County Durham and Darlington NHS Foundation Trust  
University Hospital North Durham

<table>
<thead>
<tr>
<th>Region:</th>
<th>North East</th>
</tr>
</thead>
</table>
| Location address:             | North Road  
                                   Durham  
                                   Co Durham  
                                   DH1 5TW |
| Type of service:              | Acute services with overnight beds  
                                   Community healthcare service  
                                   Rehabilitation services |
| Date of Publication:          | June 2012 |
| Overview of the service:      | University Hospital of North Durham provides acute services to people who live in County Durham and Darlington. It is located near Durham city centre. |
Our current overall judgement

University Hospital North Durham 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 to check whether University Hospital North Durham had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 05 - Meeting nutritional needs

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 18 January 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We visited University Hospital of North Durham to check whether improvements had been made to two compliance actions. We visited ward 1 (elderly medicine), ward 3 (acute medical admissions), ward 11a (winter pressures resource), ward 12 (orthopaedic inpatients) and the orthopaedic outpatient clinic.

We spoke with patients, visitors and staff on the wards to see what improvements had been made since our last visit.

One patient told us, "I feel well looked after." Another person said, "The staff are all very nice and helpful".

Visitors told us that the longer visiting times were "better" because they could spend more time with older patients. Relatives were also positive about the support and information they received whilst visiting patients.

One visitor told us that they had requested to stay with their relative on the ward for the last few nights. They told us that ward staff had provided them with a reclining chair during that time, and that they had been able to make hot drinks whenever they liked in the ward kitchen.
Overall, people had positive comments to make about the meals and drinks. One patient said, "It's a marvellous place, the food is lovely."

Another patient told us, "The meals are canny, and I've had a lot worse. It takes me a while to eat them because they are big portions, but I manage."

Another person told us, "The meals have been fine, sometimes it's a bit too much. I prefer a coloured glass because of my bad sight and they usually remember to give me one."

Patients told us that there were "plenty of choices" of meals and drinks.

A visitor told us, "There always plenty of tea and biscuits, and she said the lunchtime mealtime was ok and she's chosen from the menu for tonight's meal."

What we found about the standards we reviewed and how well University Hospital North Durham 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

Overall UHND was meeting this essential standard. This was because patients were treated with dignity and respect.

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

Overall UHND was meeting this essential standard. This was because patients' nutritional needs were assessed and supported.

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 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
One patient told us, "I feel well looked after." Another person said, "The staff are all very nice and helpful".

Visitors told us that the longer visiting times were "better" because they could spend more time with older patients. Relatives were also positive about the support and information they received whilst visiting patients

One visitor told us that they had requested to stay with their relative on the ward for the last few nights. They told us that ward staff had provided them with a reclining chair during that time, and that they had been able to make hot drinks whenever they liked in the ward kitchen

Other evidence
At our last inspection on 25 and 26 August 2011, we found that the provider was not compliant with this essential standard. This was because not all patients were treated with dignity and respect.

In response the provider sent us an action plan that showed how they were going to make improvements to this outcome for patients. The provider told us that it would:
• Develop a training schedule for dementia awareness
• Emphasise 'dignity' in mandatory and induction training
• Purchase female pyjamas and pyjowns
• Review Ward Performance Framework to include compassion audit
• Adapt the environment for patients with dementia
• Review and re-launch visiting policy for flexibility
• Revise care record to include care of elderly with dementia
• Reinforce patient's dignity and respect as a priority in patient care
• Develop schedule and protocol for senior nursing team ward visits
• Include the dignity challenge in the Nursing strategy

On this inspection visit we looked again at how the hospital complied with this essential standard. We found that there had been improvements to how patients' dignity was supported, particularly for people with dementia-type needs.

We spoke with the ward managers on wards 1, 3 and 12. They told us that there had been a lot of changes in how they supported people with dementia-type needs since our last inspection visit in August 2011. We found that on wards 1 and 3 many of the patients who were older people had dementia-type needs.

The ward manager of ward 1 told us that they had increased the number of referrals to mental health services for patients on the ward. This had increased staff confidence as they felt they had more specialist support to help them meet the needs of people with dementia.

We saw that the mental health liaison nurses were working on the ward for four days a week to help train staff in dementia awareness. We talked with one of the mental health nurses. They told us that there was often a high number of people on ward 1 whose mental health needs had already been assessed in the community. For example on the day of our visit around 13 of the 32 patients on this ward had dementia-type needs.

Staff on wards 1 and 3 spoke positively about the training they had received in dementia awareness, which consisted of a workbook with online support. Staff also told us that they had had one-to-one competency assessments with the mental health liaison nurse to see where they could improve the ways that they supported people with dementia or confusion.

All the staff we spoke with said that the training and one-to-one sessions had improved their understanding of the needs of people with dementia. Staff told us it was the best way of learning and they would like more support in terms of managing patients with dementia when they became anxious or aggressive.

We saw from training records that the dementia awareness training was going to be provided to all ward staff. On wards 1 and 3 around 50% of staff had already received this training and it was being rolled out to all staff across the hospital. Ward managers told us that the dementia awareness training would form part of the mandatory training package that all staff received each year.

Staff on ward 1 told us that there were two teams of staffing to support different areas
of the ward and this had helped care be delivered more consistently. This meant that
staff got to know patients in their area more quickly and could observe for signs of
improvement or deterioration.

One staff told us, "We do need more time to talk to people especially when we are
doing personal care with someone." Two staff suggested that voluntary workers could
be used more productively. They said, "It would be good if the volunteers we have were
able to sit and chat with people rather than do some of the tasks they are given as it
would help people stay calm if someone could talk to them more."

On ward 1 we saw that the door frames for toilets and bathroom areas were now
painted red and had clear photographic signs. This would help people who may be
confused to find their way around the ward. We saw that treatment rooms were now
locked which meant that patients were not placed at risk by wandering into them.

We were shown a new type of hospital gown (a cross between a gown and pyjamas)
that was being trialled that would help to protect patients' dignity. We did not see
anyone in an undignified state during our visit to any of the wards.

We saw staff discreetly talking to a visitor whose relative was very poorly. The nurse
asked if they would like a chat in a quiet room or would like to speak to one of the
doctors on the ward.

Staff and visitors told us that the visiting times on Ward 1, 3 and 12 had now changed
so they were longer and more flexible. For example, on ward 1 the visiting time were
now 2-7pm. Everyone we spoke with said this had been an improvement because staff,
patients and visitors now had more time to talk about patients' care and treatment.

We saw one of the ward clerks informing a visitor of a new patient that the visiting hours
had changed and giving them the direct line phone number for the ward so they could
get straight through to speak to staff.

Staff told us that they had used a questionnaire about the new visiting hours to see if
this had been helpful. They told us that the results showed that it had.

We spoke with four patients in the orthopaedic outpatient clinic. There was a notice
board on the wall showing doctors and staff names, and the times people may have to
wait. This showed there was a delay of 40 minutes. The notice board was not visible to
all patients waiting. The people we spoke with told us they had not been informed of
any delays when they checked in at reception. One person had been waiting nearly two
hours despite the board saying there was a 40 minute delay. In this way people were
not always kept fully informed. We raised this with staff at the Trust and they said a
new larger board had been ordered to make the information more visable.

Our judgement
Overall UHND was meeting this essential standard. This was because patients were
treated with dignity and respect.
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
Overall, people had positive comments to make about the meals and drinks. One patient said, "It's a marvellous place, the food is lovely."

Another patient told us, "The meals are canny, and I've had a lot worse. It takes me a while to eat them because they are big portions, but I manage."

Another person told us, "The meals have been fine, sometimes it's a bit too much. I prefer a coloured glass because of my bad sight and they usually remember to give me one."

We saw that people were supported with their meals in an unhurried and supportive way. For example on ward 1 (elderly medicine) we saw a staff member sitting with an individual patient helping them with a drink. We saw that the staff member was reassuring and sensitive in this support, and periodically asked the patient if they would like any more.

Patients told us that there were "plenty of choices" of meals and drinks.

We saw a staff member offering a choice of hot drinks and biscuits to patients. We saw that the staff made sure that the patient received their drink exactly how they requested it.

A visitor told us, "There always plenty of tea and biscuits, and she said the lunchtime mealtime was ok and she's chosen from the menu for tonight's meal."
Other evidence
At our last inspection we found that the provider was not compliant with this essential standard. This was because patients were not always given support with their nutritional needs.

In response the provider sent us an action plan that showed how they were going to make improvements to this outcome for patients. The provider told us that it would:

• Introduce 'partner wards' to stagger meal times to maximise staff available to assist patients
• Appoint a clinical standards sister to monitor and observe service at meal times
• Provide guidance to attach to patient lockers with information on meal options, preferred choice of meals and flexibility for visiting times
• Introduce nutritional assistants to assist elderly/dependent patients
• Re-emphasise protected meal times
• Reinforce the red tray system to indicate patients requiring additional assistance
• Make improvements for dietary intake ie crockery, half size water jugs to Ward 1 in first instance
• Maintain supply of snacks on each ward.
• Reissue and reiterate Trust policies for out of hours catering requests and snack box availability.

On this inspection visit we looked again at how the hospital complied with this essential standard.

We found that there had been improvements to how patients were supported at mealtimes. We found that mealtimes were now 'protected' times so that patients were not interrupted from their meals by medical staff. We found that on each ward a staff member had been appointed as a 'meal co-ordinator'. These staff took special responsibility for making sure the mealtime was managed in a way that meant each patient had enough time and support to eat their meals.

Staff told us that they now set aside about 15 minutes before the meal to help patients get ready. This meant staff had dedicated time to spend preparing patients so that they were washed, comfortable and ready for their meal when it arrived.

We looked at four care plans on Ward 1. The care plans had changed so that nursing and medical notes were combined in one file that was stored in a cupboard in each of the bays or individual patient rooms. We saw that patients had an assessment of their dietary and nutritional needs and that a nutritional screening tool had been used to identify patients at risk. We saw that there were fully competed food and drink charts in those care plans where nutritional risks had been identified and also that patients had been weighed regularly.

We saw that the hospital used the 'red tray' system effectively. This meant ward staff could see, in a discreet way, which patients needed extra support or needed to be observed to see how much they ate. A small red dot was above those patients' beds,
and on an information board, so that meal co-ordinators could direct the red meal trays to the right patients. This meant patients were supported with their nutritional health in a way that respected their dignity.

It also meant that staff could check the trays at the end of the meal so that they could record how much food and drink the patient had. This meant staff could then identify whether a patient needed additional supplements, like fortified drinks or snacks. In this way patients’ nutritional health was being kept under close review and supported where necessary.

We saw from staff rotas that additional members of staff had been employed to support with mealtimes and drinks across adjoining wards. For example, on ward 12 we saw that there was now a care worker on a new ‘middle shift’ between 10am to 6pm. This staff member was responsible for providing extra support at mealtimes.

We saw that mealtimes in different wards were staggered. This allowed staff from other wards to help out on wards where people needed more support. For example, at teatime we saw that some staff from ward 16 (orthopaedic surgery) came to help at ward 12 (orthopaedic trauma) because more patients needed physical support with their meal.

We were shown guidance that had been given to staff about how to help patients with eating and drinking. We saw that written information had been reissued to all staff about how to access out-of-hours meals between 7.30pm to 7.30am. We found that copies of this guidance were available on each of the wards we visited.

Ward managers and staff told us that there was improved access to meals or snacks out of normal hours. There was a central kitchen on the first floor where ward staff could request snacks and sandwiches for people who may be admitted to the ward late at night or early in the morning. All the staff we spoke with were able to describe how they could access snacks and sandwiches if needed.

Staff told us that there were now improved quantities of sandwiches and snacks supplied to the ward so that they could be kept in the ward kitchen in case someone was hungry through the night. For example a member of staff said, "There is now always something in the ward fridge like sandwiches and I know how to access hot food from Ward 6 if we need it but I haven’t had to use it yet."

Staff told us there were regular meetings once a month where they could raise issues and that they also talked after mealtimes about how it had gone and where they could improve. The ward manager told us they were working more closely with dieticians and speech and language therapists about supporting people’s nutritional needs.

**Our judgement**
Overall UHND was meeting this essential standard. This was because patients’ nutritional needs were assessed and supported.
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

<table>
<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author</strong></td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td><strong>Audience</strong></td>
<td>The general public</td>
</tr>
<tr>
<td><strong>Further copies from</strong></td>
<td>03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
</tr>
<tr>
<td><strong>Copyright</strong></td>
<td>Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.</td>
</tr>
</tbody>
</table>

## Care Quality Commission

<table>
<thead>
<tr>
<th>Website</th>
<th><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telephone</strong></td>
<td>03000 616161</td>
</tr>
<tr>
<td><strong>Email address</strong></td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
<tr>
<td><strong>Postal address</strong></td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td></td>
<td>Citygate</td>
</tr>
<tr>
<td></td>
<td>Gallowgate</td>
</tr>
<tr>
<td></td>
<td>Newcastle upon Tyne</td>
</tr>
<tr>
<td></td>
<td>NE1 4PA</td>
</tr>
</tbody>
</table>