

# Dignity and nutrition for older people

## Review of compliance

**Kingston Hospital NHS Trust**  
**Kingston Hospital**

**Region:**

London

**Location address:**

Kingston Hospital  
Galsworthy Road  
Kingston-upon-Thames  
Surrey  
KT2 7QB

**Type of service:**

Acute Services

**Publication date:**

June 2011

<p><b>Overview of the service:</b></p>	<p>Kingston Hospital is a district general hospital based approximately 12 miles from Central London. The hospital supports approximately 320,000 people in the surrounding area including Kingston, Richmond, Roehampton, Putney and East Elmbridge. The hospital is located on one site in Kingston upon Thames. They provide a full range of diagnostic and treatment services.</p>
--	--

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

## What we found overall

**We found that Kingston 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 23 March 2011. We visited two wards, Keats and Kennet, observed how people were being cared for, spoke with people who use services and their visitors, spoke with staff, checked the provider's records, and looked at records of people who use services.

### What people told us

People told us that they were treated with dignity and respected. They said they were able to make informed choices and their privacy was maintained. They said that they felt valued and well cared for.

Most people told us that they liked the food. They said that they could make choices about what they ate and that they had enough to eat. People said that sometimes they would like different courses served separately.

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

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

Overall, we found that Kingston 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**

### Our findings

#### What people who use the service experienced and told us

During our visit to the hospital, people who use the service told us that they felt staff respected them. They said that their privacy was maintained and that they were able to make informed choices about their care and treatment. They told us that they were listened to and valued. Families we spoke to were also happy with the care and treatment of patients.

We saw that staff treated people with kindness and respect. They communicated clearly with people and offered them choices. They used appropriate language and people's preferred names.

As part of the review we looked at the latest Trust in patient and outpatient survey results, the Trusts annual quality self assessment of non clinical aspects of care and information from NHS choices (an information service about healthcare provision). These provided us with information about what people who use the service think and what they have told the Trust about this.

We found that people were generally happy with the level of privacy and dignity. However, people felt that sometimes they did not have enough privacy for examinations or when discussing their treatment or condition. There were a small number of comments which showed that some people felt that they had not been respected when they used the service.

We contacted Kingston LINKs (local involvement network), a group who work with people who use the services gathering their views and with providers to influence change and improve services. They told us that the Trust had provided additional customer care training for staff, improved support for staff and relocated the Patient Affairs Office as a response to complaints relating to privacy and dignity.

### **Other evidence**

There is a range of information for people who use the service about the facilities and services of the hospital, how to make complaints and about specific health conditions. These included posters on the ward, leaflets and booklets. We met people recovering from strokes. The hospital provided these people with a comprehensive guide to their condition, support they could expect when they left the hospital and useful contacts. Some staff we spoke to talked about work they undertook with individuals to help them plan and manage their own recovery.

The Trust has developed a Patient Experience and Public Involvement Strategy. The aim of this is to make sure patient experiences drive the delivery of care and decision making. As part of this strategy there are a number of groups including a patient experience committee, a patient experience and public involvement delivery board and a patient assembly.

Inductions and training for all staff working in the hospital include information on customer care, equality, diversity and privacy and dignity. Senior staff told us how all staff were supported to understand these issues. The systems for communication between staff were good and there was a clear structure for staff support and supervision which helps make sure the staff are working in an appropriate and consistent way.

The Trust has given people who use the service information about their needs. These people had been involved in helping to plan for their future. There was evidence of support and information for families of patients and people at the end of their lives. Ward staff told us that they worked closely with families particularly where people were not able to express their choices or needs. We spoke to some families visiting patients and they told us that ward staff did communicate well.

There had been improvements to the environment to help make sure people have good access to same sex accommodation and bathrooms.

With a small number of exceptions, throughout our visit we saw staff treating patients with respect.



There are a number of strategies for the Trust to monitor the quality of the service and to listen to the views of patients. These include visits to the wards by senior Trust staff, regular audits of different aspects of care delivery and focused audits, training and discussions with staff about different policies and procedures. We spoke to senior Trust staff about these and saw evidence of audits and action plans drawn up to address areas where people's needs were not being met.

The staff demonstrated a good awareness of how to communicate with and listen to the views of people who use the service. We observed staff asking about people's wellbeing and asking them for consent with support and treatment they were offering.

### **Our judgement**

People who use the service are treated with respect. They are able to make informed choices and are involved in planning their care and treatment. The Trust has procedures for gathering the views of people who use the service and takes action in response to comments they make.

## 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**

#### Our findings

##### What people who use the service experienced and told us

During our visit to the hospital people who use the service spoke to us. Although people's experience of food was mixed, the majority of people told us that they liked the food or felt that it was as good as could be expected when catering for large numbers of people. They told us that they were given choices about what they ate. People told us that the food tasted freshly prepared and that there was enough to eat and drink. They told us that they were given snacks and drinks between meals. Some people told us that they were concerned that soup, main meals and desserts were all delivered at the same time. They said that this meant that sometimes hot desserts and main courses went cold before they could eat them and this detracted from their enjoyment of their meals.

We observed lunch being served and people being supported to eat on two wards. Staff and volunteers supported people to eat their lunch where needed. The support staff and volunteers offered was discreet, appropriate and person centred. No one was rushed and they were given choices and asked about their enjoyment of their meal. People were offered condiments and a choice of drinks. There was a lunch club in one of the wards we visited. This provided an opportunity for people to dine together away from their beds and bays. The club provided social contact and people dining there told us that they liked this.

As part of the review we looked at the latest Trust in patient and outpatient survey results, the Trusts annual quality self assessment of non clinical aspects of care and information from NHS choices (an information service about healthcare provision). These provided us with information about what people who use the service think and what they have told the Trust about this. The findings from these indicated that

people who use the service scored the quality and choice of food provided, as well as help with eating and monitoring nutrition similar to expected. The Trust is tending toward better than expected with regard to the menu, choice, availability, quality, quantity, temperature, presentation, service and beverages.

Kingston LINks (local involvement network) told us that from April 2009-March 2010 there had been seven complaints regarding food and five other complaints included the provision of food. These accounted for 3% of the total 461 complaints received in 2009-10. They told us that the majority of concerns were upheld with the feedback being forwarded to the Nutritional Steering Group and action to address common themes had been taken.

### **Other evidence**

The hospital recruits volunteers to offer support to people who need this at mealtimes. On the day of our visit everyone who needed help was supported by a volunteer or a member of staff. Staff we spoke to told us that sometimes there were not enough volunteers and this meant that people had to wait for support. We saw evidence of the training given to all volunteers and health care assistants who support people at mealtimes and assessments of their competency in doing this.

People are able to choose from a wide range of dishes on the menu. There is clear information about healthy eating, allergies and vegetarian food. There is also a number of additional menus for people with different cultural or health based dietary needs. We saw copies of these. There are a number of patient information leaflets including hospital mealtimes, allergies, choice, snacks and missed meals.

Every patient has their nutritional needs assessed when they are admitted to the hospital. Assessments are reviewed weekly and when people's needs change. Where special dietary needs are identified a referral is made to the hospital dietitians. We spoke to one of the hospital dietitians. She spoke about pureed diets and thickened liquids for people who may be at risk of choking. There are good procedures to help assess people's needs in this area, to keep them informed and to make sure the food and drinks they receive are of the same quality as all the other food and drinks.

The hospital has a policy of protected mealtimes, so that patients are not disturbed by treatments or visitors during their mealtimes. This is well advertised through posters and leaflets. There is information for patients and families where someone is not allowed food or drink for any reason. During our visit we saw that staff made sure people had food as soon as they could following a period of fasting. Patients and staff told us that snack boxes and drinks were available throughout the day and night for people who had missed meals or people who were hungry.

The Trust had an Environmental Health Inspection on 3<sup>rd</sup> February 2011. They were given an overall score of four stars, which is rated as good. The individual rating for hygiene and safety was good, moderate for confidence in management and good for structural compliance.

There are a number of systems which the Trust use to monitor and assess the quality of food and nutrition at the hospital. There is a Nutritional Steering Group who meet regularly to discuss patient experience with food and nutrition. There is a six monthly Nutritional Audit which looks at all aspects of food service, quality and meeting nutritional needs. The report of the audit includes recommendations for change and an action plan for improvements. Senior Trust staff make weekly visits to the wards to monitor the quality of care. There is evidence that the Trust work with Kingston LINKs and have taken action to address issues raised by them. Each ward has a member of staff assigned as the Nutritional Coordinator. Staff, volunteers and patient representatives are involved in food tasting and recommendations for menu changes.

During our visit the staff checked that people had received enough food and that they had enjoyed this. The staff we spoke to told us that sometimes housekeeping staff took patients' food trays away before the staff could see how much they had eaten and that this meant they could not always monitor people's food intake.

We looked at some patient records. These included nutritional assessments and records of food and fluid intake. In two cases we found that duplicate records made information unclear and it was difficult to assess how much fluid people had received. In one case the fluid chart indicated that someone who was prescribed intravenous fluids had not received the correct dose of fluid. We spoke to staff in charge of this person's care. They could not explain the discrepancies and did not know how much fluid the person had received. Failure to make clear records of people's fluid intake puts them at risk because they may not receive the right amount of fluid.

### **Our judgement**

People who use the service are able to make informed choices about food and drinks. Special diets are catered for. Their individual nutritional needs are assessed and monitored. People are given the support they require to make sure they have a balanced diet and an enjoyable dining experience. The Trust has demonstrated a commitment to monitoring and improving the quality of food for everyone and has valued patient feedback.

# 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA