Dignity and nutrition for older people

Review of compliance

Nuffield Orthopaedic Centre NHS Trust

Nuffield Orthopaedic Centre

Region:	South East
Location address:	Windmill Road, Headington, Oxford, OX3 7LD.
Type of service:	Acute services
Publication date:	June 2011
Overview of the service:	Nuffield Orthopaedic Centre is a specialist hospital in Oxford providing routine and specialist orthopaedic and rheumatological services to the people of Oxfordshire. Specialist services, such as the treatment of bone infection and bone tumours, and the rehabilitation of those with limb amputation or congenital deficiency are provided for patients from across the UK and abroad. Based on one site, the hospital has 156 beds.

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

What we found overall

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

How we carried out this review

We reviewed all the information we held about this provider, carried out a visit on 6 April 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.

Our inspection team was joined by an 'expert by experience' – a person who has experience of using services (either first hand or as a carer) and who could provide the patient perspective. During our visit, the team spoke with seven patients, one relative, and 10 staff from different disciplines and observed the care provided to patients.

What people told us

The patients we spoke with told us they were satisfied with the way their care was provided and that their privacy and dignity was being respected. They said they were listened to by the staff and that staff responded to their needs well and in a respectful manner. They were provided with information on their care and treatment which they found easy to understand. Their comments included:

“This is a wonderful hospital with first class care”.

“[The staff were] very good about explaining everything fully”.

Patients told us they felt their nutritional needs were met by a good choice of hot, well presented food and civilised mealtimes. Positive comments made to us included:

“You can’t fault the food here”.

“My meal is absolutely beautiful”.

What we found about the standards we reviewed and how well Nuffield Orthopaedic Centre 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 Nuffield Orthopaedic Centre was meeting this essential standard.

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

- Overall, we found that Nuffield Orthopaedic Centre 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 we spoke with seven patients, one relative, and 10 staff members and observed the care provided to patients. Before our visit, we looked at the results of feedback provided by patients in the 2009 inpatient and outpatient surveys. We received updated information from the 2010 inpatient survey following our visit.

The patients we spoke with told us they had received explanation for why they were in hospital and had been given information on their care and treatment options, the facilities available to them and their care once they leave the hospital. They said they found the information provided easy to understand, but if they didn't, staff on the wards were very good at discussing and explaining things to them. This was summarised by one patient who felt she had been: "fully informed and given a package on ongoing care locally for when [she] leaves hospital".

Patients felt staff delivered their care well and always with a respectful approach. They said they had been involved in discussions about their care and treatment and were listened to by staff, particularly before receiving any personal care. Staff had

been excellent in responding to their needs both in the day and at night and they weren't left waiting. One patient felt particularly positive in saying: "This is a wonderful hospital with first class care". Of the patients who had previously raised concerns about their care, staff had been quick in providing explanation, reassurance, and any options available to them.

When asked about how they could provide feedback on their care and treatment some patients felt they hadn't been asked directly, but they all knew of the availability of a comments box for them to do this on the wards. During our observations we heard a patient requesting a feedback form so she could congratulate staff on their competence and the level of care provided. This was provided by a member of staff in the form of a questionnaire.

The positive response we received when talking with patients during our visit was reflected in the results of the 2010 adult inpatient survey for Nuffield Orthopaedic Centre. The results showed that 86% of patients who responded were always treated with respect and dignity while they were in hospital. Eighty one per cent said they were always given enough privacy when discussing their condition and 92% felt they had enough privacy and dignity when being treated and examined.

Other evidence

Before and after our visit we looked at information we held about Nuffield Orthopaedic Centre which showed no cause for concern about privacy and dignity in the hospital. The patient environment action team (PEAT) scores from February 2011 awarded the highest rating for each of the five categories relating to privacy and dignity. The team contained patient representatives. We knew that the hospital had a policy stating that it was a breach of procedure for a patient to be cared for in an area where there were members of the opposite sex unless there was a clinical justification for this. The hospital had stated its compliance with the government's requirement to eliminate mixed-sex accommodation (unless clinically necessary) on its own website and there were no recorded breaches of the policy in 2010/11.

The hospital had an equality and diversity statement setting out its commitment to respecting privacy and dignity. The trust board agenda included a section for patient stories or attendance by patients and carers to share their experiences and this was recorded in the board minutes available on the trust website. The trust was participating in local involvement network (LINKS) meetings attended by staff, patients, and carers.

During our visit we observed practice on two wards and found staff talking to patients in a quiet and respectful manner, providing unhurried assistance when it was required and offering explanations of what they were doing and why. Staff would always pull the curtains when providing care and treatment to patients and the bays were all single sex accommodation. We found call bells to be within easy reach of the patients and staff responded quickly to any request for assistance. Information on set visiting hours and protected mealtimes was clearly displayed and was followed on both wards. We saw copies of the hospital book (with illustrations of food, pain, and personal care needs) available on the ward and were told this would be used to assist in communication when patients were unable to give an informed view.

Staff we spoke with had received training on privacy and dignity during their inductions and told us about the customer care training provided in the hospital. They all displayed a good understanding of what privacy and dignity meant in practice such as the use of curtains when caring for patients, giving an appropriate introduction to patients, having discreet conversations, and the adherence to restricted visiting hours and protected mealtimes. They felt that these procedures were implemented to a high standard and this had been reflected in good feedback from the patients when provided directly to them, through the patient advice and liaison service (PALS), or detailed in the productive ward questionnaires that patients left on the ward. The PALS data for 2010/11 showed five of the 1,189 (of 9,600 admissions) contacts made related to concerns over privacy and dignity and no complaints were received in the same period.

Staff told us that making time to communicate with individual patients and acting on their feedback was how they tried to ensure patients were listened to and their decisions respected. They had a good understanding of the resources provided at the hospital to assist patients with special communication needs such as the hospital book, an occupational therapy department special communication lead, and an easily accessible interpreting service. Staff were aware that before admission, patients were given a booklet containing information about their stay in hospital, and on admission an assessment is completed which asks the patient about their faith, and any cultural or social needs and likes or dislikes. This was placed in their case notes. This assessment was used to adjust their care (for example, deciding if a side room would be most appropriate for providing their care).

We reviewed three sets of patient case notes and found them to be consistently well completed. Pre-operative assessment records recorded each patient's preference for bed height and bathroom facilities (bath or shower). There were completed sections on patient concerns and for the patient to acknowledge consent for the assessment along with a separate assessment of each patient's ability to make their own decisions. The section on pain and limitations asked the patient what their expectations would be from their treatment. The form contained information on the patients' religious and cultural preferences and in one instance the front page clearly identified a patient wishing to be called by a name other than her official name.

Our judgement

Patients at Nuffield Orthopaedic Centre were receiving good care, were being listened to, and had their privacy and dignity respected by staff who were knowledgeable about how to maintain this in practice. Patients were provided with information about their care and treatment which they found easy to understand. The trust's policy on single sex accommodation was reflected in practice on the wards. Staff were receiving training on patient care, privacy and dignity and were supported by a number of hospital wide services which assisted them in communicating with patients and gaining patient feedback. We found patient records were consistently well completed and reflected patient preference, choice, and consent.

On the basis of the evidence provided and the views of people using the service we found that Nuffield Orthopaedic Centre 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

Our findings

What people who use the service experienced and told us

The patients we spoke with told us they were provided with daily menus which detailed the choices available to them. They said they found the choice of food good and the portion sizes available were adequate for them. They told us the hot food provided was always hot. One person told us they had been “pleasantly surprised at the quality and variety of food” provided. In general, they felt that staff checked if they had enough to eat and drink. Where patients had missed having something to eat and drink, this had been following surgery and they said they had always been offered something (such as tea and toast) following their procedure. Those that hadn’t missed meals told us they were aware of others receiving snack boxes which one patient referred to as an “excellent idea”. The patients we spoke with were aware of the provision of hand rub at their bedside for them to use to clean their hands before eating and that mealtimes were generally thought of as civilised and enjoyable.

During our observation of lunchtime a number of patients were heard commenting that the food was nice and hot. We listened to two patients discussing their lunch in a very positive manner having both had the same selection during their stay.

The positive response we received when talking with patients during our visit was partly reflected in the results of the 2010 adult inpatient survey for Nuffield Orthopaedic Centre. The results showed that 88% of people who responded were always offered a choice of food. The response during our visit was not as well reflected in that 60% of people who responded to the survey said their food was good or very good and 65% felt they were given enough help from staff to eat their

meals.

Other evidence

Before and after our visit we looked at information we held about Nuffield Orthopaedic Centre which showed some cause for concern about nutrition and hydration in the hospital. The patient environment action team (PEAT) scores from February 2011 awarded the highest rating in all aspects of nutrition and hydration including menu, choice, availability, quality, quantity (portions), temperature, presentation, service, and beverages. The patient advice and liaison service (PALS) data for 2010/11 showed that contacts relating to concerns about food totalled four out of 1,189 (of 9,600 admissions). We knew that the hospital had featured in a television programme broadcast in February 2011, in which the reporter claimed that some of the meals during his stay at the hospital in September and October 2009 had been inedible and unappetising. The hospital had long since withdrawn one of the meals featured in the documentary and initiated spot checks on the food provision in the weeks following the broadcast.

We knew that the hospital wards operated a protected mealtime policy and used a red tray system to identify patients who were unable to eat unassisted or for who there was a focus on improving their nutritional intake. Snack boxes or frozen meals for heating on the wards were provided for when patients missed their meals and the menu provided options on portion size, and nutritionally balanced choice for lunch and supper dishes, vegetables, and desserts. Each available item was coded as to its suitability for special dietary requirements.

The hospital completed nutritional assessments on admission for all inpatients and the correct use of the malnutrition universal screening tool (MUST) was monitored monthly as part of the modern matrons' documentation audit and reported to the trust board through the modern matrons' report. Separate audits of nutritional risk documentation in January and April 2011 found 92% compliance on one ward and 100% compliance on four other wards. However, one ward had performed poorly and in response the hospital had implemented actions for reviews at ward and departmental meetings and formulated specific training to be provided to staff by the dietitian service. The hospital operated a program of food hygiene training for staff. However, at the time of our visit, 69% of eligible staff had attended. In response to this, the hospital's organisational development team was arranging three training sessions each month to improve the attendance rate within a set timeframe.

We observed a lunchtime service to be calm, quiet, and unhurried. We saw that patients had easy access to hand rub positioned by their beds. From arrival on the ward, the meals were distributed to the patients quickly and looked appetising and well presented. Each patient had access to a full jug of water during their meal. Staff were very responsive in assisting patients to be more comfortable and within easy reach of their food while eating. One patient had mobility difficulties following her procedure and a member of staff spent considerable time assisting her to be comfortable and pouring her a drink. Following the meal, a member of staff provided tea and coffee and always asked the patients how they preferred their drink.

All the staff we spoke with displayed a good understanding that malnutrition universal screening tools (MUST) were completed for every patient on admission, a

nutritional screening tool was completed weekly throughout a patient's stay, and patient case notes were updated on each shift with details of food and drink toleration. They also knew that if a patient was identified as at risk of malnutrition or dehydration, special fluid and nutrition charts would be used and updated throughout the day and a specific care pathway was used for patients unable to make decisions independently. They were knowledgeable on the use of the red tray system, the content and availability of snack boxes and frozen meals, and adherence to the protected mealtime policy. They told us that dietitians were available through a service agreement with another trust and occupational therapists were available on the wards and completed additional pre-admission feeding assessments for patients which may result in the provision of specialist utensils for eating and drinking. The staff we spoke with felt the access to these services was easy and excellent.

The staff we spoke with had attended or were booked to attend mandatory training on food hygiene (including supporting patients and recognising poor nutrition) and relevant staff had received training on how to use the MUST tool when it was first introduced. Those that had already attended the mandatory training said it was helpful and adequate. They told us that in their opinion the food and drink provided was good and that the feedback they received from patients reflected this. They felt they had adequate time to support patients and could easily contact the catering manager who would come to the wards and talk with patients directly to arrange alternative meals when the menu provision was not sufficient for them.

Our review of patient case notes showed a comprehensive completion of the malnutrition universal screening tool (MUST), an entry for the food and drink toleration of each patient on each shift, and the use of patient self assessment with completed information on specific dietary and cultural requirements. One of the patients had a medical condition requiring a special diet which had been thoroughly assessed and the detail included a record of the patient's own understanding of his nutritional requirements during his stay in hospital. Another patient's occupational therapy assessment described how the patient had difficulty in carrying food and drink and required specialist equipment. This had been recorded as provided, demonstrated, and adjusted for the patient.

Our judgement

Patients at Nuffield Orthopaedic Centre were provided with a good choice of nutritionally balanced food and adequate portion sizes. Their food was hot and well presented. The hospital implemented protected mealtimes which were unhurried and civilised. Systems were in place to ensure patients did not miss a meal. Nutritional assessments were being completed for all patients and monitored by the trust's auditing systems. Staff displayed a good understanding of all the systems in place for protecting patients from malnutrition and dehydration. However, the trust's own records showed that not all staff had attended the relevant training and actions had been implemented to resolve this within a set timeframe. We found that the positive outcome for patients had not been affected by this.

On the basis of the evidence provided and the views of people using the service we found that Nuffield Orthopaedic Centre 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
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