Dignity and nutrition for older people

Review of compliance

University Hospitals Birmingham Foundation Trust **Queen Elizabeth Hospital**	
Region:	West Midlands
Location address:	Mindelsohn Way Edgbaston Birmingham B15 2WB
Type of service:	Acute Services
Publication date:	June 2011
Overview of the service:	The Queen Elizabeth Hospital is part of the University Hospitals Birmingham Foundation Trust. The hospital provides acute services to over 640,000 patients every year. Older people are cared for in all areas of the hospital. Specialist older person's care is provided on frailty wards, and the enhanced discharge unit.

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

What we found overall

We found that the Queen Elizabeth Hospital Birmingham was meeting both of the essential standards of quality and safety we reviewed, but to maintain this; we suggested that some improvements were made.

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

Why we carried out this review

This review was part of a targeted inspection programme in acute NHS hospitals to assess how well older people are treated during their hospital stay. In particular, we focused on whether they were treated with dignity and respect and whether their nutritional needs were met.

How we carried out this review

We reviewed all the information we held about this provider, carried out a visit to two wards, 518 and 411. We observed how people were being cared for, talked at length with 7 people who use services, interviewed 6 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

We spoke with seven patients. Their feedback was generally very positive regards the respect and dignity showed to them by the staff that support them, and the food and drinks provided, and help they were given with eating and drinking.

We observed the care and support people were offered. We found staff spoke to people kindly, and met their needs sensitively.
We found the environment had been designed in such a way that people's dignity and privacy was respected. People were cared for in single rooms, or in small bays with people of the same gender. People told us,
Is your care given in a respectful way? "Yes, always. I have my bathroom, and staff always pull the curtains round me."
"Staff do respond quickly, I am not left uncomfortable or in pain for very long."

We looked at the food and drinks people were given, and the way staff supported them.
We saw people get a choice of meals each day. There were options for people with specific dietary needs. People were helped by staff to cut up their food, eat and drink. This was undertaken in a sensitive way. The people we spoke with were mainly complimentary about the food they were offered. Their comments included,
"The meals are always good, have been good everyday. I would not eat them if they were not, I enjoyed that, and I could eat it again."
"Food is very good, although the first meal I had was horrible. (They did get me a replacement.) You can have as much as you like. One or two staff are inpatient if you don't eat quickly enough."
"Overall very good, food is on time, and there is plenty to drink."
Some people told us the food was not good. We found the meals available for people who need a puree diet was very limited in choice, and needed to be improved in taste and appearance.
We found some records regards people's nutritional needs and recording what people had eaten were not up to date.

What we found about the standards we reviewed and how well University Hospitals Birmingham 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

- We found that Queen Elizabeth Hospital Birmingham was meeting this essential standard.

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

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

Action we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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

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

We spoke in detail to seven patients, being cared for on wards 411 and 518 at the Queen Elizabeth Hospital Birmingham. Their feedback was generally very positive regards the respect and dignity shown to them by staff.

We interviewed six members of staff, and used information provided by people on the NHS Choices website, complaints that we have been sent, patient survey results collected by the trust, and Patient Environment Action team assessments.

People told us:

“No problems with dignity here.”

“It is excellent here in every way.”

We saw staff quickly respond to people’s needs, and were told,

”Staff usually respond quickly to call bells.”

“I try not to be a nuisance, but staff are always popping into see me, and come when I ring the bell.”

Other evidence
Information we held about the Queen Elizabeth Hospital, prior to our visit showed us that there was a low risk that they were not meeting this standard. This is a result we have seen maintained over many months.
In a survey completed by the Patient Environment Action team (PEAT) in 2010, the hospital was assessed as “Good overall” for dignity and respect.

The hospital building has been designed to promote people’s dignity. People did not have to share sleeping or bathroom facilities with people of the opposite gender, or have to pass through areas where people of the opposite gender were receiving care.
Each bed could be screened off by a curtain. We observed staff be mindful to pull curtains around people when delivering care and to ask if it was all right to enter screened off areas or the bathroom. The curtains had “Do not enter” printed on them. We saw that they met without gaps, and were long enough for people to be fully screened.
Each person had a bedside cabinet, this meant they could keep possessions close to them, and lock them if they wish. This respected each person’s right to privacy.
We asked people how they found the accommodation and a sample of their comments include,
“No problems with dignity here, it is nice to be with other men.”
“The bathroom is very close to us here.”

During our visit we observed care, treatment and support for people being delivered with respect and to meet people’s individual needs. We observed the support people got during the early morning, and over lunch time. We saw people being treated kindly, and spoken to in a friendly and reassuring way. Some people needed staff to explain several times what was going to happen regard’s their personal care, or eating their meal. We saw staff do this patiently, and use gestures or speak closer to the person’s ear to help them understand and hear.
We heard staff speak with relatives in a way that was friendly and informative, yet which was mindful of the patient’s right for privacy. We saw staff take the ward phone to a person, so they could speak with their relative, and we saw a staff seek a person’s permission to share information about their welfare with a person who had called the ward.

Our preparation for this visit looked at information on NHS Choices, and at information of concern we have received from relatives and people treated at the Queen Elizabeth Hospital. A theme from this was how long it could take staff to respond to call bells. During our visit, we listened to call bells and observed how long it took staff to respond to these. We saw staff respond promptly. We did identify some people did not have immediate access to a call bell, which could mean they were unable to request help or support.
One person told us,
“ Staff usually respond quickly to call bells.”

We looked at how the hospital is meeting the diverse cultural and social needs of people. We saw positive ways in which staff supported people’s culture and religious needs. Staff we spoke to informed us that they have access to interpreting services, information in different languages, and menus for Halal and Kosher and vegetarian diets.

We tracked how people with dementia were being supported. We found that the hospital had responded to the specific needs of these people by appointing specialist staff, designing extra care documents, called “All about me” and in some areas offering activities. We observed three people benefiting from these initiatives on ward 518. This included being able to use a day room to undertake an activity, and to eat their lunch away from their bedside.

We reviewed six patients’ care and medical records which showed that people or their relatives had been involved in completing an assessment at the time they were admitted. We did not see any involvement beyond this in the care planning or recording. We saw that some people had been assessed as not being for resuscitation. This decision was recorded, and had been kept under review but in none of the cases could we see this had been discussed with the patient or their relative.
The trust regularly audits do not resuscitate decisions. The audits showed that on the wards visited 70% and 87.5% of decisions did involve the person or their relative. This means that people or their relatives are not always involved in making these important decisions.

The hospital has a “dignity champion” programme, involving over 300 staff in promoting dignity. The trust told us, “Champions should work as a role model, patient advocate, speak up about dignity, influence colleagues, attend training and cascade information, listen to, and respect patients, and challenge disrespectful behaviours.”

Staff we spoke with had a good awareness of standards of care expected and were extremely positive about dignity and respect in the hospital. Staff confirmed to us they would challenge poor practice if they saw it, and described the actions they had available to them to do this.

The trust actively seeks people’s feedback about their experience whilst in the hospital. This includes patient questionnaires and the use of patient hand held devices to get immediate feedback. Volunteers and staff of all grades were observed, and they informed us that they sit with people during quiet periods and help to fill in feedback forms. One of the reports the trust showed us, stated that 1500 pieces of patient experience feedback had been collected in December 2010 through these processes. The trusts chief nurse was able to explain how information from this survey is available to senior staff very quickly, and means that concerns or a downward trend can be investigated quickly, and hopefully resolved promptly.
The responses from people in the surveys completed between April and December 2010 reflected a high number of people feeling they had been treated with dignity and respect. We found there was limited information available to people regards how to raise concerns; make a complaint or the role of the patient advisory liaison service. (PALS) We were informed this information was available to people on their bedside television. Between April and December 2010 the trust received 247 complaints and 15 of these related to people feeling they had not been treated with dignity and respect.

Our judgement
People who use the service have their dignity and privacy respected during direct care.

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
We observed the lunch time meal service on wards 411 and 518.

During our visit we found that people were getting a hot, nutritious meal each day, and the staff support they needed to eat it. After lunch we talked to people and their relatives about how they had found the meal and support they were given. The people we spoke with were mainly complimentary about the food they were offered. Their comments included,
“Lunch was very nice, thank you.”
“Food is always hot, there is always enough and lots of things to choose from.”
“Yes, there is plenty of food.”

Other people were not satisfied with the food and their comments included,
“Meals remind me of old school dinners.”
“There isn’t enough food, and I am not asked if I would like more. I would like more hot drinks, and wouldn’t mind if I had to get these from a machine.”
“There isn’t a good vegetarian selection. Today was pasta; I don’t like that, so I had mash, and cabbage.”

Other evidence
The information we held about the Queen Elizabeth Hospital, prior to our visit

showed that there was a low risk that they were not meeting this standard. In a survey completed by the Patient Environment Action team (PEAT) in 2010, told us that hospital had been judged as “Good overall” for food. This survey assessed a range of issues including menus, choice and availability, quality and support and service provided at meal times.

We found that people are supported and encouraged to receive adequate nutrition. Both wards we visited had a protected meal time. This meant all non urgent care and treatment stopped, to ensure the maximum number of staff were available to support people. This provided a calm mealtime atmosphere for most people, although activity towards the end of the mealtime started to pick up, which meant people who took the longest time to eat may not receive uninterrupted support. We observed staff offer to cut up meals for people, and to offer them salt, pepper and sauces. We found that some people’s independence could be further promoted if adapted cutlery and crockery was provided. We asked about this, and were informed some had been ordered but was not available. The hospital used a coloured tray system, to identify people who need most help. Staff knew that the red trays must not be cleared away without someone checking and recording what the person had eaten. We looked at the red trays at the end of the meal service and cross referenced our observations against the records staff made in the food diaries. We found these had all been completed and were an accurate account of the meal eaten.

People get a choice of menu each day. We found that choices available to people who had no restriction on their diet was generally good, but that people who require a special diet have a much more limited choice. We were informed by staff that food can be provided at times outside of main meals if people need them. Wards can request food via the catering helpdesk. This means people who have needed to fast or who miss a mealtime can be assured of something to eat.

We were informed that a range of special diets are available, and saw some of these being provided on the wards. Special menus for people who need specific diets including Halal and Kosher were available.

We met two people who needed a puree diet. We found the choice of meal available to them was “Chicken” “Fish” “Vegetarian” and “Lamb”. One person we spoke with had been in hospital for six weeks and their choice of meals was limited to these four dishes. We observed the pureed meal. This did not look or smell appetising. One person told us,
“The puree meals are disgusting.”

We found that the service of food could be improved. We observed that the main lunch meal and pudding were served at the same time. For most people this was acceptable, but some people needed a long time to eat their main meal, by which time their pudding had gone cold if hot, or melted if ice cream. Hot meals were served from a heated trolley. We were informed at breakfast time the people at the far end of the ward 411 find the food has gone cold, and a reduced choice is available. One person told us,
“Staff start the trolley at the top of the ward, and there are less options and limited food by the time I get it at breakfast time.”
We reviewed six people’s care and medical records. We saw that everyone had

been assessed upon admission to the ward, and this included an assessment of their eating and drinking needs and preferences.
Care plans had been informed by individuals eating and drinking needs and preferences and the risk of malnutrition had been identified. We saw that some people had gone on be to be assessed to ensure they could swallow food and drinks safely, and read in care notes that people had been referred to members of the multi disciplinary team promptly. We thought it was positive that some nurses had been trained to complete basic swallowing assessments.
One nurse said ,
" On admission we cover things like swallowing problems. If we find a problem people can see the stroke co-ordinator, we do a swallowing assessment, or refer to Speech and Language team (SALT) if needed. Sometimes we use a Naso Gastric Tube. We review patients continually, observing for any problems and re-refer to SALT if needs be."

Our review of care plans identified generally good record keeping regards food and fluids. However in two cases needs had not been kept under review and records were not accurately completed. Staff were required to keep a food and fluid diary for people at risk. We did not find that these had always been completed or completed in adequate detail to ensure people had received the food and fluids they needed. We saw records showing people had refused a meal, but could not always see that this had been raised with senior staff, or an alternative source of nutrition offered.

The trust monitors the assessment and management of nutritional care. The latest audit from December 2010 showed from the 325 files reviewed 92% of people had a nutritional assessment in place, 88% of them had been updated. 89% of people had a fluid balance chart (record of the fluid they drink, and urine they pass) and 79% of these were fully completed. We determined that most people are well supported in this area, and good records kept, but that further improvements should be made, due to the significant impact poor practice in this area can have on people.

The trust actively seeks people's feedback about the quality of food offered during their stay. The response's from people in the latest survey showed 70% of people said they were happy with the food, 45% said the menu had the food they liked to eat- sometimes, and 55% said the food served was the right amount.

Our judgement
People receive a hot nutritious meal each day, and the support they need to eat it. Detailed nutritional assessments and records are kept for most people, but some records did not always show an accurate account of food and fluid offered and taken.

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 Surgical procedures Diagnostic and screening procedures	**14**	5. Meeting Nutritional Needs.
	People receive a hot nutritious meal each day, and the support they need to eat it. Detailed nutritional assessments and records are kept for most people, but some records did not always show an accurate account of food and fluid offered and taken.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Dignity and nutrition reviews of compliance

The Secretary of State for Health proposed a review of the quality of care for older people in the NHS, to be delivered by CQC. A targeted inspection programme has been developed to take place in acute NHS hospitals, assessing how well older people are treated during their hospital stay. In particular, we focus on whether they are treated with dignity and respect and whether their nutritional needs are met. The inspection teams are led by CQC inspectors joined by a practising, experienced nurse. The inspection team also includes an 'expert by experience' – a person who has experience of using services (either first hand or as a carer) and who can provide the patient perspective.

This review involves the inspection of selected wards in 100 acute NHS hospitals. We have chosen the hospitals to visit partly on a risk assessment using the information we already hold on organisations. Some trusts have also been selected at random.

The inspection programme follows the existing CQC methods and systems for compliance reviews of organisations using specific interview and observation tools. These have been developed to gain an in-depth understanding of how care is delivered to patients during their hospital stay. The reviews focus on two main outcomes of the essential standards of quality and safety:

- Outcome 1 - Respecting and involving people who use the services
- Outcome 5 - Meeting nutritional needs.

Information for the reader

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