<table>
<thead>
<tr>
<th>Region:</th>
<th>South West</th>
</tr>
</thead>
</table>
| Location address:  | Bristol Royal Infirmary  
                     Upper Maudlin Street  
                     Bristol  
                     BS2 8HW |
| Type of service:   | Acute services with overnight beds |
| Date of Publication: | January 2012 |
| Overview of the service: | The provider is an acute NHS foundation trust providing services across the Bristol and greater Avon area. The trust also provides specialist care to people from across the South West Region. |
Our current overall judgement

University Hospitals Bristol Main Site was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether University Hospitals Bristol Main Site had made improvements in relation to:

Outcome 05 - Meeting nutritional needs

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 December 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We carried out this review to follow up on the compliance action for outcome 5 "meeting nutritional needs" which we served on the trust following the Dignity and Nutrition review carried out in May 2011.

We reviewed five wards across University Hospitals Bristol NHS Foundation Trust Main Site, including two children's wards and three adult wards. These wards provided surgical and medical care and included an acute ward for patients who had suffered a stroke.

We spoke with 18 people who were using the service (and their parents on the children's wards), 23 members of staff, observed the care on the wards during the lunchtime period and reviewed the care records of 17 people who use the service.

People on the adult wards told us staff within the trust supported them with their nutritional needs. One person, who had some paralysis in their left side and was unable to cut meat or butter toast, said staff always help with cutting food or opening packages of marmalade. They also said staff make sure they have the help they need at mealtimes.

People told us they had enough to eat and drink. One person said "actually they give you too much, I waste an awful lot". Another person said "I'm a very small eater and they want
me to put on weight". She said that staff make sure she has a meal which is at a size she will eat rather than being overwhelmed by. We saw that this person was given a snack in the middle of the morning in addition to their main meals. A third person said "staff are caring and ask if I've had enough. They also ask my opinion about the food".

One of the people we spoke with missed meals over four consecutive days whilst they were waiting to have their surgery. This was in preparation for their surgery. On each day when it became apparent that the surgery was not going to take place the person was offered a choice of sandwiches to eat. They told us they were not offered a hot meal but they were happy with sandwiches. None of the other people we spoke with had missed a meal.

People who used the service told us they could ask for additional food if they were hungry.

We spoke with five young people and their parents on the children's wards. They told us that staff checked whether they had enough to eat and drink, although this may be through observation rather than directly asking. Four out of six of the young people we spoke with said that they had been asked about their food preferences on admission. We found that four of the young people had missed a mealtime whilst in hospital. Three of them were offered a meal on their return to the ward and were given a choice. One young person was told there was no other food available and had to wait until teatime for their next meal. Their parents told us they were not happy about this because the young person was hungry.

We observed people on both adult and children's wards were supported and encouraged to eat in a positive and respectful manner. For example, one young person did not fancy their meal when it arrived and staff asked them what they would like. Staff prepared cheese on toast as requested by the young person.

We found that care plans were not always fully completed and gave limited information to support staff in meeting people's nutritional needs. However, staff that we spoke with had good knowledge of the needs of the people for whom they were caring. We also saw staff were meeting people's nutritional needs by supporting and encouraging them in their eating.

What we found about the standards we reviewed and how well University Hospitals Bristol Main Site was meeting them

Outcome 05: Food and drink should meet people's individual dietary needs

Overall, we found that University Hospitals Bristol Main Site was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

People can be assured they are protected from the risks of inadequate nutrition and dehydration through the availability of a choice of suitable and nutritious food and fluids. Appropriate support is offered to ensure they are able to eat the food provided. However, there is limited information within care plans to support staff in meeting people's needs and communication with people regarding the availability of meals to meet their religious or cultural needs is unclear.
**Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

In a previous review, we suggested that some improvements were made for the following essential standards:

- Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights
- Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs
- Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Please see previous reports for more information about previous reviews.
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 05:  
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 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People on the adult wards told us staff within the trust supported them with their nutritional needs. One person, who had some paralysis in their left side and was unable to cut meat or butter toast, said staff always help with cutting food or opening packages of marmalade. They also said staff make sure they have the help they need at mealtimes.

People told us they have enough to eat and drink. One person said "actually they give you too much, I waste an awful lot". Another person said "I'm a very small eater and they want me to put on weight". She said staff make sure she has a meal which is at a size she will eat rather than being overwhelmed by. We saw this person was given a snack in the middle of the morning in addition to their main meals. A third person said "staff are caring and ask if I've had enough. They also ask my opinion about the food".

One of the people we spoke with missed meals over four consecutive days whilst they were waiting to have their surgery. This was in preparation for their surgery. On each day when it became apparent that the surgery was not going to take place the person was offered a choice of sandwiches to eat. They told us they were not offered a hot meal but they were happy with sandwiches. None of the other people we spoke with had missed a meal.

People who used the service told us they could ask for additional food if they were hungry.

We spoke with six young people and their parents on the children's wards. They told us
staff checked whether they had enough to eat and drink, although this may be through observation rather than directly asking. Four out of six of the young people we spoke with said they had been asked about their food preferences on admission. We found four of the young people had missed a mealtime whilst in hospital. Three of them were offered a meal on their return to the ward and were given a choice. One young person was told there was no other food available and had to wait until teatime for their next meal. Their parents told us they were not happy about this because the young person was hungry.

We observed people on both adult and children's wards were supported and encouraged to eat in a positive and respectful manner. For example, one young person did not fancy their meal when it arrived and staff asked them what they would like. Staff prepared cheese on toast as requested by the young person.

**Other evidence**

The trust wrote to us in October 2011 to confirm they had completed their action plan following our review in May 2011 and they now believed they were compliant with this outcome.

The trust told us their target for 90% of people to be correctly screened for their nutritional status within 24 hours of admission to hospital had been achieved. We found 15 out of the 16 nutritional screening documents we reviewed (94%) were fully completed, although one was not.

The trust told us 82% of ward based registered nurses (in adult services) had received nutritional training at the end of September 2011. The trust also told us they had increased their compliance target to ensure that 80% of all nursing staff (including non-registered nurses) receive nutritional training by the end of March 2012. We were told by eight out of the ten staff we spoke with that they had received specific training in nutrition and supporting people with their eating. This included registered nurses, nursing assistants and housekeepers.

On the children's wards, staff told us they had not necessarily had formal training in nutrition since their nursing training, but they had received training on the documentation of nutritional needs for the health and well being of the young people. Two nurses told us they had received training from the dietitians and we were also told there was a folder on the wards, which contained a lot of information about nutrition to provide support and knowledge to staff to meet the needs of people.

The trust told us in October 2011 their most recent nutritional audit revealed that 100% of people were offered the opportunity to wash their hands prior to eating. On four of the five wards we saw people being given the opportunity to wash or wipe their hands with "wet wipes".

The trust also told us they had committed to improving the use of "knife and fork signs" to indicate that people required support at mealtimes. We found on the adult wards that a new "PUFIN" (Pressure Ulcer, Falls, Infection control and Nutrition) sign had been put in place by each bed side. This had been completed correctly for those people who required support at mealtimes. On the children’s wards there was a different system in place. However, we found this was also used appropriately for those young people who required support at mealtimes.
The trust told us it had achieved 100% compliance in their protected mealtimes on the wards. All of the people we spoke with told us they had not been disturbed during their lunchtime by any health care professionals. We observed on one ward that the bell for the protected mealtime was rung 15 minutes before the meal service was due to start and the doctor's ward round was still ongoing. The ward round was completed prior to the lunchtime service. We saw two people (on different wards) receiving urgent medical attention during the protected mealtimes. However, other than this the protected mealtime was observed on all of the wards.

The trust told us they had modified their nutritional screening tool and this had been implemented in September 2011. Although their target of 95% for ensuring that people's food preferences were recorded on the assessment had not been met (76%) by the end of September 2011, the trust were confident that they would achieve 95% compliance by the end of October 2011. We reviewed the care records for ten people on the adult wards and found that eight had people's preferences recorded. On the children's wards we reviewed the records for six young people and found that food preferences were only recorded for one young person. However, two of the care records we reviewed were for young people who were nil-by-mouth and receiving alternative forms of nutrition, so their food preferences would not be discussed or recorded.

We reviewed the completion of food and fluid charts within peoples care records. We found on the adult wards eight out of the ten people's food and fluid charts were completed. In two cases the food and fluid charts had not been completed. In a further two cases there was no record of food having been eaten for some meals and no reason given. A dietitian had noted this within one care plan and the record of meals consumed following this had been complete.

We reviewed the care plans that were in place for people who were at medium and high risk of malnutrition (care plans are not used for people at low risk of malnutrition). We found there was limited information within the care plans and they were not fully completed. However, we saw there were detailed records of assessments by dietitians and speech and language therapists within the medical notes. Even though there was limited information within the care plans staff showed good knowledge of the nutritional needs of the people for whom they were caring.

We saw one example of a person, who on admission had been assessed as having a low risk of malnutrition. This person had been refusing meals and their dementia had deteriorated. The dietitian had recorded within the medical notes that this person was for "pleasure feeding". However, this person's nutritional status had not been reassessed since their admission and they did not have a care plan in place. Despite this staff were supporting the person in eating in a respectful manner and were trying different types of food to encourage their eating. We raised our concern about there not being a care plan in place for this person to support staff. The registered nurse on the ward said that she would ensure one was put in place.

The trust provided us with evidence of the nutritional screening audits from August 2011 to October 2011. These demonstrated that there had been steady improvement in the compliance with documentation completion and the use of "PUFIN" recording sheets since August 2011.
When we spoke with the senior managers of the trust about the limited information within the care plans they said they would be continuing to audit nutritional documentation on a two weekly basis until the end of March 2012. They also said they would review the care plan documentation to ensure it would work in practice.

We observed the lunchtime protected mealtime on all of the five wards we visited. We observed the protected mealtime was respected and maintained by staff with the exception of two people who required urgent care. We saw two consultants being turned away from one of the children's wards and told what time they could return after the protected mealtime. We observed all of the wards were quiet and relaxed during the protected mealtime even though they were busy at other times. On the children's wards we saw the play area was used as a dining room at lunchtime and were told that young people were encouraged to eat together. We saw people were supported to eat in a positive and respectful way. However, on the children's wards we found there was a reliance on parents to support their children with their eating.

We also saw staff encouraged people to eat in a number of ways. For example, in one of the children's wards the nursing staff arranged for a young person to have their meal at the reception desk with the ward receptionist in order to encourage their eating. Prior to this the young person had refused to eat. We also saw one young person who did not fancy the meal they received. Staff asked the young person what they would like to eat and prepared cheese on toast as requested. All of the meals we saw smelled appetising and were presented in a pleasant manner.

One person we spoke with required a gluten free diet. The person said staff had supported them in ensuring the meals were gluten free.

Two of the people we spoke with required food which met with their cultural needs. One said they had had been provided with a meal which met their cultural needs for the first time on the day of our visit. Prior to this their family had brought their meals in because there had been a lack of communication regarding the availability of Halal meals. The person said that the meal they had received on the day of our visit had been "ok". Another person who prefers to eat rice rather than potatoes said if there was curry on the menu then rice was available but if curry is not on the menu, then it is not possible to get rice with your meal. We saw the "patient catering booklet" was available on all of the wards. This contains information about the choices of meals that are available within the trust in order to meet people's needs. However, some people were not aware of it and some of the parents on the children's wards did not know where they could get a meals or drinks. We asked staff and they showed us and the parents where this information was.

Some young people on the children's wards we visited were receiving total parenteral nutrition (TPN). This is nutrition which is provided directly into the bloodstream. Nursing staff told us they have good support from their regular pharmacist in ensuring that the mixture of TPN and food is correct when young people start to eat again. However, when their regular pharmacist is not available they do not have the specialist pharmacist support they require.

**Our judgement**
Overall, we found that University Hospitals Bristol Main Site was meeting this essential standard but, to maintain this, we suggested that some improvements were made.
People can be assured they are protected from the risks of inadequate nutrition and dehydration through the availability of a choice of suitable and nutritious food and fluids. Appropriate support is offered to ensure they are able to eat the food provided. However, there is limited information within care plans to support staff in meeting people’s needs and communication with people regarding the availability of meals to meet their religious or cultural needs is unclear.
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.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment or medical treatment for persons detained</td>
<td>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 05: Meeting nutritional needs</td>
</tr>
<tr>
<td>under the Mental Health Act 1983</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 05: Meeting nutritional needs</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 05: Meeting nutritional needs</td>
</tr>
</tbody>
</table>

**Why we have concerns:**

People can be assured that they are protected from the risks of inadequate nutrition and dehydration through the availability of a choice of suitable and nutritious food and hydration and appropriate support to ensure that they are able to eat the food provided. However, there is limited information within care plans to support staff in meeting peoples needs. Also communication with people regarding the availability of meals to meet their religious or cultural needs requires improvement.

In all cases, we have asked the provider to take action.
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 to us within 14 days of the date that the final review of compliance report is sent to them.

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 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.
Information for the reader

<table>
<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>Audience</td>
<td>The general public</td>
</tr>
<tr>
<td>Further copies from</td>
<td>03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
</tr>
<tr>
<td>Copyright</td>
<td>Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.</td>
</tr>
</tbody>
</table>

Care Quality Commission

<table>
<thead>
<tr>
<th>Website</th>
<th><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>03000 616161</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
<tr>
<td>Postal address</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td></td>
<td>Citygate</td>
</tr>
<tr>
<td></td>
<td>Gallowgate</td>
</tr>
<tr>
<td></td>
<td>Newcastle upon Tyne</td>
</tr>
<tr>
<td></td>
<td>NE1 4PA</td>
</tr>
</tbody>
</table>