

# Dignity and nutrition for older people

## Review of compliance

### **Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital**

<b>Region:</b>	Eastern
<b>Location address:</b>	Addenbrooke's Hospital Hills Road Cambridge CB2 0QQ
<b>Type of service:</b>	Acute Services
<b>Publication date:</b>	July 2011
<b>Overview of the service:</b>	Addenbrooke's Hospital is a large teaching hospital with many specialist departments and over 1000 beds. It is the main location for Cambridge University Hospitals NHS Foundation Trust.

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

## What we found overall

**We found that Addenbrooke's Hospital was meeting both of the essential standards of quality and safety we reviewed but, to maintain this, we suggested that 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 23 March 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.

We selected two wards where older people are cared for. These were G4, a ward providing care for older people and C5, a general medical ward that also cares for people with kidney diseases.

The inspection teams were led by CQC inspectors assisted 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

We visited two wards and spoke with eight members of staff and six patients who were receiving care and treatment. We also used information provided by patients on the NHS Choices website and patient survey results. The survey results were generally good, although people who completed the outpatient survey felt they were not receiving sufficient information about how to receive test results.

We found that most people were happy with the way staff cared for them and felt respected by them. They told us that staff explain what they need to do and ask them if it is alright to help them first. Most people told us they had been given the opportunity to say how they wanted to be treated and had never felt embarrassed or uncomfortable during their stay.

On both wards we visited, people felt that staff did not respond to their needs quickly enough and one person said she can wait for up to an hour to have her call bell answered. One person said, "I don't think they can respond quickly, they have so much to do, they do their best".

All the people that we spoke with felt they had not received enough information from staff about one or more of the following: care options including the risks and benefits, the facilities available, or what will happen when they leave hospital.

Most people that we spoke with had not been asked for feedback about their care experiences.

Overall people told us the standard of food was good and they got their choice of meal most of the time. They were aware that snacks and drinks are available any time of day although two people had made requests that were not received. Some people had missed a meal because they were away from the ward and were able to order a 'late' meal. One person said they are not routinely offered an evening drink although they could request one. The next routine hot drink is offered to people at breakfast time and she felt it was unacceptable to wait for over twelve hours.

People told us that they are offered hand wipes before meals and the tables are wiped down if they are visibly dirty. Most people had not talked to someone about what they liked to eat and any support they needed with their diet. They are not always asked if they have had enough to eat and drink.

## **What we found about the standards we reviewed and how well Addenbrooke's 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 Addenbrooke's Hospital is 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 Addenbrooke's Hospital is meeting this essential standard but, to maintain this, we suggested that some improvements are made.

### **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.

**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 visited two wards and spoke with eight members of staff and six patients who were receiving care and treatment. We also used information provided by patients on the NHS Choices website and patient survey results.

National patient survey results were generally good although the outpatient survey identified that people felt they were not receiving sufficient information relating to how they will find out the results of their tests.

We found that most people were happy with the way staff cared for them and felt respected. They told us that staff explained what they need to do and ask them if it is alright to help them first. Most people told us they had been given the opportunity to say how they wanted to be treated and had never felt embarrassed or uncomfortable during their stay.

On both wards, people felt that staff did not respond to their needs quickly enough and one person said she can wait for up to an hour to have her call bell answered.

One person said, "I don't think they can respond quickly, they have so much to do, they do their best".

All the people that we spoke with felt they had not received enough information from staff about one or more of the following: care options including the risks and benefits, the facilities available, or what will happen when they leave hospital.

Most people that we spoke with had not been asked for feedback about their care experiences during their stay.

### **Other evidence**

The information we held about Addenbrooke's Hospital prior to our visit showed that there was a very low risk that they were not meeting this standard.

We observed staff using curtains to maintain people's privacy and speaking to them in quieter tones when possible. The staff asked people about their preferences and choices, they were polite, friendly and engaged people in conversation whilst attending to their care needs. A few staff seemed to be working under pressure and had less time to talk with them.

Both wards have appropriate single sex facilities. The trust demonstrated they have made improvements to ensure that same sex accommodation and facilities are available and will continue to check they are achieving this. Some people were being assisted to wash or use toileting facilities behind curtains at their bedside when it may have been more appropriate to use a bathroom.

Three nurses told us they had not received specific training on promoting independence, dignity, privacy and human rights. Others told us they had received this through induction training or within other, non-specific training such as mandatory e-learning or training on new trust policies. Some staff felt this could be improved further by providing more training through link nurse teams and additional study days.

Information supplied by the trust shows that they provide "Our Way" training covering equality, dignity and respect as part of the induction process for all staff. Attendance figures indicated that between March 2010 and February 2011, 80% of all new staff had completed induction sessions and 84% of eligible staff had completed a two yearly refresher training session. Since the visit the trust has informed us that the compliance rate for nurses is 94% and 98% for healthcare support workers between January and March 2011.

Staff told us they involve people in making decisions and document their preferences in their case notes and on daily handover sheets used by the nursing teams. When a person is too frail or unable to describe their preferences they involve the person's family or carers to help make decisions on their behalf. Senior staff told us that they were aware of patient interest groups and advocacy services although had not needed to work with them regularly.

We reviewed six sets of case notes and found limited information about each



person's choices and preferences. They did not always contain an assessment of the person's ability to make decisions. We also found a limited amount of written evidence about the information people had been given about their treatment and clinical care.

Most people we spoke with felt that staff did not respond to their needs quickly enough and one person said she can wait for up to an hour to have her call bell answered. While we were on the wards some call bells were answered promptly while others remained unanswered for approximately fifteen minutes. We found that call bells were not always left within reach of people. The trust's inpatient survey, distributed to more than 2000 people in all age groups identified that 9.4% of those who responded felt that call bells were not answered in a timely way.

One frail person called out for help frequently and whilst staff spoke kindly to them, they were unable to remain in continuous attendance. Staff told us they do not feel that they always have enough time to promote people's independence and interact with them.

Senior staff complete weekly checks on patient care, including patient experiences, the results are used to identify areas of improvement. The trust supplied a summary of this information which is recorded on a monthly basis. It shows good results overall.

We found there was some information available on the wards to enable people to make informed choices about their care or access to facilities, such as radio, television and newspapers. Both wards displayed details about how to make a complaint and staff told us they try to resolve any issues as people raise them. There were limited amounts of information displayed about mealtimes and general facilities. However one ward had been recently deep cleaned and staff told us they had not yet replaced the displays.

All the people that we spoke with felt they had not received enough information from staff about one or more of the following: care/treatment options including risks and benefits, the facilities available, or what will happen when they leave hospital.

Staff told us diversity needs and patient's preferences are assessed on admission and documented to inform the individual's plan of care. This information is also recorded on the daily handover sheet, in the discharge planning folder and with the person's consent, on information boards that are placed above each bed. Some staff were unable to describe how they would recognise people's diverse needs but were aware that they could access information about cultural specific needs on the trust intranet.

Staff told us that they use several methods to seek feedback from people who use their services. When a person is unable to communicate, staff ask their relatives or carers. Satisfaction audits are completed each week by senior nurses and the PALS team (Patient Advice and Liaison Service), who also produce reports each quarter about concerns or complaints they have received. Results are shared with the ward teams at ward meetings or displayed on notice boards. They told us as a

result of issues identified during these audits, changes have been implemented, including the introduction of protected mealtimes and staff wearing quieter shoes at night times.

The trust provided us with their outpatient survey results (December 2010) which had been distributed to over 4000 people and their inpatient survey (January 2011) involving more than 2000 distributions. Both results showed the majority of people were satisfied that they had been treated as an individual.

### **Our judgement**

Overall we found that Addenbrooke's Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

The trust follows policies and processes that respect the dignity, privacy and independence of people who use their services. However, during our visit we found that older people were not always given sufficient information about their care and treatment to enable them to make choices. Individualised assessments and documented plans of care were not based on choices and preferences and this should be improved.

# 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**  
Overall people told us the standard of food was good. Each person receives a menu booklet detailing the meals that are available. People told us that they got their choice most of the time but this did not always happen if they were one of the last to be served. One person said they would like to see pictures of the food to aid her selection. We were informed by staff that picture menus are available.

People are offered hand wipes before meals and have their tables wiped down if they are visibly dirty. Most people had not talked to someone about what they liked to eat and any support they needed with their diet. They are not always asked if they have had enough to eat and drink.

Most people were aware they can ask for snacks or drinks at any time of day although two people had done this and didn't always receive what they had requested. Some people had missed a meal because they were off the ward and were able to order a 'late' meal.

One person said they are not routinely offered an evening drink although they could request one. She felt this was not acceptable as they did not receive a hot drink until after breakfast in the mornings.

**Other evidence**  
Staff told us that people are supported with their choices at mealtimes using the menu booklets. The trust provided us with a catering survey completed by 185

people in February 2011. This showed that a third of people surveyed had not received a menu booklet. Picture menus can be used with people or staff can take them to the trolley to select their meal. On admission, staff told us they document people's food preferences. When a person is unable to say what they like to eat and drink staff check their preferences with relatives/ carers and write this on the nutrition board. Some people who had specific nutritional requirements had this information written on a board above their bed. The boards were not present above all beds and staff said these were not always kept up to date.

Staff complete medicine rounds before meals arrive so that all staff are available to help with serving meals or providing assistance to patients to eat and drink. Meals are delivered consistently on time with a good choice and food that is hot. The kitchens are responsive to any problems and send replacement meals quickly.

Both wards have protected mealtimes although staff informed us that they do not always manage to follow this. While most people were not interrupted during their lunch, we observed one person who was interrupted to receive clinical care. We were informed that the hospital plans to launch the protected mealtime's policy across the trust and introduce a red meal tray system. This will alert them when a person requires assistance to eat.

People were provided with hand wipes prior to their meal but napkins were not always supplied. We found that some people were not given help to sit in a comfortable and appropriate position for eating their meal.

People were offered a choice of food and this included a choice for soft/pureed food. The food trolley remained in one position during serving time and people did not get to see the food prior to it being served. People who were able to feed themselves were served first followed by those who needed help to eat their meal. Desserts were served after the main meals had been eaten to ensure the food remained hot. Plated food was carried to the patient uncovered, using a tray. The plates were then lifted from trays and placed directly onto the bedside table. The trusts catering survey, February 2011 identified that 25% of people who responded said that their bedside tables were not cleared or wiped prior to meals being served.

Staff were available to give out meals and offered to help cut food up for those who required it. Most people received food promptly however in one six bedded area this took 25 minutes and people who needed help were kept waiting.

The food looked appetising although some vegetables had been overcooked. Staff told us that the quality of food was generally good although at times, there was not enough and they had to request more.

We observed hot and cold drinks being distributed. Some people had supplement drinks left for them but these were not opened by staff for people who could not do this for themselves. On one ward the member of staff offering hot drinks was not communicating clearly with people who she was serving and appeared rather abrupt in manner.

Staff told us that people's nutritional needs are assessed within 24 hours of

admission using a screening tool. The result helps them to plan how to meet a person's needs which may include access to specialist staff for specific advice.

We found that records about people's nutritional needs were insufficient. Nursing records did not provide details about the person's specific nutritional needs and how these were being met, such as the level of help they required to eat and drink and if this was being received. They did not contain information about what people liked to eat and drink. We also noted some people had not been weighed on admission and that two out of five food/fluid charts that we looked at were incomplete.

Staff told us they had not received any recent training on nutrition support and informed us there is no regular training available. One ward used to have a member of staff employed in a specific nutrition support role to monitor people's food and fluid intake and help them to be independent. The member of staff left the trust and the role has not been replaced. Ward staff were disappointed they no longer had this support role within the team.

Staff told us they monitor the dietary intake for those who are considered at risk by updating food and fluid charts after meals and during medicine rounds. One ward told us they have introduced regular reviews of fluid balance charts during medicine rounds. Staff did not feel confident that fluid charts are always maintained accurately. We observed a member of staff monitor a person's fluid intake incorrectly by assuming the drink had been consumed when it had been spilled on the bed sheets. We intervened to correct this. One person's records identified a poor fluid intake over a five day period. Nursing records did not indicate how this was being addressed.

Staff informed us that senior nurses complete weekly checks on the wards which include reviewing that people are being weighed and have a nutrition assessment completed. The trust provided us with evidence following our visit which shows these scores have recently achieved 85-95% and are rated as a 'fair' result.

We observed that a person, who needed supervision by staff during mealtimes was left unsupervised during lunch on the day of our visit. This information was documented in a specialist's assessment in the care records because the person had difficulty swallowing. Nursing records did not identify this person's nutritional needs and how these were to be met. We reported our findings to senior staff at the trust who took immediate action following our visit to ensure the person's needs were being met.

### **Our judgement**

Overall we found that Addenbrooke's Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

The trust provides a good standard of food and is working to ensure that people's nutrition and hydration needs are fully supported. However they do not always provide individualised care so that food and drink preferences or specific nutritional needs are fully assessed so that action is taken to protect people from the risk of inadequate nutrition and hydration.

## 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
<p>Diagnostic or screening procedures</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>	<p><b>17</b></p>	<p>Outcome 1- Respecting and Involving people who use services</p>
	<p><b>Why we have concerns:</b></p> <p>The trust follows policies and processes that respect the dignity, privacy and independence of people who use their services. However, during our visit we found that older people were not always given sufficient information about their care and treatment to enable them to make choices. Individualised assessments and documented plans of care were not based on choices and preferences and this should be improved.</p>	
<p>Diagnostic or screening procedures</p> <p>Surgical procedures</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983</p> <p>Treatment of disease, disorder or injury</p>	<p><b>14</b></p>	<p>Outcome 5: Meeting nutritional needs</p>
	<p><b>Why we have concerns:</b></p> <p>The trust provides a good standard of food and is working to ensure that people's nutrition and hydration needs are fully supported. However they do not always provide individualised care so that food and drink preferences or specific nutritional needs are fully assessed so that action is taken to protect people from the risk of inadequate nutrition and hydration.</p>	

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.

# 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
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