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 Long term conditions services Rehabilitation services
Date of Publication:	April 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 because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 08 - Cleanliness and infection control

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 March 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

We carried out this responsive inspection because we had received some information that alleged that people using the service in Ward 23 were at risk because:

- the ward was closed due to an outbreak of diarrhoea
- they were not receiving sufficient fluids and food and fluid charts were not being completed
- dying patients were not being placed on end of life pathways
- patients were missing vital medication

A high proportion of people using the service were unable to express their views to us due to their general medical conditions. In order to determine how care and treatment was provided we spoke with staff, observed their practices and looked at some people's care records.

What we found about the standards we reviewed and how well The York Hospital was meeting them

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

Patients are in receipt of appropriate health care and support to meet their needs.
Overall, we found that The York Hospital, Ward 23 was meeting this essential standard.

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

Health care professionals were monitoring people closely to ensure that patients received adequate nutrition and hydration.
Overall, we found that The York Hospital, Ward 23 was meeting this essential standard.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The ward was clean and hygienic. Measures were in place to reduce and manage the risk to patients of acquiring infections.
Overall, we found that The York Hospital, Ward 23 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 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 did not speak with people using the service about this outcome. Instead we observed care being provided to people and looked at records that told us about the care and treatment people were receiving.

Other evidence
We carried out this responsive inspection because we had received some information that raised some concerns regarding the care and welfare of people in Ward 23.

On arrival at the ward we looked within a number of the bays where people were being cared for. On the day of our inspection there were 19 patients on the ward. We saw that some people were asleep, some were sat up in bed and others were sat in a chair next to their bed. Everybody that we saw within the ward appeared clean, comfortable and well cared for. The nursing staff and care assistants were working their way around, attending to peoples needs. We observed staff acting promptly and being responsive to peoples changing needs. Interactions between patients and the staff caring for them were seen to be of a positive nature with consideration given to people's needs.

We looked at the care records of four people in detail. Admission assessments were seen to have been recorded which included details of people's condition and medical history. They also included assessments of people's dietary habits and needs. Daily records were completed for people and included information relating to their condition, any medication they had taken or refused and their dietary intake. Records of any contact with doctors and consultants were also recorded in detail. We also saw

evidence that critically ill patients had been appropriately placed on end of life pathways.

Our judgement
Patients are in receipt of appropriate health care and support to meet their needs. Overall, we found that The York Hospital, Ward 23 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
We did not speak with people using the service about this outcome. Instead we observed care being provided to people and looked at records that told us how people were being protected from the risks of inadequate nutrition and dehydration.

Other evidence
We carried out this responsive inspection because we had received some information that raised some concerns regarding patients' nutritional needs not being met in Ward 23.

On arrival at the ward we looked within a number of the bays where patients were being cared for. We saw that everybody had a selection of drinks available to them and within close reach. These included jugs of water, juice, tea, coffee and carbonated energy drinks. We saw that some people had catheters in place and it was evident that these people were well hydrated.

We looked at people's care records in relation to nutrition. We found that food and fluid charts were being completed for patients. On some days, records of fluid intake and output had not been totalled. We spoke with the Ward Sister about this and they told us they had been working closely with staff, with input from the dietician, on the importance of recording food and fluid intake and output. They said that progress had been made, and from the records that we viewed it was evident that the standard of recording had improved over recent weeks. However they were aware there was still some room for improvement in this area.

We saw evidence of a person being placed on food and fluid charts on admission due to them presenting with a poor appetite. After a few days this was seen to have been discontinued, as they were eating and drinking well. A couple of days later, their records showed that a food chart had been recommenced, as their eating habits had become less consistent. This demonstrated that staff on the ward were monitoring and responding to the nutritional needs of patients.

Our judgement
Health care professionals were monitoring people closely to ensure that patients received adequate nutrition and hydration.
Overall, we found that The York Hospital, Ward 23 was meeting this essential standard.

Outcome 08:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
We did not speak with people using the service about this outcome. Instead we looked at how people were being protected against identifiable risks of acquiring infections and the overall cleanliness of the ward.

Other evidence
We carried out this responsive inspection because we had received some information that raised some concerns regarding cleanliness and infection control within Ward 23.

On arrival at the hospital we spoke with the infection control lead prior to visiting the ward. They confirmed that the ward was closed, however this had been due to an outbreak of vomiting. They showed us records that confirmed the outbreak had started on 23 February 2012 and told us the ward was being prepared to re-open on the day of our inspection, 15 March 2012. They said that relatives of patients on the ward had been asked not to visit if possible to try and prevent the virus spreading. If relatives had insisted on visiting, then their wishes had been respected. Records that we viewed showed that 22 patients and 12 staff had been affected. A small number of relatives that visited the ward also reported symptoms after their visit.

We arrived on the ward and saw that all of the doors into each of the bays with patients in were closed. This would help to contain any further outbreaks of the virus. We saw that staff were wearing personal protective equipment, including aprons and gloves, and were seen to change these between each patient that they visited. We also saw that staff were in the process of changing privacy curtains throughout the inspection. We looked around a number of bays with patients in. We found that they were all clean, tidy and well maintained. We looked in the bathroom areas within each bay and found

they were all clean and hygienic. Hand gel dispensers were mounted on the walls throughout the ward and staff were seen to be using these frequently. A small number of dispensers were found to be empty; however disposable bottles of gel were available within the immediate vicinity.

We saw that a patient who had been diagnosed with C-Difficile had been placed in isolation in a side room. This was to prevent any further spread of the infection. We looked at the records relating to the care of this person. We found that appropriate steps had been taken and that staff on the ward and the infection control team were monitoring the situation closely and taking action to ensure changing needs were being properly met. This demonstrated that staff within the organisation were acting to control the spread of infections.

Our judgement
The ward was clean and hygienic. Measures were in place to reduce and manage the risk to patients of acquiring infections.
Overall, we found that The York Hospital, Ward 23 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
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Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA