

Dignity and nutrition for older people

Review of compliance

University Hospitals Coventry and Warwickshire NHS Trust University Hospital

Region:	West Midlands
Location address:	University Hospital Clifford Bridge Road Coventry West Midlands CV2 2DX
Type of service:	Acute Services
Publication date:	June 2011
Overview of the service:	University Hospital provides a wide range of acute services for patients requiring planned and unplanned care including specialist services in cardiology, neurosurgery, stroke, IVF,

	diabetes, cancer care and kidney transplants. University Hospital is one of two hospital sites managed by University Hospitals Coventry and Warwickshire (UHCW) NHS Trust, serving a population of 1,000,000 people.
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that University Hospital was meeting both of the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

This review was part of a targeted inspection programme in acute NHS hospitals to assess how well older people are treated during their hospital stay. In particular, we focused on whether they were treated with dignity and respect and whether their nutritional needs were met.

How we carried out this review

We reviewed all the information we held about this provider, carried out a visit on 16 March 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services. Prior to making the visit we looked at the feedback provided by patients on the NHS Choices website, the findings of the Patient Environment Action Team assessment and patient survey results.

The inspection teams were led by CQC inspectors joined by a practising, experienced nurse. The inspection team also included an 'expert by experience' – a person who has experience of using services (either first hand or as a carer) and who can provide the patient perspective. During the course of the day, the team spoke with eight patients, one relative and five staff from different disciplines. The patients we talked to were all older people.

What people told us

Overall people were satisfied with the care they received at University Hospital.

People told us that staff were friendly, polite and treated them with respect. People felt that their dignity was upheld and they felt informed about their condition and treatment. Their comments included,

'The staff are polite and respectful.'

'My only concerns have been about my health and when I can go home. I have always had my concerns listened to. They tell me a lot of up to date things about my health.'

'Staff always explain what they're doing and ask if it's alright'

Most people said their nutritional needs and dietary preferences were met. Their positive comments included,

'The food's great. I always get the correct order and staff help me where I need it.'

'There is always more food than I can eat. It is always warmed nicely but not too hot. We are offered biscuits lots during the day.'

However, people who required assistance with eating or drinking sometimes have to wait. People told us,

'I don't need any support with my meals, but I do feel that someone needs to sit with some of the patients who do need help'

'The staff do not ask anyone if they have finished or if they've had enough.'

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

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

- Overall, we found that University Hospital was meeting this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

- Overall, we found that University Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Action we have asked the service to take

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

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services.

Our findings

What people who use the service experienced and told us

People told us they were treated respectfully and their dignity was upheld. People said they were well informed about their treatment and felt they had an opportunity to offer their opinion about the service they received.

‘The staff are all very respectful and the consultants spend a lot of time explaining things.’

‘Staff have been very good in making sure I don’t feel embarrassed or uncomfortable.’

‘I have been given enough information about my care.’

‘I know that I will be given a questionnaire when I leave so I can tell them what I thought of it’.

Other evidence

The information we held about University Hospital prior to our visit showed that there was a low risk that they were not meeting this standard.

People were accommodated in single sex bays or single rooms. Men and women do not have to share bathrooms. We observed privacy curtains in place, reinforced with signs promoting privacy awareness. Some single rooms faced a bay accommodating people of the opposite gender.

We observed that staff were polite and respectful towards patients and made sure care was delivered in private. People told us that staff called them by their preferred names. Staff were knowledgeable about the needs of the people they were caring for.

'Getting to know you' booklets have recently been introduced to make sure people who have difficulty communicating have their preferences recorded. For example, the relatives of people with dementia care needs were asked to provide information about employment history, family, important relationships, food preferences and spiritual beliefs.

Staff told us that the trust provide training courses in promoting equality and diversity which helped them promote people's individual needs. Promotion of dignity is included in the induction training of new staff. The trust has a 'Privacy and Dignity in Patient Care' Policy.

Staff told us that overall, people get the care they need in a dignified and respectful way, but it can be frustrating when there are staff shortages or a busy period because it is difficult to sit with patients when they need comfort or reassurance.

All the staff we spoke to were aware of their roles and responsibilities in safeguarding vulnerable people and recognised that failures to uphold a person's privacy and dignity does not promote their well being.

Information about the hospital was made available patients in the form of a bedside manual in each person's locker, available in different languages.

Nursing staff told us that people are usually given information about their medical condition and treatment by a doctor with a nurse present to make sure patients understand the course of treatment and risks and benefits. Ward staff refer patients to nurse specialists where appropriate to give further opportunity ask questions and would refer to other agencies if necessary. For example, a stroke nurse specialist holds a 'surgery'.

Patients told us they knew how to raise a concern about their care and felt confident that something would be done about it. They knew the names of staff members on the ward that they felt they could approach and who would listen to them.

The trust uses questionnaires to survey patient satisfaction and opinion. The patients were aware that they would be asked about their experience. Surveys can

be completed on line, using a hand held device taken around the wards by volunteers or by completing a paper copy.

Our judgement

People were treated respectfully at University Hospital and their dignity was promoted.

Most people were kept informed about their condition and course of treatment.

People were able to give feedback about their experiences.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

There are minor concerns with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Most people were satisfied with the way their nutritional needs were met while some others told us there were some areas that could be improved upon. Their comments included:

‘I am not on a special diet but I am always asked what I would prefer to eat and drink. The nurses sit and read my menu to me as I have very poor eyesight. They are always very patient as I sometimes forget what the first choice was. They ask in an evening when we have a supper drink if we would like anything to eat.’

‘Mealtimes vary depending on which staff are on duty. If you are given a meal soon after the trolley has arrived then it is warm. Some staff offer to wipe hands or suggest it, but others do not.’

‘The food’s great. I always get the correct order and staff help me where I need it.’

‘The choice is good but I do not always get what I have ordered. It is never changed. There is always too much.’

‘I don’t need any support with my meals, but I do feel that someone needs to sit with some of the patients rather than walk up and down.’

Other evidence

We observed the lunchtime meal on two wards to see what patients experienced. Practices were variable on different wards. On one ward we saw that time was taken before meal times to prepare people for their meal. Staff offered hand wipes to people in bed and made sure they were sitting comfortably before their meal was served. On another ward we saw that meals were brought to people without any preparation. For example, the meal for one patient was left by their bedside while staff woke them and assisted them to move into a chair to eat their meal.

We observed most people had their meals by their bed although we saw a group of people with dementia care needs sit at a dining table together, which enhanced their social experience of eating.

Protected mealtimes are in place, but we saw domestic staff cleaning the floors with a noisy machine during lunchtime in one area of a ward.

Staff told us a 'red napkin' system for identifying people who need support with their meals was tried but was not successful. People who need help with eating are identified to ward staff during the handover between shifts.

More than half of all patients on the wards we visited needed support with their meals. Staff told us they were not always enough staff to give people the support they needed at mealtimes. At mealtimes staff firstly served meals to people who did not need support in an effort to make sure meals were still warm when they are eaten by people who needed assistance.

Although it was quite hectic while staff collected meals from the trolley and delivered them to patients, we observed that when staff sat with people they gave sensitive assistance without rushing.

We observed a person who had suffered a stroke struggling to eat a pureed meal because the plate was sliding off the table and the person could only use one hand. A staff member noticed but was busy so could not assist immediately. When the staff member returned to help, the person had finished their meal.

Staff told us they have access to aids such as non slip mats and adapted cutlery through the occupational therapists, but this equipment was not immediately accessible for people who would benefit.

A staff nurse told us that risk assessment tools were used to assess people's nutritional needs on admission. We saw evidence of this when we looked at people's records. We saw food and fluid intake charts to monitor people at risk. There was evidence of review of needs in the care records we looked at.

Staff told us that 90% of nurses are trained to 'swallow screen' people to identify their risk of choking. We saw evidence in people's records that dietician and speech and language therapists are involved when people have an identified risk.

The information we held about University Hospital prior to our visit showed that there was a low risk that they were not meeting this standard.

The trust's Nutritional Steering Group meets monthly to deliver improved outcomes and to promote a consistently high level of practice in this area. We saw evidence that practice is reviewed and action plans are developed and implemented when shortfalls are identified.

Patient experience feedback from the trust's survey for the quarter ending in December 2010 showed that 84% of respondents had a good impression of food and nutrition.

Our judgement

People had their nutritional needs assessed when they were admitted to University Hospital and action was taken to meet their identified needs and preferences.

People who required assistance to eat and drink did not always receive timely support.

Overall, we found that University Hospital was meeting this essential standard but to maintain this we suggested some improvements were made.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	14	Outcome 5 - Meeting Nutritional needs.
Surgical procedures Diagnostic and screening procedures	<p>Why we have concerns:</p> <p>People who required assistance to eat and drink did not always receive timely support.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Dignity and nutrition reviews of compliance

The Secretary of State for Health proposed a review of the quality of care for older people in the NHS, to be delivered by CQC. A targeted inspection programme has been developed to take place in acute NHS hospitals, assessing how well older people are treated during their hospital stay. In particular, we focus on whether they are treated with dignity and respect and whether their nutritional needs are met. The inspection teams are led by CQC inspectors joined by a practising, experienced nurse. The inspection team also includes an 'expert by experience' – a person who has experience of using services (either first hand or as a carer) and who can provide the patient perspective.

This review involves the inspection of selected wards in 100 acute NHS hospitals. We have chosen the hospitals to visit partly on a risk assessment using the information we already hold on organisations. Some trusts have also been selected at random.

The inspection programme follows the existing CQC methods and systems for compliance reviews of organisations using specific interview and observation tools. These have been developed to gain an in-depth understanding of how care is delivered to patients during their hospital stay. The reviews focus on two main outcomes of the essential standards of quality and safety:

- Outcome 1 - Respecting and involving people who use the services
- Outcome 5 - Meeting nutritional needs.

Information for the reader

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Care Quality Commission

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