Dignity and nutrition for older people

Review of compliance

Imperial College Healthcare NHS Trust **St Mary's Hospital**	
Region:	London
Location address:	St Mary's Hospital Praed Street London W2 1NY
Type of service:	Acute services
Publication date:	May 2011
Overview of the service:	Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. It is one of the largest NHS trusts in the country, and has merged with Imperial College to establish one of the UK's first academic health science

	centres (AHSCs). St Mary’s Hospital is one of five locations of this provider. It is a general acute teaching hospital that provides a full range of adult, paediatric and maternity clinical specialties. The location provides a range of specialist services including sexual health, adult and children’s’ accident and emergency, HIV/ AIDS, infectious diseases and north-west London’s paediatric haematology service. The hospital has pioneered the use of robotic surgery, including the UK's first da Vinci robot for keyhole surgery. St Mary’s Hospital is currently registered without conditions.

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

What we found overall

We found that St. Mary'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 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 are met.

How we carried out this review

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.

We reviewed all the information we hold 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 spoke to; six members of staff; six patients and five relatives/ carers.

What people told us

The majority of patients and relatives we spoke to said their experience had been positive; staff were polite, sensitive to their needs and treated them with respect. They were satisfied with their overall care. Patients said that staff encouraged them to be as independent as possible but were available to help as needed.

Patients were nursed in single sex bays and had access to single sex bathroom facilities. They felt their privacy was protected. Patients told us they had never felt embarrassed or uncomfortable during their hospital admission.

The majority of patients and relatives we spoke to said they had a good choice of food in sufficient quantities, regular hot drinks provided and cold water was always available. Patients told us that staff offer them hand wipes prior to meals and that staff were available to help them with eating if needed.

What we found about the standards we reviewed and how well St Mary'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 St Mary's 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 St Mary's Hospital was meeting 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 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

The majority of patients and relatives we spoke to said their experience had been positive; staff were polite, sensitive to their needs and treated them with respect. They were satisfied with their overall care. The NHS Choices website supported these findings with the majority saying they would recommend the hospital to a friend and that they felt that they were treated with dignity and respect and were involved in decisions about their care, most of the time.

Patients, carers and relatives gave examples of how they were involved in patient care, attending meetings with staff, being asked for feedback on their hospital experience and providing support to patients to wash and feed themselves.

Patients said that staff encouraged them to be as independent as possible but were available to help as needed. They felt their privacy was protected as staff used

curtains around the bedside.

Staff explained all procedures to patients and respected patients' decisions about care. Patients were asked how they would like to be addressed although this was not always recorded. The majority of patients were called by their first name which they said made them 'feel at home'.

A report by LINks (Local Involvement Networks) in December 2009 found that patients could not always reach their call bells. We found mixed views from patients on this with some saying that staff responded quickly and others reporting they could not reach them. Patients reported it took staff longer to respond to call bells at night.

The recent national inpatient survey (2010) found that the trust had improved in their provision of single sex accommodation and bathroom facilities. Patients reported being nursed in singles sex bays and having access to single sex bathroom facilities. Patients told us they had never felt embarrassed or uncomfortable during their hospital admission.

The survey also found that staff had improved in not talking in front of patients as if they weren't there. We observed one exception when a nurse addressed the relative of a patient in front of the patient. The relative asked them to speak directly to the patient which they did.

Patients and relatives all reported that they would know how to make a complaint but had not needed to. Information was available on the ward on the complaints process and the role of the Patient Advisory Liaison Service (PALS).

Patients reported that they were supported by staff so they could attend church. They also had access to multi-faith facilities and personnel. The chaplain visited the ward regularly.

The trust monitors patients' experience through a patient experience tracker questionnaire. The majority of patients we spoke to had not completed a questionnaire at the time of the visit. We saw evidence that questionnaires are completed and feedback collated.

Other evidence

Patient respect and involvement

The PEAT (Patient Environment Action Team) rated St Mary's Hospital as much better than expected for modesty, dignity and respect and similar to expected for confidentiality in 2010. During the visit, staff were seen to be treating patients with respect. The majority of staff were seen to be closing curtains around bed spaces. We saw a couple of exceptions when doctors did not fully close the curtains. The trust uses a red peg system to remind staff to 'knock or ask' before entering behind closed curtains or a closed door. We saw posters advertising this system around the

wards. We did not see the red pegs being consistently used but did observe staff asking before entering.

Staff told us that they involve patients in their care and encourage patients to be as independent as possible. We observed staff supporting patients to use bathrooms and heard from patients that they are encouraged to maintain their independence as much as possible. We noted that all patients were being nursed in single sex bays with access to single sex bathroom facilities. The trust monitors compliance with this. In the care of the elderly wards they have not had any breaches of the single sex accommodation policy at the time of the visit.

We noted that each bed space had a locker for patients' personal belongings. Each bed space also had a call bell. We observed that a number of the call bells were not in reach of the patients. On one ward, a patient was seen trying to get out of bed as they could not reach their call bell. A visitor assisted the patient to find their call bell and call for assistance.

Staff told us that senior nurses 'walk the wards' and talk to patients, their relatives and staff. The physiotherapists also have family meetings to ensure they have an accurate history of each patient's condition.

We saw staff treating all patients with dignity and respect. The trust has a patient experience strategy that outlines seven key themes. These include maintaining dignity and respect, appropriate staff attitudes and behaviour and effective patient communication. Staff told us that they receive training on how to care for patients specific needs such as dementia care. In addition, the trust trains staff in equality and diversity. We saw evidence of training records for this area.

Meeting patient needs

We found in patient records, a 'this is me' leaflet. This contained an overview of the patients' life story, including likes and dislikes, and is continued in the community after discharge. We found that the majority of the records in the care of the elderly wards, reflected the care being delivered. They contained relevant risk assessments. In the acute medical ward, the notes were not always fully completed. Risk assessments weren't consistently filled in - however we saw evidence of the care being delivered. For example, patients at risk of pressure ulcers had turning charts in place even though the action plan may not have been completed.

Staff record specific patient needs such as language needs. They have access to interpreters at ward level. We saw an interpreter on one of the wards visited. Staff told us they promote independence by supporting patients. They also work with other members of the team to improve mobility. We saw physiotherapists and occupational therapists on the ward at the time of the visit. Doctors complete the mental health capacity assessments as needed. We saw evidence of some of these in patient records.

The admission/discharge inpatient record has sections to document patients' needs. For example we saw, preferred name, next of kin and their contact details and does the patient have glasses/hearing aid. However these sections were not always completed, especially in the acute medical ward.

Making informed choices

On admission to wards, staff ensure patients clearly understand their treatments by discussing it with them and their families. In addition there is a range of leaflets available on the ward for patients and their relatives. Each ward either had a bedside folder containing a range of information about the ward and the hospital or this was displayed on the entrance to each bay.

Staff explain all procedures to patients beforehand. Patients' decisions are respected. We saw one example in inpatient records where a patient had refused a procedure. This had been respected and the patient was returned to the ward for further discussions with the medical team and their family.

The trust has consent policies in place for patients who can sign their own consent form and those that can't. They also have an adult choice policy that outlines the discharge process in consultation with the patient and their family.

Collecting feedback from people who use services

Patient/ relative feedback is completed at ward level. There are volunteers available who assist the ward housekeepers in supporting patients and their families in completing the feedback. This information is collated centrally and fedback to the ward. Staff reported that most of the feedback they receive is positive. Results from the patient experience survey conducted internally show that in the care of the elderly wards: patients felt they had enough information about their condition and treatment; they did not share bathrooms with patients of the opposite sex; staff did not talk in front of them as if they weren't there and their privacy and dignity was respected.

Our judgement

On the basis of the evidence provided and observed, there was a minor concern with this outcome. There was evidence that patients were receiving individualised care in practice however; in order to maintain compliance, they need to ensure that all patients have documented individualised assessments and plans of care that reflect their needs, choices and preferences. Although patients reported they generally received assistance in a timely manner, we observed that call bells were not always easily accessible.

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

The majority of patients and relatives we spoke to said they had a good choice of food in sufficient quantities, regular hot drinks provided and cold water always available. They were asked by staff on admission about their food preferences and if they needed assistance. The patients were asked after each meal if they had had enough to eat and drink. None of the patients we spoke to had missed meals whilst in hospital. There were mixed reports about the food itself ranging from ‘ok’ to ‘nice and beautiful’.

Patients told us that staff offer them hand wipes prior to meals and that staff were available to help them with eating if needed.

Patients reported that each morning the hostess or nurse goes through the menu with them. They said that the food was hot when served. One patient stated that compared with eight years ago, ‘everything is better’.

The trust has implemented a red tray system whereby patients who require assistance with eating and drinking or their food or fluid intake monitoring will have their food served on a red tray. This is to act as a prompt to staff to ensure these patients receive the support they need and to assist the catering staff when serving

and collecting food.

Westminster LINks older people's work group visited on 15 December 2009 and found that in the care of the elderly wards, they were not consistently using the red tray system. They reported that several patients who had difficulty eating said they did not receive any help with their meals. The trust responded at the time stating they would re-launch the red tray system and would monitor compliance in their 'back to floor' Friday (all senior nurses work in the clinical areas on Friday mornings). During our visit, we saw the red tray system working and patients also reported they received help when they needed it.

Other evidence

Personalised nutritional care

The PEAT (Patient Environment Action Team) assessment rated St Mary's Hospital as excellent for food in 2010. This had improved from good in 2009. Staff confirmed that the food had improved and the menu provided a good choice of food for patients.

The Trust has promoted 'Protected Mealtimes', including breakfast, to ensure that non-urgent clinical activity stops at all mealtimes. The practice is supported by guidelines that have been agreed at board level. We saw the signs placed outside wards reminding staff that 'Protected Mealtimes' were happening. The wards were notably quieter at the mealtimes. We saw a couple of exceptions when doctors and ambulance crew tried to interrupt the ward to see patients during lunchtime. The staff addressed the situation at the time of our visit.

Staff record on admission any specific dietary needs a patient may have. Patients told us they had been asked about their food preferences. Nursing records made reference to dietary requirements such as whether the patient required Halal or Kosher meals.

Catering staff confirmed that they give patients a menu each day and will complete their menu choice with them. The nursing staff also advise them of any specific needs a patient may have including whether or not they should have their meal served on a red tray. We saw the system in practice.

Dieticians were involved in the assessment and care of some of the patients. We saw that different feeding methods were used when needed, for example nasogastric feeding. Staff confirmed they all receive training in how to deliver nutrition via a range of different routes.

Nutritional screening and monitoring

Staff complete a nutritional risk assessment on admission. Patients with a low body mass index (BMI) are referred to the dietician for further assessment. On two of the three wards visited, the risk assessments were completed, as supported by our observations and the trusts own audits. On the acute medical ward they weren't

always completed. However we saw evidence that the appropriate care had been given and the dieticians had been involved in the patients' care.

Patients who require assistance with eating and drinking receive their food on a red tray. We saw the nursing staff supporting these patients and collecting, checking and recording their food intake prior to the removal of the tray. Patients with red trays were noted to have food and fluid charts.

Promoting rights and choices

Staff told us that there is access to hot and cold food for patients outside mealtimes. We saw hot drinks and cake being offered to patients between meals and water jugs being replenished. We looked at the menus and found there to be a wide range of choice for all patients, including those that required fork mashable or pureed foods.

Nurses were seen to be encouraging patients to feed themselves and supporting those who required assistance. Some of the patients preferred their carer or family member to help them eat and we saw them being present and involved at mealtimes.

Our judgement

On the basis of the evidence provided and observed, the provider was compliant with this outcome. Overall the patients we spoke to on our visit felt they had a good choice of enough food and they received help when they needed it. Staff did not always complete the relevant risk assessments although it was evident in practice that patients were receiving the support 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	1 – Respecting and involving people who use services
	Why we have concerns: On the basis of the evidence provided and observed, there was a minor concern with this outcome. There was evidence that patients were receiving individualised care in practice however; in order to maintain compliance, they need to ensure that all patients have documented individualised assessments and plans of care that reflect their needs, choices and preferences. Although patients reported they generally received assistance in a timely manner, we observed that call bells were not always easily accessible.	

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

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