Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Chesterfield Royal Hospital

Chesterfield Road, Calow, Chesterfield, S44 5BL Tel: 01246277271

Date of Inspection: 08 August 2013 Date of Publication: August 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Meeting nutritional needs ✓ Met this standard

Details about this location

Registered Provider	Chesterfield Royal Hospital NHS Foundation Trust
Overview of the service	Chesterfield Royal Hospital NHS Foundation Trust provides a range of acute services at Chesterfield Royal Hospital including a 24 hour accident and emergency service. The hospital serves the local population of Chesterfield and north Derbyshire.
Type of service	Acute services with overnight beds
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Management of supply of blood and blood derived products Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Chesterfield Royal Hospital had taken action to meet the following essential standards:

- Meeting nutritional needs

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We talked with other authorities.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We visited three wards in the hospital and spoke with people using the service and visitors on each ward. We spoke with the matrons for the three wards and also with nurses, health care assistants, doctors, a dietitian, catering and domestic staff. We found that the provider had made changes since our last inspection to protect people using the service from the risks of inadequate nutrition.

People we spoke with were satisfied with the choice, quality and quantity of the food provided. One person told us, "You get a choice of food for every meal and there's always something I like." We found that the menus had been expanded to provide more choice and variety.

We found that new guidance and procedures had been introduced throughout the hospital to ensure that people had the right support to eat and drink. We saw that the guidance and procedures were followed in practice on the wards we visited. One person told us, "There's always a nurse around at mealtimes", and we observed staff providing unhurried and sensitive help to people who needed it. Staff we spoke with felt that the new procedures made mealtimes better organised and ensured people's nutritional needs were met.

We saw that each ward now had a designated Nutrition Champion, a qualified nurse with responsibility for ensuring that people's nutritional and hydration needs were met. Staff we spoke with felt the Nutrition Champions had made a positive difference to the experience of people using the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

At our inspection in June 2013, we found that the provider was failing to protect people using the service from the risks of inadequate nutrition. This was because people were not provided with an adequate choice of suitable food to meet their needs or with appropriate support to eat and drink sufficient amounts. We issued a warning notice telling the provider they were failing to comply with this standard and requiring them to become compliant by 26 July 2013.

At this inspection we found that the provider had made changes to protect people from the risks of inadequate nutrition.

People were provided with a choice of suitable and nutritious food and drink. People we spoke with were satisfied with the choice, quality and quantity of the food provided. They told us, "I can't fault it. Good choice, hot and there's variety.", and "The meals are good and there's always plenty." A patient who was vegetarian told us, "I have had a good choice of meals. I get plenty to eat and drink, I've no worries here."

We found that the menu choices had been expanded for people who required pureed or soft food. We observed that the pureed and soft meals served on the day of our visit were attractively presented. Staff told us that these meals had improved since our last visit, although some felt there was room for further improvement.

We saw that people were asked about their preferences regarding food and drink on admission to the wards. A visitor told us that one person had been on the same ward last year and said, "It is much, much better. The food charts are followed and his likes and dislikes are known."

People's preferences were noted in their care records and also displayed on a notice by each bed on one ward we visited. However, the provider should note that this information was not always completed. We saw that one person with dementia had been on the ward for a week but their food and drink preferences were not recorded on the notice by their bed. The person's relative told us they had not been asked about the person's likes and dislikes. We observed that this person ate very little of their lunch on the day we visited.

People were supported to be able to eat and drink sufficient amounts to meet their needs. One person told us, "Some people don't fancy food at meal times, but they get hungry later, so they (the staff) will get them something to eat any time." Another person said "They (the staff) couldn't be more helpful. They watch us all the time and you can see they're always trying to help where they can." We observed staff on the three wards we visited providing unhurried and sensitive assistance to people with eating and drinking. We saw one staff encouraging a person with dementia to eat and offering alternatives when the person refused food. We saw another staff approach a person who was struggling with a tub of ice cream and offered a dish to make eating easier. The person was then able to eat their dessert independently. We saw that equipment was available to assist people as necessary, such as adapted cutlery and other aids.

We found that a new standard operating procedure for mealtimes had been introduced on all wards. We saw that this procedure was followed in practice on the three wards we visited. All of the staff we spoke with were positive about the new procedure for mealtimes. They told us, "There have been huge changes. It's much better organised now, more structured.", and, "We can't miss anyone now - before it was a possibility."

We saw that each ward now had a designated Nutrition Champion, a qualified nurse with responsibility for ensuring that people's nutritional and hydration needs were met. We spoke with the Nutrition Champions for the three wards we visited. They told us about the training and support being provided to them and other colleagues. They said that, through their role, there was an increased understanding of the issues and concerns about nutrition and hydration. They told us they could see their role was effective through feedback from people using the service and staff. One of the Nutrition Champions said, "It's a better experience for patients." Other staff we spoke with were positive about the role of the Nutrition Champions. One staff told us, "It's made a big difference. She listens to our ideas and puts things into practice."

We looked at the records of nine people using the service. We found that a new assessment of people's nutritional needs had been introduced. This was completed on admission and identified the level of assistance required by each person with eating and drinking. It also included details of the person's likes and dislikes regarding food and drink. We saw that the level of assistance required was displayed above each person's bed and was also noted on the information provided for staff at each shift handover.

The records we looked at were of people who were identified as being at risk of inadequate nutrition. We saw that each person's records included assessment and monitoring of their nutritional status. This was through the use of the malnutrition universal screening tool (MUST), care plans, and records of food eaten each day. The Nutrition Champions told us that training was currently being provided to staff about the use of MUST. The Nutrition Champion for one ward had recently carried out an audit of MUST records and had taken action to address inconsistencies they had found. The provider should note that the MUST records we saw were mostly correctly completed, but we found inaccuracies in two of the nine records we looked at. This meant that people's nutritional needs may not be recognised or appropriately responded to.

We found that people had been referred promptly to the dietitian and speech and language therapist (SALT) as necessary. We saw that the instructions of the dietitian and SALT had been followed by staff. The dietitian we spoke with told us they felt there now was a greater awareness amongst staff of nutrition which was going to benefit patient care.

The care plans we saw included the assistance required by the person with eating and

drinking. There was also information about their individual preferences, likes and dislikes regarding food and drink. We saw that care plans had been reviewed and updated where people's needs had changed.

The provider should note that although the records of food eaten were mostly better completed than at our previous inspection, there were gaps and lack of detail on some records we saw. It is important that these records are accurately and consistently completed to ensure people's needs are recognised and appropriately responded to.

The ward matrons told us that there were now weekly assurance checks with the senior matrons on each ward. The ward matrons told us, "We feel we are being listened to and valued.", and, "We now have essential things we've been asking for for a long time ? cutlery, plate guards, two handed beakers, non-slip mats, the basics." We saw that the assurance checks had identified issues on two of the wards we visited. The ward matrons told us that additional support had been provided for these two wards and we saw that the most recent assurance checks showed improvement.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk