Dignity and nutrition for older people

Review of compliance

Stockport NHS Foundation Trust **Stepping Hill Hospital**	
Region:	North West
Location address:	Stepping Hill Hospital Poplar Grove Hazel Grove Stockport SK2 7JE
Type of service:	Acute Services
Publication date:	June 2011
Overview of the service:	Stepping Hill Hospital provides acute hospital care for children and adults predominantly across Stockport and the High Peak area of Derbyshire. The hospital cares for approximately 350 000 people and is located on the A6, south of Stockport town centre. Included in the range of services offered by the hospital are a large number of medical and surgical specialist services and emergency and critical care.

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

What we found overall

We found that Stepping Hill 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

We reviewed all the information we held about this provider, carried out a visit to two wards (A15, a general medical ward and E1, The Integrated Specialist Stroke Unit), observed how people were being cared for, talked with nine people who use services, talked with nine members of staff, checked the provider's records, and looked at records of people who use services.

We visited two wards and spoke with a total of nine patients and nine members of staff and observed the care given to people during our visit to the hospital.

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.

What people told us

The majority of patients we spoke to felt they were treated with respect and dignity. Patients told us that for the most part staff explained any treatment and care they were receiving and made sure they understood what was happening. Patients said that staff put them at ease and comments included “They (staff) are very caring” and “Nothing is too much trouble for them”.

Prior to our visit we looked at information provided by patients on the NHS Choices website. There were six positive comments from NHS Choices relating to the respect and involvement experienced by patients between May and November 2010. These comments all praised the staff involved and the care received at the trust. One patient commented “My dignity was respected at all times”.

The majority of patients that we spoke to were happy with the food provided at the hospital. We were told that a choice was always offered and that the food was presented well and served at the correct temperature. Most patients said that they never felt rushed and that staff offered the right level of support to ensure they enjoyed their meals. We asked patients what they thought of the meal they were eating on the day of our inspection and comments included “good”, “tasty” and “fine”. One patient who required a soft diet said they did not like their meal.

What we found about the standards we reviewed and how well Stepping Hill 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 Stepping Hill 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

The majority of patients we spoke to felt they were treated with respect and dignity. Patients told us that for the most part staff explained any treatment and care they were receiving and made sure they understood what was happening.

Patients said that staff put them at ease and comments included “They are angels”, “Staff are very sensitive” and “Staff are approachable”.

One patient said staff had told him he was “awkward” because of his dietary needs and some patients said they had not received any written information about their condition or stay in hospital but most agreed that enough verbal information was given.

Other evidence

The information we held about Stepping Hill Hospital prior to our visit showed that there was a very low risk that they were not meeting this standard. Patient Environment Action Team (PEAT) data for the Trust from early 2010 rated the trust as “much better than expected” for modesty, dignity and respect.

The two wards we visited both provided accommodation for patients in single sex bays or single side rooms. During our visit to Stepping Hill Hospital, staff of all grades described the importance of maintaining patients’ privacy and dignity but were vague about how recently they had received training in this topic. Some staff said that they had not attended any training delivered by the trust related to privacy and dignity. Staff did tell us about the dignity and respect champions whose role is to promote and foster good practice. Information provided by the trust indicated that there were 57 Champions across the trust that had been given additional training to lead on this role to ensure dissemination of standards. Other staff demonstrated a high level of understanding in relation to privacy and dignity.

On one ward the work of the multi-disciplinary team was evident, with physiotherapists and occupational therapists working very closely with patients to encourage independence and assess their ongoing progress. On this ward however, although staff could tell us the principles of maintaining dignity and respect we saw that in practice some staff did not always adhere to these policies. Whilst some staff asked patients what they wanted and tried to offer choices, other staff did not always recognise patients’ needs, for example failing to notice that female patients had kicked off their bed covers leaving their legs exposed. We saw one patient being hoisted from bed without the screens being drawn round the bed area to maintain his dignity. We also had concerns that conversations between staff that we heard from behind the screens during care interventions, demonstrated a lack of respect towards patients. Examples of this included staff chatting about their social lives and referring to the patient in the third person, as “him” or “her”, without including them in the conversation.

This practice was in contrast to the observations we made on the second ward. On this ward we saw that staff ensured patient privacy during treatment and procedures by using curtains and closing doors. Staff were alert to patients’ needs and quick to respond when help was needed. Staff tried to talk quietly with patients so that they could hear but the conversation could not be heard across the ward, and we noticed that they ensured they were at eye level when talking with patients and not standing over them. We observed that staff asked the patients what was best for them and things that they needed, such as water jugs and glasses were placed within easy reach, as staff encouraged patients and promoted independence.

On one ward although staff were able to give examples of ways in which they would promote patient choice and involvement, records did not provide enough information about patients’ preferences. On both wards little documentary evidence was provided that patients’ mental capacity had been assessed. Staff did however tell us that where patients did lack capacity decisions were made about treatment following best interest meetings.

Both wards had a large range of patient information leaflets available. Staff on both wards told us that patients, and if appropriate relatives, were regularly updated about changes to care needs and plans for treatment. Patients that we spoke to were generally happy that treatment options were explained to them.

The Trust has a range of ways of monitoring whether people who use the service are involved and respected. This includes patient feedback forms and patient experience surveys. The latest data supplied by the Trust from July 2010 showed a 100% satisfaction level regarding privacy on both wards visited for this review.

On one ward there were a number of dignity and respect charters which detailed how patients should expect to be treated during their stay. All staff including medical staff had signed up to these and it was evident from our observation that this was well embedded and reflected into their day to day culture and practice within the ward.

Our judgement

Patients stated they were kept informed and were involved in making decisions about treatment options, although for the most part they told us information was verbal rather than written. Staff were interested in issues around privacy and dignity but some staff had not had formal training in this topic and practices were mixed, meaning that some patient's privacy and dignity was not always fully maintained.

Overall, we found that Stepping Hill Hospital was meeting this essential standard, but to maintain this we suggested that some improvements were made.

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

The majority of patients that we spoke to were happy with the food provided at the hospital. We were told that a choice was always offered and that the food was presented well and served at the correct temperature.

Most patients said that they never felt rushed and that staff offered the right level of support to ensure they enjoyed their meals. Comments about the food included “Meals are more than adequate”, “Meals are very tasty”, “There is no shortage of beverages”, “The food is excellent. If you can’t find something to please you, you must be very difficult to please” and “Generally the food is good and drinks are offered between meals and at night if I’m awake”. We asked patients what they thought of the meal they were eating on the day of our inspection and comments included “good”, “tasty” and “fine”. One patient who required a soft diet said they did not like their meal; this is discussed further later in this report.

One patient told us that the ward was very noisy during most meal times and they also said they had had some difficulties getting food that was suitable for them as they had particular dietary needs. After complaining about this the patient had been invited by the catering department to list all the foods that they could eat and since then the meals for this person had greatly improved.

Other evidence

The information we held about Stepping Hill Hospital prior to our visit showed that there was a low risk that they were not meeting this standard. PEAT data relating to monitoring nutrition were “similar to expected” and “much better than expected” in relation to scoring for menus (choice, availability, quantity etc). PEAT data also showed the trust as “similar to expected” on the proportion of wards that operated a protected mealtime policy.

During our inspection we observed a marked difference in practice relating to meeting patients’ nutritional needs, between the wards we visited.

Staff were giving help to patients where needed on one ward, where a calm and quiet atmosphere was noted and patients were not disturbed, as the protected meal time policy was adhered to. We saw that patients were not rushed in anyway and staff were on hand to help cut food up, remove the tops from cartons, offer condiments and supervise and monitor what patients were eating.

A “red tray” system was in operation on both wards, where red trays were used to highlight patients that had been assessed as nutritionally at risk so that staff could ensure they received the correct level of support. However, whilst the system worked well on the ward described above, the mealtime on the other ward was chaotic, noisy and disorganised. One staff member explained to us that patients that did not require assistance were served first, followed by people who needed help from staff. However, this system did not operate well in practice and the protected mealtime was not observed, with numerous staff on the ward, some of whom were interrupting patients whilst they were trying to eat their meal.

The patient that said they did not like their soft diet was being assisted by a member of staff. Although the soft meal had been well presented by the catering department, with each type of food (mashed potatoes, blended sausage and onion gravy and blended vegetables) served as separate components, the staff member had mixed them altogether, creating a mush that looked very unappetising and spoilt the capacity for the patient to taste the individual parts of the meal. We saw that patients on both wards were not routinely offered hand washing facilities either before of after their meal.

We observed a patient on one ward and noticed that they were in bed lying on their side. At 10.00am we looked at their monitoring chart and this indicated that the patient had not been moved since 02.00am although at 10.30am a member of staff recorded in retrospect that the patient had been moved at 08.00am. No drinks were on hand for this patient and as they were lying down they would have been unable to drink unaided. We observed the patient between 10am and 12midday and the patient received no attention from the nursing staff. At 12midday a member of staff recorded that the patient had been sat up at 10.00am. This was untrue as we observed the patient at that time lying down. We had concerns that this patient had nothing to drink throughout the morning.

We looked at the case notes for seven patients and found that the standard of record keeping varied between the wards we visited. Records on one ward were comprehensive, with all assessments completed appropriately and evidence that care had been delivered as planned. However, on the other ward care plans were generic and did not include all the relevant information about the support required by the individual. Care plans were not always clear, for example advising to “use a red tray if appropriate”, which was open to interpretation. Contradictory information about patients’ nutritional status was also evident, for example in one patient’s notes it was recorded that they were Nil By Mouth pending an assessment by the Speech and Language Therapist, but the board above the patient’s bed recorded that they were on a soft diet.

On this ward we also had concerns that monitoring charts were not being completed accurately and we saw from one patient’s notes that they had lost 5.7kgs (12lbs) in 17 days but there was no evidence that their nutritional risk assessment had been reviewed in light of this, or that a dietitian referral had been made.

Patients on both wards told us that staff routinely checked what they had eaten and those patients that had missed meals for any reason said they had been provided with sandwiches or other alternatives.

Staff on both wards were aware of the policies regarding the assessment of patient’s nutritional needs and were able to describe signs of malnourishment and dehydration. However, as with privacy and dignity, staff were vague about any formal training given in the topic of nutrition.

Our judgement

Most patients liked the food provided at Stepping Hill Hospital and felt staff gave them the right level of support to ensure their needs were met. Systems in place to identify patients at risk and ensure optimal conditions for patients to enjoy their meals were varied in their execution. There was evidence that some patients may not have received all the support they needed to consume fluids. Staff did not consistently record all relevant information about peoples’ nutritional needs which led to a risk that changes may not be identified or acted on quickly.

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">Accommodation for persons who require nursing or personal care.

Treatment of disease, disorder or injury.</td><td>17</td><td>1

Respecting and involving people who use services</td></tr>
<tr><td colspan="2">Why we have concerns:

Patients stated they were kept informed and were involved in making decisions about treatment options, although for the most part they told us information was verbal rather than written.

Staff were interested in issues around privacy and dignity but some staff had not had formal training in this topic and practices were mixed, meaning that some patient’s privacy and dignity was not always fully maintained.

Overall, we found that Stepping Hill Hospital was meeting this essential standard, but to maintain this we suggested that some improvements were made.</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">Accommodation for persons who require nursing or personal care.

Treatment of disease, disorder or injury.</td><td>14</td><td>5

Meeting nutritional needs</td></tr>
<tr><td colspan="2">How the regulation is not being met:

There was evidence that some patients may not have received all the support they needed to consume fluids. Staff did not consistently record all relevant information about peoples' nutritional needs which led to a risk that changes may not be identified or acted on quickly.</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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