

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

Airedale General Hospital

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13 November 2012

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

Care and welfare of people who use services



Met this standard

Details about this location

Registered Provider	Airedale NHS Foundation Trust
Overview of the service	Airedale General Hospital was opened in 1970 and provides personalised, acute, elective and specialist care for a population of over 200,000 people from a widespread area within Yorkshire and Lancashire. Services are provided from the main hospital site.
Type of services	Acute services with overnight beds Diagnostic and/or screening service Urgent care services
Regulated activities	Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Maternity and midwifery services Nursing care Surgical procedures Termination of pregnancies Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

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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 13 November 2012 and 14 November 2012, 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.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We visited ward five a stroke unit, ward six a older persons medical ward, ward 14 a surgical assessment unit and ward 15 a medical assessment unit.

Most of the patients we spoke with were positive about their care and about their experience at the hospital. They said "when I ask for help staff responds quickly, and "no problems with the care and support provided".

Patients were admitted onto ward 14 and 15, to have their medical needs assessed. We spoke with 22 patients most told us they were either dealt with promptly or if they had to wait; they had understood the reasons why. Most told us they were satisfied with the care and treatment they had received. All praised the staff and said how helpful but busy they were. One person said they had received "good care by the nurses". Others told us "I received the help I needed, I have no complaints at all", "it is good they are doing all they can for me".

Staff told us patients received good care and their needs were met. However, some of the staff we spoke with on ward 15 said they were very busy sometimes and found it difficult to meet people's needs when the trolley bay was open. (The trolley bay was an extra assessment area on Ward 15, which was opened when the accident and emergency department was busy, it could take up to nine extra patients.) We raised this with the Trusts management team who told us they had identified the risks and were in the process of making improvements to the ward.

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The hospital asked patients for views about their experience on the wards, we were provided with the feedback for August and October 2012. This showed us 96% of patients would recommend the ward.

We spoke with matrons, ward managers, nurses, and health care staff about how they find out about patient's health and personal care needs. All of the staff told us they used the formal written and verbal handovers at the commencement of each shift and referred to the care records and the risk assessments. We looked at ten patients care and treatment records which showed us that patient's needs were assessed and care and treatment was planned and delivered in line with their individual needs.

We saw the hospital had recently introduced intentional care rounding. Rounding was a formal checklist used when checking on patients which happened every one to two hours and was carried out by nursing staff. The matron explained they were monitoring the beneficial affects of the intentional care rounding and had identified since commencement there had been less falls on one of the older patients' wards. They were also aiming to tailor this to the patient's individual needs. However the provider may find it useful to note we found some of the records had not been completed fully.

The matrons provided the Commission with copy key performance indicators, for record keeping for October 2012, which monitored the care records and identified where the records were uncompleted. This showed us where they had identified a ward had not completed the records; this had been investigated and improved upon the following month. This demonstrated the Trust had systems in place to ensure patients were receiving the care and treatment they needed.

All of the ten patients we talked with on wards five and six told us they were satisfied with the care and treatment they had received; they told us the staff was "always" respectful and "always" helpful. Most patients told us that staff responded promptly when they asked for help; however two patients commented the staff was extremely busy.

Ward 14 was a surgical unit and ward 15 was a medical assessment unit, where male and female patient's medical needs were assessed. The wards received patients from the accident and emergency department, and patients who were referred from home by general practitioners. Patients stayed on the ward until they had been fully assessed and they were then moved to a ward which catered for their specific medical or surgical needs. Their stay on the wards could be from half an hour to 48 hours and would depend upon what beds were available in the hospital to transfer them to.

We spoke with 22 patients on Ward 14 and Ward 15, 19 patients said they were satisfied with the care and treatment received. We asked about their experience before they were admitted into the assessment wards, they told us they were seen promptly in the accident and emergency department or they were admitted straight onto the wards. Where there had been a waiting time in accident and emergency most told us they had been undergoing tests whilst waiting but had access to food and toilet facilities where appropriate. However one person told us they did not have a good experience in accident and emergency.

We asked patients if they had been informed about their treatment and care, most told us they had been. However, two patients felt they had not been fully informed about what was happening to them. We also asked if there were enough staff to meet their needs, two patients did not answer, and thirteen told us there were, and four felt they were rushed. All the patients told us the staff was "very good" and "very helpful" and staff was responded promptly.

Ward 15 had 27 beds and a trolley bay which accommodated up to six patients, in chairs and beds that were able to mobilise independently and a reception area which accommodated up to three patients in chairs. The staff explained when these area were operational they found it difficult to ensure they were meeting peoples needs safely.

The trolley bay provided single sex accommodation, either male or female and patients often found they could be moved to the reception area to wait when different sex patients needed to be assessed in the unit. We saw the accommodation did not ensure patient confidentiality or dignity.

We discussed this with the senior matron, and the general manager, who told us the number of patients they assessed on ward 15 had increased and they had recognised there were risks in this area. They explained they had requested the NHS interim management and support team to review the accident and emergency department and ward 15 in January 2012, and were now implementing their recommendations. They proposed to open a short stay ward in December, which would enable the maximum stay ward 15 to be reduced to 12 hours. This would relieve pressure on ward 15 with the intention to close the trolley bay. The senior matron explained the unit had been risk assessed and the hospital had put measures in place to mitigate the risk on the ward. Such as ensuring when the trolley bay was open an extra member of qualified staff was allocated to the ward. The provider may find it useful to note we asked to see what staff had worked on ward 15 in the two weeks prior to the inspection, and we were told by staff this information was not collated.

They also explained this would be raised at the governance meeting on 22 November and the Trust Board meeting on 29 November where the risk would be discussed and further actions taken. The general manager explained they had identified a short stay ward and this would be operating seven days a week, which would reduce the pressure on ward 15.

Following our visit we have received concerns about a patients experience on ward one, we have informed the provider of the issues and have asked them to tell us how they were responding to the concerns raised.

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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