Inspection Report

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

Scarborough Hospital

Woodlands Drive, Scarborough, YO12 6QL

Tel: 01723368111

Date of Inspection: 13 December 2013

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

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard

Details about this location

Registered Provider	York Teaching Hospital NHS Foundation Trust
Overview of the service	Scarborough Hospital offers acute health care to 220,000 residents living in Scarborough, Whitby, Ryedale and Bridlington. It provides a wide range of inpatient, day surgery, outpatient, diagnostic services and has an Accident and Emergency department. The overall structure of the trust changed in July 2012 when the York Teaching Hospital NHS Foundation Trust acquired additional responsibility for the management of Scarborough hospital and some community based services on the East coast.
Type of services	Acute services with overnight beds Community healthcare service Diagnostic and/or screening service Long term conditions services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures 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

We carried out this inspection to check whether Scarborough Hospital had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control

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 13 December 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 carers and / or family members, talked with staff and reviewed information sent to us by local groups of people in the community or voluntary sector. We talked with local groups of people in the community or voluntary sector, were accompanied by a specialist advisor and used information from local Healthwatch to inform our inspection.

What people told us and what we found

In July 2013 we inspected the hospital and found that they needed to make improvements in three different areas, all within the A&E department. At that inspection we found that although there were procedures in place to deal with emergencies which are reasonably expected to arise from time to time and which would, if they arose, affect, or be likely to affect, the provision of services. These were not always effective in ensuring care needs were met within A&E. In addition to this, we found that the levels of staffing available could also impact on the amount of time staff had to deliver basic care. We also found that the department was not clean and staff were not adhering to infection control procedures.

We re-visited the hospital to check that the necessary improvements in these areas had been made within the A&E department.

At the end of this inspection we were satisfied that improvements had been made. Practices and procedures had been implemented to make sure that emergency situations were dealt with using an effective escalation system. Additional staff had been recruited or further appointments were planned within the department and people were being cared for in an environment that was clean and hygienic.

People visiting the A&E department for treatment on the day of inspection, and those accompanying them, made positive comments about the way they had been received into the department and about their care and treatment.

Staff told us about the changes which had been implemented since our last inspection and reported that improvements had been made, making it a better experience for people

when being treated in the department.

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 spoke with the matron, physiotherapists, nurses, a consultant, doctors and twelve people being seen in A&E. We also visited the 'See and Treat' part of A&E. This is a smaller area which treats people's minor injuries or illnesses. We spent time observing in both areas and also spoke with ambulance crews who were bringing people into the department.

Everyone we spoke with gave us positive feedback about their experiences. One person told us, "They test you well before they say you are alright to go home, very thorough." Another person told us, "We are treated very well, I have not had to wait long to be seen and treated." One member of staff told us about the arrangements for responding to people who are medically fit to go home, but need support with equipment or other resource. This responsive team were responsible for ensuring people who would otherwise have to be admitted to hospital can go home within the day. We saw this arrangement in practice and noted that the person being discharged was fully informed of their treatment and what they could expect. This showed that the hospital was responsive to people's individual needs and were able to provide resources which meant people could be supported in their own homes.

We asked people if they had been in pain and how quickly they had been seen. We also asked if they had received pain relief. Everyone we spoke with told us they had not had to wait long to be seen and that either they had received pain relief by the ambulance crew on route or when seen by a doctor. Everyone thought this had been done in a timely manner and that they had not been left uncomfortable for long.

Throughout our inspection we noted that people were treated with dignity and respect. Privacy was also considered when people were being examined or spoken with by the staff. Curtains were pulled around a cubicle before treatment started and staff spoke in hushed voices if they were discussing people's details or conditions.

Since our last inspection, new call bells had been fitted throughout the department. We saw that these were easily accessible to people, particularly for those who were on trolleys in cubicles and could not move from them. We heard call bells being used and noted that staff responded to these quickly.

During our inspection there were people visiting the department who ranged from young children to older people. We saw staff dealing with people in an appropriate and professional manner. We observed good practice throughout the department. People were attended to as appropriate and told us they were kept informed and included in decisions about treatments and the expected outcomes. One example, involving an elderly person was observed. The nurse was respectful, considerate and informative. She took time to make sure the person understood what they had been told and what their treatment would be. The member of staff showed patience and understanding. One person, who had become distressed was helped to a quiet area and staff reassured them in a calm and respectful manner. We were shown a new assessment tool which had been introduced to make sure staff had a full understanding of people who presented in a distressed state or whose condition meant their behaviour could be unpredictable or challenging, or if they had a mental illness. Staff told us this had been introduced throughout the hospital and that they were finding it useful within A&E. The document was used initially in A&E and updated when the person was either discharged or admitted to a ward within the hospital. This meant that staff treating the person could easily access the details and be fully aware of the persons behaviour or risk of challenging behaviour in order for them to deal with the situation appropriately. This helped to protect the person and those who they may come into contact with.

Ambulance staff told us that despite the department being busy most of the time, the nurses did their best to receive a handover from them and move people into a cubicle. They told us that the staff were 'polite, efficient and hardworking.'

During our inspection the arrival of people fluctuated throughout the morning and became busier during the afternoon. During the quieter times we noted that the clinical lead nurse reviewed the people in cubicles and chased up bed space or discharge procedures. As the department got busier this continued and she liaised with the 'bed managers' for availability of beds on wards where people could be admitted to. Overall we found that the systems in place were effective. Constant reviews of the situation by the consultants and nurses meant that there was good organisation around people's care.

Additional staff had been recruited and further appointments were planned to make sure the A&E department was fully staffed. The Trust had used a variety of methods to attract applications from nurses and doctors and on-going work was continuing around recruitment and retention of staff.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in an environment which was clean and hygienic in all areas.

Reasons for our judgement

Since our last inspection a significant amount of work had been done to make sure the department was fit for purpose, clean and hygienic. A new floor covering had been fitted which was sealed and meant mopping and cleaning could be done easily and effectively. Domestic staff told us they were much happier with the floor covering and had been shown how to keep the floor clean. Some redecoration had also been carried out, which meant the area looked fresh and clean.

Domestic staff told us about the new documentation they were using. They showed us how they used the documentation to communicate with each other between different shifts and record which areas had been cleaned and which areas needed attention. They also told us that the allocated hours for domestic staff had been increased to allow for continual staff during the day and night to make sure the department was kept clean and tidy. It was acknowledged that when cubicles were being used then staff found it difficult to access them to clean. However, staff told us they felt more confident now that they were recording this and that the area would not be left unattended for long as this would be picked up. We looked closely at the trolleys, equipment and linen being used. All of the areas we looked at were clean and appropriate infection control measures were in place.

We saw that aprons and gloves were stored in the department and staff told us this protective wear was always in stock, and available for use. We noted staff using the appropriate protective wear when dealing with people's personal care needs, serving food or cleaning.

We were told that auditing processes had been introduced. However, these had not been carried out as often as the Trust had anticipated, due to staff availability from the team overseeing 'Infection Prevention.' This had been picked up by the matron and other ways of auditing cleanliness had been arranged.

Staff had access to written guidance about infection management processes and there was information displayed informing staff of hygiene practices.

People we spoke with told us thought the department was clean and that they had seen a cleaner during their stay on the department and that they had looked like they knew what

they were doing and were seen to clean things properly.

At the end of our follow up inspection we were satisfied that significant improvements had been made and people were cared for in an environment which was clean and hygienic.

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.

✓ **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. 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.

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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