Dignity and nutrition for older people

Review of compliance

South Devon Healthcare NHS Foundation Trust **Torbay Hospital**	
Region:	South West
Location address:	South Devon Healthcare NHS Foundation Trust, Torbay Hospital, Lawes Bridge, Torquay TQ2 7AA
Type of service:	Acute Services
Publication date:	June 2011
Overview of the service:	The South Devon Healthcare NHS Foundation Trust catchment area covers 300 square miles - from South Dartmoor to the length of coastline which stretches from the mouth of the River Exe (Dawlish), past the Teign and Dart

	estuaries (beyond Dartmouth). Torbay Hospital therefore serves a resident population of approaching 300,000 people, plus about 100,000 visitors at any one time during the summer holiday season. The Trust was established in 1991, in the "first wave" of Trusts. It ran the hospital, community mental health & learning disability services across South Devon. The Trust now manages the district general hospital in Torquay (Torbay Hospital). Further details can be found on the hospitals website at: http://www. sdhct.nhs.uk

Summary of our findings
for the essential standards of quality and safety

What we found overall

We found that South Devon Healthcare NHS Foundation Trust, was meeting both of the essential standards of quality and safety we reviewed.

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 5th April 2011. We visited two wards; We observed how people were being cared for, talked with 13 people who use services, talked with 10 staff, checked the provider's records, and looked at records of people who use services.

What people told us

Without exception people told us they thought their needs were being met. They talked warmly about the staff giving their care and of the good standards on the wards.

One patient told us said they felt involved in their care, but tended to rely on relatives to tell them. One relative said they appreciated being involved in the care and felt they could ask staff questions. The relative said they had found the key worker particularly helpful; they said 'The staff are marvellous. Our named nurse has been very helpful answering all our questions but they are all very approachable'.

One person told us that they arrived a week before our visit, they described how they had been kept informed of their care and said “Every bit had been explained”. When asked if they were happy with the care they had received they said “Absolutely, I'm happy with the time they spend with me and the care I have had”.

People were asked if staff asked if it's alright before they help (e.g. help with washing, toileting, taking blood, tests,) they said they did. They also said they were treated with respect at all times.

The feedback about the taste of the food was good; everyone we asked said they always had enough to eat, it was always hot and there was always plenty of choice. Some comments made include;

“I have to have a fat free diet, today I had a lovely salad as good as any in a restaurant followed by excellent apple and custard”.

“The menu looks like there's plenty of variety so I am looking forward to eating again”

“They give me a wet wipe for my hands before I eat”

“I get enough in fact I leave some sometimes”.

“The food is hot enough and the dessert comes after the main meal.

I seem to be feeding all day long”.

What we found about the standards we reviewed and how well South Devon 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

People feel respected and involved in their care and treatment.

- We found that South Devon Foundation Trust Torbay was meeting this essential standard.

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

People have access to adequate nutrition and hydration.

- We found that South Devon Foundation Trust Torbay Hospital 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

One patient told us they felt involved in their care, but tended to rely on relatives to tell them details. One person told us how they had been given the choice to remain or going home for one night and return for more tests. He said “I really enjoyed my own bed for one night”.

Our observation showed good use of bedside curtains and voice control. Additional posters saying ‘Personal care in progress, please ask before entering’ were used on curtains on both wards. We saw side room doors were closed, often with the use of an additional curtain. Doctors on their ward rounds also used curtains to promote privacy. We saw staff talking to patients in a manner that was respectful and reassuring taking time to give explanations. During the visit we observed staff spending time with patients, listening, answering questions and reassuring, the atmosphere on the ward was calm and “unhurried”.

Both wards had designated bays for single sex use. Clear division of the ward areas enabled males and females to be cared for separately. We saw bathroom facilities were dedicated to a single gender by use of door signs.

Both nursing and care staff were able to give examples of how they promote privacy and dignity for patients with one member of staff saying ‘It is common sense’. Staff explained that where patients were not able to communicate, they would involve relatives, use non verbal communication and allow extra time and reassurance as part of the care. Staff also spoke of mental capacity assessments being used where a person is unable to make a decision about their care and spoke of involvement of Independent mental capacity assessors.

Nursing staff told us they had received information regarding privacy and dignity but this tended to be included within their preceptorship education when they had first qualified and during the hospitals update training days.

We saw examples where patients were being offered choice in the finer details of care such as where they would like their table positioned, what they wanted for lunch and whether they wanted pain relief.

There were information booklets located within the lockers of each patient and information leaflets on the wards. They contained information regarding services from the chaplaincy service. We saw a minister of religon praying with a person on one ward and saw other chaplians walking around the hospital. Staff told us the focus was based on Christian based religions which was reflective of the cultural background of people in South Devon. Staff did tell us that multi faith rooms were availiable but were unsure of where these were located and at present were mostly used by staff.

We were told of monthly surveys taking place on the ward areas and we were showed results of the outcomes. However not all staff were sure of what happened to the surveys.

Our judgement

People feel respected and involved in their care and treatment.

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
Both wards had routines to follow at meal times which differed slightly but worked well within the environment. Staff said the hospital use a protected mealtime policy where routine activities such as cleaning, non urgent nursing care and doctors visits should stop to allow patients to enjoy their meal in a relaxed environment. However, staff added that this does not always happen. We saw one example where care was being provided despite a meal being in front of the patient. Although the patient received their meal within a short time, the tasks performed were not of an urgent nature enough to interrupt the person's meal.

One of the wards used the red tray system to sensitively highlight the patients who need some kind of extra attention at mealtimes; however, its use was not clear. Staff spoken to on both wards, including domestic staff were very knowledgeable about who these patients were and what assistance was required.

We observed the lunch being given. The meals were piping hot and good quantities were served. The domestic staff served whilst the other domestic staff then took the meal to the patient. We saw staff preparing a tray with a wet wipe for the patient to wipe their hands before eating. Domestic staff then cleared a space, ensuring there was a drink, cutlery, knife and fork etc so that the patient was ready and comfortable to eat their lunch. On one ward domestic staff said meals and drinks would not be

left with the patient because of swallowing issues which may pose a risk to the person. We were told nursing staff would be asked to take meals to the patient. We also saw examples where patients were not left with drinks as normal practice. In these situations instructions were written on a patient information board behind the bed which listed what support and care the person needed with nutrition and hydration.

We saw systems in place where specialist dietary and fluid information was communicated between all staff. Domestic staff had a list of abbreviations in the kitchen areas which included information on diet and fluids and sheets which included specific dietary preferences for people. This information also included codes for; nil by mouth, soft diet, normal fluids and thickened fluids. This information was also included on the patient information board behind the bed and on a staff patient safety briefing issued to each member of staff on duty.

Staff said patients were 'weighed once a week and we fill out the MUST tool'. (This is a nationally recognised nutritional screening tool called The Malnutrition Universal Screening Tool (MUST) which is used in hospitals to identify patients who are malnourished, at risk of malnutrition, or obese.) The member of staff went on to say 'We can refer to the dietician who comes the next day and the speech and language therapist is on the ward each day. We are very lucky that she is part of our team'. Staff on both wards told us that the input of Speech and Language therapy (SALT) was very good because of the specialty of care. We saw evidence that nursing staff performed nutritional assessments with input from the speech and language therapist where swallowing was potentially an issue.

Each ward had set routines to make sure staff are able tell senior nursing personnel about the amount of food and drink consumed. Staff told us those who had been highlighted at risk had this information recorded on a food and fluid balance chart. Food and fluid charts were seen completed and up to date. Because of the specialist needs of people on each ward, close monitoring takes place to make sure patients are safe to eat independently. We saw evidence to show that this was based on individual need. Examples included ensuring a person only had sips of fluids, thickened fluids, were nil by mouth or had a soft diet. All staff spoken to were knowledgeable about the individual needs of each patient.

Staff explained that if a patient misses a meal within an hour of the initial serving they can still have a hot meal from the trolley provided this within an hour of the initial service. If this is not appropriate, patients can have a meal provided from the hospital restaurant. Alternatively, there were plentiful supplies of toast, sandwiches, cake, biscuits, breakfast cereals, packet soups, yoghurts and fortified puddings in each ward kitchen area. Both ward areas also had snack boxes, containing sandwiches, crisps, fruit and chocolate bar to send with patients if they were off the ward at meal times. On ward we saw baskets of fresh fruit which staff offered at coffee time. Within one of the wards we saw pots of individual puddings suitable for people who needed extra calorie intake or who had swallowing difficulties. Staff explained these snacks were available twenty four hours of the day.

Food is provided in a cook/chill format to each ward mid morning; it is reheated in the ovens on the ward. Once cooked, staff 'probe' the food to ensure it reaches the correct temperature. The stewed beef and dumplings, fish pie, omelette and macaroni cheese smelt appetising, whilst the salads looked fresh and colourful. Patients said the food was hot. Staff said there was an option for patients to request larger portions, but patients did not all know this was an option to them.

Staff go around the ward mid morning to ask patients which of the three or four choices they would like for the lunch time meal. At this point staff are able to highlight what meal is suitable should the patient have a special diet, such as diabetes. We saw staff adhere to these choices and also adapt them once a person changed their mind. We saw examples where additional vegetables were added and where an entire change in meal choice was requested and provided.

Our judgement

People have access to adequate nutrition and hydration.

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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