

# Dignity and nutrition for older people

## Review of compliance

### Peterborough and Stamford Hospitals NHS Foundation Trust Peterborough City Hospital

|                                 |  |
|---------------------------------|--|
| <b>Region:</b>                  | Eastern  |
| <b>Location address:</b>        | Edith Cavell Site<br>Bretton Gate<br>Peterborough<br>PE3 9GZ   |
| <b>Type of service:</b>         | Acute Services   |
| <b>Publication date:</b>        | June 2011  |
| <b>Overview of the service:</b> | Peterborough and Stamford Hospitals NHS Foundation Trust provides a range of hospital-based acute healthcare services to people across Peterborough, North and East Cambridgeshire, South Lincolnshire, West Norfolk, East Northamptonshire, East Leicestershire and Rutland. Currently over 3000 staff provide services from sites in Peterborough and Stamford |

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

## What we found overall

**We found that Peterborough City 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

The inspection team was 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.

We reviewed all the information we held about this provider, carried out a visit on 30 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. We visited wards B11 and A9, talked to nine patients and their relatives, and four staff members. We were not able to talk to staff members on A9 due to low staffing levels during our visit.

## **What people told us**

Most people said their privacy and dignity was respected and they had not been embarrassed or made to feel uncomfortable in any way. Comments some patients made include staff being described as, "Very impressed, they really care", "staff are lovely" and "very polite". One patient commented when asked if they were happy with the care and treatment, "Yes very ... 10/10!"

Most patients said they are involved in decisions about their care, although about half of the people we spoke with said they had not received enough information, especially about the hospital facilities. One patient said that the doctors were very good at explaining. However, a patient's relative told us, "We ask for information, Mum is moved between wards, we are not informed".

Patients told us that staff are caring towards them, most staff members ask them how they want to be addressed and treated, and explain what the staff member is going to do. However, some patients said they had to wait quite a long time to receive the care they required and staff members were always very busy.

Most people we spoke with were complimentary about meals provided at the hospital. They commented that there is enough to eat, often saying the amount was too much and most patients said they liked the food. One patient commented that there was a lot of choice and another patient said about meals, "I like my food hot and it always is".

Patients said staff help them with their meals, but that sometimes they don't get enough help with opening packets or obtaining drinks. Patients are not always helped to wash their hands before eating.

## **What we found about the standards we reviewed and how well Peterborough City 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 Peterborough City Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements are made.

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

- Overall, we found that Peterborough City Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements are 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.

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

**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

**There are minor concerns** with outcome 1: Respecting and involving people who use services.

### Our findings

**What people who use the service experienced and told us**  
We spoke with nine patients and four members of staff and observed the care given to people during our visit to two wards at the hospital. We also used information provided by patients on the NHS Choices website, Patient Environment Action Team assessment and patient survey results.

National patient survey results were generally good although there was concern from inpatients about the amount of privacy they felt they had while being treated or examined. The outpatient survey results concluded that patients are treated with dignity and respect. The NHS Choices website contained nine comments about Peterborough City Hospital and the outpatient services provided on the old site before Peterborough City Hospital was opened. Two patients felt they were not listened to by staff and therefore they were not involved with decisions about their care and another patient was not given information by hospital medical staff and also felt they were not involved with decisions about their care. The other six patients, including the only inpatient to make a comment, said they were treated with dignity and respect by hospital staff and they were involved with decisions about their care most or all of the time. These surveys were carried out before the

trust moved to its present location and the site of this inspection at Peterborough City Hospital.

The patients we spoke to were mostly positive about their experiences of care and treatment. Patients told us that staff are caring towards them, most staff members ask them how they want to be addressed and treated, and explain what the staff member is going to do. None of the patients we spoke to said they had been embarrassed or made to feel uncomfortable in any way. Comments some patients made include staff being described as, "Very impressed, they really care", "staff are lovely" and "very polite". One patient commented when asked if they were happy with the care and treatment, "Yes very ... 10/10!".

However, some patients said they had to wait quite a long time to receive the care they required and staff members were always very busy. One patient said that although staff are very caring, they had not been washed or shaved for 3 days when they were first admitted. Another patient told us they once had to wait for 25 minutes before their call bell was answered.

Half of the patients or their relatives who answered our question about whether they have been given enough information said they had not been given enough information. One person said, "We ask for information, Mum is moved between wards, we are not informed". Two of these people also said they had no information about the facilities, as did two people who were happy with the amount of information they were given. One patient who was happy with information commented that the doctors were very good at explaining treatment to them.

### **Other evidence**

The information we held about Peterborough City Hospital prior to our visit showed that there was a very low risk that they were not meeting this outcome.

Staff we spoke to during our visit to Peterborough City Hospital were able to outline how they try to involve patients and their relatives in decision making about their care. Most of the patients we spoke to also said staff members involved them in these decisions, although one patient commented that, "I sometimes wonder what they are doing". A review of patient records demonstrated that people's preferences and wishes are not always recorded, and this was particularly the case for people's social care needs.

Half of the patients we talked to were satisfied that their treatment had been explained to them, while the other half were not happy with the explanations they had been provided with. A review of five patients' care records showed that discussion about treatment, risks and benefits were documented. Entries made by health care professionals, such as Speech and Language Therapists and Occupational Therapists, were particularly detailed and gave clear information about what was discussed and who with.

During our visit staff were observed treating patients with respect, and patients' privacy and dignity was maintained; curtains were drawn around beds and room doors were closed when personal care was being provided. We noted that staff were polite, asking patients how they could help them and what they could do for them. We observed staff calling patients by their preferred name and most patients

we spoke to felt that staff were respectful. Staff were observed taking their time with patients; explaining what they were doing, assisting or encouraging patients' independence. We observed one interaction between a staff member and a patient who was very anxious. The staff member stayed with the patient and distracted their attention from the subject causing anxiety until the patient was more relaxed, which took some time to achieve but the staff member persevered until this was achieved.

Staff members receive training in relation to patient privacy, dignity, independence and human rights as part of induction training when they initially start working at the trust. This training is renewed annually during staff members' annual clinical update and there is additional training available to all staff throughout the year.

All patients were accommodated in single sex bays or single rooms with en-suite facilities. Data from the trust demonstrates that the single sex accommodation policy was only breached during one month, although this occurred 12 times, since Peterborough City Hospital has become the site for acute care services in Peterborough. The improved facilities and increased number of single rooms in this new hospital building has also contributed to patient privacy.

Call bells on one ward we visited were answered promptly and there were staff available to assist patients when they needed help. We observed only one incident where a patient's dignity was compromised, which was due to low staffing numbers on the second ward we visited. One patient call bell continued to ring for 35 minutes and two patients' relatives told us they were trying to find nursing staff to help them but could find no-one to do this. There was not enough staff on duty to ensure patients' dignity could be maintained. Staff members told us there is not always enough time to give patients the care that they need.

The trust has a range of ways to monitor whether people who use the service are involved and respected. This includes a monthly matron's audit, patient surveys, Dr Foster patient experience tracker (PET) reports and the Patient Advice and Liaison Service (PALS). Staff members told us they ask patients every day whether they are happy with their care and how they would obtain this information from patients with communication difficulties.

However, our visit highlighted that feedback about patient experience is generally not sought; only two of the nine patients we spoke to said they been asked for feedback about their care. Staff also told us that feedback used to be obtained through a number of other means, i.e. by using feedback cards and PALS, but that these systems stopped during the move to the Peterborough City Hospital site and have not been started up again.

### **Our judgement**

Many patients are very positive about their experiences of care and treatment at Peterborough City Hospital. Staff respect people's privacy, and they are caring and polite towards them. Half of the people we spoke with said they are kept informed and involved in decisions about their care and treatment.

However, not all patients feel they are involved in decisions and there is a lack of information available about facilities. While both wards visited provided individual

care, on one of the wards in particular low staffing levels meant that people had to wait for their needs to be met.

The trust is providing a good level of training around issues of privacy, dignity and human rights, and patient's privacy and dignity is respected. There is a need for patients' preferences to be recorded in more detail to ensure care is person centred and meets their individual needs.

Overall, we found that Peterborough City Hospital was meeting this essential standard, but to maintain this we suggested that some improvements are made.

# 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**  
Most people we spoke with were complimentary about meals provided at the hospital. They commented that there is enough to eat, often saying the amount was too much and most patients said they liked the food. One patient commented that there was a lot of choice and another patient said about meals, "I like my food hot and it always is".

One patient said staff cut up their meals for them and most other patients said they did not need help with their meals. However, two patients said they don't always get all the help they need and sometimes drinks are left too far to be easily reached. A visitor told us that they had asked mint tea for their relative, but was told this was not available. No solution was offered so that the person would be able to continue drinking the beverage while in hospital.

One patient commented that they are able to wash their hands before their meals because their bed is next to a sink. However, three other patients said they were not given the opportunity to wash before eating.

**Other evidence**  
Information we held about Peterborough City Hospital prior to our visit showed there is a medium to low risk of the Trust not meeting this outcome. The trust's inpatient survey is the only piece of evidence that shows patients are not happy with the choice of meals that are available. This survey was carried out before the trust moved to it's present location and the site of this inspection at Peterborough City

Hospital.

The trust has a process in place to determine patients' medical, dietary and hydration needs and this assessment is commenced when patients are first admitted to the hospital. A review of patient care records showed that each patient had received a nutritional assessment and these had been reviewed as required by each patient's need. However, there was a lack of individual information about patients' preferences and one patient's records did not have any information about the support the person needed to eat and drink. Members of staff we spoke with were knowledgeable about which patients required support to eat and drink or those with particular nutritional needs. Dietitians and therapists regularly visit the wards and patients records showed their involvement in patients' assessments and ongoing review of their care.

We observed mealtimes on both wards visited. Clinical staff members were supportive when assisting people with their meals; people were made comfortable and were able to sit where they would most easily be able to eat their meal. Members of staff who were physically assisting people were patient, persistent and encouraging. There were a number of different meals available, with a variety of vegetables, all of which looked appetising.

Members of staff receive training in nutrition as part of induction training when they commence work at the trust. This training is renewed annually during staff members' annual clinical update and there is additional training available to all staff throughout the year. Each ward has a nutritional link nurse who attends additional training and then cascades this information to other ward staff.

However, we observed during lunchtime, trays were removed by catering staff before clinical staff had recorded how much patients had eaten and before patients had finished eating. Staff members on both wards told us this often happens and that catering staff often give food inappropriately to patients who must not eat or the wrong type of food. One patient also confirmed that although their food preferences are written on the board by their bed, these are not always taken notice of. Another patient said they were given a diabetic diet for three days before staff realised the patient was not diabetic. However, staff are usually present to ensure patients do not eat incorrect diets and on one ward staff told us a staff member follows catering staff who deliver meals to make sure these are correct.

Staff members said that there is a protected mealtime policy in place and this is usually respected. We observed that during mealtimes, staff help patients who need help but did not use the time to carry on a conversation, other noise is kept to a minimum and the mealtime had a relaxed atmosphere. Staff confirmed they are able to obtain meals outside the normal meal delivery times, for example if a patient was not present on the ward, although there can be a delay sometimes in receiving the meal.

### **Our judgement**

The trust ensures that patients receive a full assessment of their nutritional needs on admission and that these are regularly reviewed. Staff are trained to provide support for patients to eat and drink and were generally found to be attentive and considerate in providing this support. Staff adhere to the protected mealtime policy

and mealtimes are generally relaxed and comfortable.

However, much of this is being undermined by the delivery of incorrect meals, which puts patients at risk of eating diets that may harm them. While most patients felt there was adequate choice, catering staff remove meals before they are finished, do not deliver the correct meals and do not always acknowledge preferences. This has been identified as an issue by the trust and there are plans in place to address it.

Overall, we found that Peterborough City Hospital was meeting this outcome but to maintain this we suggested that some improvements are made.

## 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  | 17  | 01      |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983 | <b>Why we have concerns:</b><br><br>Not all patients feel they are involved in decisions and there is a lack of information available about facilities. While both wards visited provided individual care, on one of the wards in particular low staffing levels meant that people had to wait for their needs to be met.   |         |
| Surgical procedures   |   |         |
| Diagnostic and screening procedures   |   |         |
| Treatment of disease, disorder or injury  | 14  | 05      |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983 | <b>Why we have concerns:</b><br><br>The delivery of incorrect meals puts patients at risk of eating diets that may harm them. While most patients felt there was adequate choice, catering staff remove meals before they are finished, do not deliver the correct meals and do not always acknowledge preferences. This has been identified as an issue by the trust and there are plans in place to address it. |         |
| Surgical procedures   |   |         |
| Diagnostic and screening procedures   |   |         |

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

|                            |  |
|----------------------------|--|
| <b>Document purpose</b>    | Review of compliance report  |
| <b>Author</b>              | Care Quality Commission  |
| <b>Audience</b>            | The general public   |
| <b>Further copies from</b> | 03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>  |
| <b>Copyright</b>           | Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified. |

## Care Quality Commission

|                       |   |
|-----------------------|---|
| <b>Website</b>        | <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>                                  |
| <b>Telephone</b>      | 03000 616161  |
| <b>Email address</b>  | <a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>                      |
| <b>Postal address</b> | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |