York and Scarborough Teaching Hospitals NHS Foundation Trust

The York Hospital

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services effective?	**Inspected but not rated**
Are services caring?	**Inspected but not rated**

Our findings

Overall summary of services at The York Hospital

Inspected but not rated

We carried out this unannounced focused inspection because we received significant safety concerns about fundamental standards of patient care.

Following the inspection, we issued the trust with a section 29A warning notice because the trust did not have effective systems to ensure patient risk assessments were completed contemporaneously and the care provided to mitigate risk was in line with the assessment in relation to nutrition and hydration, pressure area care and falls prevention.

We did not rate this service at this inspection and have also suspended the rating for this service.

- The service did not always deploy enough staff on wards to allow them to take account of patients' individual needs or help patients understand their conditions.
- Staff had training in key skills including safeguarding but did not always make referrals when required.
- Staff did not always assess risks to patients, act on them or keep good care records. Staff were not appropriately or consistently assessing and managing risk to patients. Patient risk assessments in these areas were not always completed contemporaneously and the care provided to mitigate risk was not always in line with the assessment.
- The service did not have effective systems in place to ensure service user's nutrition and hydration requirements are assessed and provided in line with their care needs. Managers did not always monitor the effectiveness of the service and did not always make sure staff were competent.
- Staff did not always support patients to make informed decisions about their care and treatment. They did not always follow national guidance to gain patient's consent or make decisions in the best interests of those who lacked capacity.

However:

- Patients received pain relief in a timely way.
- Staff treated patients with compassion and kindness and respected their privacy and dignity.

How we carried out the inspection

- We observed how staff were caring for patients.
- We spoke with the matrons and senior management team for the service.
- We spoke with 23 other members of staff including all grades of medical, nursing, and administrative personnel.
- We spoke with two patients who were using the service.
- We reviewed 18 patient records, two do not a attempt cardiopulmonary resuscitation forms (DNACPR) and three mental capacity assessment documents.
- We looked at a range of policies, procedures and other documents relating to the running of the service.

Our findings

After our inspection, we reviewed performance information about the service and information provided to us by the hospital.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Medical care (including older people's care)

Inspected but not rated

We did not rate this service at this inspection. Please see the overall summary above for more information.

Is the service safe?

Inspected but not rated

Safeguarding

Staff did not always understand how to protect patients from abuse and did not always work well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff did not always make a safeguarding referral when required. We identified a patient incident during our inspection which had not been referred as a safeguard alert. We brought this to the immediate attention of the trust who escalated it to the safeguarding team. However, staff we spoke to knew how to identify adults at risk of, or suffering, harm but referrals had not always been made due to staffing shortage and the use of agency staff.

Nursing and medical staff received training specific for their role on how to recognise and report abuse and staff met the trust compliance target of 85%.

Assessing and responding to patient risk

Staff did not always complete and update risk assessments for each patient or minimise risks to them. Staff did not always undertake appropriate assessment or provide support to meet patient's nutrition and hydration needs. Patient risk assessments were not always completed contemporaneously, and the care provided to mitigate risk was not always in line with the assessment. Staff did not always identify and quickly act upon patients at risk of deterioration.

Managers did not assess the risk of harm to patients on the wards when decisions were made to increase inpatient beds. On ward 24 a decision was taken to put a sixth bed into a five bedded bay, this had resulted in a patient falling due to insufficient space to move around independently. The space, acuity, dependency and risks of patients had not been assessed by decision makers. Staff told us they had escalated this risk before the bed was put in place, but action had not been taken in response to staff concerns.

Staff did not always complete risk assessments for each patient on admission, using a recognised tool, or review these regularly, including after any incident. Two patients' records showed them at risk of falls on admission, they had proceeded to have further falls whilst in hospital. However, their records showed that their falls risk assessment had not been reviewed. Two patients were assessed as confused but had not had a frailty risk assessment completed as indicated in the risk assessment planning document. For the records we reviewed there were no risk assessments for patients at risk of absconding, who had a dementia or behaviours that may challenge.

If they had been completed we found staff did not always follow risk assessments. A patient identified at risk of pressure damage had not had daily skin integrity assessments completed. The patient developed a deep tissue injury, but had still not had their required daily checks. Staff told us when documents were incomplete it was because they had not had time to complete patient care. We saw three falls assessments in which staff had determined that patients should have bed sides in place despite the bed rails assessments determining that bed sides should not be in use.

Medical care (including older people's care)

Staff did not accurately and contemporaneously complete patient care records. All patient records we looked at had gaps in pressure care risk assessments, pain assessments, malnutrition universal screening tools (MUST) scores, nutrition, and hydration charts, falls assessments and intentional rounding records. Intentional rounding is a systematic and routine check to ensure that each patient is comfortable, has adequate nutrition and hydration and is treated with dignity and respect.

Staff did not always escalate deteriorating patients appropriately. For one patient that required a PEG feeding tube (a tube to give food, fluids and medicines directly into the stomach), their MUST score was completed inaccurately. Their weight had reduced over a short period of time however the incorrect calculation of their score meant they were at risk of not receiving appropriate care and support.

However, the trust had policies and procedures in relation to specific risk issues such as sepsis and venous thromboembolism (VTE).

Following inspection feedback, the trust provided immediate assurance in the form of the following actions:

- Reviews of every patients care on medical wards we inspected, including documentation and risk assessments, took place as an immediate safety measure.
- Five beds were closed on Ward 28 in response to findings and staff concerns.
- AHP workforce deployed to undertake any outstanding risk assessments.
- New paperwork introduced to give an oversight of each patients risks and care planning to support identification of patients more at risk of deterioration.
- All trust inpatients were reviewed with a daily review implemented of new admissions and patients identified as at risk.
- A local audit took was devised, with an electronic solution being developed within a week, to give the senior leadership team immediate oversight.

Staffing

Nurse staffing

The service did not have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers did not regularly review and adjust staffing levels and skill mix.

The service did not have enough nursing and support staff to keep patients safe. On Ward 26 a patient at risk of pressure damage had not had regular skin integrity check or positional changes documentation completed. The person's skin integrity had deteriorated to a deep tissue injury. Staff told us that if documentation was not complete, this was not a recording error but because they had not had enough staff to complete tasks.

The service did not provide staffing in line with level two care in line with guidelines for provision of intensive care services for patients requiring non-invasive ventilation (NIV). On Ward 34 staffing rotas against shifts with NIV patients which showed insufficient staff to care for these patients according to guidelines. Staff explained they escalated concerns regularly but there were no trained staff available to provide this care. Staff frequently cared for two patients as well as providing general nursing care for other patients on the ward. During our inspection there were two patients on the ward receiving NIV. These patients could not be cohorted due to infection risks.

Medical care (including older people's care)

Managers did not accurately calculate and review the number and grade of nurses and healthcare assistants (HCA) needed for each shift. The service used the safe care tool, which was to be updated three times daily, however staff told us they did not always have time to do this and that the tool did not always reflect the acuity of the patients. Staff told us all patients admitted to a COVID-19 wards were initially graded at the same acuity level based on being COVID-19 positive but did not reflect any additional needs, this may not have been reflective of patient's dependency.

The number of nurses and healthcare assistants did not match the planned numbers on six of seven wards. The trust provided planned versus actual staffing figures, on COVID-19 wards, staffing figures for nurses and HCA's were not met, with some shifts being staffed with one HCA working when four were required. The service had identified that this meant there was no enhanced supervision for those confused or at high risk falls, however this risk had not been mitigated to the lowest level. For one person on Ward 28, their plan of care stated the patient required their bed moving to the nurses bay for enhanced supervision however, this had not occurred.

The service had increased rates of nurse and healthcare assistant staff sickness rates. We reviewed the trusts staff sickness absence for the medical wards inspected. In February 2022 Ward 28, where most concerns were identified, there was a sickness rate of 6.67% for registered nursing staff and 17.67% for support staff, an overall increase in sickness of 3.49% from the previous month.

The service frequently used bank and agency staff or moved staff between wards. Many of the staff we spoke to told us they could not answer our questions or find documentation as they were unfamiliar with the ward. On Ward 29, a safeguarding incident occurred between two patients, this was not appropriately safeguarded as two agency nurses had been on shift.

On inspection we observed staff working hard to provide care for patients however, we were not assured that staff had the time to always provide person centred care that met individual patient needs. Staff told us they had regularly escalated incidents where there had been insufficient staff to meet people's needs through the trusts incident reporting system, but that staffing levels had not increased. This was reflected in what we observed in relation to inconsistencies in patient's records and the time to care for patients who required repositioning or support with their nutrition and hydration.

Following inspection feedback, the trust provided immediate assurance in the form of the following actions:

- Nurse staffing meeting took place to assess the staffing position and associated risks and escalate these to Gold command.
- Staffing check-in meetings held twice daily to capture impact on patients when staffing demand and acuity not met to inform deployment of staff.
- Chief Executive and Chief Nurse will undertake weekly walk-arounds in clinical areas. This is in addition to the patient safety walk-abouts led by Executive and Non-Executive Directors and the ongoing Senior Nursing Tendable reviews.

Medical staffing

The service did not always have enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Medical care (including older people's care)

The medical staff did not always match the planned numbers. During the month of March seven ward rotas were reviewed for medical staff, all wards had at least one shift in which there had not been sufficient numbers of medical staff to meet the planned numbers. On Ward 34 there were three consecutive days in which in which the ward only had one medical staff member when it required three. This ward provided care for patients who require NIV and therefore closer supervision.

Staff told us that there were not enough consultants for there to be medical cover for each of the COVID wards, therefore one consultant would review all three wards and be on call to respond where required.

However, patients records showed that they received medical review when required.

The service always had a consultant on call during evenings and weekends.

Records

Staff did not always keep detailed records of patients' care and treatment. Records were not always clear, up to date, stored securely and easily available to all staff providing care.

Food and fluid charts were not always complete with patients dietary needs often recorded inconsistently. In one patients records their admission details and dietary board stated they required a normal diet, however their care passport, a document used to hand over information from the care home in which they lived, stated they required a low potassium diet. Staff handover documentation stated that the person was on a special diet. Staff had recorded conflicting information in the patients notes such as that they required assistance to eat and had a food chart in place but also that they did not require a food chart and were independent whilst eating. This increased the risk of patients not receiving the correct diet for their requirements.

Intentional rounding charts were also poorly completed in all records. Staff told us that the documentation was accurate and records were incomplete staff were unable to complete patient care frequently as they would have liked.

We saw documentation relating to mouthcare also inconsistent with some patients appearing not to have had any documented evidence of support despite having a tracheostomy in-situ.

We reviewed the latest trust's records audit, this had not been completed since June 2021, 10 months prior to inspection. The audit showed inconsistencies in record keeping for all wards used within the audit sample, in particular that falls risk assessments and intentional rounding had not been completed. These findings reflected those found during the inspection.

Patient records did not have personalised care plans. In some files we saw no care plans were in place despite patients receiving complex care such as a catheter fitted, intravenous fluids, COVID-19 and pressure area management.

Records were not stored securely. Notes trollies were not lockable and often unattended with patient notes stored and could be easily accessible to visitors.

However, when patients transferred to a new team, there were no delays in staff accessing their records.

Medical care (including older people's care)

Is the service effective?

Inspected but not rated

Nutrition and hydration

Staff did not always give patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

Staff did not always make sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. We observed a mealtime on Ward 26, and saw staff struggled to identify patients dietary needs quickly as the dietary board was not up to date. Although there were five staff supporting people who required assistance to eat, staff told us they did not usually have as many staff to serve meals and did not regularly work on the ward and therefore were unfamiliar with people's dietary requirements. On Ward 28 staff told us, "we only had two healthcare assistants for 30 patients, I gave meals out at lunch, l had to clear the breakfast pots up. Some patients had full bowls of porridge, I wouldn't know if the patient didn't want them or if they hadn't been fed."

However, on Wards 32 and 34 the breakfast experience was observed. All patients received adequate amounts of and the appropriate type of food for their needs. Healthcare assistants told us that they spent time with patients helping them choose from the menu.

Patients dietary information was not always clear and consistent for staff to follow. In one patients records their admission details stated they required a normal diet although their care passport stated they required a low potassium diet. Staff handover documentation recognised that the person was on a special diet but did not specify the type of diet, but the dietary information boards stated the person did not have any nutritional requirements. This resulted in staff recording conflicting information in the patients notes such as that they required assistance to eat and had a food chart in place but also that they did not require a food chart and were independent whilst eating. No food charts had been completed for this patient.

Staff did not fully and accurately complete patients' fluid and nutrition charts where needed. In 15 of the 18 patient records reviewed, intentional rounding documents were not fully complete, these included food charts and fluid balance charts. For one person with a catheter, fluid charts were not completed, although they had intravenous (IV) fluids recorded, only one output had been recorded in a three-day period and no totals calculated.

In a fluid balance audit dated December 2021, for three of the wards visited during inspection, two wards were identified as having 0% of fluid balance charts fully completed, and Ward 26 having only 20% of charts totalled. The audit showed that none of the three wards had managed to complete more than 40% of patient's fluid balance charts for the prior 24 hours. We found during our inspection this had not improved.

Staff did not always complete nationally recognised screening tools to monitor patients at risk of malnutrition. Of the eight patient care records reviewed in relation to dietary requirements, six were not accurately or consistently completed.

We observed a patient with dementia admitted following a fall. On admission the patient was assessed as likely to forget to eat if food was not put in front of them and was for close supervision. During the patient's stay in hospital, they had had no weight recorded or Malnutrition

Universal Screening Tool (MUST) completed. This exposed the patient to risk of weight loss. We escalated this patient safety concern to the senior leadership team during the inspection, a review was carried out and a MUST tool, weight and food chart put in place.

For two patients requiring PEG feeding tubes, the MUST tool was not recorded consistently. For one patient their weight was recorded in November 2021 and February 2022, despite a loss of weight, their MUST score, determining appropriate actions to take in response to weight loss, was recorded as zero instead of two. However, despite records not being accurately completed staff had made appropriate referrals to dietitians and speech and language therapists (SALT).

Specialist support from staff such as dietitians and SALT were available for patients who needed it. We saw an example of where an appropriate referral had been made to the SALT team due to a patient having swallowing difficulties, and two appropriate referrals to the dietician being made in response to patient weight loss.

However, as MUST tools and weights were not always being completed when required, we could not ascertain if everyone that required a dietician referral had received one.

Audits of patients nutritional and hydration needs found that patients could have their dietary needs met more effectively. In November 2021, a mealtime survey was completed to observe the dining experience had by patients on medical wards. On Ward 26 it was recorded that, “White boards and handover used to identify patients needing assistance but not enough staff to help all those that need feeding. Staff move quickly from patient to patient. Feels hurried.” The mealtime experience observed on the day of inspection had not improved and still reflected the audit findings from November 2021, however, staff were no longer able to use dietary white boards to identify patients needs as these had not been kept up to date.

An audit to assess all steps of the enteral feeding protocol was undertaken after inspection, 5 April 2022, and found that majority of protocol was being followed. The recording of discussions with the patient about risks and benefits of feeding could be strengthened, however in the records seen during inspection, this discussion was appropriately documented.

However, for two patients that required a PEG feeding tube we saw appropriate care being given. For one patient, the type of PEG they had in-situ was reviewed due to weight loss and discomfort and replaced, this resulted in the patient experiencing less pain and gaining weight.

Following the inspection, we issued the trust with a section 29A warning notice because the trust did not have effective systems to ensure patient risk assessments were completed contemporaneously and the care provided to mitigate risk was in line with the assessment.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Patients received pain relief soon after requesting it. We observed one patient receiving assistance with oral hygiene, they expressed that this was causing them pain. Staff apologised to the patient, paused the support and gave the patient pain relief before continuing. Observations were put in place for the patient to monitor their pain levels.

However, we did not see any recognised tools to formally assess patient pain levels.

Medical care (including older people's care)

Competent staff

The service did not always make sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide development.

Managers did not always identify training needs of their staff or give them the time and opportunity to develop their skills. Staff had often been moved from their speciality to work on designated COVID-19 wards which meant patients had varied acuity. Most staff we spoke to us told us they did not know the needs of some patients as they did not regularly work on the ward.

However, managers supported staff to develop through yearly appraisals of their work.

Managers gave new staff a full induction tailored to their role before they started work.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Multidisciplinary working was evident in documentation. We saw effective exchange of communication between healthcare professionals in all patients nursing records reviewed.

Patients had their care pathway reviewed by relevant consultants

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff did not always support patients to make informed decisions about their care and treatment. They did not always follow national guidance to gain patients' consent. They did not always use measures that limit patients' liberty or make best interests decisions appropriately.

Staff had not always appropriately assessed whether patients had the capacity to make decisions about their care in line with the requirements of the Mental Capacity Act 2005 (MCA). We saw three patient records in which the patient was described as having increased confusion. Best interests decisions had been made by staff on the patients' behalf to put bed rails in-situ, however their records did not include a capacity assessment.

For example, a patient was presenting with increased confusion following a fall. Staff completed an assessment for the use of bed rails on admission which determined these were unsuitable for this patients use, however staff had gained consent from the patient to use bedrails despite the assessment outcome. Furthermore, the use of bedrails was reassessed six days later, which still deemed their use as unsuitable. Despite the patient's records stating they had become increasingly confused; no capacity assessment had been arranged and the bed rails remained in place without considering whether the patient could still consent.

Staff did not always implement Deprivation of Liberty Safeguards (DoLs) when required. In the case of a patient with a dementia, records did not evidence that staff had assessed the service user's capacity or made an application for DoLs, despite the patient presenting as increasingly confused and their plan of care stating a DoLs application was required. A best interest's decision had been taken to use bed rails whilst the patient was in bed, despite their assessment determining that these were not appropriate for the service users' needs and without a DoLs being in place to enable staff to make a best interests' decision on behalf of the patient.

Medical care (including older people's care)

Nursing and medical staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards however, the trust target of 85% was not always met for the training modules. In five out of seven wards visited during inspection, nursing staff compliance with MCA training was under the trust target. Other clinical service staff which included healthcare assistants did not meet the trust target for compliance in six out of seven wards with Ward 32 showing only a 44% compliance rate.

Managers did not monitor how well the service followed the Mental Capacity Act or the use of Deprivation of Liberty Safeguards to ensure staff were completing them. During inspection, two patients were escalated to the senior leadership team as not having capacity assessments when required. An immediate patient review was carried out, confirming that capacity assessments had not taken place for the two patients and were arranged to take place before the end of inspection.

We did not see an audit of staff's use of consent, capacity assessments or DoLs documentation and therefore managers could not be assured they were gaining consent in line with the Mental Capacity Act 2005.

However, staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards but told us they did not always have time to complete this documentation due to staffing pressures.

Staff clearly recorded consent in the patients' records.

Following inspection feedback, the trust provided immediate assurance in the form of the following actions:

- Safeguarding team undertook Mental Capacity Assessments for those found to be requiring them, and supported the education of staff.

Is the service caring?

Inspected but not rated

Compassionate care

Staff treated patients with compassion and kindness but did not always respect their privacy and dignity or take account of their individual needs. Staff told us due to staffing pressures, they acknowledged they could not always offer the level of care and support they wanted to.

Staff could not always take the time to interact with patients and those close to them in a respectful and dignified way. The interactions we observed between staff and patients were kind and respectful, however staff told us they did not have time to meet individual's needs, "We have to choose, do we turn check and make sure all [patients] are not soiled, or do we fully wash 10? Some of these patients haven't been washed for two to three days." We did not see patients encouraged to sit in their chair for mealtimes, where that was appropriate for their needs. However, patients bed curtains were drawn when providing care and treatment.

Patients did not always have a good experience of care. We reviewed the patient feedback data results from February 2022 for four of the wards visited during inspection. On three wards 71%-100% of patients asked rated their experience as Good or Very Good however, on Ward 25, only one patient had given feedback and rated their experience as Very poor.

Medical care (including older people's care)

The service did not always keep patient care and treatment confidential. We observed patient care notes were kept outside of bays in open trays or unlockable trollies on both wards used to nurse patients with and without COVID-19. This posed a risk to patient confidentiality when visitors accessed wards.

However, during the COVID- 19 pandemic staff had ensured that patients social needs were met as friends and family were unable to visit at this time. Staff had supported a couple being nursed on the ward to get married and ensured that patients with learning disabilities had the appropriate activities and technology in place to promote their wellbeing.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

Medicine

- The service must ensure that where a service user is 16 or over and is unable to give consent because they lack capacity to do so, care is given in accordance with the Mental Capacity Act 2005. (Regulation 11(3)).
- The service must ensure care and treatment is provided in a safe way for patients, including assessing the risks to the health and safety of service users receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. Regulation 12 (1) (a) (b).
- The service must ensure that the nutritional and hydration needs of service users are met. Regulation 14 (1).
- The service must maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation (17) (2) (c).
- The service must ensure there are appropriate numbers of suitably qualified, competent and experienced medical and nursing staff to enable them to meet the needs of patients in their care. Regulation 18 (1).

Action the trust SHOULD take to improve:

Medicine

- The trust should ensure that persons employed receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two further CQC inspectors and an inspection manager. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing