# Dignity and nutrition for older people

## Review of compliance

| **Lancashire Teaching Hospitals NHS Foundation Trust**<br>**Royal Preston Hospital** | |
|---|---|
| **Region:** | North West |
| **Location address:** | Sharoe Green Lane, Fulwood, Preston,<br>Lancashire, PR2 9HT |
| **Type of service:** | Acute Services |
| **Publication date:** | June 2011 |
| **Overview of the service:** | Royal Preston Hospital is the largest hospital of Lancashire Teaching Hospitals NHS Foundation Trust.<br>The hospital provides acute medical services to a local population of almost 400,000 people as well as specialist services to a wider population of people across Lancashire and Cumbria.<br>There are a number of specialist services provided from the hospital including neurosurgery and neurology, cancer services and plastic surgery. |

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

## What we found overall

**We found that Royal Preston Hospital was not meeting one of the essential standards we reviewed. Improvements were needed.**

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 hospital stay. 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

The inspection teams were led by CQC inspectors joined by a practising, experienced nurse. The inspection team also included 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 held about this provider. We carried out a visit to two wards at the hospital. These were Barton and Bleasdale which are medical rehabilitation wards for people recovering from falls or strokes, for example. Both wards are mainly used by older people.

During our visit we observed how people were being cared for. We talked with seven people who use services as well as one relative. We talked with several staff members who carry out various roles. We also looked at records of some people who use services and some of the trust's records.

Following our visit the trust sent us some information to demonstrate how well they were meeting essential standards.

## What people told us

The majority of people we spoke with were very complimentary about the care they were receiving and spoke highly of staff. Comments included;

‘’I feel lucky to be here, they are absolutely brilliant with me.’’

‘’I felt scared when I came but they soon put my mind at rest.’’

‘’We are treated very well, if the younger generation are treated as well as us then this is a very good place.’’

Most people felt that their care needs were met well and that they were cared for in a way that they wanted.

People told us that they felt their dignity and privacy was respected and everyone we spoke with told us that they had never been made to feel embarrassed during their stay.

Whilst people were generally very positive about their care, some did express concerns. Some people commented that, at times, they had to wait a long time to get assistance and generally felt that this was due to staffing levels sometimes being low.

We received generally positive feedback about the quality and variety of meals available. People told us that they thought there was a good choice of food made available. However, several people told us that they didn’t always get the meals they had ordered.

People said that they were confident that staff understood their nutritional needs. One patient told us that she had been very underweight on her admission but had managed to achieve a steady weight gain throughout her stay.

## What we found about the standards we reviewed and how well Royal Preston 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 Royal Preston Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

- Overall, we found that improvements were needed for this essential standard.

## Action we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns, we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**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**

**There are minor concerns**

with outcome 1: Respecting and involving people who use services

**Our findings**

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

People told us that they knew why they were in hospital and said that staff took the time to explain about the treatment they were receiving. Most people said they felt involved in decisions about their care and felt that staff tried to take their wishes into account when providing care.

We were told that on admission, people had been asked what they wanted to be called and that this was how they were addressed. A patient's family member said ''My relative likes to be called by her nickname and this is what they use.''

All the patients we spoke with told us that they had never been made to feel embarrassed or uncomfortable during their stay. Most patients described staff as kind, respectful and considerate and told us that staff took the time to ask permission before they provided personal care and to explain what they were doing

during the process. Comments included;

'' Staff ask if they can wash me, they take me to the toilet and explain what is going to happen.''

''I do have a say how I want to be treated – I have a nice wash in the morning and clean clothes.''

''They do explain what they are doing like when they are washing me, I am happy with that.''

Whilst the feedback we received from patients was mainly positive, some people did express some dissatisfaction with certain aspects of their care on one of the wards we visited. One patient told us that they did not feel they had the opportunity to have a bath as often as they wanted. They confirmed that staff helped them to keep clean but told us that some staff discouraged the use of baths on their particular ward because they were worried about patients falling. (This comment was later supported by a staff member from this ward).

Another concern raised by some patients was in relation to staffing levels. One person said ''There are not many staff – they do get here sometimes straight away, but mostly it is a long time,'' and another told us, ''We wait a long time for staff to help us, you ring the bell and they come and turn it off and say we are busy or short staffed and they don't do what you have asked for. You sometimes have to wait a very long time.''

None of the patients we spoke with said that they had been asked for any feedback about their opinions on the care they were receiving during their stay – although one patient said ''I do get asked every now and then if I am being looked after.''

Prior to our visit, we looked at information we hold about comments made and opinions shared by people who have used the service in the past. We get this information from a website called NHS Choices and also through surveys conducted with people who have stayed in the hospital or visited the hospital as an outpatient.

We noted when looking at these comments that the majority of those relating to privacy and dignity were positive and indicated that during their stay, people had felt that their privacy and dignity was respected. One comment we saw included 'All the staff were fantastic, nothing was too much trouble for them and I received exceptional care.'

The most recent survey results collected from people who had stayed in the hospital were very positive in relation to people's opinions on how their privacy and dignity had been respected during their stay. These results indicated that in this particular area, this service performed much better than expected in comparison to similar services across the country.

Information from NHS Choices and patient surveys did however, highlight potential issues relating to people feeling fully involved in their care and treatment. We received some negative comments which were mainly related to people feeling that there had been a lack of information and communication from medical staff during their stay.

**Other evidence**

On an ongoing basis, we gather and retain a lot of information about NHS Trusts and individual services from a number of different sources. Such sources include the previously mentioned NHS Choices, patient surveys and scores that the Trust receive using a process called PEAT (Patient Environment Action Team). PEAT is an assessment framework that looks at standards in relation to non medical aspects of people's care, for example, food provision, privacy, dignity and the environment.

All the information we gather is analysed and monitored to help us identify if a service is at risk of failing to comply with essential standards. We looked at the information we hold about this service which indicated that in relation to this outcome, the service was at low risk of failing to comply.

We noted that in areas relating to privacy and dignity the Trust were assessed as performing similar to expected or better than expected, in comparison to similar services across the country. In addition, the trust had received a PEAT score of good for privacy and dignity in 2009, and in 2010, a score of excellent for the same area.

The Trust sent us a great deal of information about processes they have in place to ensure that they comply with this outcome area.
They told us that they had processes in place to ensure that people were given a good level of information about the service including the availability of a wide variety of information booklets and leaflets which could be provided in many formats and languages.

The Trust told us that they had worked hard to eliminate mixed gender accommodation across the hospital. Much investment had been made to ensure that people were not asked to share accommodation with people of the opposite sex. We were told that compliance with this area was closely monitored by managers and that audits showed that there were now only very rare cases of mixed accommodation due to extreme capacity demands.

We were advised that training is provided in respect of privacy and dignity for registered and non-registered nursing staff as well as awareness training on same sex arrangements, which is provided through the Trust induction and mandatory training programmes.

The Trust told us that they had monitored patients' satisfaction in relation to amongst other areas, whether they felt they were given enough privacy when being examined or treated. We were advised that for the period 2010/2011 positive responses had been received from over 95 five percent of almost 27000 respondents.

During our visit we noted that there was some information displayed within wards for patients and their relatives.
On one ward, as well as general information, for instance regarding visiting times and staffing, we noticed that there was information posted about the processes used for patients' care planning. The information also stated that families were

encouraged to be involved in their loved one's care planning and there were contact details on the poster for staff that could help facilitate this.

All the staff we spoke with told us that they tried to encourage people to be involved with their own care planning and where appropriate, their families. One staff member said ''When people arrive we try to spend some time reassuring them and getting to know them, we tell them all about the ward and do the care plan together and we always try to answer their questions.''
Another staff member said ''You should never assume you know what people want, you have to ask. Sometimes it's the little things like, do they want to wear our things or their own, these things are important to people.''

Whilst staff demonstrated in discussion, that they were keen to understand people's individual needs and preferences we noted that written care plans often lacked this detail. We viewed a selection of patients' care plans and saw that pre-printed care plans were used which described basic care needs but no individually tailored information. We were told by staff that there was scope to add individual wishes on the care plans but we didn't see any examples where this had been done.

Throughout the day, we observed staff asking patients about the help they wanted and giving them choices. For example, we heard one staff member say ''Would you like your hair brushing now or do you want to have a rest first?''
We saw examples of patients being asked if they wanted to sit in their chair or stay in bed and another patient who appeared tired at lunch time, was asked by a staff member if she wanted to eat her meal or have a rest and eat later on.

Staff we spoke with understood issues of capacity and consent and told us how they ensured people who were not able to express their wishes verbally, were well supported. Staff spoke about getting to know and understand individuals, involving people's families and other professionals where necessary.
A patient on one of the wards we had visited presented as confused and had poor short term memory. As a response to this, staff had made a written diary with her to assist her in remembering the daily routines. We saw staff go through the diary with the patient on several occasions and it was clear that she found this very reassuring.
However, there was no reference to this process in her care plan, which would have been useful to ensure that all staff were aware of this need.
In addition, we noted that there was no reference to her mental capacity or ability to consent to treatment in her care plan.

We noted that there was no mixed gender accommodation on the wards and managers from both wards confirmed that this was always the case.
Staff commented that the way the wards were arranged helped to maintain patients' dignity for example, having shower and toilet facilities within individual bays.

Staff members we spoke with were able to give us numerous examples of how they tried to promote patients' privacy and dignity. One staff member said ''People feel vulnerable in hospital and when they are having intimate care it can be embarrassing for them. You have to think about how you would feel yourself and treat people how you would want to be treated.''

During our visit we observed staff going about their duties and interacting with patients in a kind and caring manner. Where people were being provided with personal care, we noted that privacy curtains were used appropriately and that staff spoke quietly to patients where possible.

On one occasion, we heard a staff member reassuring a patient who was upset about requiring some assistance with personal care. The staff member took time to listen to the patient's concerns and responded to them in a kind and reassuring manner.
We noted that staff took the time to speak with patients when in their presence and refrained from speaking over patients to each other.

On one ward, staff appeared to have ample time to respond to patients' requests and we saw call bells being answered within reasonable timescales.
However, on the other ward we visited staff appeared to be more rushed and less able to respond to patients in a timely fashion. We observed one patient wait for her call bell to be answered for over thirty minutes.

In discussion, staff told us that there were times when they struggled to meet patients' needs as quickly as they would like. People said that staffing levels were variable as were the needs of people using the service. One staff member said ''We don't always have time to provide people with the care they need.'' Another told us ''We are short staffed all the time, lots of staff have left this ward and lots are on long term sick.''

**Our judgement**

People using the service have their privacy and dignity respected; however, there is scope for improvement in recording people's individual needs and wishes. Individual patient care is generally of a high standard but there are occasions when standards are compromised because people have to wait a long time for assistance.

# 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**

**There are moderate concerns**

with outcome 5: Meeting nutritional needs

**Our findings**

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

In general, people we spoke with were complimentary about the choice and variety of food available. One patient told us ‘’I like the food it’s always good. I am given a menu to choose what I have to eat – I am eating different foods here that I wouldn’t normally have.’’ Another patient commented ‘’I am enjoying the food, I always have a sweet, sometimes two if there is some left over.’’

People told us that they were given menus to choose from and that these generally had a good selection of alternatives. However, several patients commented that they would sometimes get something different sent than what they had chosen. One patient said ‘’The choice on the menu is there but it all depends what you get on the day.’’ Some staff members also told us about this problem.

Another patient told us that whilst the variety of food was good, he was not happy that the hospital did not provide coffee and explained that he had to ask his family to bring coffee in for him. We asked a staff member why there was no coffee available for patients. The staff member confirmed that there had been no coffee available for several weeks and said she wasn’t sure why.

Some people told us that they preferred to eat lighter snacks than main meals and all of these people said that staff would arrange a snack for them as an alternative if they requested it.

In general, people felt that they were provided with the help and support they needed to eat their meals. One patient told us ‘’I don’t need any help but the staff are really good with those people that do.’’

Prior to our visit we looked at the information we held about people’s opinions and comments expressed via the NHS Choices website and surveys of people who have stayed in the hospital. In relation to the quality of food, we found that responses indicated the Trust were performing similar to expected in comparison with other services across the country.

However, in relation to providing assistance with eating, we were concerned to note that the Trust had rated as worse than expected. This lower rating was supported by a comment recorded on NHS Choices regarding concerns about a lack of support for a patient needing assistance at mealtimes.

**Other evidence**
We looked at the information we hold about this service which indicated that in relation to this outcome, the service was generally at low risk of failing to comply. However, we did note that there were some pieces of information indicating a high risk, specifically in relation to meal time assistance.

As earlier stated, whilst information indicated that the trust performed similar to other services in relation to the quality of food provided, information also indicated that in relation to mealtime assistance, the trust had scored worse than expected.

PEAT (Patient Environment Action Team) scores for the provision of food have been consistently excellent for several years.

The Trust sent us well detailed information about processes they have in place to help ensure that people using the service are provided with adequate nutritional support.
We were advised that there were robust assessment processes in place for all patients via the MUST (Malnutrition Universal Screening Tool) and that the use of this tool was embedded throughout the Trust. This helps identify people who are malnourished or at risk of malnutrition and includes management guidelines that can be used to develop a care plan.
We spoke with staff members who perform a variety of roles and found that they were all well aware of the tool and very positive about it effectiveness. One staff member said ‘’The tool is an excellent way to assess people’s needs and ensure that we are meeting them.’’

We were also advised that the Trust had implemented a protected mealtimes policy throughout the hospital. The key principle of protected mealtimes is to ensure that patients are not interrupted during mealtimes, unless an interruption is unavoidable due to an emergency situation, for example. The Trust told us that ‘the adoption of

this principle allows the focus at mealtimes to be upon patients taking adequate nutrition.'

In discussion, staff demonstrated an understanding of the policy and in general said that they felt it worked well. One staff member explained that protected mealtimes meant that staff could concentrate on the patients and ensure that they were provided with the help they needed. However, some staff on one ward mentioned that there were occasions when medical staff still visited the ward during meal times despite the policy being in place.

The Trust also advised us that they use a system throughout the hospital whereby patients who require any sort of assistance with their meals are identifiable through the colour of the tray they receive their meal on. This process is designed to help ensure that people receive the help they need at all times.

Again, all staff were well aware of the system, how it worked and the reason it was in place. Staff members told us they felt the system worked very well and was helpful in terms of them being able to quickly identify people they needed to support.

We also noted from information provided by the Trust that patients benefit from a Specialist Nutrition Team. The Trust told us that this team 'provides a first class clinical service for patients but is also a visible presence in the ward environment supporting and encouraging ward staff with all aspects of nutrition'.

In discussion, staff we spoke with were very complimentary about the support available from other professionals. People told us that access to professionals such as dietitians was always available and provided straight away.

Staff told us that there were formal processes in place for making referrals to specialists and all were able to describe the circumstances in which such referrals would be made. One staff member said ''We would always refer someone if their MUST score was of concern but even if its not, we can still make the referral if we have any worries at all.''

We viewed a selection of patients' notes. Some examples were extremely well detailed in terms of the patients' nutritional health and needs. We looked at one example of a patient who had experienced some complex issues in relation to nutrition. We saw that his problems were clearly identified and there was evidence that all the issues had been followed up in a timely fashion.

This patient's notes showed evidence of lots of regular involvement from both the Specialist Nutrition Team and professionals from Speech and Language Therapy. The patient had received a great deal of support to progress from using a feeding device to pureed and then soft diet.

We noted that the patient had expressed a desire to move on from a pureed diet as soon as possible because he disliked it and professionals had worked closely with him to assist this progression.

Another set of notes we viewed showed that the patient had been extremely underweight on admission but their notes showed due to a good level of support, that the patient had achieved a steady weight gain throughout their stay.

Although we saw some good examples of written care planning in relation to nutrition, we did note that the majority of patients' care plans didn't include details of their food preferences or likes and dislikes. We asked some staff members about this and were advised that this information was sometimes included on the ward handover sheet but not always.

We observed the lunch service on two wards.
On one ward we observed a very relaxed mealtime which was unhurried and clearly a pleasant experience for the patients. We observed two different parts of the ward where there were a number of people who required assistance with their meals.

All the people requiring help were provided with support on a one to one basis. Staff members sat with patients, helped them to eat and chatted pleasantly whilst doing so. Staff were heard telling people what was on their plate and on more than one occasion, we heard staff reassuring patients not to feel hurried while eating.

We noted that people received their meals as soon as they arrived and did not have to wait to be supported.
One patient was heard to tell a staff member he didn't want to eat his meal. The staff member offered him some alternative snack options which he agreed to. We later saw that this was in line with advice from the dietitian for this particular patient, that snacks should be encouraged if he didn't want to eat a meal.

However, on the second ward we visited staff appeared to be under more pressure and were not able to assist patients as quickly or as well.
The coloured tray system did not appear to be practiced as effectively on this ward and we observed several people who appeared to require help but were not receiving it.

Some patients appeared to find their meals hard to reach due to the position of their trays. Several patients were seen to struggle with lids on food items. We saw one patient struggle to cut her food and eventually resort to using her fingers. Another patient struggled to eat a sweet with a knife until we intervened and asked a staff member to get her the correct implement.
(We didn't see any adapted cutlery or other mealtime aids on either of the wards we visited).

We noted that one patient waited for a period of forty minutes for a staff member to come and assist them to eat their meal.

Their seemed to be a number of patients with meals they had not requested on this ward. We saw one patient was served salmon despite the fact she had told us earlier that she didn't like salmon. We noted that this patient didn't eat her meal and just had her soup and dessert.
Another patient we observed appeared quite cross and told staff to take the meal away because it wasn't what he had ordered.

One patient was heard to ask if she could have some toast and marmalade instead of her meal. The staff member she addressed failed to respond to her.

**Our judgement**

There are assessment processes in place to ensure that staff understand people's nutritional needs. Patients benefit from good access to multi-professional teams who specialise in all aspects of nutrition.

However, people's experience of assistance with eating is variable. Some people are not always provided with the support they need. Menus are varied and provide a good variety, but the current system results in some people not receiving meals they have chosen. There is scope for improvement of recording people's food preferences and wishes in their care plans.

# Action
we have asked the provider to take

## Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

<table>
<tr><th>Regulated activity</th><th>Regulation</th><th>Outcome</th></tr>
<tr><td rowspan="2">Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury<br>Assessment or medical treatment for persons detained under the Mental Health Act 1983</td><td>17</td><td>1 – Respecting and involving people who use services.</td></tr>
<tr><td colspan="2">Why we have concerns:<br><br>People using the service have their privacy and dignity respected; however, there is scope for improvement in recording people’s individual needs and wishes. Individual patient care is generally of a high standard but there are occasions when standards are compromised because people have to wait a long time for assistance.</td></tr>
</table>

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

## Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

<table>
<tr><th>Regulated activity</th><th>Regulation</th><th>Outcome</th></tr>
<tr><td rowspan="2">Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury<br>Assessment or medical treatment for persons detained under the Mental Health Act 1983</td><td>14</td><td>5 – Meeting nutritional need</td></tr>
<tr><td colspan="2">How the regulation is not being met:<br><br>There are assessment processes in place to ensure that staff understand people’s nutritional needs. Patients benefit from good access to multi-professional teams who specialise in all aspects of nutrition.<br><br>However, people’s experience of assistance with eating is variable. Some people are not always provided with the support they need. Menus are varied and provide a good variety, but the current system results in some people not receiving meals they have chosen. There is scope for improvement of recording people’s food preferences and wishes in their care plans.</td></tr>
</table>

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent to us within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# 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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