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

University Hospital North Durham

North Road, Durham, DH1 5TW  Tel: 01325380100
Date of Inspection: 12 March 2013  Date of Publication: March 2013

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

Respecting and involving people who use services  ✔ Met this standard
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>County Durham and Darlington NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of the service</td>
<td>University Hospital of North Durham provides acute services to people who live in County Durham and Darlington. It is located near Durham city centre.</td>
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<tr>
<td>Type of services</td>
<td>Acute services with overnight beds</td>
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<tr>
<td></td>
<td>Community healthcare service</td>
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<td></td>
<td>Rehabilitation services</td>
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<tr>
<td>Regulated activities</td>
<td>Assessment or medical treatment for persons detained under the Mental Health Act 1983</td>
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<td></td>
<td>Diagnostic and screening procedures</td>
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<td></td>
<td>Family planning</td>
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<td></td>
<td>Maternity and midwifery services</td>
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<td></td>
<td>Surgical procedures</td>
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<td></td>
<td>Termination of pregnancies</td>
</tr>
<tr>
<td></td>
<td>Treatment of disease, disorder or injury</td>
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</tbody>
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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 University Hospital North Durham had taken action to meet the following essential standards:
  • Respecting and involving people who use services

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 12 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

Patients were involved in the care they received and their privacy and dignity was respected.

We spoke with ten patients in different areas of the accident and emergency department (A&E). One patient and their family in the short stay area of A&E told us the staff had treated them with privacy and dignity. They knew they were being assessed and monitored following a head injury and had been told if all was OK after 24 hours they would be discharged. They said "Everything has been explained every step of the way. They are very good."

They also told us they had had tea and toast at breakfast time but didn't have anything the night before because of their head injury. They said the staff always knocked on the door before entering their room. The relative said "I think communication is alright here. The staff have all been very nice."

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

Respecting and involving people who use services  
Met this standard

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

Our judgement

The provider was meeting this standard.
People's privacy, dignity and independence were respected.

Reasons for our judgement

At our last inspection in October 2012 we found the provider was non compliant with this essential standard. This was because people's privacy, dignity and independence were not respected and some people were not involved in their care.

In response the provider sent us an action plan showing how they were going to make improvements for patients. At this inspection visit we looked again at measures taken by the provider to become compliant.

In the assessment unit we saw privacy curtains were drawn around people's beds. We also saw there was a sign on the curtains "stop think and ask before entering."

We spoke with the relatives of a patient in this area. They told us the doctor asked their mother if she was happy to be examined in front of her family. They told us the doctor addressed their mother directly and did not ask questions through them. The patient told us "I know exactly what they are going to do. It's spot on. All of the help has been there."

The relatives said "They have looked after my Mum and told us everything. Not just the doctors but the nurses explain everything to us in layman's terms so we know exactly what will be happening. We would not be frightened to use A&E again. It was the first time for us and we were anxious but we have been looked after."

We spoke to the doctor who was in this area at this time. He told us he had had essential induction training which included privacy and dignity.

We spoke with another patient and their family in the short stay area of A&E. They told us the staff had treated them with privacy and dignity. They knew they were being assessed and monitored following a head injury and had been told if all was OK after 24 hours they would be discharged. They said "Everything has been explained every step of the way. They are very good."

They also told us they had had tea and toast at breakfast time but didn't have anything the night before because of their head injury. They said the staff always knocked on the door
before entering their room. The relative said "I think communication is alright here. The staff have all been very nice." All of these measures showed how people were treated with dignity and respect.

We spoke with three patients in the main waiting room in A&E. Everyone told us the triage (assessment) process had been explained to them. We saw each person had been given an information card which explained what category of care they were in so they knew approximately how long they had to wait before they saw a doctor.

In A&E we saw the provider had changed the way in which staff were allocated to work in the different areas of the department. Nursing staff now looked after specific patients in certain bays and areas. This meant patient's knew who to ask for if they needed any help or advice.

On ward 15 the nurse in charge showed us a copy of the Standard Operating Procedure (SOP) which had been put in place in response to our findings at the last inspection. This was called the "Standard Operating Procedure for management of patients requiring emergency local anaesthetic procedures within plastic surgery"). The nurse said a copy of this SOP and the action plan submitted to CQC had been provided to all staff. The staff we spoke with confirmed this.

We saw the SOP contained 12 steps to be followed for patients attending this ward. This started with the patient being reviewed in the dressing clinic through to the process to be followed for patient discharge after surgery.

We saw handwritten notes taken at a staff meeting held on 09 March 2013. This demonstrated the SOP had been discussed and reviewed and staff had been asked to confirm if the procedure was appropriate and was being followed. The nurse in charge told us "It seems to be working really well."

The nurse showed us the treatment room used by patients to change in. It contained two couches, with rails and curtains in place to separate these areas to maintain privacy. Secure storage was also provided for people to leave their personal belongings during surgery. This room was also used to discuss confidential matters, pre-surgery checks and discharge information. Patients also used this room to recover in when returning from surgery, prior to changing back into their own clothes and returning to the waiting area ahead of discharge.

We saw three patients attended the ward on the day of our inspection for surgery via local anaesthetic. All three people talked us through their experience and this reflected the SOP guidance.

We spent time in the waiting area with these three people waiting for surgery. Everybody sat in this area was dressed in their own clothes, nobody was dressed in gowns. This was an issue identified at the previous inspection which compromised people's dignity.

Both the nurse in charge and a team assistant we spoke with were able to describe how they respected people's privacy and the steps they took to maintain people's dignity. We observed staff interacting with patients on the ward. We saw the team assistant sat with a patient to discuss the meal options available to them later that day. We saw other members of staff helping people to move around the ward when they required assistance. We heard staff speak with patients in a caring, supportive manner.

These examples showed people were involved in the care they received and their privacy
and dignity was respected.
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.

<table>
<thead>
<tr>
<th>Judgement</th>
<th>Description</th>
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<tr>
<td><strong>Met this standard</strong></td>
<td>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.</td>
</tr>
<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. 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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<td>Phone</td>
<td>03000 616161</td>
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<tr>
<td>Email</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
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<tr>
<td>Write to us at:</td>
<td>Care Quality Commission</td>
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<td>Website</td>
<td><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
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