



Review of compliance

York Teaching Hospital NHS Foundation Trust The York Hospital	
Region:	Yorkshire & Humberside
Location address:	Wigginton Road York North Yorkshire YO31 8HE
Type of service:	Acute services with overnight beds Rehabilitation services Long term conditions services
Date of Publication:	October 2011
Overview of the service:	The York Teaching Hospital NHS Foundation Trust provides most of its health care services from The York Hospital. Acute hospital services are provided for around 350,000 people living in and around the York area. There are also a range of specialist services, which are spread over a wider

	area of North Yorkshire, serving a total of approximately 500,000 people.
--	---

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The York Hospital was not meeting one or more essential standards. Improvements are needed.

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 4 July 2011, 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 York Hospital on three separate days. Five inspectors were involved on each visit during the day and two inspectors returned to the hospital during one evening visit to speak to relatives and visitors.

We spoke to over thirty patients across eight wards. Patients told us that the care was good and staff were helpful. Everyone we spoke to about consent to treatment told us they had been consulted, given full explanations about what to expect and that doctors and nurses 'went out of their way' to make sure patients understood what was going to happen. One patient told us, "I have always been provided with a good explanation about the treatment" and said that if they did not understand anything they raised it and 'always received an answer.' Patients also commented positively about the care they received from staff. They told us that where the staff member was of a different gender to them they always made sure that the patient was comfortable with this and they were given opportunities to refuse.

One patient commented that their emergency treatment, prior to moving to a ward, had been carried out "very calmly" and that they had been well looked after. They along with other patients also said that they had been treated with respect.

Two patients did make comments about having to wait too long for staff to answer their buzzers when they needed assistance to use the toilet. One said "sometimes I have to wait a long time when I buzz. I try my best to do what I can but yesterday I wet myself twice because it took them ages to come".

Patients told us that they had no complaints to make but that the staff had told them about the complaints procedure and that they could talk to the ward sister first if they were unhappy about anything relating to their stay in hospital.

Relatives also reported positively about the quality of care provided by the hospital. One relative told us they thought the care was 'excellent and first class.' And another commented that "I feel my relative has been in safe hands".

Patients who commented on the food generally made positive comments about the choice and variety of food available, however a few patients did not think the food was very good.

What we found about the standards we reviewed and how well The York Hospital was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.

We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are major concerns with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

Everyone we spoke to about consent to treatment told us they had been consulted, given full explanations about what to expect and that doctors and nurses 'went out of their way' to make sure patients understood what was going to happen. One patient told us, "I have always been provided with a good explanation about the treatment" and said that if they did not understand anything they raised it and 'always received an answer.'

Other evidence

During the site visit we looked closely at twenty two patients care records across the eight wards we visited. Within these we found that patient information details, in relation to consent, were not always fully completed.

In addition to this, we were concerned to find that in some records 'do not attempt resuscitation' forms (DNAR) had been completed by a consultant/doctor but that there was no evidence to say that patients had been consulted about this. Neither was there evidence that relatives, even where they were taking an active role in the patient's progress, had been consulted about this matter. In some examples we saw, there had been no second opinion and no specific date was given for when this serious decision should be reviewed. The date of review section in the form for some records had been noted as "indefinite." We spoke to three doctors during the inspection about this. One

Cleaning schedules on some wards were found to be completed correctly by staff however, on other wards the records were sparse and in some cases blank. However, staff were able to explain the cleaning regime for cleaning patient's rooms and had the required knowledge of how to deal with situations where infections such as, MRSA or clostridium difficile were identified. The trust has a low incidence of hospital acquired infections indicating that there is good practice in this area..

Our judgement

The environment is generally clean and there are procedures and practices in place to protect people from the risk of infection. However there are some areas for improvement on some of the wards visited.

We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is maintained.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
Family planning	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or</p>	

	<p>reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
<p>Management of supply of blood and blood derived products</p>	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 02: Consent to care and treatment</p>
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
<p>Maternity and midwifery services</p>	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 02: Consent to care and treatment</p>
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or</p>	

	<p>not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
Nursing care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 02: Consent to care and treatment</p>
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
Termination of pregnancies	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 02: Consent to care and treatment</p>
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter</p>	

	<p>of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 02: Consent to care and treatment</p>
Surgical procedures	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 02: Consent to care and treatment</p>
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	

	<p>documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	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.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA