

Dignity and nutrition for older people

Review of compliance

Mid Cheshire Hospitals NHS Foundation Trust Leighton Hospital

Region:	North West
Location address:	Leighton Hospital Middlewich Road, Leighton, Crewe, Cheshire CW1 4QJ
Type of service:	Acute Services
Publication date:	July 2011
Overview of the service:	Leighton Hospital is a medium sized district general hospital located on the outskirts of the town of Crewe and is the management base for Mid Cheshire Hospitals NHS Foundation Trust who are a provider of acute hospital services in south east Cheshire.

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

What we found overall

We found that Leighton 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 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 4 May 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 teams were led by CQC inspectors. 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

When we visited Leighton Hospital on 4 May 2011 we spoke to seven older patients who were accommodated on wards four and fifteen. Ward four is a general medical ward and fifteen a surgical trauma ward.

All patients told us they were happy with the way staff treated them and that they were treated with respect and dignity. Most patients understood why they were on the ward although some seemed unaware and relied on their relatives to explain to them. Almost all patients had been asked how they liked to be addressed and this name was used. Most patients understood how to raise concerns although a few seemed unaware, despite having been given information packs that explained this to them.

A few patients said staff did not respond quickly enough although most found it to be fine and some commented that they realised staff needed to prioritise between patients.

We spoke to seven patients on the two wards about the hospital food and most told us that staff had discussed what they liked to eat and that staff checked that they had eaten enough. No patient had missed a meal for a reason other than personal choice.

Most patients seemed satisfied with the quality of the food and commented that it arrived hot. There were specific comments from individuals about their own taste in food was not always met but no theme to the concerns.

Those patients who said they needed help with their meals said that they always got it.

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

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

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

Action we have asked the service to take

We have asked the provider to send us a report within 28 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.

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

All patients told us they were happy with the way staff treated them and that they were treated with respect and dignity. Most patients understood why they were on the ward although some seemed unaware and relied on their relatives to explain to them. Almost all patients had been asked how they liked to be addressed and this name was used. Most patients understood how to raise concerns although a few seemed unaware, despite having been given information packs that explained this.

A few patients said staff did not respond quickly enough although most found the response to be fine and some commented that they realised staff needed to prioritise between patients. Most patients said they had been consulted about the planning of their care although some said they had left it to their relatives. A few patients expressed anxiety about what would happen when they went home.

Other evidence

The Trust has a Privacy and Dignity Matron who takes the lead in a variety of initiatives associated with the privacy and dignity agenda. When we spoke to ward staff they were very much aware of this person's role and referred to the support that was available to them from both the initiatives and the individual.

Privacy and dignity issues are given a high profile by The Trust and they are covered in the mandatory and induction training programs. Senior staff told us of a ward managers' development program which encourages the dissemination and adoption of good practice across the hospital. We were sent a good deal of supporting documentation which we used to corroborate our observations of care and our conversations with staff and patients.

The Patient Environment Action Team scores for 2009 were similar to or much better than expected for most data items and do not give cause for concern.

The Trust has a Delivering Same Sex Accommodation (DSSA) policy and an action plan to achieve the outcomes associated with this initiative. The DSSA policy is comprehensive and addresses transgender issues, accommodation in critical or specialist care areas and the approach to clinically justified breaches.

When we visited the wards we found that although the wards were mixed the same sex accommodation requirements were entirely met. We saw that The Trust had effective systems for managing same sex accommodation on mixed wards and that these worked well.

When we visited the wards we saw that at all times patients were treated with respect and we noted many instances of compassion and sympathy. When we spoke to staff they expressed the importance of this aspect of nursing to them and they seemed to set high expectations of themselves and their colleagues. We noted that The Trust had effective training and audit systems in place to ensure standards were maintained.

When we spoke to patients everyone said that they had been treated with the respect due to them. Almost all patients had been asked their preferred form of address and told us that it was used.

We saw that patients were afforded privacy through the use of curtains and we saw that these were used at all times. Staff told us that it was sometimes difficult to use the older curtains and we were told that on one ward we visited these were being replaced as a result of staff feedback. We saw a confused patient who threw his covers off and we noted that a member of staff quickly came and covered him up. One patient gave us an example of a staff member protecting their dignity by leaving them to adjust their dress alone. All the patients we spoke to told us they had not suffered embarrassment during their stay due to this kind of issue.

We did note examples of doctors talking quietly about patients in front of them and this was particularly so during a teaching ward round. When examinations or discussions took place we observed that staff moderated their voices to reduce other patients overhearing their conversations. We also saw that specific steps were taken during shift handover to ensure that the team could discuss patients without their details being overheard by other patients. However on one occasion we heard a patient who had been admitted overnight being asked by a doctor a number of questions about their lifestyle which were of a personal and potentially embarrassing

nature. Given the patient was up, about and dressed, these might have better been discussed in a more private setting.

All our observations and conversations with patients demonstrated that staff explained procedures to patients and asked permission before they carried them out. Staff told us of the techniques they used to obtain non verbal consent with patients who were confused and we saw staff putting this into practice.

We saw staff taking time with patients, being supportive and friendly. Staff smiled, made eye contact and were sensitive to individual needs. It was noted by a member of the inspection team that patients had praised younger members of staff for their interaction with them. We were told by one patient that "I didn't feel too good last night and one of the nurses just sat with me to reassure me". Staff told us that they did not have as much time as they would like to spend with patients but that the wards were not understaffed and any lack of time never lead to neglect. We were told that the hospital had a process to reallocate staff between wards when necessary.

All the beds we saw had call bells and for patients who might find their use difficult they were placed on top of the bed. Most patients told us that staff responded in an appropriate time but some said they did not. Some patients offered the opinion that staff needed to prioritise who they came to. We saw that for the most part staff responded in good time although in one instance a member of staff did not respond to a call for some 20 minutes. Some patients expressed the opinion that the ward was short staffed.

One patient told us that they had felt embarrassed when nursed by a male member of staff. However during our visit to a ward we heard a female patient say to a male member of staff that they would prefer a female nurse and this was immediately accommodated.

We saw that staff told patients what they were going to do and asked the patient if it was alright to do so. We saw doctors talking to patients and discussing their treatment plan. Patients said they were given information about their care and felt confident that if they didn't understand they could ask for further information.

Staff told us they were able to draw on a variety of resources to help them work with patients for whom English was not their first language and The Trust submitted some examples as part of their submission. During our visit to the ward an interpreter came with a radiographer because the a patient was going for an investigation in the afternoon. The interpreter explained the procedure to the patient and provided the radiographer with written commands in Polish that she could use whilst carrying out the investigation.

The Trust has a Matron for Elderly Care who provides leadership across the organisation. We were given documents that described an "activity lounge" initiative where patients with dementia are given the opportunity to socialise, engage with staff and enjoy stimulating activities. When we spoke to ward staff they were enthusiastic about this and said it gave "a positive outcome". We saw evidence that the Trust has effective training programs for dementia care and works well with partner agencies and carers.

Staff told us that patients give consent and that the consent is informed. Patients have their mental capacity assessed on admission and where patients lack mental capacity a best interest decision is made with input from relatives, carers and other

professionals. The Trust makes use of independent mental health advocacy services when required. These assertions were backed up by documents provided by The Trust as part of their submission of evidence.

We saw that the hospital has a care indicators audit program in place which is a monthly assessment of nursing practice on each ward. Some of the indicators address privacy and dignity outcomes. This is done by observation on the ward, review of notes and the interviewing staff and patients. The score for each month is displayed on a board at the entrance to each ward and managers are expected to address any shortfall in performance. All wards had an up to date score displayed.

Our judgement

The provider is meeting this essential standard by having processes in place to help ensure people who live there are involved in their care and their views are respected.

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

There are minor concerns with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

East Cheshire Local Involvement Network made a visit to Ward 6a, a stroke rehabilitation unit, in June 2010. Comment was generally positive in respect of this outcome. They noted that all patients had a nutritional assessment during the early part of their stay and that there were regular weight checks and visits by dietitians. They said there was a protected mealtime policy and that “patients whose needs need to be monitored are given red trays and beakers”. Patients told the enter and view team a variety of opinions of the food quality.

We spoke to seven patients on two wards about the hospital food and most told us that staff had discussed what they liked to eat and that staff checked that they had eaten enough. No patient had missed a meal for a reason other than personal choice.

Most patients seemed satisfied with the quality of the food and commented that it arrived hot. There were specific comments from individuals that portion sizes were too small and there was not enough salt used in cooking. Those patients who said they needed help with their meals said that they got it.

Other evidence

Leighton Hospital prepares its own food on site and as a district general hospital has a requirement to cater for a wide range of special diets and patient preferences. The Trust submitted as part of its submitted evidence a wide variety of documents that demonstrate that they have the catering systems in place to deliver against this requirement.

There is a Food Nutrition and Hydration Policy in place which recognises the importance of nutrition to the recovery of patients and sets expectations for the service that will be provided. This policy assigns roles and responsibilities to staff and is supported by comprehensive enteral feeding guidelines and guidelines for patient menus.

The Trust operates a protected mealtime policy and the times differ between wards depending on the nature of the ward. We saw evidence of a protected mealtime audit which took place in place May 2011.

There is a seven day rolling menu with three hot choices at lunchtime and sandwiches in the evening plus a hot choice. Patients choose on a card the day before and food is delivered to the ward. We saw a variety of special menus appropriate to clinical needs and there are mechanisms for the ward to order particular patient requirements if they are not eating from the standard menus. We saw that the standard menu identified "soft" food choices suitable for some older patients and we also saw that a pureed menu was also available to the wards.

Every ward has a nutrition champion assigned to each shift and they are responsible for ensuring that patients are adequately fed. On both wards we visited a member of staff was identified on the staffing roster as the "nutritional champion" and we saw them fulfilling the role during the mealtime.

There are pictorial menus for patients with communication difficulties and staffs were able to discuss with us how they worked with such patients. Staff told us how resources used to address The Trust's privacy and dignity agenda such as the "getting to know you" pack for patients with dementia were used to support the menu choices of patients.

We saw evidence of training in the feeding of patients such as the "Keeping Nourished – Getting Better" training package. There are dementia swallowing guidelines and staff told us that they had access to specialist support from dieticians and speech and language therapists whenever they needed it.

Patients are informed about the importance of hand hygiene in their information pack and wipes were available on all beds during the mealtime on one of the wards. On the other ward these wipes were distributed to all patients during the morning observation and when we asked staff about this it was clear that this had been missed out and this had happened in response to our visit.

We saw that one patient's head board noted that they needed to be prompted for diet and drinking and when their meal was delivered the member of staff told them to leave the lid on to keep it warm and someone would come and help. We noted that the food was not on a red tray or plate. This help was provided within about five minutes and they and two other patients were offered support with eating. This was done with patience and a good deal of time was spent with them. However we further noted that while these patients had support in eating their food did not arrive

on a red tray or plate.

The food appeared to be of an acceptable quality. The opinion of the food by a member of staff was that it was “a mixed bag”, some days good, other days not so good. We were told by the same person that the catering department was good at supporting special requests for patients. Two patients interviewed said that the food was good, was served hot and they got enough, one said “I enjoyed the meat pie, the pastry was very good”. The patients confirmed that there were always snacks and drinks available. Two members of staff commented that there had been recent improvements in the quality of the food. We were told by staff that while food is chosen the day before changes can be accommodated by the kitchens. We were also told that food is available all day and that the kitchens are “really good”.

The mealtime we observed on ward fifteen was not protected as the ward’s protected mealtime is in the evening because the day is busy with patients going to and coming from surgery. On ward four it was noted that staff assisted people to get into a comfortable position for eating and gave assistance where required. A health care assistant was helping a patient who could not feed themselves. The meals looked appetising and almost all the patients observed finished their meal. It was noted that patients were given drinks in plastic cups in holders and it was felt that people might be offered the choice of a proper cup.

We were told that staff generally cope with the challenge of ensuring that all patients are supported at mealtimes but it is sometimes difficult and they would always like more time. This is helped by the use of volunteers and when we visited we saw them supporting staff by providing beverages. Staff felt they were adequately trained to support patients in their eating and drinking. It was commented by a nurse that nurses support the health care assistants with feeding and when necessary everybody contributes and when we visited we saw senior staff feeding patients at mealtime.

Another staff member felt that patients are always supported to get enough to eat at mealtimes but this can be difficult when there is a lack of staff. They said the nutritional champions have the responsibility to ensure that patients who need feeding are fed and we saw this taking place during the meal observation. We were told that identification of the patients who require support was part of the handover that the champions received at the start of their shift and diet and fluid forms part of the handover for all patients. We were told that there were red trays and beakers for those who were on food record charts. We were told that the food was reasonable, edible and presentable and that it was “better than it used to be”. We were told that they were usually able to meet the cultural needs of patients although this was sometimes not possible, for example in the case of a wholly organic diet.

A fourth member of staff said they had attended a recent study day with the dietitians and that “they are really good” and available for advice and to support specific patients.

We were told there is an aim that patients eat in a chair rather than in bed and if possible that should be in the day room. It was not felt by that member of staff that more support was needed on the ward for helping people to eat and drink.

We identified issues with the red tray and plates system that gave us concern. The Trust's Food Nutrition and Hydration Policy states that patients who have been identified by ward staff as requiring assisted feeding will have this noted on the patient's menu and this will result in them receiving a red plate to alert staff to their need for feeding support.

When we looked at sample menu cards these stated that the box requesting a red plate should be ticked "for patients who need help at mealtime". This is also what is stated in the "guidelines for patient meal ordering".

However the enteral feeding guidelines say that the red plate system is for patients who are identified as being at moderate risk of malnutrition, it doesn't talk about feeding assistance.

We saw a "feeding patients" training presentation that stated that red trays, not plates were for patients who needed assistance with meals or their dietary intake monitoring.

We challenged senior staff as to why we did not see red food trays or plates for those patients who were identified as being at risk of malnutrition and we were told they were for those patients who needed help eating. We asked another member of staff about the red trays or plates and were told that they were for patients on food record charts.

There is clearly confusion amongst the staff, within the organisation's policies and also its training materials about the purpose of the red plate program and how it is used.

When we observed the mealtimes we saw that patients who required help received it and that it was done well. From our discussions with staff and patients we believe that this is usually the case and that this aspect of care is not normally neglected because of the diligence of ward staff. However we are concerned that because the associated policies are unclear there is the potential for the system to fail and the possibility that some people may not have this important need met.

The Food Nutrition and Hydration Policy states that all patients will be screened using the nutritional screening tool within 24 hours of admission and regularly thereafter.

Patients who are identified as being risk of malnutrition or dehydration have food and hydration charts completed for them. All staff who we interviewed told us that this was the case and that it was reviewed on a weekly basis and we saw evidence of this patient notes.

On ward four food and fluid intake charts were not completed consistently. In particular, patients' oral fluid intake was often not recorded.

On ward fifteen records of food and fluid intake were much better. However, fluid intake was sometimes recorded on the 'food and fluid intake' charts and sometimes on the 'fluid balance' charts.

Our judgement

The provider is meeting most elements of this essential standard by ensuring that people have adequate nutrition and hydration. They provide choices of food and drink to meet individual needs and the food supports their health.

However we saw that the system that The Trust has in place for identifying patients who need help in eating or their intake monitoring using a red plate was confusing and not consistently applied. We also saw that fluid and nutrition charts were not always accurately completed on all of the wards.

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 Assessment or medical treatment for people detained under the Mental Health Act 1983 Surgical procedures Diagnostic and screening procedures	14	Outcome 5: Meeting nutritional needs
	Why we have concerns: The provider is meeting most elements of this essential standard by ensuring that people have adequate nutrition and hydration. They provide choices of food and drink to meet individual needs and the food supports their health. However we saw that the system that The Trust has in place for identifying patients who need help in eating or their intake monitoring using a red plate was confusing and not consistently applied. We also saw that fluid and nutrition charts were not always accurately completed on all of the wards.	

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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