

Dignity and nutrition for older people

Review of compliance

Portsmouth Hospitals NHS Trust

Queen Alexandra Hospital

Region:	South East
Location address:	Southwick Hill Road Trust Headquarters, F Level Portsmouth PO6 3LY
Type of service:	Acute Services
Publication date:	July 2011
Overview of the service:	Portsmouth Hospitals NHS Trust is one of the largest acute hospital trusts in the country providing a full range of emergency and other care services to more than half a million people across Portsmouth and surrounding areas but also across the whole of South East Hampshire. The Queen Alexandra Hospital site

	was completed in 2009. The hospital can accommodate 1400 patients.
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Queen Alexandra Hospital was meeting both of the essential standards we reviewed but to maintain this we suggested some improvements were made.

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

We reviewed all the information we held about this provider, carried out a visit on 12 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.

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. The review was carried out over one day and we looked at the care provision on two wards during our visit. The inspection team were split in two to enable us to observe the lunchtime meals on both wards.

What people told us

The patients we spoke to were mainly positive about the care and treatment that they were receiving. People told us that they were treated with respect and their privacy

and dignity had been respected when receiving personal care. Patients were asked if the staff used their preferred names when speaking to them. Most of them said that the staff had asked how they liked to be called.

Patients told us that they were asked about medical procedures that needed to be carried out and said the staff had kept them informed about investigations such as taking a blood sample from them. We asked the patients whether they had been asked how they would like to be treated and some said they had been.

Patients we spoke to said that they received an adequate amount of food. A visitor also commented that their relative received adequate amounts of food. They said that the staff always provided them with water jugs and ensured they had enough water. People we spoke to told us that they were supported by the staff to eat.

Patients commented that the staff had not asked them about what they liked to eat and whether they needed support, but they said that they received a menu card to complete. One patient said they were helped with the menu as they had poor eyesight and staff were aware that they required a special diet. People told us that meal times were nice and quiet but they said that they were not always offered the opportunity to wash their hands before or after eating.

What we found about the standards we reviewed and how well Queen Alexandra 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 improvements were needed with this essential standard.

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

During our visit we spoke to 10 patients, a relative and 13 staff members and observed care practices.

The patients we spoke to were mainly positive about the care and treatment that they were receiving. People told us that they were treated with respect and their privacy and dignity had been respected when receiving personal care. We observed that the staff behaved in a respectful manner when speaking to them. Most patients told us they had been asked what they wanted to be called on their admission to hospital and that this was respected throughout their stay. Two people said that they were not asked how they wanted to be addressed and their comment was 'they saw my name by the bed and called me by that name.'

Patients told us that the staff kept them informed about investigations such as taking a blood sample from them. We asked the patients whether they had been asked how they would like to be treated and some said they were. Other comments were

'no one has asked me' and 'I was not really asked.' The patients commented that the staff treated them well and comments included 'they are usually quite good. Another patient said that 'nurses are very good and sympathetic.'

The responses to the way that information was shared about their care, treatment options were mixed. One person told us that the nurses had explained everything to them, adding 'they explained my care very well.' Another comment was the 'nurse came to me and explained what will happen when I leave.' One person told us that 'I asked about facilities, it was not volunteered.' Comments also included 'they were helpful and explained things to me.' A patient said that they were not sure but they were having some tests. Another patient said that they had been admitted from the accident and emergency department and the staff 'explained all the way through.'

Other evidence

We have also used information that we hold about the trust, other information provided to us by the trust, the patient environment action team (PEAT) and hospital episode statistics (HES).

The information we received from Queen Alexandra hospital prior to our visit showed that the PEAT score for privacy and dignity was similar to expected in comparison with similar trusts. Staff reported that they always tried to involve patients and their relatives in decision making about their care. Some staff commented that staffing pressures sometimes made this process difficult, due to lack of time. A review of patients' case notes showed that while this may be happening in practice, it was not always documented in the patients' care plan. We observed that the doctors and ward staff provided clear advice and information to people about their health needs.

The inpatient survey, which collects data from patients across the trust, also found the proportion of patients who felt that their privacy and dignity were respected were similar when compared with other trusts. We found that some relatives' involvement had been sought for people who were unable to make an informed decision. Staff reported that they would look at best interest assessments and involve independent mental capacity advocates (IMCAs).

During our visit, staff were observed treating patients with respect. Patients were observed being called by their preferred name. Care was taken to draw curtains around patients' beds when necessary. We saw that patients' privacy and dignity was maintained when they were receiving personal care. However some patients' dignity was at times compromised through inappropriate clothing. One person in particular made it known to us that they would like some trousers and was not comfortable in the nightdress that she was wearing. All patients were accommodated in single sex bays or single rooms. The trust had a procedure on patient privacy and dignity and staff spoken to said that they had received training to help them to understand the procedure and to work with people who had diverse needs. They had measures such as pegs on curtains to inform staff not to interrupt and we observed staff were following this. Staff told us about the monitoring process that they had in place, such as, senior staff undertook spot checks and daily ward rounds. This provided them with an opportunity to speak to the patients and their relatives and to observe practices on the wards. The communal bathrooms

contained privacy screens and the staff said these provided extra security for the patients. Staff we spoke to thought that privacy and dignity were largely maintained but felt it could be further improved by taking people to the communal toilets and not using commodes by the beds. They felt that this was due sometimes to staffing levels on the wards.

Information we have received showed that the trust had developed bedside folders to ensure that patients had access to information which would help them to feel comfortable during their stay. The bedside folders contained information about mealtimes, hygiene and infection control, preventing a fall, chaplaincy, visiting arrangements and discharge processes. Staff told us that the folder was available in a variety of languages on request. During our visit, we found that the information folders were available on one ward, but not on the other ward we visited. Staff recognised that these folders were not available and reported that leaflets were available around the ward, but these were observed not to be easily accessible in particular to the patients who were bed bound.

We observed on both wards that call bells were not always within easy reach. People told us that sometimes they were answered quickly and on other occasions they had to wait as they said the staff were busy.

The trust had a range of ways of monitoring whether people who used the service were involved and respected. This included spot check visits from Directors at any time during the day or night. Feedback was provided to staff and followed up to check for improvement. The trust carried out their audit of privacy and dignity in 2010 and had put in place an action plan to review the results and to develop this further.

The trust had a range of methods in place to collect patients' views. This included patient questionnaires, the NHS Choices website and the Patient Advice and Liaison Service (PALS) and Local Involvement Networks (LINKs). The patients we spoke to said that they had not been asked to provide feedback about their care and treatment; however staff said that this was done on discharge. Staff also told us that as a result of feedback given, some changes had been made, for example more training had been given regarding the prevention of falls.

Our judgement

The patients are positive about their experiences of care and treatment at Queen Alexandra Hospital. They stated that they felt they were listened to and mostly kept informed about their care and treatment. However, there is also evidence that they are not always fully involved in the decision making.

The hospital is providing training around issues of privacy, dignity and human rights. Patients' privacy and dignity are mainly respected; however support to use the toilet should be improved. There is scope for the recording of discussions with patients about their preferences for treatment to be improved.

Overall, we found that Queen Alexandra Hospital needs to maintain improvement with 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

There are minor concerns with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Patients we spoke to said that they received an adequate amount of food. A visitor also commented that their relative had told them that 'the food is nice definitely'. They said that the staff always provided them with water jugs and ensured they had enough water. People we spoke to told us that they were supported by the staff to eat and drink. Some patients commented that the staff had not asked them about what they liked to eat and whether they needed support, but they said that they received a menu card to complete. One patient said they were helped with the menu as they had poor eyesight and staff were aware that they required a special diet. Comments that we received from one person said 'I ask for small portions and get small portions'. Another said the 'food is ok'. People told us that mealtimes were nice and quiet but they said that they were not always offered the opportunity to wash their hands before and after meals.

Other evidence

Information we hold about the trust such as the Patient Environment Action Team (PEAT) survey for Queen Alexandra hospital found PEAT items related to monitoring nutrition were '*similar to expected*'. Inpatient survey data indicated that the trust was '*tending toward worse than expected*' in regard to help with feeding. The trust is '*better than expected*' with regard to the PEAT score for menu, choice, availability, quality, quantity, temperature, presentation, service and beverages, but is, however, '*much worse than expected*' in relation to the number of respondents in

the inpatient survey who rated the hospital food as poor. During our visit, staff told us that a new menu had been implemented recently.

These findings of the trust's inpatient survey (2010/11) results showed that '80% of patients said they were always offered a choice of food; 4% said they were not offered a choice'. This is consistent with the previous survey as undertaken by the trust.

The hospital had a process in place to determine patients' medical, dietary and hydration requirements. The trust's Malnutrition Universal Screening Tool (MUST) audit in January 2011 of all adult wards including community hospitals showed 75% of patients screened within 24 hours of admission. A review of patients' case notes showed that nutritional assessments were completed on admission and those at risk were identified. Staff we spoke to were aware of which patients required support to eat and drink or those with particular nutritional needs.

Dietitians we spoke to confirmed that the staff contacted them for support and advice. Training for the staff in the assessment of patients' nutritional needs had been completed and every ward had a nutrition champion. Information from the trust indicated that patients or carers were asked about weight loss and food preferences and these were recorded in nursing documentation. Patient records identified some inconsistencies in the use of the Malnutrition Universal Screening Tool (MUST). According to the staff, the MUST assessments should be repeated every 5 days. The records that we looked at showed that this did not always occur in practice. We found that the MUST assessments had not been reviewed within the set timescale or within the 5 days and changes to nutritional needs were not always recorded in the plans of care. This was brought to the attention of staff at the time of our visit.

The hospital used a red tray system to identify patients who required support to eat and drink. Support was given by staff and also by volunteers and patients' relatives. Staff were available to offer support with meals in a sensitive manner. Although most people who required help were supported, we observed one person did not receive assistance as required. We noted that the staff also assisted people who did not have red trays.

Staff also told us that, as part of promoting independence, they had recently acquired thick handled cutlery and also had mealtimes volunteers to 'help for example in unwrapping sandwiches.' A staff member also commented that some patients would benefit from being supplied with plate guards. We observed that while some patients were offered hand washing facilities at mealtimes, this was not consistent in both wards. Staff told us that they had 'protected mealtimes' on the wards, we found that this was mainly adhered to. We noted two interruptions during mealtime where the patients were seen by doctors.

We looked at a sample of patients' food and fluids records and found that while some patients were being supported, the records of food and fluids given were incomplete. These records did not provide an accurate description of food given or support provided. One patient record showed that over a twenty four period a patient had received only a total of 250mls of fluids. Although one patient record showed that they were prescribed and receiving intravenous fluid, this was not

recorded appropriately. It was not evident from the fluid records seen whether the amount of fluid prescribed had been administered. Staff reported that the records should include the amount of fluid administered hourly and also a twenty four hour total, but this had not been recorded.

Another patient record showed that they were receiving nutrition via a tube and the machine had not delivered the feed for three hours before it was noted by the staff. The record seen showed that the staff were relying on the machine to alert and failed to monitor that the feed was being delivered. Some staff told us that, at times, records were not completed at the appropriate times and these were done 'in a block' which may not accurately reflect what foods or fluids the patients had received.

Staff told us that if patients missed a meal, snack boxes were available outside of mealtimes. On one of the wards there was a system in place where the dietary needs of the patients were recorded on the 'whiteboard' by their bedside. The staff told us this was used to identify the type of food or fluids that the patients would be receiving. We found that the information was not always accurate such as for one patient it showed that they were 'nil by mouth', although staff confirmed that they had been receiving a pureed diet for two days and for another patient there was nothing recorded in order to inform the staff's practices.

Our judgement

There is an assessment procedure in place and the patients received an assessment of their nutritional requirements, although these are not always reviewed regularly. Staff are trained to provide support for patients to eat and drink and volunteers help to promote people's independence at mealtimes. Protected mealtimes are largely adhered to and mealtimes are, as a result, quiet with few disturbances.

Recording of patients' food and fluid intake is inadequate to meet the patients' needs in an effective manner. Although it is the hospital policy to review the nutritional assessment every five days, this is not happening in practice. Opportunities for hand washing before and after meals are not always available to the patients.

Overall, we found that Queen Alexandra Hospital needs to maintain improvement with this essential standard.

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.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury. Surgical procedure Diagnostic and screening procedures	17	1
	<p>How the regulation is not being met: The patients are positive about their experiences of care and treatment at Queen Alexandra Hospital. They stated that they felt they were listened to and mostly kept informed about their care and treatment. However, there is also evidence that they are not always fully involved in the decision making.</p> <p>The hospital is providing training around issues of privacy, dignity and human rights. Patients' privacy and dignity are mainly respected; however support to use the toilet should be improved. There is scope for the recording of discussions with patients about their preferences for treatment to be improved.</p>	
Treatment of disease, disorder or injury. Surgical procedure Diagnostic and screening procedures	14	5
	<p>How the regulation is not being met: There is an assessment procedure in place and the patients received an assessment of their nutritional requirements, although these are not always reviewed regularly. Staff are trained to provide support for patients to eat and drink and volunteers help to promote people's independence at mealtimes. Protected mealtimes are largely adhered to and mealtimes are as a result quiet with few disturbances.</p> <p>Recording of patients' food and fluid intake is inadequate to meet the patients' needs in an effective</p>	

	manner. Although it is the hospital policy to review the nutritional assessment every five days, this is not happening in practice. Opportunities for hand washing before and after meals are not always available to the patients.
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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 improvement 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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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA