

# Dignity and nutrition for older people

## Review of compliance

### **Wirral University Teaching Hospital NHS Foundation Trust Clatterbridge Hospital**

<b>Region:</b>	North West
<b>Location address:</b>	Clatterbridge Hospital Clatterbridge Road Bebington Wirral CH63 4JY
<b>Type of service:</b>	Acute Services
<b>Publication date:</b>	May 2011
<b>Overview of the service:</b>	Clatterbridge hospital is one of three hospital sites managed by WUTH NHS Trust. The hospital provides a range of health care services including elective orthopaedic surgery (planned operations) and rehabilitation support

	to people who have had a stroke. The elective surgery and stroke rehabilitation wards each have a total of 20 beds. The hospital is located on the Wirral peninsula in the North West of England and serves the people of Wirral and neighbouring areas.
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Clatterbridge Hospital was meeting both of the essential standards of quality and safety we reviewed.**

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 is 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 focus on whether they are 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, observed how people were being cared for, talked with eight people who use services, talked with fourteen staff and two relatives, checked the provider's records, and looked at records of people who use services.

Our inspection team was joined by a practising, experienced nurse and 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 experience

### What people told us

Most patients and their relatives told us that they were very satisfied with the care and treatment they received at Clatterbridge hospital. They said they had been treated with courtesy and respect and that their privacy and dignity had been well protected. They said they were given clear information and had been involved in decisions about their care and rehabilitation. Their experience is captured in a number of positive comments made to us:

*'You never are made to feel embarrassed in any way'.*

*'I am always treated as an individual and with respect'.*

*'Overall, staff are very kind and attentive. They have a great rapport with patients.'*

However, two people told us that night staff had been slow in responding to their needs.

Patients and their families told us they felt their nutritional needs and dietary preferences were well met. They gave positive feedback about the quality, range and availability of food. People who required assistance with eating or drinking were complimentary about the way staff supported them. Comments made included:

*'Help when needed is given willingly and graciously'.*

*'Mealtimes are nice and quiet.'*

*'Food is wonderful- plenty of choices'.*

## **What we found about the standards we reviewed and how well Clatterbridge 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 Clatterbridge hospital was meeting this essential standard.

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

- Overall, we found that Clatterbridge hospital was meeting this essential standard.

**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

**The provider is compliant**

### Our findings

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

Prior to making the visit we looked at the feedback provided by patients on the NHS Choices website, the findings of the Patient Environment Action Team assessment and patient survey results.

Most patients and their relatives told us that they were very satisfied with the care and treatment they received at Clatterbridge hospital. They said they had been treated with courtesy and respect and that their privacy and dignity had been well-protected.

Hospital staff were polite, friendly and sensitively involved people whilst undertaking a range of care tasks. The atmosphere on both wards we visited was calm and welcoming. Personal care tasks were undertaken in private. Men and women did not have to share accommodation or bathroom facilities. There were signs in place to promote awareness. Call bells were left within easy reach so patients could easily summon help when required.

There was strong teamwork between nursing, medical and therapy staff in

assessing individual needs and in ensuring the comfort and safety of patients. We saw that staff generally had enough time to talk to patients and put them at their ease. However, two people told us that night staff had been slow in responding to their request for help. One person said they had been waiting for assistance to go to the toilet and given the delay had attempted to get there without support, and had fallen. Another person said they had been made to feel like a nuisance. We told senior managers about these incidents. The two relatives we met were not aware of how to complain or raise a concern if they needed to.

Hospital consultants and ward staff provided clear advice and information to people about their health needs, risks and the management of their condition. They paid attention to listening to and explaining to patients what was happening, and supported them to do as much as they could for themselves. Patients were encouraged to ask questions and to be actively involved in decisions about their care. Relatives said they had been kept well-informed and that their involvement had been welcomed.

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. We found that some day and short-stay patients did not have their names written up over their beds. We asked senior managers to address this.

We found staff were positive about and open to learning from patient feedback. The *'Learning with Patients'* programme provided a rich picture of patients' experiences. Everyone was encouraged to complete a survey following their discharge from hospital. Improvements had been made in response to such feedback. These included free internet access and the provision of social activities to encourage contact and stimulation of people who had a stroke.

### **Other evidence**

The information we held about Clatterbridge hospital prior to our visit showed that there was a very low risk that they were not meeting this standard. Patient surveys and audits of health care practices undertaken by the Trust denoted strong performance by the Clatterbridge hospital site in respecting and involving people who used its services. Action plans had been put in place to address areas where performance was not yet delivering the required standards or outcomes.

Hospital managers encouraged and supported the learning and development of their staff. They made regular checks to make sure they delivered the required standards of care through their leadership 'walk arounds'. This included seeking suggestions from patients about areas where changes and improvements were required. The Hospital Trust had recently introduced a new 'comfort check' into their ongoing improvement programme to make sure patients' dignity and safety was promoted at all times. There were audits of the levels and quality of support provided to patients at night.

Staff interviewed had a good awareness of the standards of behaviour expected of them. They recognised individual patient needs and adapted their support accordingly. They had received training in the promotion of privacy and dignity, dementia care and keeping people safe from harm.

We looked at eight patient records and overall they were maintained to a satisfactory standard. Individual faith, ethnicity, personal preferences, mental capacity and home circumstances were recorded on admission to hospital. This information was sensitively used to inform the delivery of care. There were clear



systems in place to identify people who were physically or mentally frail. Health passports were used to help ward staff understand and provide consistent support to people who had difficulties in communicating or adapting to a ward environment. They included key information to inform others about peoples' individual needs and wishes. This denotes good practice in recognising risk and meeting individual needs.

Care and treatment plans focused on promoting patient's' recovery and any ongoing concerns were closely monitored. Some records however, could have provided a clearer picture of the patient's views and wishes. Auditing of patient records was undertaken as part of the Trust's ongoing commitment to raising standards.

There was a range of advice and information leaflets for patients. This included information on how to make a complaint and protecting privacy. There was guidance on help available at the point of admission and following discharge from hospital. However, some public information leaflets would benefit from review or updating.

The Patient Advice and Liaison Service (PALS) regularly visited the wards and asked people about their care and treatment. They were an important first point of contact in picking up any concerns as early as possible. They reported that very few patients at the Clatterbridge hospital site had made complaints about the way their needs were met.

### **Our judgement**

Most patients were very positive about their experiences of care and treatment at Clatterbridge hospital. They told us their individual needs had been recognised, that they had been respected, and that they were well-informed about their care and rehabilitation arrangements. Night-time support was an area that would benefit from further scrutiny.

The Trust had clear and effective staff development and performance management systems that supported listening to and learning from the experience of patients.

Overall, we found that Clatterbridge hospital was meeting 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

**The provider is compliant**

#### Our findings

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

Patients and their families told us they felt their nutritional needs and dietary preferences were well met. They gave positive feedback about the quality, range and availability of food. People who required assistance with eating or drinking were complimentary about the way staff supported them.

The environment on the wards at mealtimes was organised and relaxed. Patients were encouraged to dress in their day clothes. Ward staff had sufficient time to assist patients who required additional help. People who were recovering from a stroke valued the dining arrangements that had been put in place and the opportunity they had for social interaction. This also meant that staff could sensitively observe and support people who required additional help. Snacks were provided on request and as required. Hygiene needs were appropriately met prior to and after meals.

The range and quality of food was rated as good overall by patients. Drinking glasses and water were placed within easy reach and regularly refreshed. People taking a soft diet said their food was hot and well-presented. We observed that staff took care to make sure meals looked appetising. Staff sensitively supported people who were in pain or feeling nauseous and recognised the impact this might have on their appetite and overall levels of nutrition. Food supplements and thickened fluids were provided as required. Snacks were offered to people who had missed meals. Mealtimes were protected so that people were able to have their meals without

interruption. Adapted cutlery and crockery was available for people who required this. People with additional support needs were supported via a 'red tray' system. We observed that one person who had been identified as requiring additional help did not receive it. They managed to eat their meal without support as they had chosen food that did not require cutting up.

Patients were encouraged to select the meals they liked and that promoted their well-being. Efforts were made to involve people with limited communication in making decisions about their food preferences. People were asked if the meal provided was satisfactory. A few people commented that portion sizes were not right for them. Overall, there were few concerns about food or mealtimes. Patients were able to give their comments to the catering team and these were collated and used to plan improvements.

### **Other evidence**

The information we held about Clatterbridge hospital prior to our visit showed that there was a low risk that they were not meeting this standard.

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. Staff recognised patients' dietary needs and preferences and made sure food allergies were clearly identified. The hospital catering service had links with other specialist catering firms to provide a wider range of food to meet individual faith or cultural requirements. Braille, large print and pictorial versions of menus were available on request.

Weight loss and special dietary requirements were recorded at the point of peoples' admission to hospital. Care documentation clearly referenced mental capacity and whether an advanced care decision had been made. Food and fluid balance charts were routinely used. Ward managers monitored practice in this area. Staff were generally aware of patients who were not eating or drinking a sufficient amount. Swallowing risks were identified and appropriately recorded. The need for artificial feeding was carefully considered and the patient and their family were kept informed about individual risks and options. Patients about whom there were concerns were promptly referred to a dietitian or speech and language therapist for specialist advice.

Patient records identified some inconsistencies in the use of the Malnutrition Universal Screening Tool (MUST). This had been identified as an area for improvement through audits of ward practices. There was an action plan in place across the Trust to address this. Staff reported that using the MUST tool had assisted them in thinking a bit more about peoples' weight, risks, the amount they were eating and their social circumstances. This informed the development of additional support that may be needed during their stay and at their point of discharge from hospital, including help with shopping.

The Trust's Nutritional Steering Group was working to evidence and deliver improved outcomes and to promote a consistently high level of practice in this area. Senior managers had begun to review their practices against the National Institute for Health and Clinical Excellence (NICE) Nutrition Support guidelines. It had recently trained forty volunteers to assist older people at mealtimes.

**Our judgement**

The hospital gave a high priority to making sure people benefited from a good diet and had sufficient fluids. Staff paid attention to making sure meals were appetising and that individual nutrition risks and personal preferences were addressed. People who required assistance generally received the level of support they required.

Overall, we found that Clatterbridge hospital was meeting this essential standard.

# 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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