

Dignity and nutrition for older people

Review of compliance

Aintree University Hospitals NHS Foundation Trust University Hospitals Aintree

Region:	North West
Location address:	Longmoor Lane Liverpool L9 7AL
Type of service:	Acute Services
Publication date:	June 2011
Overview of the service:	Aintree University Hospitals NHS Foundation Trust is a large acute hospital registered with the Care Quality Commission to provide a number of regulated activities. The organisation provides acute healthcare to a population of 330,000 in North Merseyside and surrounding areas. The immediate catchment covers some 33 square miles which is largely urban with significant areas of commerce

	<p>including docklands. The trust provides acute hospital services to the residents of South Sefton, North Liverpool and Kirkby.</p> <p>The trust is also a teaching hospital for the University of Liverpool and a tertiary centre providing specialist services to a much wider population of around 1.5 million in Merseyside, Cheshire, South Lancashire and North Wales. The population served by Aintree includes some of the most socially deprived communities in the country, with high levels of illness creating a high demand for hospital-based care.</p>
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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 Aintree was meeting both of the essential standards of quality and safety.

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 is 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 focus on whether they are treated with dignity and respect and whether their nutritional needs are met.

How we carried out this review

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.

We reviewed all the information we hold about this provider, carried out a visit on 22 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.

On the day of the inspection visit, we talked with twelve patients and/or their relatives across two wards in the elderly care unit.

What people told us

Overall patients were complimentary of the care they had received and were satisfied that staff fully explained their treatment options.

Patients also reported that their privacy and dignity was maintained whilst they stayed in hospital. In general, they felt involved in decisions about their care though some would have preferred more information about discharge from hospital.

Overall, patients confirmed that they were adequately supported with their nutritional and hydration needs including choices of food and drink and support by staff at mealtimes. There was mixed opinion on the quality and amount of food.

What we found about the standards we reviewed and how well Aintree University Hospitals NHS Foundation Trust 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 Aintree was meeting this essential standard.

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

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

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

Overall patients were complimentary of the care they had received, some relatives interviewed explained that they had been involved in the patient assessment on admission and some visited daily to take part in the care delivery.

Patients said that they felt staff fully explained their treatment options. Most family members agreed with this however, two family members reported that they did not feel that staff, including medical staff had communicated well enough about their relative's condition and treatment. All patients able to reported that their privacy and dignity was maintained whilst they stayed in hospital and they felt involved in the decisions that were made for them.

They confirmed that staff had asked what they would like to be called, they said that staff always ask before they help them, they said that their care was given in a

respectful way. Less positive feedback was given by some patients with regard to having adequate information on discharge from hospital.

Other evidence

The latest available inpatient survey data was collected for Aintree University Hospitals NHS Foundation Trust at the end of 2009. The results show that there were 322 responses made by patients and this represented a 38% response rate. In particular the trust scored 'about the same' when compared to other trusts for a number of questions related to outcome 1.

During the visit staff were seen to be taking time to talk to patients, discussing what they were able to do, actively listening to their responses. Staff were seen sitting next to patients reading the menu choices and involving them to choose the meals for the following day. These wards were made up of a number of single - sex multi bedded bay areas. Between the beds a curtain was seen providing the privacy required for intimate care. The ward had recently introduced an added privacy sign to attach to the curtains to stop staff walking into the area whilst intimate care was being given. Staff interviewed confirmed the difficulties of ensuring privacy and confidentiality with only a curtain between beds, but they explained that if possible patients and families would be taken to a private room for any confidential discussions about treatment. The wards had clearly labelled as male or female washrooms or toilets.

Staff interviewed described how they involve patients in decisions about their care. They explained that a full assessment of care needs is undertaken on admission and this is reviewed and updated daily. They reported that if a patient lacked capacity, family members would be included in this assessment. Patient records were observed to verify this, though not all aspects of the admission assessment were completed. Observation of staff interactions on the day indicated that they were respectful of the decisions made by patients. Staff were seen taking their time delivering care, listening to patients requests and supporting them as needed.

Relatives interviewed were complimentary of the care their relatives had received, some had been involved in the assessment on admission and some visited daily to take part in the care delivery. It was noted for 2 patients however, that were being discharged that information about aftercare had not been given to the patients or their families and they appeared unclear about this part of their care arrangements.

Staff interviews confirmed that they respect the right for patients to take informed risks, while balancing the need for preference and choice with safety and effectiveness. Examples were discussed when this had occurred and a staff member was overheard advising a patient not to walk into an area where she was at risk of falling. When the patient refused the nurse walked alongside her to reduce the risk of the patient falling. Staff were observed to be respecting the choices made by patients, even as this case shows, when they would prefer that a different choice was made. One of the wards observed had used written information to give to patients and their families, leaflet information from Age Concern; informing patients how to 'make yourself heard in hospital'.

The results for the PEAT(Patient Environment Action Team) assessment across 04/01/2010-26/03/2010 shows that the trust scored much better than expected for indicators relating to privacy and dignity, confidentiality, sleeping accommodation and for toilets and bathroom facilities. After the inspection visit the trust presented a number of corporate documents to show the commitment of the trust board in ensuring dignity in care and meeting patient nutritional needs. These included a Disability Equality Scheme, Trust Statement of Intent, Gender and Race Equality Scheme and Equality Act Paper.

The trust provided a document to show that guidance is available for managers called 'Implementing the Dignity Charter in your Clinical Department – a guide for managers'. This document is dated May 2008 and it provides guidance for managers across the trust in relation to 'The Dignity Challenge'. This focuses on 10 different aspects of dignity and these provide a framework for the 'Trust Dignity Charter'. These cover areas such as patient respect, non tolerance of abuse, enabling people to maintain the maximum possible level of independence, choice and control.

The trust has provided evidence to show that they have a patient experience and engagement strategy and this sets out the strategic aims for improving patient experience. This document describes key roles and responsibilities of staff, it describes the measurements and evaluating processes and how the trust will aim to improve the number of patients who rate their experience as good or excellent by 20% over three years. Within the strategy there is reference to a patient experience questionnaire and the trust has supplied the results of this for the two wards visited during this inspection. The questionnaire was undertaken across the time period 01/10/2010 and 23/03/2011. Positive results were observed across a number of questions related to dignity in care and nutrition.

The trust has a system in place whereby each department reviews their own compliance with the essential standards of quality and safety and a self assessment is undertaken and reported through to the trust board. A staff guidance document is available and was sent to CQC after the inspection. Staff / management are required to complete a monthly CQC assessment on a Red, Amber and Green (RAG) value basis against each of the 16 practice outcome standards. The trust provided evidence that this is undertaken in the two wards chosen for this inspection; the results for outcome 1 is rated as green.

The trust has provided evidence to show that this system has been audited as part of their approved internal audit periodic plan for 2010/11. There were many positive comments identified in this report to show the progress made with the implementation of this system along with a number of recommendations made to improve the system.

Our judgement

Many patients and relatives were complimentary about the care given by staff across both wards visited. All patients interviewed reported that their privacy and dignity was maintained whilst they stayed in hospital and they felt involved in the decisions that were made for them. The trust provided documentary evidence after the visit to show that systems are in place for monitoring compliance with this outcome.

There was good evidence observed to show that the trust was compliant with this outcome, we saw during our visit that patients are being treated with respect and they are involved in their care. However, it was reported that not all people receive the full information they require.

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

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

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Overall many able patients confirmed that they were adequately supported with their nutritional and hydration needs. Most patients said that they were given choices of food and drink; they said that if required staff would support them to make these choices. Some patients said that if needed there were food snacks throughout the day, but others were unsure or not aware of this. There was mixed reviews for the quality of the food, some reported that it was too much for them, too hot or just what they had wanted. Some patients said that they were supported by staff to eat their food at mealtimes and they welcomed this.

They confirmed also that support was given for some but not all patients in washing their hands before or after mealtimes. A number of patients said that they had not been spoken to about their likes and dislikes, but some also suggested that this was not necessary as they had a choice of meals they could decide on for themselves.

Other evidence

Information we hold about the trust includes data from the PEAT (Patient Environment Action Team) from 04/01/2010-26/03/2010. The results show that scores relating to menu, choice, availability, quality, quantity (portions), temperature, presentation, service and beverages is 'much better than expected' compared to other trusts. The latest available inpatient survey data was collected for Aintree

University Hospitals NHS Foundation Trust at the end of 2009. The results show that there were 322 responses made by patients and this represented a 38% response rate. The responses for the trust relating to meeting nutritional needs shows that questions relating to nutrition from the survey were 'about the same' compared to other similar Trusts.

During the inspections, the emphasis was on observing the quality of care given to older people, this included whether patients were helped to eat and drink if they needed it, and if they were treated with respect. Unobtrusive observation of nutritional care and support was carried out across lunchtime. Each ward observed had in place a large board with a sticker system to identify those patients that are on special diets or may need assistance. This system appeared to work effectively across the lunchtime observed. Staff were viewed supporting patients to eat and drink their food in an unhurried and relaxing manner. It was noted that when the meals arrived all staff stopped their daily activities to support those patients that required feeding and encouragement. Patients who did not need support were seen enjoying a meal in a quiet and relaxed atmosphere with no interruptions from staff or visitors. Food observed for lunch looked appetising, though feedback from patients was variable.

Across both wards staff have a system in place to identify where a patient is at risk of poor nutrition, dehydration or has swallowing difficulties, this can be assessed on their admission. A red tray system and protected meal times are in place at the trust; this simple yet effective system uses a red tray at mealtimes to identify patients who need assistance and encouragement with their meals.

The trust has recently implemented a new nutritional screening process using the Malnutrition Universal Screening Tool (MUST), this is a screening tool to identify adults who are malnourished, at risk of malnutrition or obese. All staff had received training on how to use the tool, training delivered by the dietitians who work alongside staff on both wards. Patient records observed demonstrated that for those at risk a referral was made to the dietitian within 48 hours of admission, the MUST tool described the action to be taken by staff and an interview with the dietitian confirmed that those patients at risk would be monitored for improvement by staff and also the dietitian services. Patient records showed that a standard care plan was used for patients at risk, this standard plan identified the actions that should be taken by staff to support and encourage patients at risk. The records showed that if a patient deteriorated since admission another referral to the dietitian service would be made and actions at this time might change.

All food and drink intake is monitored by staff on the ward and this was observed at the patient's bedside; some patients interviewed were able to confirm this. Full and accurate food and drink intake records were viewed for most patients but it was noted that for one patient the incorrect lunch as confirmed by the patient had been recorded. Interviews with staff confirmed that patients would not be expected to wait for the next meal if their care means that they had missed a mealtime, it was observed that a new patient admitted after lunchtime was offered a hot meal when he arrived at the ward. Staff reported that the ward does not have facilities for preparing food, this is brought from the main hospital kitchen area. However, it was observed that for one patient they had provided an alternative as a supplement

when the patient did not like the breakfast options available to them. The menu also has the option of choosing small snacks for in between meals; this option was chosen by staff supporting a patient who was assessed as needing supplemented foods.

On the day of the visit there were no patients that for religious or cultural reasons required a special diet but staff confirmed that in the past when this occurred, they had been supported by the hospital as well as their families. Menus were seen being provided for all patients, those patients unable to make the choices themselves were supported by the care staff on the wards. Snacks and supplementary food and drinks were seen on patient lockers across both wards. One of the wards had used written information to give to patients and their families; leaflet information from Age Concern informing patients how to 'make yourself heard in hospital'.

The trust had carried out a governors 'listening' event in September 2010 and the action plan from this was shared with CQC. The action plan shows a number of suggestions put forward by this group to the trust board for improving services. Amongst these were recommendations to improve the red tray system, it is reported here that they plan to undertake an observational audit of compliance with meeting patient's needs for assistance with feeding.

The trust has a system in place whereby each department reviews their own compliance with the essential standards of quality and safety and a self assessment is undertaken and reported through to the trust board. A staff guidance document is available and was sent to CQC after the inspection. Staff / management are required to complete a monthly CQC assessment on a Red, Amber and Green (RAG) value basis against each of the 16 practice outcome standards. The trust provided evidence that this is undertaken in the two wards chosen for this inspection; the results for outcome 5 is rated as green. The trust has provided evidence to show that this system has been audited as part of their approved internal audit periodic plan for 2010/11. There were many positive comments identified in this report to show the progress made with the implementation of this system along with a number of recommendations made to improve the system.

The trust has a Nutritional Collaborative Working Group and minutes of their meeting show how they monitor the referrals to the Dietitian services from the ward areas that have implemented the Malnutrition Universal Screening Tool (MUST). A Trust wide news letter was given showing that all staff were informed of the implementation of the MUST tool across the trust.

Our judgement

Many patients confirmed that they were adequately supported with their nutritional and hydration needs. Most patients said that they were given choices of food and drink, they said that if required staff would support them to make these choices. There was mixed reviews for the quality of the food, some reported that it was too much for them, too hot or just what they had wanted.

Across both wards staff have a system in place to identify where a patient is at risk of poor nutrition, dehydration or has swallowing difficulties, this can be assessed on their admission. Staff were viewed supporting patients to eat and drink in an unhurried and relaxing manner. The trust has recently implemented a new nutritional screening process using the Malnutrition Universal Screening Tool (MUST), this is a screening tool to identify adults who are malnourished, at risk of malnutrition or obese. All staff had received training on how to use the tool, training delivered by the dietitians who work alongside staff on both wards.

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

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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