# Review of compliance

## Harrogate and District NHS Foundation Trust
Harrogate District Hospital

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<tr>
<th>Region:</th>
<th>Yorkshire &amp; Humberside</th>
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| Location address: | Harrogate and District NHSFT  
Lancaster Park Road  
Harrogate  
North Yorkshire  
HG2 7SX |
| Type of service: | Acute services with overnight beds  
Acute services without overnight beds  
/ listed acute services with or without overnight beds  
Community healthcare service  
Dental service  
Diagnostic and/or screening service  
Doctors treatment service  
Long term conditions services  
Mobile doctors service |
| Prison Healthcare Services  
| Rehabilitation services  
| Urgent care services |

**Date of Publication:** October 2012

**Overview of the service:** Harrogate District Hospital is run and operated by Harrogate Hospital and District NHS Foundation Trust, providing health care to people in Harrogate and North Yorkshire.
Our current overall judgement

Harrogate District Hospital was meeting all the essential standards of quality and safety inspected.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 1 August 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

People told us what it was like to be a patient in Harrogate District Hospital. They described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people in hospitals were treated with dignity and respect and whether their nutritional needs were met.

The inspection team was led by a Care Quality Commission (CQC) inspector joined by a further three CQC inspectors, a practising professional and an Expert by Experience, who has personal experience of using or caring for someone who uses this type of service.

Patients told us that their nutritional needs and dietary preferences were well met. They gave positive feedback about the quality, range and availability of food. They told us that staff were very kind and caring and that they felt their privacy and dignity was protected during their hospital admission.

What we found about the standards we reviewed and how well Harrogate District Hospital was meeting them

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

The provider was meeting this standard
People's privacy, dignity and independence were respected.
Outcome 05: Food and drink should meet people’s individual dietary needs

The provider was meeting this standard.
People were protected from the risks of inadequate nutrition and dehydration.

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

The provider was meeting this standard.
People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

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

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

The provider was meeting this standard.
People were protected from the risks of unsafe or inappropriate care and treatment.

Other information

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

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

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

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

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

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

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

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

More information about each of the outcomes can be found in the Guidance about compliance: Essential standards of quality and safety
Outcome 01:
Respecting and involving people who use services

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

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
Most patients and their relatives told us that they were very satisfied with the care and treatment they received at Harrogate District hospital. They said they had been treated with courtesy and respect and that their privacy and dignity had been well protected. One person said 'Staff do their best to make sure the patients are alright. They always draw the curtain around when they are dealing with you, to keep things private. But it's always difficult when you have a few people in the same room.' Another said they could have their door to their room shut or open whenever they liked and that staff were sensitive to people's privacy and dignity when dealing with personal hygiene.

Other evidence
Is people's privacy and dignity respected?

We asked the senior management team of the hospital how they made sure patient's privacy and dignity was promoted and protected throughout the hospital. They told us there was a policy and procedure in place about how they expected staff to promote people’s privacy and dignity and staff receive training in this during induction. The Chief Executive the Director of Governance and the Chief Nurse for the hospital all told us that they regularly visit wards and departments to monitor how people’s privacy and dignity is maintained whilst using the service. They also told us that it is part of the
hospital matron's daily routine to observe at ward level adherence to the trusts privacy and dignity policies and procedures.

When we spoke with the staff on the wards we visited they gave different examples of how the practice of staff ensured the privacy and dignity of the people they were caring for. Staff said that most patients had their own room which had signs outside for when patients were being given any care or treatment, this allowed patients to have privacy and dignity. For those that were cared for in bays then the staff said they had laminated signs which said 'Care in progress' which were hung on the curtain. We observed these signs in use on all of the wards we visited during the inspection. One member of staff told us about a scheme that was running in the hospital called 'Peg in your pocket.' They explained that they had a clothes peg in their pocket and when they were carrying out care interventions they made sure that the opening where the privacy curtaining met was always 'pegged together' to avoid the privacy curtaining opening.

Staff spoke with us about the 'butterfly' system which was a scheme for those patients with memory loss or dementia. A small butterfly sign was put on the patient's door or beside their name on a white board and this alerted staff that this particular patient may need more time spending with them to have their care explained or may need prompting to do simple tasks such as washing or dressing or eating. We observed staff dealing with some one who had a butterfly next to their name. They were talking courteously to the patient, bending down to eye level and speaking at a pace the person could understand.

Are people involved in making decisions about their care?

We saw in patient's medical and care records evidence of involvement of people in their care. We saw written records where treatment and interventions had been explained to the patient and verbal consent was recorded. In some people's records we also saw a form called 'All about Me' Included on the form was information such as favourite foods, any help required with meals, and if a person needed support to take medication. We observed staff using this form to determine if a patient required any adapted cutlery to assist them in eating their lunch.

We observed on the wards we visited staff explaining care and treatment to patients and giving them time to ask questions and think about any decisions before any treatment or care intervention was carried out. This indicates that people are given clear information regarding the care and treatment choices available to them.

Our judgement
The provider was meeting this standard
People's privacy, dignity and independence were respected.
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
People told us that the food was good. One person said 'It's very tasty considering how many people are being catered for.' Another person said 'It's just the right temperature when we get it served to us.' Another patient said that their appetite 'had completely vanished' but had been 'tempted and supported' by staff to regain their interest and appetite for food.
They also said that the food was 'nicely served on a tray.'
Another person said they were very appreciative of the fact that they could choose smaller portions of food on the menu. They went on to say that at supper time they are served with a hot drink and a snack such as cake or biscuits which they thought was very good.

Other evidence
On the day of inspection we observed lunch being served on two wards. There was a choice of four hot options on the lunchtime menu as well as cold options for patients. There was also a separate menu for those patients who required a soft diet. Patients were able to have snacks during the day and the ward had biscuits, soup, cheese and bread available if patients wanted more, or had been admitted late at night and had missed a meal. We saw special feeding mugs in use on one ward and different coloured beakers to indicate patients with special fluid needs. We saw jugs of water and beakers on lockers and tables on every ward we visited. A Nutritional Assistant (NA) was employed on each of the three wards we visited. On one ward we observed the NA asking people about what they would like for lunch the following day. They spoke to each person on an individual basis and took time to explain the menu options.
and portion size to people and discussed with people their dietary requirements in line with there medical condition and treatments.

Are people's religious or cultural backgrounds respected?

Although there was no one on the wards who required a special diet for religious or cultural needs all staff said that they would be catered for. The staff said that this would form part of the assessment as people were asked about special dietary needs upon admission. We looked at the one person's medical care records and saw that they were being given a liquid feed via a tube into their stomach. It was recorded on admission to hospital that this person was a vegan. The hospital had sourced a liquid food for them to be given which would enable them to continue to follow a vegan diet.

Are people supported to eat and drink sufficient amounts to meet their needs?

Each ward employs a nutritional assistant who supports people in menu choices, and records and monitors patient’s hydration and nutrition. Food and fluid balance charts were routinely used and completed properly. Mealtimes were protected so that patients were able to have their meals without interruption. However, the hospital also encouraged relatives to visit at meal times if this was felt to be of benefit to the patient. People with additional nutritional support needs were supported via a ‘red tray’ system. The domestic assistant cleared patient trays when they had finished their meal. They did not remove any red trays until the nurse or the nutritional assistant told them they were allowed to do so. This was only after all relevant food records and fluid charts had been completed for the individual.

When we looked at patient records we saw that a nutritional screening tool is used to identify people who are at risk of poor nutrition and hydration. People are weighed on admission to the hospital. We saw from looking at patient records weight loss and weight gains are monitored closely. Appropriate referrals were made to the hospital dietician and documented actions from the dietician were incorporated into patients’ medical notes and plans of care for staff to follow.

Our judgement
The provider was meeting this standard
People were protected from the risks of inadequate nutrition and dehydration.
Outcome 07: 
Safeguarding people who use services from abuse

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

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
When we spoke to patients on the wards they told us they felt safe. One person said they would 'speak out' if they were not happy. Another said that they would get a family member to talk to the ward sister if they were upset about anything.

Other evidence
Are steps taken to prevent abuse?

We spoke with the senior managers on duty at the hospital. They told us that all staff receive training in safeguarding and protecting vulnerable people from abuse. When we spoke with staff they confirmed that they had attended training this. They gave very good accounts of what constituted abuse and described how they would deal with any safeguarding incidents should they occur. They confirmed that they had policy and procedures in place for them to refer to and follow should a safeguarding incident occur at ward level.

Do people know how to raise concerns?

The people that we spoke with told us that they felt they could raise concerns with ward staff. They said they were confident that they would be listened to and any concerns acted upon. The senior managers take concerns very seriously. They regularly visit all the wards and departments in the hospital and talk to patients about their experiences of the hospital.

There was a range of advice and information leaflets for patients on every ward we
visited. This included information on how to make a complaint and protecting privacy. The management team at the hospital told us that the Patient Experience Team (PET) were an important first point of contact in picking up any concerns as early as possible. All staff we spoke with at ward level were aware of the hospital policy and procedures for when people raised concerns with them.

Are Deprivation of Liberty Safeguards used appropriately?

The staff we spoke with were aware of their roles and responsibilities with regard to protecting people from abuse or the risk of abuse. Safeguarding training is tailored to staff roles, all staff had safeguarding adults awareness training, and some with direct contact or responsibilities are provided with the additional levels of training they need.

**Our judgement**
The provider was meeting this standard.
People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
Outcome 13:
Staffing

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

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement
The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
The people we spoke with all told us that the staff were very kind and caring. One person said 'They (staff) can't do enough for you, they've been marvellous'. Another said 'The staff are always cheerful and buoyant, they do a fantastic job.'

Other evidence
Are there sufficient numbers of staff?

Ward managers told us that in conjunction with their permanent staff, they operated a range of flexible working patterns in order to maintain a safe skill mix of staff to meet the dependency levels of the people who use the service. This also included the use of dedicated bank staff and overtime to cover unexpected and planned absences. We were told that the hospital are currently recruiting staff in preparation for the pressure on staffing levels of high admissions to the hospital during the winter months.

During the inspection we visited three wards. We observed that patients had their health and care needs attended to promptly. When we observed lunch being served we saw that everyone including the ward manager assisted people. Everyone received support who needed it. The atmosphere was relaxed and patients were not hurried. We observed that there was enough staff to support patients and that they stayed with that one person throughout the lunch time period and did not go off to complete other tasks until the person had finished their lunch.

Do staff have the appropriate skills, knowledge and experience?
All grades of staff confirmed they receive regular training in how to meet people's nutritional needs, maintaining people's privacy and dignity and in safeguarding people from potential abuse. People told us that staff were very capable and skilled and thought the staff were very well trained and competent at carrying out nursing and medical interventions.

**Our judgement**
The provider was meeting this standard.
There were enough qualified, skilled and experienced staff to meet people's care and welfare needs.
Outcome 21: Records

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

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement
The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us
People told us that they knew that medical and nursing records were held about them. One person said that they read their charts everyday. Another person said that the doctor and nurses write in their medical notes at the bedside and always told them what had been written.

Other evidence
Are accurate records of appropriate information kept?

We looked at the medical and nursing records of nine people. The patient records showed detailed information where multidisciplinary care was being delivered. People's nutritional needs were assessed on admission and at regular intervals following this. People's weight was recorded on admission. It was then determined as to what time intervals a repeat weight would be carried out, given what the person was admitted to hospital with, and following a nutritional assessment. Food likes and dislikes, and portion sizes were all documented. In addition people's preferences over what drinks they liked with what meals was also documented on the 'All about Me ' form. Food and fluid charts were completed properly and monitored by the medical and nursing staff on the ward. People's personal records including medical records were accurate and fit for purpose.
Are records stored securely?

We saw that all medical records are kept securely when not in use, but staff have easy access to them should the records be required in an emergency. Nursing care records were kept separate from medical records. The nursing care records were also held securely when not in use. All charts such as fluid balance charts and observation charts were kept at the end of the patient's bed in a folder.

Our judgement
The provider was meeting this standard.
People were protected from the risks of unsafe or inappropriate care and treatment.
What is a review of compliance?

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

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

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

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

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

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

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<th>Document purpose</th>
<th>Review of compliance report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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| Postal address | Care Quality Commission  
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