Inspection Report

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

Friarage Hospital

Bullamoor Road, Northallerton, DL6 1JG Tel: 01642850850

Date of Inspection: 27 February 2013

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
Safety, availability and suitability of equipment	✓ Met this standard

Details about this location

Registered Provider	South Tees Hospitals NHS Foundation Trust
Overview of the service	The Friarage Hospital provide acute care within Northallerton, North Yorkshire serves a rural population of 122,000 people. The acute hospital provides a range of services including an accident and emergency department, intensive care, surgical departments and theatres as well as general medicine wards and outpatient departments.
Type of service	Acute services with overnight beds
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

Contents

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'.

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 27 February 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 people who use the service, talked with staff, reviewed information sent to us by other regulators or the Department of Health and talked with local groups of people in the community or voluntary sector. We took advice from our specialist advisors and used information from local Healthwatch to inform our inspection.

What people told us and what we found

During this inspection we focused on how patients' care was delivered within surgical departments. We also looked at how the Trust monitored the care and treatment being delivered in this environment.

We spoke with 15 patients and three relatives in the surgical admissions unit and post operative wards. People told us that they were extremely satisfied with their care. All were extremely complimentary about the surgeons: the way their operations had been complete; and care on the wards. People said, "The care is second to none", "The staff have been absolutely fantastic", "Staff are such a friendly bunch" and "I chose to come back here because I found the care so good last time and I have not been disappointed this time either".

People who had previously had operations at the hospital also commented that they found the recent change in practice in theatre reduced their anxiety. We were told that people now walked into theatres and placed themselves on the table. The staff told us that some operations were completed with the patient awake and so the person's favourite music was played and a staff spent the duration of the operation chatting with them. The people we spoke with confirmed this and said, "It was a much more relaxing experience and I think it helped to lower my blood pressure".

We found that staff within the surgical departments had access to all the equipment they needed and followed all of the guidance around how to safely complete the operations.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We observed how staff worked with the patients who were using the surgical departments. We saw that the various staff from porters to treating consultants understood how to work with people; provided the best treatment options; and were attentive to people's needs. People said, "Staff make me feel as if they are someone I have know for years", " Staff look after elderly patients so well here", "Staff are extremely friendly and really have a good understanding of your needs" and "I found the consultant was fantastic and really must compliment his skill and expertise." From our observations we found that staff used their knowledge of people to develop a good rapport with all of the patients and a lot of friendly banter went on throughout our visit.

Patients told us they were given enough information about their procedure and their care both pre and post surgery so knew what to expect. They said the information they found included honest explanations of how they would be after the operation and any risks or complications that might occur. Patients said this was also reinforced on the day of the procedure. Patients told us that they could negotiate with consultants their treatment plans and follow up visits so this was done in ways that were the easiest for all concerned.

People said "The staff really take the time to make sure you know what is happening and keep me abreast of developments", "All of the staff including the physiotherapists make sure you understand the treatment and plans for your care" and "Staff explain things in a way I can understand, they are brilliant at saying things in layman's terms" and "The care is excellent the staff are compassionate." We observed an anaesthetist explaining everything to a person that used the service when they saw them before they went for their procedure.

At department level we spoke with 16 of the staff on duty including the consultants, doctors, clinical leads, ward and theatre managers, nurses and healthcare assistants. They were very confident outlined all of the protocols and guidelines they followed to ensure optimum outcomes were met for each person. All clearly understood people's needs and detailed how they were able to swiftly respond should patient's need change.

We found that staff had ready access to a range of other disciplines such as dieticians; occupational and physiotherapists; and specialist in fields such as mental health.

We reviewed eight medical and care records and found these provided a wide range of information about how people's care needs were to be met. The staff showed us a range of care pathway documents they used within surgical departments and we found that there are 8 pre printed pathways. One such pathway was a document for people coming as a day case or for a short stay. We saw that the document contained pre- operative assessment information which included pre operative assessment and check list; body maps; records of the time in anaesthetic room, theatres and necessary counts of equipment. Alongside the particular pathways we found staff completed nursing assessment of patients on transfer to recovery, care profiles, discharge summary and evaluations. We found that all of the documents were well structured and contained information about people's preferred name and if the person had any allergies. This document ensured that the pathway of care and assessment was followed. We found that all the records were fully completed and all disciplines had made appropriate recordings in this paperwork through the patients stay. From discussions with the staff, the patients and relatives, we found that the team were supporting individuals to meet their care needs.

We found that staff had ensured they remained skilled to meet people's physical and emotional care needs. Staff had a good understanding of how to work well with people who had care needs other than those related to their current physical health. Staff discussed models of practice with us and outlined how they adopted current evidenced based practice.

From our review of how the senior staff oversaw practices within the surgical environment we found that they had introduced a number of mechanisms for ensuring ongoing adherence to best practice. Staff on wards as well as senior manager discussed initiatives such as Essence of Care and Productive Ward and Theatres, which are quality models that encourage all disciplines and patients to actively look at current practices and see if improvements could be made. The staff we spoke with were all very positive about these models and detailed how it had encourage positive changes in practice. We heard that the use of these processes had led to the review of how patients went to theatre and now the person walked into the theatre rather then going on a trolley. The theatre manager described the environmental changes they had made to make the theatre less daunting. Patients said they found walking into theatre left them far less anxious about the whole process. One person said "It was a much more therapeutic way to have surgery and I believe it led to my blood pressure being much lower".

We found that the Trust employed a range of staff who were responsible for making sure clinical practice was in line with national expectations and all the procedures were safe and met people's needs. We were told that the Trust had noted that at division level there was variation of practice about how information was captured and recorded, so they worked to standardise practice. We confirmed this had happened and found that the system readily allowed clinical directors to look at practice and any issues were picked up within the month. Also we found that the whole surgical team and each surgeon could look at their own performance and when needed, took action to alter their practice. We found that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

During the visit we spent time looking around facilities for day case and short stay patients; the theatre and recovery rooms; and ward for patients staying longer at hospital following their operation. We found that all of the environments were well-equipped and all of the equipment was clean. Staff at department level and senior staff told us that they could readily access all the equipment they needed and could match this to patients' specific needs. Thus particular mattresses and pressure relieving equipment could be obtained at very short notice. We found there were sufficient emergency equipment in each area to meet the potential needs of the patients and this was well-maintained. Also we found that when specialist equipment was bought staff knew how to decontaminate it. We found that mattresses were cleaned at the bedside and inspected after every discharge to check for damage and wear and tear. There was a robust system in place to monitor the general integrity of this equipment and an annual audit of beds and mattresses was conducted. We confirmed that the equipment was replaced as soon as any wear and tear was noted. We also noted that the wheelchairs and commodes had recently been audited, as had the cleaning procedures across the trust. Some areas for improvement were identified and the action plan was already in place to address these.

We saw that there was an electronic asset register in place so each ward and department could monitor what equipment they had and add new equipment to it. We confirmed that the medical engineering department could also check this asset register and add equipment to it when they commissioned new equipment. We found that staff had enhanced their current system for monitoring the maintenance of equipment and this new electronic Medical Devices Inventory tool was due to be rolled out from April 2013. We saw that this new system would contain electronic copies of user manuals, last service dates and dates when the next service was due. This would allow managers to produce reports for their own departments and identify any equipment that was due for a service.

The provider might wish to note that although systems were in place for completing regular services such as Portable Appliance Testing, in some areas this was not always occurring. We found that these tests were not always completed in the busier or more inaccessible areas such as the theatres. Also we noted that on occasions staff were not always completing all of the associated records so odd gaps were found on these documents such as those related to the fridge temperature.

We saw that there was an electronic system in place for sending safety alerts about

medical devices and equipment to managers. We were shown the system and saw this highlighted if the alert was for information only or if action was required. We found that the system required the manager to send a response electronically confirming what action they had taken. We saw that the system was rigorously monitored and reports were produced, which identified whether managers had responded to the alert within required timescales and we were told by the ward managers that if they did not respond in a timely fashion this was followed up with by senior staff.

We found there was a process in place for buying new equipment. Managers would complete a request which then went to the procurement team who would check which make and model should be ordered. This ensured that if the trust had identified a particular type of equipment should be used, this was what they bought. By doing this the Trust reduced the risks of errors occurring when staff were using equipment.

Overall we found that patients were protected from unsafe or unsuitable equipment because the Trust had ensured staff could readily obtain all the equipment needed. They made sure staff could regularly up grade their existing equipment and had ensured existing equipment was well-maintained.

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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