Dignity and nutrition for older people

Review of compliance

Taunton and Somerset NHS Foundation Trust
Musgrove Park Hospital

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| Location address:     | Musgrove Park Hospital  
                        | Taunton            
                        | Somerset           
                        | TA1 5DA            |
| Type of service:      | Acute Services  |
| Publication date:     | June 2011       |
| Overview of the service: | Musgrove Park Hospital is part of Taunton and Somerset NHS Foundation Trust. It provides acute medical, surgical and maternity services for all age groups of people. The hospital is situated in the town of Taunton and has over 700 beds. It serves a population of over 340,000. Each year 34,000 patients are |
admitted as emergencies; 10,000 patients are admitted for elective surgery; 28,000 are seen for day case surgery; 300,000 outpatient appointments are held; 49,000 attend Accident and Emergency, 3,000 babies are born in the Maternity Department and 170,000 diagnostics tests are carried out. The hospital has 15 operating theatres, an Intensive Care and High Dependency Unit, a Medical Admissions Unit, a fully equipped Diagnostic Imaging Department and a specialised Children’s Department including a Paediatric High Dependency Bay. Musgrove Park also provides Neonatal Intensive Care for all of Somerset.
Summary of our findings
for the essential standards of quality and safety

What we found overall

We found that Musgrove Park 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 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 31 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.

Part of assessing this outcome included information provided by patients through NHS Choices website, Patient Environment Action Team assessments and patient survey results. During a visit to two wards, Coleridge and Dunkery we spoke with 14 patients, two relatives and 10 staff. During the visit we observed the care given to patients including observing over a lunch time period. We also read some patient records.

What people told us

Patients from both wards told us the care they received was very good. Some patients said that staff were “wonderful”, “so kind” and “couldn’t wish for better care”. Patients said that that their care and treatment was fully explained to them. A relative commented on how much time a doctor took to explain care planning and
test results to them. The relative was very impressed with the attitude of the doctor who had spent time reassuring them.

Patients said they felt they were treated with respect and staff used their preferred choice of name. People said that curtains were always used around their beds, when necessary, to maintain their privacy. The second ward also used signs that clipped onto the curtains to alert staff that personal care was being delivered.

The majority of patients said that staff attend to their needs promptly and no one had experience of having to wait a long time when they used their call bells. However, one patient said that whilst staff were normally prompt, they had observed an incident during the night. They said another patient rang their bell for a long period and no one responded.

The majority of patients spoken with said they were happy with their experiences at meal times. Most patients felt food was provided in adequate quantities. Most said that staff usually asked them if they have had enough to eat or drink and offered second helpings. Although people had said they did not have the opportunity to wash their hands before meals anti-bacterial wipes were provided on their meal trays.

**What we found about the standards we reviewed and how well Musgrove Park 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 Musgrove Park Hospital was meeting this essential standard.

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

- Overall, we found that Musgrove Park 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

Patients from both wards told us the care they received was very good. Some patients said that staff were “wonderful”, “so kind” and that they “couldn’t wish for better care”. Patients said that their care and treatment was fully explained to them. We observed a number of examples of staff speaking to patients about their care and support and explaining clearly what the action/intervention would mean for them. This included both hospital treatment and discharge planning. In the main this was carried out privately. A relative commented on how much time a doctor took to explain care planning and test results to them. The relative was very impressed with the attitude of the doctor who had spent time reassuring them.

Patients said they felt they were treated with respect and staff called them their preferred choice of name. People said that curtains were always used around their beds, when necessary, to maintain their privacy. Dunkery ward also used signs that clipped onto the curtains to alert staff that personal care was being delivered. We observed these being used and saw staff ask if they could enter. We observed staff introducing themselves to someone being admitted and asking the patient what they would like to be called.
The majority of patients said that staff attend to their needs promptly and no one had experience of having to wait a long time when they used their call-bells. However one patient said that whilst staff were normally prompt, they had observed an incident during the night when this was not the case. They said another patient rang their bell for a long period and no one responded. During the course of the visit we observed prompt responses to bells on both wards.

Patients told us they are provided with individual lockers for their personal belongings with a lockable drawer for valuables. The hospital has a booklet called “In Good Hands” which is “A Guide for Patients and Visitors at Musgrove Park Hospital”. Patients spoken with had not been given this booklet. Some patients said that staff explained the ward and hospital facilities but others had received information from other patients.

**Other evidence**

Information we hold about the provider shows a very low risk rating for this outcome. Feedback from NHS Choices, National Patients surveys and Patient Environment Action Team assessments were generally positive about the care and treatment people received whilst in Musgrove Park hospital. This included information about people’s experience in relation to respect and dignity and people’s experience of the food service.

The trust provided the Commission with information about this outcome. This included their governance and assurance systems that analyse and monitor issues relating to this outcome. Action plans with time scales are produced where improvements are needed. An example of this is the trust is working towards eliminating mixed sex wards. A record is kept of how often this happens and the reasons behind it. Another example was that the trust has highlighted the need to explore the record keeping on advocate contact or referral and confirm the level of compliance with training linked to the Mental Capacity Act policy.

We observed good practices on both wards where patients were respected and involved in decisions about their care and treatment. All interactions observed were polite and respectful. A visiting pharmacist addressed all patients by name and explained why he was there prior to reviewing their medication charts. All observations noted that the use of curtains and volume of voices supported patients having their privacy respected.

Staff spoken with on both wards had a good understanding of how to ensure a person’s privacy and dignity. Examples were given of using curtains, signs on curtains, being aware of the level of their voice when speaking with patients, using blankets, towels etc when delivering personal care and how they address patients. Senior staff told us that part of the trust’s induction included training in respecting and involving patients, treating them with dignity and ensuring their privacy. Staff also told us that when a person refuses treatment or is unable to consent they involve appropriate support such as safe guarding, people’s representatives and use the Mental Capacity Act.
Some staff on both wards said they were often pressured for time in the morning especially if all the beds were occupied. There were some examples given of care being compromised because of this, for example male patients not being shaved or personal care being rushed and privacy being compromised. However, no examples of this were observed on the day of the visit.

At the time of the visit there was no mixing of sexes. We were told that Coleridge ward still uses a mixed sex bay when they have to. We were told this would occur for high dependency patients in line with a decision making matrix that is agreed with commissioners. We were told this only happens when they have no other option and they do their best to keep it to a minimum. We were told that patients are moved to same sex accommodation within 24 hours of being deemed medically stable. The trust has a system in place for monitoring the use of mixed sex bays and is working towards eliminating this practice.

On Dunkery ward the senior nurse in charge told us that all staff have to be assessed for competencies relating to caring for people who have had a stroke. Staff complete this over a period of six months. This ward is also part of an initiative to develop their patient pathway. The aims are to improve and enhance patient and family experience from admission to discharge.

On Coleridge ward four sets of patients’ records were reviewed. They showed evidence of decisions about clinical care. The use of a single care record used by the multi-disciplinary team enabled clear evidence of the clinical care planned and provided. No formal assessment of mental capacity was found but this had not been required for the patients reviewed. The records showed documented evidence of conversations between medical staff and families.

On Dunkery ward nursing care plans were not completed in full and did not provide the detail expected. Many loose pieces of paper were found in patient records without any name. This will be discussed with the trust.

Senior staff told us about having feedback cards as well exit cards. These are collated by the ward and the trust. Recommendations are made and practices are changed where improvements are needed. An example of this was on Dunkery ward where staff write up patients’ records. Staff told us that patients are told about the Patient Advice and Liaison Service (PALs) and the complaints procedures when necessary. One patient told us they found a feedback card in their bedside locker. Another person said they had been called at home by a Doctor from the ward after they had been discharged. Two other patients said they had not been asked to provide feedback.

**Our judgement**
Patients’ experience in Musgrove Park hospital is positive. Patients’ privacy and dignity is respected. Patients are provided with information about their illness and are involved in decisions about their care and treatment.

Overall, we found that the Musgrove 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

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What people who use the service experienced and told us

Both wards have a protected meal time policy. This means that staff, doctors, other professionals and visitors should not visit patients during this time. However, one patient was visited on the first ward by a professional from another unit whilst they were eating lunch.

The majority of patients spoken with said they were happy with their experiences at meal times. Two said it had greatly improved since previous admissions to the hospital. They confirmed that menus are given out the previous afternoon and that there is a good choice of food available. The majority of patients said that the food on the ward was good, even when it was a soft or pureed diet. One person said that the ice cream is brought with the main meal and tends to be melted by the time they are ready to eat it.

Most patients felt food was provided in adequate quantities. Most said that that staff usually ask them if they have had enough to eat or drink and offered seconds. The majority of patients were aware that the wards have snack boxes. These are available for patients who are newly admitted and have missed a meal, or for patients who are hungry between meals. The snack box can also be sent home with patients with a small supply of milk and bread if they are living alone or without immediate support.
We saw that for patients who required assistance with eating, meals were not put on their tables until staff were available to help them. Staff ensured patients were in a comfortable position; patients were offered napkins and cutlery to suit their needs. Staff were observed taking their time with assisting people and being respectful.

On Coleridge ward, health care assistants were serving their allocated patients their food so that they could ensure the food and portions were right for the patients needs on the day. They confirmed that an alternative could normally be provided if the patients requested something different. The food observed looked appetising and hot. Although people had said they did not have the opportunity to wash their hands before meals, anti-bacterial wipes were provided on their meal trays.

We saw that patients’ medical records are kept in trolleys that are stored in the middle of each bay. We observed several staff going in and out looking for records during lunchtime. We observed that patient bays were generally calm at lunchtime; however the area around the nurse’s station was very busy with various team members.

**Other evidence**

Information we hold about the provider shows a very low risk rating for this outcome. Feedback from NHS Choices, National Patients surveys and Patient Environment Action Team assessments were generally positive about the care and treatment they received while in Musgrove Park hospital. This included information about people’s experience in relation to respect and dignity and people’s experience of the food service.

The trust provided the Commission with information that included their governance and assurance systems that analyse and monitor issues relating to this outcome. Action plans with time scales are produced where improvements are needed. An example of this is the trust’s operational assurance report relating to nutrition and nutritional support. The report showed good assurance systems are in place. It highlighted where some minor improvements were needed. For example the trust found, on Dunkery ward, insufficient snacks and breakfast options were available that had the appropriate consistencies for patients on modified texture diets. The trust has made recommendations to improve this. Patients we spoke with did not raise any concerns about this.

Staff spoken with were able to demonstrate a good understanding of patient hydration and nutritional needs and how they would monitor such needs. They were able to give examples of how they support people who required help with their diet and how they monitor and feedback concerns to senior staff. On both ward examples were given by staff of busy periods when food can go cold because it was served before the staff assisting the patient was ready to give that help or because there was not enough staff on shift to provide the level of support needed. We did not see evidence of this on the day of our visit. On the second ward there was a lot of staff on duty at lunchtime. We were told by the senior staff that the shift system enabled more staff to be on duty at lunchtime. Staff observed during the lunchtime meal on both wards were supporting patients in a dignified and safe manner.
Only one health care assistant spoken with on Coleridge ward had received training in nutritional care. The information we received from the trust showed that they have a draft nutrition learning framework for 2011/12. This sets out mandatory training, learning and updates required of staff that are involved in patient nutrition and feeding. On the Dunkery ward, we were told that staff have to complete a competency framework that includes competencies in feeding and nutrition. Senior staff told us that trust had an e-learning programme for diet and nutrition although it had not been working recently.

Staff spoken with said that people’s care plans identify who is at risk of poor nutrition or hydration. Dieticians are involved and assess patients as well as the speech and language therapist and physiotherapists where appropriate. Food and fluid charts are set up according to need and risk. Staff said that they check to ensure people have eaten their meals and record the outcome. This was observed to happen on both wards. The majority of the staff spoken with felt the food choices had improved in the last year and meals were more presentable and appeared appetising.

**Our judgement**
On the whole people’s experience of meal times is good. Patients reported that a good choice of food was available and the quality and quantity was generally good. Both wards visited had a protected meal time policy which on the whole was adhered to. Dunkery ward had a competency framework that all staff were assessed against.

Overall, we found that the Musgrove Hospital was meeting this essential standard, but to maintain this we suggested that some improvements were made.
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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