Review of compliance

York Teaching Hospital NHS Foundation Trust The York Hospital	
Region:	Yorkshire & Humberside
Location address:	Wigginton Road York North Yorkshire YO31 8HE
Type of service:	Acute services with overnight beds Rehabilitation services Long term conditions services
Date of Publication:	March 2012
Overview of the service:	The York Teaching Hospital NHS Foundation Trust provides most of its health care services from The York Hospital. Acute hospital services are provided for around 350,000 people living in and around the York area. There are also a range of specialist services, which are spread over a wider

	area of North Yorkshire, serving a total of approximately 500,000 people.

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

Our current overall judgement

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

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

Why we carried out this review

We carried out this review to check whether The York Hospital had made improvements in relation to:

Outcome 02 - Consent to care and treatment
Outcome 05 - Meeting nutritional needs
Outcome 09 - Management of medicines

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 27 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Patients told us they were 'more than happy' with their care in the hospital. They said they can 'voice their views' about their treatment and care and that staff included them in whatever decisions were being made. Nurses were described as 'lovely, really nice.' One patient told us that staff 'go the extra mile to make sure we are looked after properly.' One patient told us, "Nurses are lovely, especially in intensive care. They don't get enough credit." One patient told us about the discussion she had had with the doctors and they had taken her views into account and changed the treatment being given. The patient said she had felt 'listened to and treated with respect.' Another patient told us about the way nurses had been supportive when the patient had been 'frightened' about the future and the treatment they were having. The patient also said [the staff had] 'been very clear about their condition and treatment and the prognosis.' They said staff have been 'clear and understanding.'

Some people were not able to share their views with us about their experiences of care on the ward. However, during our observations we judged that peoples' needs were being well met. Those who did comment said, "Don't worry, we are well looked after in here." Another patient said, "They are very very good" when referring to the staff on the ward.

What we found about the standards we reviewed and how well The York

Hospital was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Patients were able to make choices and decisions about their care and treatment, and staff supported them in this process. Overall we found that the service was meeting this essential standard.

Outcome 05: Food and drink should meet people's individual dietary needs

Patients using the service were supported to have adequate fluids, this was monitored and steps were being taken where patients were at risk. Overall we found that the service was meeting this essential standard.

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

Patients had their medicines when they need them and they were given in a safe way. Overall we found that the service was meeting this essential standard.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

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

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

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 02:
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 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us
Patients told us they were 'more than happy' with their care in the hospital. They said they can 'voice their views' about their treatment and care and that staff included them in whatever decisions were being made. Nurses were described as 'lovely, really nice.' One patient told us that staff 'go the extra mile to make sure we are looked after properly.' One patient told us, "Nurses are lovely, especially in intensive care. They don't get enough credit." One patient told us about the discussion she had had with the doctors and they had taken her views into account and changed the treatment being given. The patient said she had felt 'listened to and treated with respect.' Another patient told us about the way nurses had been supportive when the patient had been 'frightened' about the future and the treatment they were having. The patient also said [the staff had] 'been very clear about their condition and treatment and the prognosis.' They said staff have been 'clear and understanding.'

Other evidence
In July 2011 we carried out a review and found that improvements were needed to documentation relating to the serious matter of whether a patient should be resuscitated or not. This was not being completed correctly or being reviewed as required. Over the course of this most recent visit we found that the trust and their staff had worked hard to make sure improvements had been made. New practices had been introduced and staff, including doctors and consultants, had received appropriate

training and information relating to the trusts policy on this matter.

We reviewed, in total, 12 'do not attempt resuscitation' (DNAR) forms across the wards we visited. All of these had been completed on the correct forms and all the information required was present.

Where patients could make their own decisions in this matter, this was recorded on the form and supplementary information was also included in the patient's medical notes detailing the disussions and decisions made. Where patient's lacked capacity or were too distressed to enter into discussions about this, their next of kin had been consulted and again this was clearly documented. Where patients could make their own decisions in this matter, this was recorded on the form and supplementary information was also included in the patient's medical notes detailing the disussions and decisions made. Where patient's lacked capacity or were too distressed to enter into discussions about this, their next of kin had been consulted and again this was clearly documented.

We saw one example where attempts had been made to involve an advocate who could represent a patient, who was unable to make major or potentially life changing decisions due to a lack of capacity and had no known next of kin. These advocates are called IMCA's, which stands for Independent Mental Capacity Advocates. Decision makers in the NHS and in local authorities (for example doctors and social workers) have a duty to consult an IMCA for the most vulnerable people. An IMCA will not be the decision-maker, but the decision-maker will have a duty to take into account the information given by the IMCA. In this example, a best interests meeting had been held and the patient's social worker and psychiatrist had assisted in the process. This is further evidence to demonstrate that the correct procedures were being followed.

Where DNAR instructions were in place, it was evident that these were being reviewed every week by the consultants and doctors involved. If the instruction remained in place this was recorded on the form and in the patients medical notes if necessary. Staff on the ward said they had noted a significant improvement in the way the decisions were being made and that procedures had been 'tightened' up to make sure good practice was being followed.

We spoke with two consultants during our visits to the wards. They confirmed the action the trust had taken to address any inconsistencies in practice and they were clear about the policies in place. One ward sister highlighted the issue from another perspective, in particular when patients came into hospital with a DNAR instruction in place and whether these had been reviewed or completed in accordance with NHS guidelines and who by. This matter was to be discussed with the local authority and other agencies by the trust, who during their review of their own procedures had raised this as a consideration.

Our judgement
Patients were able to make choices and decisions about their care and treatment, and staff supported them in this process. Overall we found that the service was meeting this essential standard.

Outcome 05:
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 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Some people were not able to share their views with us about their experiences of care on the ward. However, during our observations we judged that peoples' needs were being well met. Those who did comment said, "Don't worry, we are well looked after in here." Another patient said, "They are very very good" when referring to the staff on the ward.

Other evidence
In July 2011 we carried out a review and found that improvements were needed on one ward, where patients being care for were vulnerable and not able to assist themselves. These patients were not receiving adequate fluids. We made a return visit to the ward highlighted in July 2011 and found that the trust and their staff had worked hard to make sure improvements had been made. New practices had been introduced and staff had received appropriate training.

On arrival to the ward we saw that jugs of cold water and beakers on two dining tables and available to patients. Staff told us these were replenished during the day to make sure water was cold and fresh. We arrived on the ward at 10.30am just as the drinks trolley was being prepared. The trolley was well stocked with a good range of hot and cold drinks, a variety of beakers and cups and individually wrapped biscuits and other snacks. Staff knew which cups to use, according to patients individual needs and specialised beakers were provided as appropriate. Patients in their rooms were also offered drinks and assisted where required. We saw staff actively encouraging people to drink and made sure they were comfortable and able to reach their cups with ease, patients were given time to finish their drinks and staff engaged with them in a positive

and encouraging way.

The ward now has at least seven scheduled drinks rounds where patients are offered drinks, and this included three meal times. There were two designated members of staff, on each shift, who were responsible for overseeing the hydration patients received and that paperwork was completed to accurately reflect this.

Staff refer to a 'white board' which was updated daily, and displayed symbols highlighting specific care needs. For example, where a patient had diabetes; required assistance with eating or needs to be encouraged to drink. Staff told us the system was 'working well' and that they knew at a glance what each patient needed. One member of staff told us there was an effort being made to make sure permanent 'core' staff were working alongside agency or bank staff to make sure the improved practices were being maintained and the routines, which have now been established, were followed. Staff on duty told us they had had up to three individual sessions with the dietician where they had gone through the importance of hydration, practical tips for encouraging patients to drink and monitoring fluid intake. Staff said this had been worthwhile and had had a positive impact on how they looked after patients on the ward. They said their raised awareness had made a significant difference to how they viewed patient care. A leaflet highlighting the importance of hydration had been developed and this was on display on the ward and staff talked us through the principles. Staff we spoke with could explain what their objectives were and how they could demonstrate the improvements that had been made. Staff were able to describe symptoms of dehydration and gave recent examples where they would intervene when patients were becoming unwell due to lack of fluids.

We saw new forms being used, which recorded food and fluid intake for patients. A 'standard' combined form was being used for those patients at risk of malnourishment or dehydration. 'Acute' forms were also in use for patients who were unwell or at significant risk. We saw that forms were being monitored and audited and where necessary additional support was being put in place if patients were reluctant to drink. Hydration was also being discussed at the handover on each shift change, to highlight for example, any changes in the way individual patients were to be offered their drinks or to be aware of anyone who was not taking fluids well.

Our judgement
Patients using the service were supported to have adequate fluids, this was monitored and steps were being taken where patients were at risk. Overall we found that the service was meeting this essential standard.

Outcome 09:
Management of medicines

What the outcome says

This is what people who use services should expect.

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

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
Patients we spoke with told us they got their medication when they needed it and on a regular basis. One person told us they did not like taking medication but the doctor had prescribed it for pain relief and therefore it was of benefit to her.

Other evidence
In July 2011 we carried out a review and found that improvements were needed to ensure controlled medication was being managed properly. Over the course of this most recent visit we found that the trust and their staff had worked hard to make sure improvements had been made. New practices had been introduced and staff had received appropriate training.

On one ward we visited, a new controlled drugs cupboard had been supplied and staff had received refresher training to make sure they were up to date with procedures. Audits of stored medication were being done weekly and monthly checks were made by the ward matron. Staff told us they felt more informed and support from the pharmacy team had improved. We did a random check of medication held and this corresponded with the records kept.

Our judgement
Patients had their medicines when they need them and they were given in a safe way. Overall we found that the service was meeting this essential standard.

What is a review of compliance?

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

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

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

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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