

Dignity and nutrition for older people

Review of compliance

**Airedale NHS Foundation Trust
Airedale General Hospital**

Region:	Yorkshire and Humberside
Location address:	Skipton Road, Steeton, Keighley, West Yorkshire, BD20 6TD
Type of service:	Acute Service
Publication date:	June 2011
Overview of the service:	Airedale General Hospital was opened in 1970 and provides personalised, acute, elective and specialist care for a population of over 200,000 people from a widespread area within Yorkshire and Lancashire. Services are provided from the main hospital site.

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

What we found overall

We found that Airedale General 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 13 April 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 joined by a practising, 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

Patient's we spoke with were mostly very positive about their experiences of care and treatment. Patients stated that they were kept informed and were involved in making decisions about their care and treatment options. Most patients told us that all of the staff were pleasant and respectful; they felt staff listened and responded to their needs in a timely manner. Example comments included 'I have observed good responses from staff to other more dependent patient's'. One person said 'everything fine, things are explained' when asked do staff explain and ask if it's alright before they help you. Another person commented staff are 'very reassuring, explain what is going to happen, they answer questions when asked'.

Patients were very complimentary about the quality and service of food, they commented that the quality of food overall was good and staff were always at hand to assist them if required. They told us that they had been asked about their food likes and dislikes and that staff always checked if they have had enough to eat and often second helpings were offered.

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

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

- Overall, we found that Airedale General 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
Patient's we spoke with were very positive about their experiences of care and treatment. Patients stated that they were kept informed and were involved in making decisions about their care and treatment options. Patients told us that all of the staff were pleasant and respectful; they felt staff listened and responded to their needs in a timely manner. Example comments included I have observed good responses from staff to other more dependent patient's. One person said 'everything fine, things are explained' when asked do staff explain and ask if it's alright before they help you. Another person commented that staff are 'very reassuring, explain what is going to happen, they answer questions when asked'.

Other evidence
During our visit we observed staff respecting the privacy and dignity of patients while talking to them and helping them in their daily activities. Staff adjusted the volume of their voice to accommodate the individual needs of each patient. We saw curtains being drawn around beds and side room doors closed on each occasion where care interventions were being carried out.

Patients were accommodated in same sex bays and single rooms and staff took care to knock prior to entering single rooms. Individual bedside lockers, longer cupboards for hanging clothes and access to toilet and washing facilities, including single sex facilities were available. Information we hold about the trust from the Patient Environment Action Team (PEAT) showed Airedale NHS Foundation Trust as much better than expected for the hospital environment being conducive to patient privacy. The inpatient survey data also showed the trust as much better than expected in relation to single sex accommodation and bathroom areas.

Bespoke information leaflets were provided on admission and available on each ward which contained information on the ward and hospitals facilities, for example chaplain services, visiting hours and discharge planning. Staff addressed each patient by name and we saw them frequently engaging the patients by asking them if they were comfortable and whether they needed anything. We also saw staff actively engaging with visitors about the care of their relative.

Call bells were within easy reach and audible, one patient had been provided with a hand bell due to their electronic call bell being out of reach. We saw that staff responded to calls in a timely manner and the majority of patients with higher dependency were being cared for in bed. A number were being supported with pressure air relieving mattresses, side rails in accordance with their risk assessments and one low bed was in use due to falls risks. There was sufficient staff on duty to meet this dependency.

Most patients were satisfied that the care and treatment options available to them had been adequately explained. We observed doctors visiting and interacting with patients and time was being taken to explain progress on their treatment, while maintaining their privacy. The inpatient survey which collects data from patients across the trust, also found that a high proportion of patients felt they had enough information about the risks and benefits of care and treatment. However our review of four multi disciplinary care plans showed that these aspects were not always being recorded consistently in every case.

The trust has a range of ways of monitoring whether patients are involved and respected for example;

One of the wards was currently trialling a new scheme, which serves to highlight the special needs of patients whose memory is permanently affected by dementia referred to as the 'butterfly scheme'. The focus of the scheme is on the needs and views of people who use services, and it provides staff with simple, practical guidance towards meeting the needs of these patients by displaying a butterfly symbol (with consent). This symbol prompts staff to follow a simple five point plan, known as the REACH response: **R**emind, **E**xplain, **A**rrange, **C**heck, **H**istory. We saw evidence of staff following this plan during our visit and staff told us that they had received local bespoke training on this scheme. As part of supporting evidence the trust has submitted details of the background, current and future aims of this scheme.

The trust has introduced a programme of monthly dementia audits which

commenced in February 2011. The focus of these audits is on the quality of care and patient experience with particular emphasis on hygiene needs; nutrition and hydration; safety; empathy and communication; compassion and physical comfort (pain control). The audit team which are mainly senior nursing staff from across the trust aims to meet a member of the patient's family and or carer to ascertain that the relative is satisfied with the care that the patient is receiving; hear the family's story about the care and experience of the ward and the ward team and seek to understand the patient experience. Information the trust provided shows the preliminary pilot audits completed in February and March 2011 demonstrate areas of good practice as well as areas where care can be improved.

Matrons undertake daily observation assessments on the care provided within their areas and these observations include adherence to the trusts privacy and dignity policies and procedures. Staff we spoke to told us that unless they are too ill, patients are involved in the daily multi disciplinary team reviews, where continuing treatment and care options are discussed. Relatives are included to assist the team to make best interests decisions on behalf of the patients who are unable to make informed choices. On one of the wards we visited relatives are collectively invited to meet with staff weekly to discuss any issues in relation to the care and services being provided.

Staff also told us that they had received privacy, dignity, independence and human rights training as part of their annual mandatory updates, clinical induction days and rolling education programmes. As part of supporting evidence the trust has submitted examples on the range of topics covered at these training events and attendance figures by ward and grade.

Our judgement

Staff treat patients respectfully and ensure that they are involved in decisions about their care where this is possible. Patients told us that all of the staff were pleasant and respectful; they felt staff listened and responded to their needs in a timely manner. During our visit we saw positive evidence of this and the staff we spoke to had an understanding of the importance of respecting and involving people who use the trust's services.

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
Patients were happy with the quality of food overall and commented that staff were always at hand to assist them if required. They told us that there was a good choice of food and staff had asked about their food and drink likes and dislikes. One person commented 'good food, plenty to eat and nicely presented'. Staff always checked if they have had enough to eat and often second helpings were offered.

Other evidence
We observed the protected meal-time in two wards. We saw that patients on both wards were prepared ready to receive their lunch and staff members encouraged patients to get out of bed where possible and ensured they were sitting comfortably while eating lunch. We saw that the opportunity for patients to clean their hands prior to and following lunch was only offered on one of the two wards we visited. We also saw prior to and during the serving of the lunches, the majority of staff washed their hands appropriately and wore protective clothing correctly throughout. However two members of staff on one ward were not seen to wash their hands prior to serving the lunches and another staff member of staff on the same ward failed to put on an apron prior to entering an isolation room.

We were told that patient transfers are avoided during protected mealtimes wherever possible. The managers on each ward produce daily figures on the

numbers of patients requiring assistance with feeding and these figures are submitted to the acting chief nurse. As a result a team of staff are mobilised to the area with greatest need to ensure that all patients receive adequate dietary and fluid support at mealtimes. We saw evidence of this on one of the wards we visited. The majority of staff assisting patients with their meal undertook this duty with dignity and respect; however we did see one member of staff remain standing this was due to the fact that this was a 'trial feed' and required the patient to be supervised rather than assisted with feeding.

All of the care records we looked at provided details on the assessment of the individual's nutritional health, swallowing SIP assessments and described the feeding plans. We saw evidence of referrals and involvement of clinical specialists, for example dieticians and speech therapists as a result of these assessments.

Staff told us they use bespoke food and general fluid balance charts to monitor the patients daily nutrition and hydration intake. The malnutrition scoring tool (MUST) is used weekly for nutritional screening and monitoring and patient weights are recorded weekly. We saw evidence of this recorded within the multi-disciplinary care plans. Staff also told us that they undertake monthly audits on a minimum of twenty fluid balance records set against a number of key priorities and the outcomes from these audits are fed back to each area for action as required.

Information that the trust provided shows guidelines and audits used for nutritional screening and monitoring and included outcomes from their nutrition screening assessments and annual nutrition survey.

There were no concerns highlighted in the patient survey data for this outcome and the trust was given a Food Hygiene Rating of good 4 stars, by Bradford Metropolitan District Council on the 15th June 2010.

Our judgement

Staff are ensuring that patients receive a full assessment of their nutritional requirements and that these are addressed and regularly reviewed. Staff we spoke to are well trained to provide support for patients to eat and drink and were attentive and considerate in providing this support. Adherence with the protected mealtime policy was good.

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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