medical staff we spoke with told us that they felt there were insufficient staff available at times to deal with the workload, particularly if A&E was busy. To put this into context it is worth stating that during our inspection we were told the department was 'unusually quiet' so we were unable to assess what 'busy' would look and feel like.

We saw that there were systems in place to record and monitor comments and complaints.

We found that risks and untoward incidents were recorded and audited by staff at both departmental and board level. The provider had effective systems in place to identify, assess and manage risks to the health, safety and welfare of peoples who used the service and others.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We found that people were treated with respect. We heard and saw people's consent to treatment being taken. When patients were brought into the unit we saw that staff greeted them and offered reassurance and support as necessary. We noted they talked with people in a courteous way, were respectful and talked about people's care needs in a confidential manner.

Everyone we spoke with said they had been involved in decisions taken about their care and informed about the options available to them. One person told us, "The doctor has explained everything and what needs to be done and checked that I am happy with his suggestions". People told us they understood the care and treatment choices available to them. Another person told us they had had to be undressed for a procedure and that this had been done in a sensitive manner and that they had been given time and privacy to get changed.
Staff told us they encouraged people to give feedback about their care and treatment.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that people had their care and treatment planned and delivered in a way that ensured their safety and welfare.

We spoke with over thirty people over the two days of the inspection in both the A&E department and on the wards. People were happy with the way they had been treated and were complementary about their experiences. One person told us, "Very prompt and very courteous staff. My overall experience has been quite positive. I have not experienced the NHS as seen on TV. I have been in hospital before."

We say numerous examples of good practice and enriching experiences for people. For example we watched an interaction between a nurse and an elderly couple. The nurse asked them, "Are you both okay?" They both said they were. The nurse then asked, "Will you be travelling together?" They both expressed a wish to and the nurse concluded, "We will take care of everything for you. Please don't worry it's going to be fine." One of the couple then told us how important it was that they travelled together. This was organised without fuss. Another person told us, "I am one happy customer. The staff have been great. I have been checked over thoroughly and I am on my way home." Another person explained how they had, "come straight through from reception and was seen by a nurse and then asked to sit in this cubicle." They went on to say there had been no delay in being seen.

We visited the Rapid Assessment Team (RATS). This team provided rapid assessment to people over 65 years of age to facilitate safe rapid discharge home or arrange access to a further rehabilitation facility. The team is multi-disciplinary and is made up of a physiotherapist, occupational therapist and a social worker. At the time of the visit there were four people admitted on to the unit. We looked at over twenty care records, including those completed in A&E, and found that a range of assessments had been completed, which identified the person's problem and goals and the action to be taken to address these. We saw and heard staff communicating with different health and social care professionals to arrange a comprehensive and safe pathway of care. Examples of these were referrals to a dietician, a General Practitioner and other community teams.

During our visit we spoke with lead nurses, five senior doctors, several ambulance crew

staff, three reception staff and fifteen nursing staff. The staff we spoke with were knowledgeable and able to describe the different pathways of care for people.

We discussed the patient's pathway of care into A&E with the ambulance staff and observed the process. We observed that A&E staff interacted well with other staff, people receiving treatment and their relatives. One member of the ambulance staff told us, "The staff at York are competent and good. Of all the hospitals we go to York staff are the most polite." Another member of the ambulance crew told us, "When we bring people into York A/E they are greeted and it is not often we have to wait." The ambulance staff told us that when they telephoned the hospital to warn them that they would be bringing someone who was ill or needed specialist care that staff were always waiting and ready for them. All of the ambulance crews we spoke with told us that they feel that things had improved over the past three to four months with less delays and waiting time in A&E.

We spoke with a quality performance manager from the Clinical Commissioning Group (CCG) who was visiting the unit. They told us that for the past three months they have been working with the Trust, Yorkshire Ambulance Services and GPs to improve the patient pathway through A& E and to reduce waiting times. They also discussed other initiatives and improvements that had been identified. Examples of these were a project manager employed to oversee developments, an urgent care group established, psychiatric staff presence identified as a need in the area and the establishment of a place of safety for psychiatric assessment.

We saw that a range of advice leaflets were given to people about their treatments and were available to people to take home.

We observed staff updating colleagues and people about their care.

We saw in the waiting area that there was a designated area for children, separated by a half wall. The area was child friendly with toys; however the provider may wish to note that children were not protected from the sights or sounds from a busy A&E department which could be frightening or a risk to children and there was no separate entrance or resuscitation room for children.

We saw that there were three cubicles in the department that had been decorated with child friendly art work. We were shown a designated area for the use of bereaved families. The area was away from the main busy area and was quiet and peaceful. We saw that there were tea making and toilet facilities for the relatives to use.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We saw that A&E and the other areas we visited were clean and tidy. During our visit we observed domestic staff, health care assistants and nurses continually cleaning. We saw that equipment had been labelled with green stickers stating that the equipment was clean and ready to use. This ensured that staff could see at a glance that equipment had been cleaned and it was fit for purpose.

Throughout the hospital we saw dispensers for aprons, gloves and hand sanitization were available. We also observed staff washing their hands following examination of patients.

There were effective systems in place to reduce the risk and spread of infection.

People commented to us about how clean the hospital was. One person told us, "The cleanliness here is good. I have seen them mopping and they do high up cleaning. The beds are always changed and it looked spotless in A & E and here." Another person told us, "It's nice and clean and fresh." When commenting about staff, one person said, "The staff who have looked after me so far have all washed their hands and worn gloves." Another person told us, "I have no complaints about anything – it looks clean and tidy to me. Even the staff uniforms look clean and ironed."

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We observed the pathway people took who presented themselves to the A&E department on foot. People presented at reception and the staff used a list to identify where people should go e.g. triage/major injuries or minor injuries. We spoke to some of the reception staff and asked them if they had received training to do this. The staff told us that they had not received nurse training in this area. One member of staff told us, "We get lots of other training and if we are worried we can go and get a nurse." The provider may wish to note that the current practice around the receiving of people in the minor injury and illness might be improved by the deployment of a nurse to assist with the assessment of people.

We discussed staffing levels and the skills mix with the lead nurse, a speciality doctor, consultant and five nurses. We observed staff across the department and they were very visible and responded quickly to people's requests for assistance. The staff we spoke with told us that during our visit it was particularly quiet and that when it was busy,' you never had sufficient staff.'

We spoke with a doctor who told us, "I think we are struggling with staffing, at night time there is no consultant on duty during the night and on busy nights like Fridays, Saturdays and Sundays." Another doctor we spoke with and the nursing staff confirmed this.

We spoke with the nurse in charge of the minor injuries area of the department. They told us that they have staff vacancies and that two staff were leaving at the end of the week. They told us that not all staff have completed the further training required to work across the two areas and only two staff were nurse prescribers. The manager told us the staff were willing to undertake this training but due to work pressures they were unable to release staff to do this. The manager told us that because of staffing and skills mix it could sometimes impact on waiting times. They told us the plan was to have a 10 to 15 minute wait time, the day we visited the waiting time was one hour.

We discussed the availability of psychiatric support for people. Staff told us there was no-one assigned to the unit and support was provided from Bootham hospital, which was close by. We spoke with a quality performance manager from the Clinical Commissioning Group (CCG) who told us that they have commissioned two twilight posts to work in A&E and one person had been recruited to improve the services.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of peoples who used the service and others.

Reasons for our judgement

We saw that in the unit there were post boxes and posters encouraging people to share their comments and complaints. The lead nurse told us that they review these regularly and developed action plans as required.
The manager showed us a monitoring sheet that was used on each shift to capture any incidents or concerns. Examples of these were ambulance issues, bed problems, staffing issues and waiting times. They told us that this was used to determine if root cause analysis is required and improvements to the service.

We saw that the unit was also trialling a quick risk form to capture issues at busy times e.g. aggression, violence, pressure sores and department workload issues. This ensured that issues were not missed at busy times because people are too busy to capture them using the electronic system.

We looked at the governance arrangements and how the Trust assessed and monitored the quality of its service. To allow us to make a judgement about the running of the hospital we reviewed all the information we held about the Trust and spoke to members of senior staff and the management team. We found the Trust had many systems in place that demonstrated the Trust actively collected and monitored information to support and drive improvements.

The Trust had reported all moderate and major incidents to the appropriate agencies, including events which 'should never happen' (never events) and information was sent routinely to the national reporting and learning systems. All of this information was seen by us and reviewed. Care Quality Commission's own risk profiling indicated that the Trust had sent us the required information about incidents and accidents. We had recently followed up incidents in the hospital and the Trust had provided the required information in a timely way and taken action to minimise future risks to people using the service.

We talked with doctors, consultants, matrons and senior staff at the hospital. Some people we spoke with told us they had been asked for their views about the care and treatment they had received. Some people also referred to the Friends and Family test, they had been asked, for example, to comment about whether they would recommend the hospital

to their friends and family. We saw evidence that there were ways for people to make suggestions or give feedback about their care and treatment, either verbally or in writing. This helped the Trust to gain people's views and ensure they were taking notice of people's comments.

Complaints and compliments were recorded on the Trust's monitoring systems and the information was used as a measure of peoples satisfaction and to make changes or improvements where required. A weekly meeting was held to discuss complaints and this was attended by the Chief Executive and the Director of Nursing. This change was, the Trust thought, a better way of seeing complaints as they were received and improved accountability.

About CQC inspections

We are the regulator of health and social care in England.

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

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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