Review of compliance

Royal Berkshire NHS Foundation Trust Royal Berkshire Hospital	
Region:	South East
Location address:	London Road Reading Berkshire RG1 5AN
Type of service:	Acute services with overnight beds
Date of Publication:	October 2012
Overview of the service:	The Royal Berkshire Hospital is a large acute hospital situated in Reading and is the main site of the Royal Berkshire NHS Foundation Trust. The hospital provides acute medical and surgical services to adults and children. It includes an accident and emergency department, maternity services, a dedicated stroke unit and intensive care. The hospital is also the region's specialist centre for cancer, eye and

	renal care.

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

Our current overall judgement

Royal Berkshire Hospital was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 14 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us what it was like to be a patient at the Royal Berkshire NHS Hospital and described how they were treated by staff and their involvement in making choices about their care and treatment. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people in hospitals were treated with dignity and respect and whether their nutritional needs were met.

The inspection team was led by a Care Quality Commission (CQC) inspector, with a supporting inspector, a practicing professional and an Expert by Experience (people who have experience of using services and who can provide that perspective).

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of patients who could not talk with us.

This inspection focused on two wards providing care to elderly patients. On the day of our visit there were 28 patients on one of the wards, which provided care to female patients. The other ward was providing care to 22 male patients. We spoke with 16 patients and 11 relatives or other visitors during our visit. We also spoke with eight staff members and looked at six patients' records.

All the patients we spoke with said they were treated kindly and with respect. Most said the doctors had discussed their treatment with them. A couple of patients said they would like to be addressed by their preferred name, not the name on their records.

One visitor told us their relative came back from having tests done and was found in wet clothing. Staff had not informed them their relative's catheter was leaking. The visitor said sometimes when they arrived their relative needed to be washed. They said staff attended to the person immediately when requested.

Another visitor said they thought the care was "OK" for their relative. A further visitor told us their relative "was being looked after well." A patient told us the care she received was excellent. She said "I couldn't be treated any better if I was the Queen."

Patients said the meals were "good" or "very good." They said they had different options to choose from and were served their preferences. They said portion sizes were sufficient.

All patients said there was a good variety of food and it was hot when delivered to them. One patient said only cold food options were offered if a meal was missed (staff told us meals could not be re-heated, for food safety reasons).

Most patients thought there were enough staff but said they were always busy. One said there were not enough staff on duty later in the day and they had to wait for the call bells to be answered. Patients told us the weekends were much quieter, which gave staff more time to spend with them.

What we found about the standards we reviewed and how well Royal Berkshire Hospital was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

Patients' privacy, dignity and independence were respected. Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard.

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

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

Patients who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet patients' needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard.

Patients were protected from the risks of unsafe or inappropriate care and treatment.

Other information

Please see previous reports for more information about previous reviews.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
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 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
All the patients we spoke with said they were treated kindly and with respect. Most said the doctors had discussed their treatment with them. A couple of patients said they would like to be addressed by their preferred name, not the name on their records.

One visitor told us their relative came back from having tests done and was found in wet clothing. Staff had not informed them their relative's catheter was leaking. The visitor said sometimes when they arrived their relative needed to be washed. They said staff attended to the person immediately when requested.

Another visitor said they thought the care was "OK" for their relative. A further visitor told us their relative "was being looked after well."

A patient told us the care she received was excellent. She said "I couldn't be treated any better if I was the Queen."

Other evidence
Is patients' privacy and dignity respected?

The wards we visited were single gender wards. Both had gender specific toilets and

bathrooms. We observed staff responded promptly if patients asked for help to go to the toilet. We noticed that the toilets on one ward had their privacy curtains temporarily removed for deep cleaning. These prevent people from being able to see into toilets when staff open toilet doors to assist patients. This meant there was a risk that patient privacy could be compromised.

The wards were divided into bays and side rooms, with curtains dividing beds in bays. We observed that staff drew the curtains when privacy was required. Each patient had access to a lockable cupboard and could purchase individual television, radio and telephone facilities. This meant the environment supported people's privacy and dignity.

Managers and staff told us that wards had privacy and dignity champions. Their role was to provide a lead in supporting staff in promoting appropriate behaviours and environments for patients. Champions for the ward were not on duty for us to speak with.

We saw that both wards displayed evidence of recent patient feedback. We saw, for instance, that patients were asked to comment on whether they were given enough privacy when discussing their condition. For example, on one ward, the majority of the 11 patients who completed the survey in July 2012 said they were satisfied with the level of privacy.

We saw patients had their call bells within easy reach, so they could call for assistance when required. They were treated gently when being moved or assisted with personal care.

Are patients involved in making decisions about their care?

We spoke with a range of people about how patients' views and preferences were sought and respected. This included a dietitian, ward staff and managers. We saw that patient assessment forms included a prompt for staff to ask patients on admission what name they would like to be called. It also prompted staff to ask patients for their food preferences. The provider may wish to note we looked at six patient assessment forms and found these details were not consistently completed.

Relatives of patients with dementia were encouraged to provide details of their preferences and routines in an ''Information about me'' booklet. This also included space to record how the person communicated, their hobbies and interests and how they expressed emotions. Staff we spoke with said the information about patients' backgrounds was useful to know when speaking with them.

We observed that patients were encouraged to sit in chairs on the ward for lunch, or to sit in the communal room on one of the wards. This meant that patients' independence was promoted.

Our judgement
The provider was meeting this standard.

Patients' privacy, dignity and independence were respected. Patients' views and experiences were taken into account in the way the service was provided and delivered

in relation to their care.

Outcome 05:
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 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Patients said the meals were "good" or "very good." They said they had different options to choose from and were served their preferences. They said portion sizes were sufficient.

All patients said there was a good variety of food and it was hot when delivered to them. One said only cold food options were offered if a meal was missed (staff told us meals could not be re-heated, for food safety reasons).

Other evidence
Are patients given a choice of suitable food and drink to meet nutritional needs?

The menus were varied and provided patients with a good range of meal options each day. Healthy options were included. We saw menus offered a range of options for breakfast, lunch and evening meals. These operated on a two weekly cycle. Staff told us patients staying for a longer time were provided with a wider range of options. Patients could request different sized portions, as well as additional snacks between meals. Jugs of water and beakers were provided for each patient and refreshed twice a day. Hot drinks were also available, providing patients with choices of drinks. The provider may find it useful to know that the printed menu files were kept on a shelf in the day room. This meant they were located away from where most patients could easily see them.

Are patients' religious or cultural backgrounds respected?

Meal options catered for a range of cultural and religious needs, such as halal, kosher, diabetic and vegetarian options. Options were also available to meet patients' different swallowing and chewing abilities such as soft and puréed meals. The dietitian and a consultant told us the hospital kitchen was good at meeting individual food requests, if patients were unable to eat the options on the menu. Staff were respecting one patient's cultural needs by cleaning their teeth before meals.

Are patients supported to eat and drink sufficient amounts to meet their needs?

Screening tools were used to assess patients' risk of malnutrition and to record their weight and body mass index (BMI). The target for completion of these tools was within 24 hours of admission. We looked at the most recent audit results (July 2012). These showed that the average score for elderly care wards was 65% completion within 24 hours and 81% within 24 to 48 hours. We were aware that patients may have spent the first 24 hours in other parts of the hospital before arriving at the wards. We saw the assessments were contained on patients' files and had been regularly reviewed. Where patients were at medium risk, staff commenced nutrition action plans. These included actions such as recording food intake for three consecutive days and offering two meal supplements per day. Patients were referred to the dietitian if their food intake had not improved after three days. High risk patients were referred to the dietitian straight away.

Nursing staff were trained to test if patients were able to swallow effectively. We saw that directions for carrying out the test were available in the nurses' station. We were told that nurses had to attend training and be accredited to carry out this assessment.

Protective meal times were in place to make sure visitors and medical staff did not intrude upon meal times and distract patients from eating. We saw this was largely respected, although a technician was allowed in to service patients' television monitors during the lunch period.

We saw staff assisted patients with their meals in a gentle and unrushed way. They regularly asked patients if they had sufficient or would like more. They addressed patients with courtesy and ensured they were provided with drinks. The provider may find it useful to know that some staff did not always sit next to patients to assist them, but stood by the bed. This meant those patients were not assisted with their meal in a dignified and supportive way. We saw other staff sitting with patients to help with their meal. This enabled staff and patients to communicate more sociably during the meal.

Staff we spoke with showed understanding of patients at greater risk of malnutrition, such as patients with dementia. We were told a red tray system was in place at meal times to highlight patients at risk of malnutrition. We did not observe any red trays in use on one of the wards, but saw that patients who required help were given it.

Our judgement
The provider was meeting this standard.

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

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We spoke to patients but their feedback did not relate to this standard. We spoke with staff, looked at records and used our observation tools to help us understand patients' experiences at the hospital.

Other evidence
Are steps taken to prevent abuse?

We spoke with staff about safeguarding patients from abuse. They were aware of their responsibilities to report and act on incidents. They gave us examples of what constituted abuse and confirmed they had attended training on safeguarding. Safeguarding training was also included in the staff induction programme. Staff were aware of the hospital's whistle blowing procedure. We saw records to show appropriate action had been taken to safeguard patients from abuse where risks had been identified.

Do patients know how to raise concerns?

Staff said they would raise safeguarding concerns with their senior, the senior person would then follow the hospital's procedures. We saw information was displayed on wards about safeguarding. This included local authority telephone numbers to contact, if people had any concerns. An information leaflet was provided on the hospital website for patients, relatives and carers. This outlined the different types of abuse and how to report concerns.

Leaflets were provided on the wards about providing feedback, including making complaints. This included the contact details of the Patient Advice and Liaison Service (PALS). There was also information on the hospital's website and links for providing feedback. The hospital had provided touch screens around the building and links for people to use via iPhones, as other means of providing feedback.

We looked at an example of how a complaint had been handled. We saw that a detailed investigation had been carried out after a patient fell. This lead to revised guidance being put in place for junior doctors to follow.

Are Deprivation of Liberty Safeguards used appropriately?

Most staff we spoke with had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). An example was given where a multidisciplinary team decision was made about the treatment of a patient who lacked mental capacity. Staff had acted in the patient's best interests, as they would otherwise have been at high risk of harm. Records were kept of DoLS applications to provide a clear audit trail.

Our judgement
The provider was meeting this standard.

Patients who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
Most patients thought there were enough staff but said they were always busy. One said there were not enough staff on duty later in the day and they had to wait for the call bells to be answered. Patients told us the weekends were much quieter, which gave staff more time to spend with them.

Other evidence
Are there sufficient numbers of staff?

Guidance was in place to ensure the right skill mix was in place and to manage any shortfalls. There was a mix of nurses and health care assistants working on the wards. We saw staff were meeting patients' needs during the time we spent on the wards. Staff told us a new system had been piloted, to use trained volunteers to assist patients with their meals. At least one volunteer was allocated to each ward to provide additional support. There was also a rota for senior trained staff to help on wards at meal times.

Do staff have the appropriate skills, knowledge and experience?

We observed and spoke with staff. We saw they had suitable skills and knowledge to support patients with their nutritional needs. This included completion and review of nutritional screening tools. We saw that catering staff were able to provide a wide range of meals to meet patients' religious, cultural, lifestyle and medical needs. Staff were aware of when to refer patients to the dietitian for specialist advice and support.

Feedback from patients showed staff treated them with dignity and respect. Our observations showed patients were cared for in single gender wards. Patients were supported with personal care in private behind closed curtains or in bathrooms. Dignity champions were in place to promote best practice on the wards.

Staff had been supported to acquire the appropriate skills and knowledge through induction. Additionally, there was a range of training such as dementia care, nutrition and dignity and privacy to equip staff with the right skills and knowledge. The dietitian also provided additional quarterly training on nutrition as optional staff training.

Our judgement
The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet patients' needs.

Outcome 21:
Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us
We spoke to patients but their feedback did not relate to this standard. We spoke with staff and looked at records to help us understand patients' experiences at the hospital.

Other evidence
Are accurate records of appropriate information kept?

The care plans we looked at provided good overall accounts of patients' personal care needs. These included promoting their dignity and ensuring their nutrition and hydration needs were met. Patients' likes, dislikes, communication and religion were noted in order that their care was delivered appropriately. We could see updates had been made to information, including risk assessments, to make sure information was current.

Staff handover sheets outlined patients' specific needs, including their dietary needs. They highlighted if patients were at risk of malnutrition, or if they needed specific diets.

A detailed Trust-wide record keeping audit was conducted toward the end of 2011. The report looked at a comprehensive range of criteria to make sure that each department was completing and maintaining records to expected standards. This included elderly care wards. An action plan was produced to make sure all staff complied with record keeping guidance.

Are records stored securely?

Records such as patient assessments, food charts and daily notes were accessible to staff at the end of patients' beds. Confidential records, such as multi disciplinary notes and information about patients' conditions, were kept securely. Staff could access records when they needed to.

Our judgement
The provider was meeting this standard.

Patients were protected from the risks of unsafe or inappropriate care and treatment.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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 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.

Information for the reader

Document purpose	Review of compliance report
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