North Middlesex University Hospital NHS Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Requires improvement
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out this comprehensive inspection of the North Middlesex University Hospital NHS Trust as part of the Care Quality Commission's (CQC) new approach to hospital inspections. The trust had been identified as lower risk (band 5) on the Care Quality Commission's (CQC) Intelligent Monitoring system. We carried out an announced inspection of North Middlesex University Hospital between 3 and 6 June 2014 and returned to the trust to areas where we had concerns on 23 June 2014. These areas of concern included outpatients and, in particular, the ambulatory care and day hospital service and the access to medical records department.

The North Middlesex University Hospital NHS Trust serves the boroughs of Enfield, Haringey, Barnet, and surrounding areas, with a local population of more than 350,000. The trust has a multidisciplinary accident and emergency (A&E) department and urgent care centre (UCC) in a recently built £123 million hospital building that opened to patients in June 2010. The trust provides a full range of adult, older people's and children's services across medical and surgical disciplines. The trust's specialist services include stroke, HIV/AIDS, cardiology (including heart failure care), haematology, diabetes, sleep studies, fertility and orthopaedics.

The trust had recently taken over services from the accident and emergency (A&E) department at nearby Chase Farm Hospital, and this has had significant impact on all the services at the trust. The BEH (Barnet, Enfield and Haringey) strategy outlines the health reconfiguration of services, including the transfer of services from Chase Farm Hospital (Enfield) and Barnet Hospital (Barnet) to North Middlesex University Hospital (Haringey), and other potential moves that do not affect this trust. All staff spoke about the Barnet Enfield and Haringey strategy and how it had affected the services they provide by increasing the workload and adding pressures to care for patients. We saw significant increases in patient numbers across the board from the A&E department through the wards and to outpatients and within the end of life pathway, including the mortuary.

The trust has two locations registered with CQC – North Middlesex University Hospital located in the Enfield local authority area and St Ann's Hospital in the Haringey local authority area. We did not inspect St Ann's Hospital on this occasion as it did not have inpatient beds and the vast majority of activity undertaken by the trust is at the North Middlesex University Hospital site.

We inspected all the main departments of North Middlesex University Hospital: accident and emergency, including the urgent care centre; medical wards, including care of the elderly; surgical wards and theatres; critical care; maternity and family planning; services for children and young people; end of life care and outpatient departments.

Overall, this hospital requires improvement.

We rated it good overall in the following departments: surgery, critical care, maternity and family planning, and services for children and young people. However, we rated accident and emergency, medical wards, end of life care and outpatients as requiring improvement.

While we rated the hospital good overall in caring and effectiveness, it requires improvement overall in providing safe care, being responsive to patients' needs and being well-led. The trust had commissioned a report into its governance systems by KPMG in December 2013 and we found that the recommendations made in the report required further embedding for the trust to assure itself that patients are receiving safe, effective and responsive care.

Our key findings were as follows:

- Most feedback from patients, carers and relatives was positive in relation to the care being provided by the hospital.
- The hospital staff had fully embraced the increased workload brought about by the reconfiguration of hospital services under the Barnet, Enfield and Haringey (BEH) strategy and the closure of Chase Farm Hospital accident and emergency department. However, services were struggling with this additional workload and further work is required to ensure that the quality of service does not suffer as a result of the number of patients now being treated.
- While the hospital had achieved much in absorbing increased numbers of patients, its infrastructure of

Summary of findings

staffing levels, training provision, complaints handling and governance had been stretched, and there had been an underestimate of the resources needed to maintain services at the current level. The trust had failed to respond adequately to these issues.
- The improved environment with the extensive rebuilding programme had undoubtedly enhanced patient experience.
- We saw examples of good practice in most areas and of dedicated care in the maternity department (despite overstretched resources), surgery, critical care and services for children and young people.
- We saw many examples in every area of the hospital of staff giving treatment in a caring and compassionate way.
- In surgery, the clinical teams coped well with the pressures of high demand by working with commitment and flexibility while maintaining a calm and professional atmosphere.
- We saw examples of good multidisciplinary working contributing to areas of good practice (for example, the use of the 'five steps to safer surgery' procedure and enhanced treatment and recovery pathways).

We saw several areas of outstanding practice, including:

- The trust had developed partnership working with local primary care providers to address the poor use of primary care services by the local population. This included regular teleconferences with local authorities and other services to tackle frequent inappropriate visits to the trust by the same patients, and delayed transfers of care.
- The trust had recently launched a health bus to inform the local community about the availability of, and access to, primary care services, and to offer basic health checks to people in its catchment area.
- The trust had developed an in-house database to improve the quality of care to patients with HIV; it was marketing this database to other providers.
- The department had an innovative pathway for patients with sickle cell conditions. Staff displayed a high level of knowledge in diagnosing and treating this specialism.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Take action to ensure that the outpatients department is responsive to the needs of patients in that appointments are made in a timely manner, those with urgent care needs are seen within the target times, cancellations are minimised and complaints are responded to.
- Take action to improve its training – both mandatory and non-mandatory – and its recording and administration of training records and training renewal requirements.
- Ensure that the provision of ambulatory care maintains people's privacy and dignity.

In addition the trust should:

- Review the needs of people living with dementia across the hospital to ensure that they are being met.
- Review the use of the decontamination room in A&E, which poses a contamination risk to the rest of the hospital. This was closed during our inspection following highlighting our concerns.
- Ensure that medicines are stored safely in A&E and that systems for recording take home medication are consistent throughout the hospital.
- Ensure that A&E staff undertake risk assessments for those patients at risk of falls or pressure sores.
- Review the risk assessments for the ligature points noted in the psychiatric assessment room in A&E.
- Ensure that there is adequate provision of food and drink for patients in A&E who are waiting for long periods including at night.
- Improve patient discharge arrangements at weekends.
- Improve investigation and response times to complaints particularly in A&E and outpatients.
- Ensure that the lines of responsibility between A&E and children's services over the responsibility for the paediatric A&E are clear to staff during a period of change.
- Review arrangements for the consistent capture of learning from incidents and audits and ensure that learning and audit data is always conveyed to staff.
- Improve medical recording to remove anomalies and inconsistencies in records, paying particular attention to elderly care wards and take steps to improve the security of records in surgery.
- Review the provision of specialist pain nurse support across the whole hospital.
- Ensure consistent ownership and knowledge of the risk register across all nursing and medical staff.

Summary of findings

- Review decisions made at a senior non-clinical level being unchallenged and having a potential clinical impact on patient welfare.
- Review development and promotional prospects and progress for staff such as healthcare assistants.
- Review and implement a system for updating national guidelines in maternity and palliative care.
- Improve documentation around assessment of mental capacity in end of life care.
- Improve consistency of use of early warning scores for deteriorating patients.
- Improve documented guidance for staff around referral of patients to palliative care.
- Increase mortuary capacity beyond current temporary arrangements.
- Appoint a non-executive director with responsibility for end of life care.
- Review clinic cancellation processes to avoid clinic appointments being cancelled at short notice.
- Review appointment arrangements to ensure that appointments are not booked at unsuitable times or clinics overbooked in error.
- Review the waiting areas in outpatient clinics, particularly the eye, fracture and urology clinics at busy times to prevent people having to stand while waiting.
- Review follow-up outpatient appointment arrangements to increase capacity to organise follow-up appointments in some of the outpatient clinics. This includes dietician, nephrology, paediatric urology and hepatology clinics where no appointments were available within 5 weeks.
- Improve communication with outpatient staff and their involvement in the development of the service to ensure service vision and values are understood and fully supported by staff. Allow staff increased opportunity to express their concerns related to developments within the trust and how this affects their day-to-day work.
- Accelerate plans to move to 7-day working across all core services. The support for patients recovering from surgery is limited at weekends with no access to occupational therapists, physiotherapists or clinical nurse specialists.
- Improve the recording of care on the labour ward.
- Improve access to records for community midwives.
- Review the impact of the Barnet, Enfield and Haringey strategy, its impact on staff and its potential impact on quality of care.
- Review the heavy reliance on agency staff due to a 20% shortage of paediatric nurses in the neonatal unit.
- Review inconsistency around documentation of 'do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms.
- Improve training for junior doctors on palliative care.
- Improve the privacy and dignity of patients during the reception process and waiting times to see a clinician within the Urgent Care Centre during the reception process.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to North Middlesex University Hospital NHS Trust

The North Middlesex University Hospital NHS Trust is medium-sized acute trust with around 400 beds, serving more than 350,000 people living in Enfield and Haringey and the surrounding areas, including Barnet and Waltham Forest. The trust has a turnover of around £180 million and employs 2,321 staff. The trust aims to be authorised as a foundation trust in August 2014. It provides a full range of adult, older people's and children's services across medical and surgical disciplines.

As part of the local NHS reorganisation in 2013, the trust spent £80 million modernising the medical, surgical, stroke and children's services based in the hospital's Tower, and building a brand-new maternity and neonatal unit. It recently took over services from the accident and emergency (A&E) department at nearby Chase Farm Hospital, and this has had significant impact on the services at the trust. The BEH (Barnet, Enfield and Haringey) strategy outlines the health reconfiguration of services, including the transfer of services from Chase Farm Hospital (Enfield) and Barnet Hospital (Barnet) to North Middlesex University Hospital (Haringey), and other potential moves that do not affect this trust. All staff spoke about the Barnet Enfield and Haringey strategy and how it had affected the services they provide.

Our inspection team

Our inspection team was led by:

Chair: Professor Ted Baker, Deputy Chief Inspector of Hospitals, Care Quality Commission

Deputy Chair: Elaine Jeffers, Specialist Clinical Advisor

Head of Hospital Inspections: Fiona Allinson, Care Quality Commission

Inspection Manager: Robert Throw, Care Quality Commission

The team included CQC inspectors and a variety of specialists including: two previous board level managers, a consultant nephrologist and divisional director of medicine, a subspecialist urogynaecologist, a consultant in accident and emergency medicine, the clinical director for surgery and critical care, two clinical fellows, a consultant nurse for older people, a theatre manager, a trauma nurse co-ordinator, a modern matron, a former head of midwifery, a patient safety and clinical governance manager, a senior lecturer in children's health, a student nurse and two experts by experience.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always inspects the following core services at each inspection:

- Accident and emergency (A&E)
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Services for children and young people
- End of life care
- Outpatients

Summary of findings

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew about the hospital. We carried out an announced visit between 3 and 6 June 2014. During the visit we held focus groups with a range of staff in the hospital, including doctors, nurses, physiotherapists, occupational therapists, porters, domestic staff and pharmacists. We also interviewed senior members of staff at the hospital.

What people who use the trust's services say

Since April 2013, patients have been asked whether they would recommend hospital wards to their friends and family if they required similar care or treatment, the results of which have been used to formulate NHS Friends and Family Tests for accident and emergency (A&E) and inpatient admissions. The results for the North Middlesex University NHS Trust have shown that the trust is performing below the national average in both the inpatient and A&E tests. However, the response rate from patients attending the trust is variable and also below the national average.

Analysis of data from the Adult Inpatient Survey, CQC, 2013 shows the trust to be in line with expectations in eight areas and below in two. The two with 'worse' rating were doctors and nurses. The issues appeared to be around doctors and nurses talking in front of patients as if they were not there, and a lack of confidence in the doctors and nurses. Compared with results from 2012, the trust's performance had significantly worsened on four questions and shown improvement on none.

The trust performed worse than other trusts nationally for 39 out of 69 questions asked in the Cancer Patient Experience Survey 2012/13, the same as others in 29 questions and better than the others for only one question.

Facts and data about this trust

Context

- The trust is not a foundation trust but aims to have foundation trust authorisation in April 2015.
- 417 inpatient beds
- Serves more than 350,000 people
- Employs 2,985 whole time equivalent staff
- Annual turnover: around £216 million
- Deficit: £1.85 million in 2012/13

Activity (2012/13)

- Inpatient admissions 49,723
- Outpatient attendances 266,855
- Accident and emergency (A&E) attendances 150,132
- Deliveries 4,050 between October 2012 and November 2013
- Births 4,355 between October 2012 and November 2013 (includes multiple births)
- Home births: according to the data pack, page 109, "Home births are excluded, as the level of information recorded in HES for these births is not detailed enough to be used in our analysis."

Intelligent Monitoring

- Safe: Items = 8, Risks = 1, Elevated = 0, Score = 1
- Effective: Items = 31, Risks = 1, Elevated = 1, Score = 3
- Caring: Items = 5, Risks = 1, Elevated = 0, Score = 1
- Responsive: Items = 10, Risks = 0, Elevated = 0, Score = 0
- **Total:** Items = 54, Risks = 3, Elevated = 1, Score = 5

Safety

No Never Events since January 2013

- Strategic Executive Information System (STEIS) 105 serious incidents (April 2013–March 2014)
- National Reporting and Learning System (NRLS) (April 2013–March 2014)

Death: 6

Severe: 4

Moderate: 86

NHS Safety Thermometer (March 2013–February 2014)

Summary of findings

- New pressure ulcers below national average for all months except July 2013
- Venous thromboembolism above national average except for March 2013 and November 2013
- Catheter-related urinary tract infections below national average for most of the period (except for 4 months)
- Falls with harm below national average for the whole period except for 2 months

Infections (April 2013–March 2014)

- C. difficile 20 cases. Statistical analysis of C. difficile infection data over the period December 2012–November 2013 shows that the number of infections reported by the trust was within a statistically acceptable range.
- MRSA 6 cases. The number of MRSA bacteraemia infections attributable to the trust is higher than the expected range relative to the trust's size and this has been flagged as a 'Risk' in Hospital Intelligent Monitoring.

Effective

- Hospital Standardised Mortality Ratio (HSMR) – No risk
- Summary Hospital-level Mortality Indicator (SHMI) – No risk

Caring

- CQC inpatient survey (10 areas): worse than other trusts for two areas of questioning and about the same as other trusts for the remaining eight areas.
- Cancer patient experience survey: worse than other trusts for 39 out of 69 questions; the same as other trusts in 29 questions and better than other trusts for the remaining question.

Responsive

- Bed occupancy 97.4% between October 2013 and December 2013
- A&E 4-hour target: the trust's performance varied widely over the period, being both above and below the England average. Since December 2013, the trust breached the 4-hour target in 7 weeks out of 21.
- Cancelled operations: similar to expected
- Delayed discharges: similar to expected
- Referral to treatment times under 18 weeks: admitted pathway: no evidence of risk
- Diagnostics waiting times: patients waiting over 6 weeks for a diagnostic test (April 2013): no evidence of risk

Well-led

- NHS Staff Survey 2013 (28 questions):
- Better than expected or tending towards better than expected for five questions
- Within expectations for seven questions
- Worse than or tending towards worse than expected in 16 of the 28 key findings
- Sickness rate 3.6% below the national average between April 2011 and September 2013.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? The trust is required to make some improvements to ensure that care is safe at North Middlesex University Hospital. In the A&E department we found that a system to identify a deteriorating patient was not being used. We also found that the environment in A&E required improvement to ensure the safety of patients (in particular, the decontamination room and the storage of chemicals). Once alerted, the trust took immediate action. In medicine and maternity the lack of nursing staff impacted upon the safety of patients. Feedback and learning from incidents were not shared with staff so actions could not be embedded. Across the trust, 'do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms were not completed appropriately and the palliative care team were stretched and did not see all patients requiring this specialised care. Mandatory training had been recognised as an issue and new systems put in place, however at the time of the visit the trust could not be assured who had carried out what training and when.	**Requires improvement** 
Are services at this trust effective? We found that, overall, the trusts services were effective. National audits showed that outcomes for patients were average. However pathways of care were inconsistently applied across the end of life service so that not everyone who needed this service had access to it. This was also hampered by the lack of provision for this service out of office hours. The discharge lounge was not fully used, which had an impact on the flow of patients through the hospital.	**Good** 
Are services at this trust caring? Throughout the trust, we saw that staff were caring and fully committed to the quality of the service they provided. We saw examples of where staff went 'the extra mile' to ensure that patients were cared for appropriately. However, staff were confident enough to come forward with examples of when they could not provide good-quality care for patients. One example of this was in the ambulatory care unit where the temporary accommodation meant that patients' privacy and dignity were not respected; although patients were and treated by care staff who provided acceptable care, the environment meant that their privacy and dignity were compromised.	**Good** 

Summary of findings

Are services at this trust responsive?

Requires improvement

The trust requires improvement to ensure that all services are responsive to the needs of the patient. The waits within the A&E department, the lack of cohesion within services, the care of people attending the outpatient department, and the care provided in the ambulatory care unit all require significant attention to make them responsive to the needs of patients. We rated the outpatient department as requiring improvement due to the lack of responsiveness to patients with urgent need and the high numbers of cancelled appointments. Whilst these are issues the senior managers at the trust were aware of we saw little action taken to improve services for patients.

The access to health records department is located in the basement and is located in the basement. The access is via a staircase and a dimly lit corridor. This department sees approximately four patients a day. Confidentiality of other patient's records is not secure to members of the public and there was no designated space for relatives to sit and read the records. This requires improvement to ensure that patients and relatives can view records in privacy.

Are services at this trust well-led?

Requires improvement

The extent to which implementation of the Barnet, Enfield and Haringey (BEH) strategy had consumed the trust's activity, planning and vision over the last year cannot be underestimated. At the time of our visit, the trust was still undergoing refurbishment to fully implement the effects of the BEH strategy. We found that staff were clear about what was happening in relation to the implementation of the strategy but felt that the trust had not fully recognised the impact of this on the workload within the current services. Trust staff were unable to share with us a vision for the future.

Some of the senior team were relatively new in post but it appeared that the senior team had a good working relationship and commitment to drive through improvements. However the recommendations from the KPMG review of governance was still to be rolled out and embedded. We saw a team who were firefighting issues, but found that there was a lack of planning for the future. The trust had not significantly engaged staff, patients and other stakeholders in the development of services. Governance processes were not sufficiently developed or robustly challenged.

Vision and strategy for this trust

- Trust staff could verbalise the impact of the BEH strategy but did not understand the trust's vision or strategy for the future.
- Staff reported that they did not feel involved in senior management's decisions about their service.

Summary of findings

- The trust is in the foundation trust process and we saw evidence of management and staff working towards this goal.
- Trust staff told us they were concerned that the trust did not have a strategy that ensured it retained well-performing staff.

Governance, risk management and quality measurement

- The implementation of the BEH strategy meant that a number of departments were working under increased pressure and the risks to services were not always identified on risk registers or managed effectively. An example of this was the temporary fridge in the mortuary. Whilst increases in A&E, wards and Maternity services had been recognised the need for care at the end of a patient's life was not adequately catered for.
- Risk registers were not always up to date in the areas we visited. Some senior managers were unable to identify key risks.
- The trust had systems that allowed performance and quality monitoring; however, we found that information on performance was patchy and meant that non-executive directors were not able to robustly challenge proposed action at Trust Board meetings. This issue was also recognised within the trusts external review.
- Audits and quality improvement projects were not always discussed with staff. There was a limited opportunity for learning to take place.
- While we saw strong ownership of services among the clinicians, staff told us that they had little interaction with senior members of the hospital's management team, with the exception of the head of nursing whom staff found approachable. Many ward staff we spoke to felt that senior management within the trust did not understand their roles or the pressure that the closure of acute services at a nearby trust had placed on their services.
- A senior doctor told us that sometimes patients were moved onto his ward by bed managers against his colleagues' wishes in order to ease pressure on other areas of the trust during challenging periods. He told us that this often delayed the patients' discharge because the ward team would often have to begin discharge planning all over again.

Leadership of trust

- Staff in various wards and departments told us that senior managers in the trust only visited during times of particular challenge, such as long waits in A&E or high bed occupancy.

Summary of findings

Staff on wards were generally complimentary about the support they received from colleagues and direct line managers, but they did not feel that senior managers within the organisation were sufficiently visible.

- The non-executive directors and chairman had confidence in the executive team.
- The director of nursing had been appointed recently, but was accessible to the nursing staff and understood the issues of concern.
- In one of the focus groups we held, nursing staff told us that the chief executive often worked in a department and asked staff to invite them into their departments to do so.
- The lead consultant for dementia was passionate about their role, but they were not supported by the trust to deliver a clear operational strategy across the trust.

Culture within the trust

- Staff we spoke with were focused on providing a good experience for the patients who visited their department. However they felt pressurised by the recent influx of patients following the restructuring in this area. This was not always recognised by senior managers and therefore some staff felt unsupported.
- We received some reports of bullying and harassment, but these were focused and the chief executive was aware of the issues. The chief executive was able to describe how the issues raised were being managed.
- Several staff expressed concern that they were not aware of how decisions that might put patient safety at risk were challenged at executive level
- Staff felt that they had little say in decisions made about their area and that their voice was not recognised.

Public and staff engagement

- The trust engaged staff through the intranet, All Points North (a monthly publication) and staff forums. We found the information on the intranet was read by a large number of staff.
- Feedback from patients was obtained through the NHS Family and Friends Test. Public consultation events were undertaken in respect of the foundation trust application.
- In outpatients, there was an opportunity for patients to feedback using touch screen technology.

Summary of findings

Innovation, improvement and sustainability

- A geriatrician at the trust, had won the national Kate Granger Compassion in Care award for her work in dementia care. Disappointingly, news of this had not been disseminated effectively through the organisation.
- The numbers of patients using the hospital in response to the BEH strategy appeared to have been underestimated and the impact on the services required improvement to sustain the current and projected levels of activity.

Overview of ratings

Our ratings for North Middlesex University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity & Family planning	Requires improvement	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for North Middlesex University Hospital NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- The trust had developed partnership working with local primary care providers to address the poor use of primary care services by the local population. This included regular teleconferences with local authorities and other services to tackle frequent inappropriate visits to the trust by the same patients, and delayed transfers of care.
- The trust had recently launched a health bus to inform the local community about the availability of, and access to, primary care services, and to offer basic health checks to people in its catchment area.
- The trust had developed an in-house database to improve the quality of care to patients with HIV; it was marketing this database to other providers.
- The department had an innovative pathway for patients with sickle cell conditions. Staff displayed a high level of knowledge in diagnosing and treating this specialism.

Areas for improvement

Action the trust MUST take to improve

- Take action to ensure that the outpatients department is responsive to the needs of patients in that appointments are made in a timely manner, those with urgent care needs are seen within the target times, cancellations are minimised and complaints are responded to.
- Take action to improve its training – both mandatory and non-mandatory – and its recording and administration of training records and training renewal requirements.
- Ensure that the provision of ambulatory care maintains people's privacy and dignity.

Please refer to the location report for North Middlesex University Hospital for details of areas where the trust SHOULD make improvements.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing In order to safeguard the health, safety and welfare of service users, the registered provider must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. People who use services did not always have their health and welfare needs met by sufficient numbers of appropriate staff in that: Mandatory training records did not accurately reflect training undertaken across the trust. Dementia awareness training was not uniformly provided across the trust.