

Dignity and nutrition for older people

Review of compliance

The Royal Surrey County Hospital NHS Foundation Trust
The Royal Surrey County Hospital

Region:	South East
Location address:	Egerton Road, Guildford, Surrey, GU2 7XX
Type of service:	Acute Services
Publication date:	June 2011
Overview of the service:	The Royal Surrey County Hospital, situated in Guildford, is a general hospital and specialist tertiary centre for cancer. The hospital serves a population of over 300,000 people for emergency and general hospital services, and is the lead specialist centre for cancer patients in Surrey, West Sussex, and Hampshire, serving a population of 1.2 million people. The hospital became an NHS Foundation Trust on 1 December 2009.

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

What we found overall

We found that The Royal Surrey County 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 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 24 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.

The inspection team was led by CQC inspectors including an 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

Patients and families we spoke to were positive about their experiences of care and treatment. When asked if they were happy with the way staff cared for them, those who were able to answer, said they were happy, with staff being described as 'caring'.

People we spoke to were complimentary about the arrangements for meals at this hospital, with comments such as 'Plenty of food – good food' being typical. Patients said that staff checked if they had had enough to eat and drink, and that the food suited them.

What we found about the standards we reviewed and how well The Royal Surrey County 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 The Royal Surrey County Hospital was meeting this essential standard.

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

- Overall, we found that The Royal Surrey County 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 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 seven patients, some with their family present, and interviewed eight members of staff. We looked at four patient’s records, and we observed the care given to people during our visit to the hospital. We also used information provided on the NHS Choices website, information we have been sent such as complaints and safeguarding adults’ information, the Patient Environment Action Team assessment, and patient survey results.

Patients and families we spoke to were mainly very positive about their experiences of care and treatment. When asked if they were happy with the way staff cared for them, those who were able to answer, said they were happy, one describing staff as ‘caring’ and another said ‘Yes, fantastic’. Five out of seven patients had been asked how they wished to be addressed. We highlighted the case of one gentleman who had not been asked what he would like to be called and staff rectified this by speaking with him straight away.

The majority of patients spoken with said they had been listened to about how they wished to be treated, and said that staff explained things to them before starting to help them, for example with things such as washing and personal care. Only one person said they had felt embarrassed or uncomfortable during their stay.

When asked if they had any concerns, those people who answered this question said they had no concerns, other than one person who was worried because they did not know how long they would be in hospital. Some relatives of one patient were concerned about the length of time it was taking to start some new medication but this was rectified before the conclusion of our discussions with the family.

Those who were able to answer the question about whether staff responded to their needs quickly enough said that they did, one adding 'Yes, they respond very quickly.' All those who commented on whether care was given in a respectful way said that it was, and some people gave examples of this.

The NHS Choices website receives feedback from patients and rates hospitals under various outcomes. Under the heading 'I was treated with dignity and respect by the hospital staff' the overall conclusion was 'Most of the time.' For the statement 'I was involved in decisions about my care' the overall conclusion was 'Sometimes.'

The most recent in-patient survey data, collected at the end of 2009 showed that overall the hospital scored 8.8 out of 10 from patients on the question about whether they felt they were being treated with respect and dignity. Overall, looking at all the scores relating to dignity and respect, this hospital was about the same compared to other similar Trusts.

Other evidence

The information we held about The Royal Surrey County Hospital prior to our visit showed that there was a very low risk that they were not meeting this standard, and information related to dignity showed they were either similar or better than other similar Trusts.

During our visit, staff were asked how they respected and involved patients and they were found to be knowledgeable on how to do this, and on how to involve family members where it was appropriate to do so. Staff receive training on this as part of their induction, and there is a hospital policy to guide staff. During observations on the wards there were many instances where we saw staff being respectful to patients, and involving them and their families in the care that was being provided. One instance where we felt communication with a patient could have been better was highlighted to the Trust, and they outlined how they would deal with this in a follow up e-mail to CQC within 48 hours of this visit.

Patients' privacy was seen to be maintained, for example when people were being assisted to the bathroom. There were separate male and female facilities available, though the assisted bathroom was unisex. Male and female patients were accommodated in separate bays, and curtains were seen to be used when more privacy was needed.

The staff each carry an up-dated copy of the daily handover sheet which identifies how people would like to be addressed, gives highlights of each person's care needs, for example what sort of assistance they need from staff, and has some social information, such as naming any family members who are involved. This enables staff to see, at a glance, how they should support each patient.

In addition to the hospital dignity policy, the Trust has also appointed a dignity champion, and in the December Privacy and Dignity Review, where the hospital was reviewed by another Trust, The Royal Surrey County Hospital scored 94% compliance, their highest score to date. The few shortfalls identified in that Review have now been addressed and placed on the Trust's privacy and dignity plan for the coming year.

The Trust has a range of methods in place to get the views of patients, including a discharge questionnaire. The latest Trust Board Minutes record that a Patient Experience Officer is now in post and there will be an e-survey, running alongside the paper exit survey, starting on four wards. Results for the last 3 months of 2010 show that the hospital scores between 75% and 80% each month for privacy and dignity.

Patients' experiences are also looked at as part of the Patient First project, where the Trust uses feedback from patients to identify areas for improvement. As a result the Trust has, for example, revised their induction programme for staff, and is introducing 'mystery shoppers' to visit outpatients and accident and emergency. One strand of work is focusing on 'Compassionate and Respectful Care.'

Our judgement

Patients were positive about their experiences of care and treatment and said staff listened to them and treated them respectfully. The Trust provides staff training, and has policies in place, to ensure that patients are involved in their care, and that their privacy and dignity are respected. There are arrangements in place to monitor patient feedback, and to ensure that any shortfalls are identified and addressed in a timely way.

Overall, we found that The Royal Surrey County 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 with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People we spoke to were complimentary about the arrangements for meals at this hospital. The Expert by Experience who interviewed seven patients (or their families) and had informal, shorter discussions with several more, said there were 'no complaints' about the food. Positive comments included: 'Plenty of food – good food'; and 'Yes, enough food, good quality.'

Patients said that staff checked if they had had enough to eat and drink, and that the food suited them. There were no complaints about the mealtime experience though when asked, patients said they had not been offered the opportunity to wash their hands. However, it was noted that patients are given an individually wrapped hand wipe on their meal tray.

Other evidence

The information already held by CQC indicated that there was a very low risk that this hospital was not meeting this standard, and information related to nutrition and meals, including the in-patient survey, showed they were similar to other similar Trusts. Two areas where concerns were highlighted in the past have since been addressed by the Trust. One area of concern related to whether patients were getting nutritional screening. The Trust contacted us earlier in the year to outline their arrangements in relation to this. A new screening tool has been introduced,

based on the MUST tool (Malnutrition Universal Screening Tool) and on the day of this visit, this was seen on all the patient files we looked at. The Trust explained it was in the early stages of rolling out this new documentation. Staff we spoke to on the day were aware of the new arrangements and of their role in ensuring patients were well nourished. Dietitians and other therapists had been involved in this assessment where necessary.

The second area of concern related to whether there was enough help to support people who needed help to eat. The hospital had already contacted CQC earlier in the year, setting out their arrangements for ensuring people received the support they needed. The Trust has identified, per day on average, how many patients need assistance and have recruited volunteers, mainly student doctors and sixth form students, to supplement existing staff to assist at mealtimes. On the day of this inspection, on both wards visited, there were sufficient staff to assist residents, and a very smooth lunchtime operation was observed.

The hospital operates a red tray system which identifies those patients who need assistance at mealtimes; they also operate a protected meal time policy. Food is cooked on the premises and delivered to the wards on hot trolleys, where it is served as per the choices already made by each patient. Trays are then taken by nurses or healthcare staff to each patient. The food seen was piping hot, and looked appetising and nicely served. There were more than enough staff on hand to take trays to people, and staff of all levels were involved, including the ward sister. Some staff mentioned that it can be more difficult at supper time due to having fewer staff available, and this was highlighted to the Trust at the completion of this visit.

During the visit we observed staff to be supporting patients with their meals, and we were told that those relatives who wish to come in and help at mealtimes are encouraged to do so. All staff spoken with could identify the main elements of how to support people properly at mealtimes, and some told us that in addition to covering this subject in their induction, 12 people from the Trust had attended a specialist training course in London in February on nutrition and hydration. During interviews staff told us about the importance of recording the intake of patients at risk of poor nutrition, though examination of patient's files identified that record keeping was not of a consistently high standard across all files. This was highlighted to the Trust as an area for improvement. They subsequently told us that they met with the relevant staff following this visit, and forwarded to CQC the actions they have now put in place to ensure any recording shortfalls are remedied.

Our judgement

The hospital is ensuring that people have an assessment of their nutritional needs, and that staff are trained to support people who need assistance. The quality of the food is good and patients spoken with were complimentary about their meals.

Overall, we found that The Royal Surrey County 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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