

# Dignity and nutrition for older people

## Review of compliance

**South London Healthcare NHS Trust**

**Princess Royal University Hospital**

<b>Region:</b>	London
<b>Location address:</b>	Farnborough Common, Orpington. Kent. BR6 8ND
<b>Type of service:</b>	Acute Services
<b>Publication date:</b>	June 2011
<b>Overview of the service:</b>	The Princess Royal University Hospital is part of South London Healthcare NHS Trust and provides acute hospital services for the local population. The site is a purpose-built, modern hospital facility with the accommodation made up of wards with some single rooms and four bedded bays. The hospital provides specialist care which includes a twenty four hour Accident & Emergency Department, Radiography, Surgery, urology, orthopaedic, medicine,

	maternity, paediatric, ophthalmology, Day Surgery and cancer services
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## Summary of our findings for the essential standards of quality and safety

### What we found overall

**We found that the Princess Royal University Hospital 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 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.

### What people told us

The majority of patients told us they were happy with the care provided on both the wards we visited and felt they had been treated with dignity and respect. One patient commented that she was a very private person and staff were sensitive to her needs and maintained her privacy.

Patients we spoke to felt involved in their care and some of the patients on the stroke ward felt they were involved in goal setting; although some patients felt they wanted to leave the decisions to the care professionals. We were told by some patients that the staff were very good at providing explanations and information, although one patient felt they were task rather than patient orientated. All the patients we spoke to felt staff explained what they were going to do and asked them prior to helping.

Most patients we spoke to felt that call bells were responded to in a timely manner although some commented that it's was more variable at night and at week-ends, dependent on staffing levels.

Patients we spoke to felt the mealtimes were relaxed and organised and that help was available if required and that staff gave assistance when required. Patients we spoke to were not offered hand washing facilities prior to eating and one patient told me she used the hand gel; another patient said she had to ask to be sat out of bed for lunch.

One patient told us that she now looks forward to her mealtime and there is always enough choice of food available.

Overall, patients were generally happy with the food quality and quantity provided and the help given by staff.

## **What we found about the standards we reviewed and how well the Princess Royal 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 Princess Royal University Hospital was meeting this essential standard.

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

- Overall, we found that Princess Royal University 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

Patients we spoke to felt they had a positive experience and that staff had involved them in their care and treatment; patients felt that staff were polite and responsive to their needs and they were happy with the way staff spoke to them. The majority of patients we spoke to felt they were treated with dignity and respect by the staff.

The NHS Choices website supported the findings that the staff and doctors were kind caring and courteous and very hard working. 62% of people who rated Princess Royal University Hospital on the NHS Choices website would recommend the hospital to others.

We were told by patients that the staff were very good at providing explanations and information when required and one patient commented on the ward information board and the information he had been given regarding his condition.

The patients we spoke to did not feel embarrassed or uncomfortable by staff during

their stay in hospital and their privacy was respected; one patient commented that she was a very private person and staff were sensitive to her needs and maintained her privacy.

Most patients we spoke to felt that call bells were responded to in a timely manner, although, some patients commented that it's was more variable at night and at week-ends and this was dependent on staffing levels.

A report from LINKs supports the findings that patients felt that there were not enough staff available at night and week-ends as waiting times and responses to call bells were mixed with greater time delays being experienced by patients.

Patients said that staff encouraged them to be as independent as possible but that staff gave assistance when required to do so.

We were told by patients that staff were very positive and seemed happy.

In the inpatient survey for 2010, the trust for dignity and respect scored the same within the sixty percent range with other trusts which supports the findings on our visit.

### **Other evidence**

The PEAT (Patient Environment Action Team) inspection rated the hospital as 'much better than expected' for modesty, dignity, respect and confidentiality.

Staff we spoke to and observed understood the importance of respecting and providing individualised care. Staff told us that training had been given at induction regarding privacy and dignity with updates given during annual mandatory training.

We observed that staff ensured that the curtains were always drawn around beds when personal care was delivered and that asked prior to going behind the curtains. We observed that patients were referred to by name and spoken to in a polite and courteous manner. Patients were asked how they would like to be addressed and were mostly referred to by their first name; this information was not recorded in the patient's notes but staff stated that this information was given to other staff members at handover.

LINK members met with staff and were impressed with the enthusiasm and dedication of the team

Call bells were mostly left within easy reach of the patients and were audible, we observed one incident where this was not the case on one ward; a patient who was not given his call bell and it was not placed within easy reach. The patient called for assistance and a physiotherapist responded and assisted him. Most of the call bells were answered promptly but this was not always the case on the stroke ward. Delays were witnessed by inspectors. One patient told us that the nurses always looped the call bell lead around the bed rails to ensure he could reach it. Each bed space had a locker for personal belongs

The trust monitors feedback from patients regarding their experience by using patient experience tracker. Verbal feedback is also gained by senior nursing staff carrying out ward rounds and talking to all the patients; care issues are picked up and dealt with. One of the wards also had family meetings regarding care although evidence of this was not found in the patients records.



We found patients records contained an overview and assessment of the patient's social, medical history and risk assessments and reflected the care being provided. The care plans and risk assessment such as mobility and nutrition were on the records checked. Staff informed us that it was ward policy that this was done within six hours of admission and the inspector confirmed that this was the case. As part of supporting evidence inspectors were shown guidelines and the tools staff use for assessing and monitoring patients.

The trust is participating in a Quality Roadmap which covers 5 domains relating to essential quality standards. The trust has carried out the pilot in February 2011 on one of the wards we visited. The project looks at a variety of information such as policies, assessment tools, and staff training, patient experience data as well as undertaking a series of staff and patient interviews in order to help the trust assess its compliance. Information provided from this would confirm that the trust had achieved eighty three percent which was above the average guideline.

We observed that both wards had notice boards with information relating to the wards, PALS and visiting times. One of the wards had developed their own ward information leaflet and had asked patients and carers for comments. There were information folders at the main ward nursing desk but these were not at the patient bedsides. Patients we spoke to said it would be useful to have some information to read on admission.

### **Our judgement**

Following our review of all the evidence provided, staff we spoke to and observed in the wards had an understanding of the importance of respecting and involving people who use the trust's services. We observed staff respecting the privacy and dignity of patients while talking to them in a polite and courteous manner and helping them in their daily activities.

## 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**

The majority of patients we spoke to said they had a good choice of food in sufficient quantities and the menu options were discussed with them by either the nursing staff or the ward hostess. Patients told us that they were asked whether they had had enough to eat and one patient told us that if they had missed a meal or were still hungry he could have a 'snack box' or additional food. None of the patients we spoke to had missed meals whilst in hospital.

Patients we spoke to felt the mealtimes were relaxed and organised and that help was available if required and that staff gave assistance when required. One patient told us that she now looks forward to her mealtime and there is always enough choice of food available.

We observed and patients told us that they are assisted with their menu choice and pictures are available to help where applicable.

LINK reported that patients had red meal trays in place and that not all patients received help with feeding and some patients gave positive feedback about the quality of food.

The wards we visited have protected mealtimes and staff told us this is adhered to.

Patients we spoke to were not offered hand washing facilities prior to eating and one patient told me she used the hand gel.

The trust has implemented a red tray system whereby patients who require assistance with eating and drinking are identified; this system acts as a prompt to nursing and hostesses to ensure help is given to these patients.

### **Other evidence**

PEAT score value in 2010, was judged as good and 'tending towards better than expected' for food menu, choice, availability, quality, quantity, temperature, presentation, service and beverages

The trust promoted protected mealtimes for a period of thirty minutes and the wards we visited were quiet and peaceful during the lunch period; patients were not interrupted during this time.

Staff recorded on admission any dietary requirements and completed a nutritional risk assessment. The malnutrition universal screening tool (MUST) is completed and patients with a MUST score of 2 are referred to the Dietitian. On the two wards we visited all the patients nutritional risk assessments were completed. Staff told us that the ward sister and matrons did spot checks to ensure all patients had nutritional risk assessments completed. We observed staff referring a patient to the Dietitian and the Dietitian reviewing patients and feeding regimes.

As part of supporting evidence the trust has submitted guidelines and the tools staff use for nutritional screening and monitoring. These include general guidelines for facilitating safe eating and drinking, Malnutrition Universal Screening Tool (MUST), and nutrition screening assessment.

Staff we spoke to said they had order specialist diets to meet cultural needs such as halal, kosher, gluten and wheat free and milk free, staff also have access to snack boxes both in and out of hours. We saw hot and cold drinks being offered to patients outside of mealtimes and water jugs were left within reach of patients.

Staff told us that the catering department provided a good service the food arrived hot and the meals were generally correct and arrived on time.

The trust is participating in a Quality Roadmap which covers nutrition and provided an audit looking at the wards compliance with communication, documentation and the use of patient risk assessment tools, completion of staff training and patient experience; this included staff and patient interviews. The trust has provided the audit as evidence as one of the wards we visited was included in the initial pilot; the score was judged as achieving eighty-three percent with compliant being judged as over seventy-five percent.

### **Our judgement**

Following our review of the evidence provided and observed, the provider was compliant with this outcome. Overall the patients we spoke to on our visit felt they had a good choice and quantity of food and received help when they needed it. Risk assessments were carried out on all the patients whose records we looked at.

# 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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