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

Northwick Park Hospital

Watford Road, Harrow, HA1 3UJ  
Tel: 02088643232

Date of Inspection: 17 September 2013  
Date of Publication: October 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment  
✓ Met this standard
## Details about this location

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<th>Registered Provider</th>
<th>North West London Hospitals NHS Trust</th>
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<td>Overview of the service</td>
<td>Northwick Park Hospital (NPH) is part of North West London Hospitals NHS Trust. The North West London Hospitals NHS Trust manages Northwick Park and St Mark’s hospitals in Harrow and Central Middlesex Hospital in Park Royal. NPH is also a key site for the teaching of medical students from Imperial College London. The hospital has approximately 470 beds.</td>
</tr>
<tr>
<td>Type of services</td>
<td>Acute services with overnight beds&lt;br&gt;Dietician and/or screening service&lt;br&gt;Long term conditions services&lt;br&gt;Hospital services for people with mental health needs, learning disabilities and problems with substance misuse&lt;br&gt;Rehabilitation services&lt;br&gt;Urgent care services</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Assessment or medical treatment for persons detained under the Mental Health Act 1983&lt;br&gt;Diagnostic and screening procedures&lt;br&gt;Maternity and midwifery services&lt;br&gt;Surgical procedures&lt;br&gt;Termination of pregnancies&lt;br&gt;Transport services, triage and medical advice provided remotely&lt;br&gt;Treatment of disease, disorder or injury</td>
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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

We carried out this inspection to check whether Northwick Park Hospital had taken action to meet the following essential standards:
- Consent to care and treatment

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 17 September 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 staff and reviewed information given to us by the provider.

What people told us and what we found

We carried out this unannounced inspection to check if the provider had complied with a compliance action from a previous inspection of the service carried out in May 2013.

We visited five wards, spoke with the Director of Governance, the Deputy Head of Nursing, three senior staff nurses, four nurses, two consultants and seven doctors. We checked the records of twenty patients.

We did this to make a judgement as to whether the provider was meeting Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 (Outcome 2 - Consent to care and treatment).

From the interviews with staff and documented evidence provided, we found that the provider had responded appropriately and complied with the compliance action made.

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.

The registered provider had suitable arrangements in place for obtaining, and acting in accordance with the consent of patients in relation to care and treatment provided.

Reasons for our judgement

We looked at records and spoke with staff on Hardy ward, Fielding ward, Edison ward and Jack’s Place. All staff spoken with demonstrated clear awareness of the importance of obtaining consent from patients and their representatives prior to providing treatment or care.

Following our inspection in May 2013 the provider sent us an action plan and told us that the policy and procedure for 'Do not Attempt Resuscitation' (DNAR) had been reviewed. This was in addition to on-going training and provision of information to staff regarding the correct procedure when completing DNAR orders. This was to ensure that all staff were fully informed. Doctors and nurses spoken with were aware of the DNAR policy and procedure. Nurses told us that they always confirmed new DNAR orders with doctors and consultants and felt confident to approach clinicians when the orders were completed incorrectly. The provider may wish to note that nurses on Edison ward told us that they found it sometimes difficult to follow up incomplete DNAR orders with senior doctors.

We examined twenty DNAR orders and patient records. We noted that apart from three orders records contained evidence of involvement of the patient and their relatives in respect of their wishes regarding their plan of care. Those patients who were able to sign, had signed to say that they agreed with the support plans that were in place. For example, we saw from their files that they had signed 'patient agreement to investigation or treatment' which meant they had been asked for their consent. On some occasions DNAR orders were partially completed, however a more detailed explanation was documented in patients care records. Sometimes it was not clear to establish the grade of the doctor who signed the DNAR order, however nursing staff were able to tell us who signed the form and the grade. An audit carried out by the provider in June 2013 found similar issues of doctors not indicating their grade. The provider may find it useful to note that nurses told us that it would be helpful to indicate the grade of the doctor who had signed the form.
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 other services less often. 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.

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.

<table>
<thead>
<tr>
<th><strong>Met this standard</strong></th>
<th>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.</th>
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<tr>
<td><strong>Action needed</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Enforcement action taken</strong></td>
<td>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.</td>
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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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.
### (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.