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

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08 January 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ 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'.

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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 8 January 2013 and 9 January 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 and talked with staff.

What people told us and what we found

We visited all of the paediatric and maternity wards during our two day inspection. This included two children's wards, antenatal, postnatal, labour, maternity triage and the special care baby unit. Comments from patients included: "The nurses explain what is happening, and get my consent for all the treatments." Another person told us, "The doctors and the nurses take time to explain everything. Nothing is too much trouble." We observed staff treating people with respect, being polite and courteous.

We spoke with over 18 members of staff, ward sisters, two registrars and members of the executive board. Staff told us patients received good, safe care and that they were committed to providing an excellent service. All the people we spoke with were positive about their care and experiences at the hospital. We looked at medical records and found that, overall, records were well kept.

Overall the premises were found to be fit for purpose; however the children's ward areas were found to be showing signs of wear and tear and might benefit from some modernisation. At no point during our visit to the wards were mixed gender bays found. The staffing levels on the wards we visited were adequate.

We looked at medical records and found that overall records were well kept. We also looked at the governance arrangements in place across the whole of the Trust and found that systems were in place for monitoring and assessing the quality of the service provided.

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

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our visits to the wards we spoke with more than eleven people receiving care and treatment and their representatives or relatives. They all told us that they had been given information about their treatment and were able to make informed decisions. The parent of a child, ready for discharge, told us that their child's treatment had been fully explained and the advantages and disadvantages associated with treatment had been explored. The parent also told us that the specialist had spoken directly to her child, as the patient, and included him in the discussions. This was seen by them as inclusive and considerate. Another parent told us that when they asked a question about their child's treatment they "got it answered."

We found that systems were in place to gain and review valid consent from people who used the service. We found that consent forms had been signed for surgical procedures and invasive treatments on each of the wards we visited. People we spoke with confirmed they had given their consent to treatment and had been kept fully informed of treatment and what they were consenting to. We asked people about their understanding of their treatments.

Everyone we spoke with said they had had discussions with their consultant and the nurses had been a 'valuable source of knowledge' whilst treatment was ongoing. This showed that patients or their representatives had sufficient knowledge or explanation to give valid informed consent about a treatment option or the management of their care. During our observations we saw examples of good practice being carried out by staff. We observed staff consulting with patients during care and offering detailed explanations of care delivery and being asked if they could continue. The physiotherapy staff also sought confirmation from patients to make sure they wished to continue with exercise regimes.

We reviewed patient records and saw evidence of discussions with patients or their representatives and detailed records showing that alternative options had been given where continued treatment was necessary. We also saw, in paediatric records, evidence of a wider multi disciplinary team being involved in making decisions about individual care

and this showed 'best interest' criteria had been used.

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

People we spoke with told us that they had been involved in planning their care or that of their child. The medical records we reviewed showed that appropriate information had been recorded, albeit some minor adjustments were needed to make sure records were accurate and up to date. Staff described to us how the records were used and subdivided for ease of reference.

During our observations and discussions with staff we found that staff worked hard to try to make sure people were assessed on admission and that every effort was made to support their recovery. This included patients having a named nurse, timely discharges and staffing levels being adjusted to meet increased needs or patient admissions. We observed patients receiving care that reflected good practice. This meant that children and other patients were kept safe.

Overall we received positive comments on people's experiences of the care and attention they had received on all of the wards we visited. Staff were described as 'fantastic, caring and thoughtful.' A small number of people did raise minor issues, for example one parent had to alert a nurse that their child's buzzer was activated when a medication had finished but they wanted to stress that this had not impact on the level of care they received.

One new mother, who had been transferred to York Hospital for continued care with her newborn baby, told us that, "The staff made a big effort to get to know us." This she felt added to the excellent support provided. Another parent of a child receiving treatment said "She felt her child's experience in hospital had been positive and staff had been sensitive to the child's preferences to make sure they were comfortable." One nurse told us, "Our role is to look after the child and the parent as well and we see it as family care."

We spoke with some new mothers and fathers. The men thought they had been fully involved as they had wished and could not praise the treatment enough.

The hospital has a bereavement team, and in addition has bereavement midwives. The Outreach Team also provide bereavement counselling for families whose babies have died.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Some of the wards we visited were showing signs of wear and tear, in particular the flooring and décor on the children's wards. The toilets and bathrooms on most of the wards we visited were found to be suitable and accessible for the people who used them. The toilets and bathrooms were for single sex use and at no point during our visit to the wards were mixed gender bays found.

People we spoke with thought the facilities on the wards generally suitable but individual views differed. For example one woman, who had been admitted to the antenatal unit, to be induced, had her own en-suite facility. However, two women, who had stayed on the labour ward, thought the area needed modernising and they also said communal bathing and toilet facilities were not ideal. However, they stressed that this had not had a detrimental impact on their overall experience whilst in hospital.

Side rooms were available on some of the units with ensuite facilities and everyone had access to a lockable facility so they could keep personal possessions safe.

Arrangements were in place so that a parent could stay with their child. Dependent on the circumstances either a 'portable' bed was provided, or if a mother had delivered a child and the infant needed subsequent care then the mother could be provided with more permanent accommodation, if it was available at the time.

All the wards we visited were warm and suitably lit. We saw that a range of security systems were in place to safeguard both the adults and children being treated. This included security entry on all entrances, including cameras and a buzzer system so that staff could identify those entering the ward, baby tagging and controls around visiting times.

Facilities on the children's ward were found to be age appropriate, including low level hand wash basins and play equipment. Children over twelve had access to a 'teenage room' and younger children had a play area, which was staffed during the week with dedicated 'play staff.' Parents also had access to a room where children were not allowed and was used as a quiet area if parents needed to discuss their child's care in private.

We saw evidence of annual maintenance checks, including fire safety, emergency lighting

and general equipment, which demonstrated it functioning properly and was safe to use. However, environmental audits were also carried out at ward level, so that any issues could be picked up quickly and we saw records to confirm this.

We saw that suitable arrangements were in place at The Trust to manage an emergency, such as fire or failure of electricity. We viewed The Trust's emergency response policy and spoke with staff about how this would be implemented should the need arise. People had a clear understanding of what action they needed to take to ensure that people were kept safe in the event of an emergency. One member of staff told us that they had carried out mock evacuations and that staff would be deployed to other areas to assist the evacuation. This helped to ensure that staff were kept safe in the event of an emergency.

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

People we spoke with told us they were impressed with the level of support provided by all of the staff, including the nurses, health care workers, anxillary staff and doctors. Staff were described as 'spot on', 'compassionate and caring', and that they 'went the extra mile' to make sure they had checked peoples comfort and wellbeing.

We looked at staff rosters and discussed them with the ward managers. They were able to confirm to us that where there were any staff vacancies, the Trust was actively recruiting and that newly appointed staff were undergoing their induction training and a period of 'shadowing' more experienced members of staff. The managers told us they used bank staff when there were gaps. During our visit staff shortfalls had been covered by the redeployment of staff from other less busy wards or the use of staff from a pool of bank staff. On the occasions when they were unable to back fill, for example when staff absence was at short notice, a matron and labour ward manager told us they would either step in themelves, request a community midwife assistant (if it was on a maternity ward) or the labour ward co-ordinator would take on a case load, in addition to their duties, to ensure that basic care was delivered. Staff on the post natal ward said they had a good working relationship with staff on the labour ward and they would let them know as soon as they could if women were going to deliver their babies early or if the baby might be small and required an incubator, so that they could pre plan.

Staff we spoke with said they worked flexibly and worked on a variety of wards depending on patient need. The way the roster was organised meant that the whole staff team were deployed across either the paediatric wards or maternity wards. Additional staff were available from a pool of bank staff when all of the wards were at full capacity. None of the nurses we spoke with reported any shortfalls in the staffing, however they did say on some days they were kept very busy. However, when we spoke with two registrars, who covered the two children's wards, special care baby unit and outpatients they told us that on some occasions there were delayed discharges from the wards due to a lack of nurses and this had been particularly bad in November 2012.

We noted excellent coordination and communication between staff on the wards we visited. The atmosphere on each of the wards was calm and well managed. From the rosters, our observation of care provided and what patients and staff told us the indication was that staffing and skill mix levels on the days we visited were sufficient to meet the needs of the people who used the service at the time. There was also evidence of

appropriate input from the members of the wider team, such as dieticians, occupational health and physiotherapy staff.

The staff we spoke with told us they felt supported by their management team and the doctors. Staff told us they had good working relationships with the doctors and each other and thought this was probably because they worked in such close proximity and relied on each other to ensure the safety of the children and babies under their care.

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 to regularly assess and monitor the quality of the service that people receive.

Reasons for our judgement

We looked at how the Trust assessed and monitored the quality of its service. We also visited the Trust's other acute hospital, in Scarborough, and looked at the governance arrangements across the whole of the Trust. 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 the management team. There were many systems in place across all the key areas that demonstrated the Trust actively collected and monitored clinical and patient information to support 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 system (NRLS). 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 two never events and the Trust had provided the required information in a timely way and taken action where necessary to prevent reoccurrences or minimise future risks to patients.

We talked with doctors, matrons and senior staff at the hospital, who confirmed they had regular contact with patients to get their views about their care and the service provided. The people receiving care or their representatives confirmed this. Comments from people included: "I have been asked what I think about the care here, I have no complaints and I told the nurse that." and "Everybody is really kind and wants to know if I have had a positive experience so far." 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. During our visit we observed an electronic questionnaire in one of the parents rooms which they were asked to use to record their views. This helped to ensure that people were encouraged to ask questions about their care and treatment and that they were listened to.

Complaints and compliments were recorded on the Trust's monitoring systems and the information was used as a measure of patient satisfaction and to make changes or improvements where required.

Staff we spoke with confirmed that regular audits were undertaken across the whole hospital and reports submitted for consideration by the Trust where necessary. Audits covered a variety of topics including cleanliness, care plans and care notes, medicines and prescription charts. Staff told us there had recently been an emphasis placed on hand hygiene, nutritional screening and infection control.

We could see that there were robust systems in place for audits and the monitoring of quality and procedures. Senior staff told us that any issues raised during audits, including complaints received and comments about patient experience, were routinely followed up to maintain a system that kept the focus on the patient, their treatment and after care. We noted that there were regular meetings at the executive board level to discuss issues relating to ward level matters. We were provided with minutes from these meetings which confirmed this. The hospital is also involved in other auditing initiatives, outside of the Trust, as an extension of their efforts in trying to improve services.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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