

Dignity and nutrition for older people

Review of compliance

Bedford Hospital NHS Trust **Bedford Hospital**

Region:	East
Location address:	South Wing, Kempston Road Bedford Bedfordshire MK42 9DJ
Type of service:	Acute Service
Publication date:	June 2011
Overview of the service:	<p>Bedford Hospital NHS Trust is a 403 bed acute district general hospital providing healthcare services to more than 270,000 people living predominantly in North and Mid Bedfordshire.</p> <p>These services are delivered mainly from one site (South Wing) in the centre of Bedford, and include a 24-hour accident and emergency</p>

	department, acute medicine, maternity, paediatrics, older people's services and a comprehensive range of surgical specialities.
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Bedford 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 on 14 April 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, looked at records of people who use services and received information from the Local Involvement Network (LINKs).

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. During the course of the day, the team spoke with 13 patients, two relatives and six staff from different disciplines.

What people told us

Many patients told us that they were satisfied with the care and treatment they received at Bedford hospital, however others told us they were not. Several people said that most of the time they were treated with courtesy and respect, and that their

privacy and dignity had been protected, but again this was not the experience of everyone. This is captured in a number of comments made to us:

'This is the best hospital I have been in, and I have been to three before this one'.

'Excellent hospital'.

'I have no complaints at all'.

'I was in AAU before here and they didn't pull the curtain'.

'It depends which staff are on as to whether I get the care I should'.

'Staff say they will be back but they forget, and then I have to ring the bell again'.

Some patients told us they felt their nutritional needs and dietary preferences were met. They gave positive feedback about the quality, range and availability of food. Other patients told us that they were not satisfied with the quality of food or choices available. Comments made included:

'Good choices, really good'.

'Good choice, nice food'.

'The nurses make me toast here on the ward'.

'Bland'.

'I never get any salt and pepper'.

What we found about the standards we reviewed and how well Bedford 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 Bedford Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements are 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 14 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

We spoke to 13 patients, two relatives and six members of staff. We also observed the care provided to patients.

Most of the patients with whom we spoke, said they felt their views were listened to by staff. They felt they were able to express their views about their care, support and treatment. Some of the patients that we spoke with were positive about the nursing staff, in that they listened and explained issues that related to their care.

People told us that their preferences had not always been taken into account, such as having a choice of male or female staff for personal care.

Some of the patients told us that most of the staff were respectful, and they would treat them in a way that they were comfortable and satisfied with. However, they told

us that some staff had not treated them in this way; sometimes when they had asked for help they would be told the staff member would come back soon but at times the staff member didn't return so they had to ask for help again.

Some patients told us that staff could "rush them" when providing direct care but this was generally when they were busy or short of staff. One person said, "If I ask for help at night I always have to wait a long time, then when the staff do come they have sometimes been short with me".

During our visit, hospital staff were polite and friendly to patients whilst undertaking a range of care tasks. The atmosphere on both wards we visited was welcoming. Personal care tasks were undertaken in private. The use of privacy signs was in place; staff were seen to clip notices onto curtains that alerted other people that they should not enter the space. With the exception of one occasion, we noted that hospital staff did not enter an area when these privacy notices were in place.

Confidentiality practices however were not fully in place, as individual names were displayed in the corridor of the ward on view to all, including other patients and visitors.

We also observed on one of the wards a patient walking from their bed to the toilet. The patient was unable to close the hospital owned gown at the back, so was dependant on a member of the nursing team to help them with this. This support was not provided, so the patient walked through the bay with their gown open at the back.

Other evidence

The information we held about Bedford hospital prior to our visit showed that there was a low risk that they were not meeting this standard. The hospital had carried out surveys of patient experience; they had then put in place action plans to address any shortfalls that had been identified.

During discussions with staff we were told staff had received training on confidentiality and safeguarding adults, although the understanding of these subjects differed greatly between staff members.

There were also significant differences in the understanding of staff relating to privacy, dignity and consent. Some staff were able to give clear examples of how they could maintain the privacy and dignity of patients, also on the action they must take if a patient had been assessed as not having capacity to make decisions about their care and treatment.

Where single sex accommodation was not in place across a ward, designated bays provided single sex accommodation. In turn each bay provided separate toilet and washing facilities.

It was noted during the inspection on both wards that staff on most occasions

offered appropriate care in an attentive manner. However there were occasions where staff, when attending to patients, talked to each other rather than talking to the patient.

Most of the nursing staff spoken with confirmed that there are certain time periods in the day, when they do not always have enough time to meet the needs of all the patients on the ward. They told us that they do not rush patients because of this and they maintain standards, but felt the impact can be a delay in providing care at times.

We noted on one ward call bells were placed in easy reach for use by the patient and patients on this ward told us they always had the call bell made available for them to use. However on another ward call bells were not actively offered. Within two bays on this ward the call bell device was left in its holder, making it not accessible to the patient. When we asked some of these patients how they would ask for help, they told us they would call out.

Information we hold about the provider shows a range of advice and information leaflets are made available for patients. This included information on how to make a complaint and protecting privacy. Feedback is obtained from people who use the service through thank you letters, complaints and the use of questionnaires. Of the 13 patients spoken with none had yet been asked to complete a feedback survey.

Our judgement

People who use the service cannot always be assured that they will be consistently treated with dignity and privacy during their stay in hospital. Although the Trust has clear policies and staff development systems in place, the inconsistencies in staff practice and understanding result in variable standards of care delivery and the Trust's own policies not always being followed.

There were differences between the two wards we visited. We found there was a variation in management, practices and the way that people's care, treatment and support were made available to them.

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

Patients with whom we spoke gave us mixed feedback about the mealtimes, food and nutrition provided during their stay in hospital.

Some patients said that the choice of meals was excellent; they told us they had always been given a menu card from which they would select their meal options. Some patients were very satisfied with the quality of food they had received. One patient told us that on several occasions they had not wanted a hot meal but just a slice of toast; ward staff had always made this for them.

Other patients described the food as bland; one person told us that they had to keep asking for salt and pepper as it was never offered.

There were differences between the environments of the two wards at mealtimes. One ward was well organised and relaxed, however the other was disorganised and at times felt hectic.

On one ward patients were given the time and support they needed to prepare for their meal. Patients had the opportunity to wash their hands and change their position; also they were offered drinks in advance of their meal being served. We

noted that all food and drink that was served on this ward were placed within easy reach of the patient.

On another ward the hospital's 'protected mealtime' policy was not followed in full. Staff had not undertaken any patient preparation before the meal was served, so staff were trying to help patients sit up, serve lunch, whilst a medication round was being carried out all at the same time.

A 'red tray' scheme was in place on both wards, to alert staff to the patients who had high needs in nutrition. It was noted that the two patients whose meals had been placed on a red tray then had a 20 minute delay between being served their meal and a staff member providing assistance.

Another patient who required a red tray was not served their meal until 15 minutes after everyone else; it was a visitor who alerted staff that this patient had not been offered any lunch. When their meal did arrive staff did not offer any assistance to cut their food up, which the person told us they needed help with.

On one ward soup was served to all patients before their main meal. However there appeared to be no system in place to monitor when it would be appropriate to then serve the main meal. This meant some patients received their main meal the same time as eating their soup, so their meal could go cold before they had an opportunity to eat it.

We also noted that several patients were given the main meal and a hot dessert at the same time so the dessert had to be eaten cold.

Other evidence

The Information we hold about the provider show the Trust's policy is that patients who are at risk of poor hydration and nutrition are identified on admission. Patients at risk can also be identified by their fluid chart or weight reduction. Patients who are seen to be at risk should then be referred to the dietitian.

Patient records identified some inconsistencies in the use of the Malnutrition Universal Screening Tool (MUST), care planning and recording of what a patient ate and drank between the two wards.

Several of the fluid charts we looked at had minimal or no entries made on some days. This gave staff an unclear picture at times of what the person had actually eaten and drank, so they would not always be aware if further action would be needed.

Another patient had been identified as being at high risk, an entry on 10/04/2011 stated a referral to the Dietitian should be made, then an entry on 12/04/2011 states that the referral was only made on this date offering no reason for this delay. There was no nutritional plan of care in place relating to the specific needs of this patient,

or measures to be taken by staff.

Care documentation did not consistently reference mental capacity and whether an advanced care decision had been made.

Staff confirmed that access to a Dietitian and speech and language therapists (SALT) is via a referral usually within 24-48 hours, with no access at weekends or bank holidays. However through the interviewing of staff we were told that one patient had waited for five days before being seen, this had been due to the number of cases the SALT team had.

The need for specialist help was carefully considered, and the patient and their family were kept informed about individual risks and options. Patients about whom there were concerns were referred to a Dietitian or speech and language therapist for specialist advice.

Patient surveys indicated good levels of patient satisfaction with the way the hospital met their nutritional needs. Ward staff had received training in recognising nutritional risks and promoting a healthy diet.

We noted patients at risk of poor hydration and nutrition were encouraged with oral fluids and food supplements during our visit. Staff told us special dietary needs are also catered for, for example cultural needs, gluten free and diabetes.

Patients who use the service confirmed that if they are off the ward for any reason then a meal is kept for them.

Our judgement

Patients were offered choices in their meals from a balanced and varied menu, the meals provided were sufficient to meet the tastes and preferences of most patients. However inconsistencies in the serving of the meals mean that patients' food is sometimes cold by the time they get to eat it.

The hospital had appropriate nutritional risk assessment procedures in place, however care planning was limited. The support services of medical and dietitian staff were in place, however at times the support provided by ward staff was insufficient to ensure those at highest risk received the support that they needed.

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	17	Outcome 1
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Why we have concerns: Many patients are very positive about their experiences about the care and treatment they received, at Bedford Hospital. On most occasions staff respect people's privacy, and they are caring and polite towards patients. However at times the privacy and dignity of some patients had not been maintained. The Trust has clear policies and staff development systems in place, however inconsistencies in staff practice and understanding can result in variable standards of care delivery and the Trust's own policies not always being followed.	
Surgical procedures		
Diagnostic and screening procedures		

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.

Regulated activity	Regulation	Outcome
Treatment of disease disorder or injury	Regulation 14	Outcome 5 Meeting nutritional needs

Assessment or medical treatment of persons detained under the Mental Health Act 1983 Surgical procedures Diagnostic or screening procedures	How the regulation is not being met: Bedford Hospital NHS Trust needs to ensure consistency in mealtime provision, to ensure all patients receive suitable, hot and nutritious meals that meet their needs.
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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 14 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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