

Dignity and nutrition for older people

Review of compliance

Derby Hospitals NHS Foundation Trust London Road Community Hospital

Region:	East Midlands
Location address:	London Road, Derby DE1 2QY
Type of service:	Acute Services
Publication date:	June 2011
Overview of the service:	<p>London Road Community Hospital is part of Derby Hospitals NHS Foundation Trust. It is a community hospital in Derby city centre, which provides rehabilitation and intermediate care, including three inpatient wards and 60 outpatient services.</p> <p>The hospital provides services to people who mainly live in the Derby city area, and treats about 184,000 patients each year.</p> <p>The hospital's provides GP and advanced nurse practitioner led ward services. Out of hours medical cover is provided by the Royal Derby hospital and the emergency services.</p>

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

What we found overall

We found that London road Community Hospital was meeting both of the essential standards of quality and safety we reviewed.

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

Why we carried out this review

This review is 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 focus on whether they are treated with dignity and respect and whether their nutritional needs are met.

How we carried out this review

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.

We reviewed all the information we hold about this provider, carried out a visit on 4 April 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

We visited two wards at London Road Community Hospital, ward 4/5 and ward 46. There are some differences as to how the two wards operate, as ward 46 was previously part of the Grove Hospital and has retained some of the arrangements in place there.

What people told us

Patients stated they felt able to express their views and felt involved in decisions about their care and treatment. Patients spoke highly of the care and support they receive, and told us that “staff help us to regain our independence and look after us well”.

Patients consider that their care needs are met, and that their privacy, dignity and independence is respected. Patients felt able to discuss issues relating to their care and treatment with staff, and said they had been given the information they need to make choices and decisions. Patients consider that the majority of staff are caring and committed to meeting their needs.

Most patients considered that the meals served were generally good. People said they were given enough to eat and drink. Patients were aware that snacks were available between meals. Two patients told us they had been provided with a lunch snack box and drink, to ensure they did not miss a meal, when they attended another hospital for tests.

One person told us that “the meals met his cultural needs and preferences”. One person felt “that certain meals could be better presented, and that the menu and the choices get boring when you have been on the ward for some time”.

What we found about the standards we reviewed and how well London Road Community 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 London Road Community Hospital was meeting this essential standard

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

Overall, we found that London Road Community Hospital was meeting this essential standard.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant
with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with 12 patients, two visitors and 10 members of staff. We also observed the care given to people.

Patients stated they felt able to express their views and felt involved in decisions about their care and treatment. Staff had explained about their care, treatment and support options, and they had been given enough information to help them to make decisions.

One patient who was due to be discharged home told us they were involved in planning their discharge, and was happy with the arrangements in place.

Patients consider that staff respect their privacy and dignity. “They asked me what I liked to be called when I arrived on the ward, and call me by my preferred name”.

During our visit, staff were observed treating patients with respect. Patients privacy

and dignity was maintained, for example curtains were drawn round a person's bed where required, when attending to their needs. We observed a good level of communication and contact between staff and patients. Although we heard several staff in the dining room on ward 46 calling loudly across to each other about the meals, whilst patients were present.

All patients were accommodated in single sex bays or single rooms with en-suite facilities. Patients said there no problems in accessing same sex toilet and bathing facilities.

The bedside lockers were adequate for storing patient's belongings. Although the lockers on ward 46 did not have a lockable drawer, to enable people to secure any valuables or personal items. The lockers on ward 4/5 had a lockable drawer, although patients said they did not have a key to this. Patients said they were advised to keep valuables in safe keeping in the ward office. A separate lockable cabinet was available near to each bed, to secure patient's individual medicines. This helps people maintain their independence where they are able to manage their own medication.

Patients spoke highly of the care and support they receive, and told us that "staff help us to regain our independence and look after us well". Patients consider that their care needs are met, and that their views and preferences are taken into account when planning their care. Patients said that staff ask before helping them, and explain what they are doing when carrying out care, tests or procedures. Patients felt that the majority of staff are caring and committed to meeting their needs. One patient said that the staff "were great, I can't fault them". A relative told us that "they were very happy with the way staff care for their husband; they couldn't wish for more".

Patients said that their relatives and carers were involved in discussions about their care and treatment. A patient told us that his relative who supports and cares for him at home, continues to be involved in his care whilst in hospital. His relative had helped him to have a bath with support from ward staff.

Patients felt able to discuss issues relating to their care and treatment with staff, and said they had been given the information they need to make choices and decisions. Staff told us they ensure that care and treatment options are explained, along with risks and benefits. They work as a team to explain what's happening, go through leaflets with patients, and discuss treatment choices and discharge options. Staff said if a patient lacks capacity or is very frail they discuss their care needs with their family or carers.

All patients with the exception of one person said that their nurse call bells were readily available and promptly answered. We observed that call bells were within people's reach where required, and they were answered promptly when rung. We saw staff taking time to listen to patients and respond appropriately to their needs.

Staff consider they work well as a team to ensure patient's needs are met. Although three staff felt they did not always have enough time to give patients the care they need.

Staff told us that patients' needs are discussed at staff handovers. Staff said they promote independence by giving patients the opportunity to do things for themselves, providing encouragement and advice. They work closely with other health professionals such as occupational therapists and physiotherapists. Staff consider that the support from health professionals including medical staff is generally appropriate to meet patients' needs.

Patients said they would feedback any comments or concerns about their care to the ward staff, as staff are easy to talk to. Staff told us they verbally feedback any comments or concerns to the person in charge. There are leaflets on the wards on how to raise concerns.

Patients told us they knew about relevant facilities such as the mobile shop, which comes round the wards each day. A local evening paper could be purchased from the mobile shop, although patients relied on visitors to bring in national newspapers and magazines.

Other evidence

The information we held about London Road Community Hospital prior to our visit showed that there was a low risk that they were not meeting this standard.

Between April 2010 and February 2011 there were nine comments on the NHS Choices website, about patient's experiences relating to respect and involvement. Five people reported positive experiences of being treated with care and respect, and four described negative experiences referring to poor communication, attitudes, and lack of information.

The 2010 findings from the Patient Environment Action Team inspections (self-assessments managed by the National Patient Safety Agency that check non-clinical aspects of patients experience) rated the London Road Community Hospital's overall score as excellent, in regards to the facilities for maintaining patient's privacy and dignity.

We asked staff about training they have received in regards to patients' privacy, dignity, independence and human rights. Most staff could not recall having specific received recent training on this. Several staff said their induction training covered patients' privacy, dignity and independence. The ward managers told us that issues relating to patient privacy and dignity and promoting independence are discussed at staff meetings and handovers.

Information supplied by the trust following the visit told us that the trust's policy on privacy and dignity had recently been updated and was awaiting final board approval. Staff receive training on equality and human rights, which covers privacy, dignity and independence. Although a training programme is in place, there is more to do to ensure that all staff have received the training. Records show that 94% of staff on ward 4 & 5 have completed equality and diversity training in the last three years. Records show that all staff on ward 46 completed equality and diversity training as part of their induction, and that 32% of staff have completed further training in the last year.

As part of this focused review of dignity and nutrition of older people, we checked that the care records identified patient's needs, and that these were being addressed and met.

Six care records we looked at did not show that patients are fully involved in their needs assessments, and planning their care and treatment. The records included a Mini Mental State Examination (MMSE) assessment, which helped staff determine if a patient has capacity, and is able to consent to their care and treatment. The care assessment form recorded essential information about a person's needs, including their religious and cultural needs. Although this lacked personal detail relating to their needs, preferences and the things that are important to them.

Care records included various assessments and information about patient's care and treatment. The care records on ward 4/5 included a list of patient's needs, but did not set out how patient's needs were being met in the form of individual plans of care. Staff had completed regular reviews of patients care and treatment, although these were not linked to plans of care. The ward manager told us that the nursing staff were in the process of redesigning the care records. A timescale was not in place for completing this. In contrast we found that plans of care were set out on ward 46, some of which were detailed. Although some care plans were incomplete, and did not detail all care and treatment. Changes were being made to link reviews to individual plans of care, to enable staff to follow through a patient's care more easily.

Issues relating to care records not been completed to a consistent standard, to ensure people receive consistent, safe and appropriate care and treatment will be followed up on a further review.

Various information leaflets were available on the wards, although not all patients we spoke to were aware the information.

An information handbook was available on ward 46, which provides a guide for patients to help them prepare for their stay in hospital. One patient we spoke to had a copy of the handbook, whilst other patients could not recall having seen this information on admission. The booklet includes a section to record what patients think of the care received, what went well and what could be improve on. It also includes information on how to raise any concerns.

An information handbook was not currently available to patients on ward 4/5. The ward manager told us this was due to be updated following changes to the service the ward now provides. A time scale was not in place for when the handbook would be available. The trust has a range of measures in place to collect patients' views about the care and service they receive. This includes patient surveys, internal audits, the NHS Choices website and the Patient Advice and Liaison Service (PALS).

Our judgement

Patients care needs were met, and their privacy, dignity and independence was respected. Patient's were involved in decisions and given the information they need to make choices about their care and treatment.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant
With outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

We spoke with 12 patients, 10 members of staff and two visitors. We also observed the care given to people.

Most people considered that the meals served were generally good. People said they were given enough to eat and drink. Patients were aware that snacks were available in between meals. One person told us that “the meals met his cultural needs and preferences”. One person felt that certain meals could be better presented, and that the menu and the choices get boring when you have been on the ward for some time.

Two patients we spoke with told us they had been provided with a lunch snack box and drink, to ensure they did not miss a meal, when they attended another hospital for tests.

We observed lunch time on two wards and saw the ‘protected meal times’ policy was not followed on ward 4/5. The staff handover took place during this time and nurses gave out medication, whilst patients’ lunch was being served. This resulted in people being interrupted during the mealtime, and not all healthcare staff being available to help serve the food and support patients with their meals, where required. Two staff said that support to help people eat and drink at mealtimes could be improved if all staff were available to help.

The lunch time meals included a good choice and variety of foods and the food served looked and smelt appetising. Patients said they were given a choice of where they wished to eat. Staff told us that most people ate together in the dining room, although several people choose to have their meal in their ward area. The lunch time meal served in the dining areas enabled patients to talk and meet other people. Patients told us they had enjoyed their meal. At the time of this visit there was sufficient staff available in the dining rooms to assist patients with their meal.

Patients were given time to eat their meal, and were assisted to have adequate food and fluids. People were given a napkin to protect their clothing. We were told that only two people currently required help with eating and drinking. We saw that adapted cutlery was available and used, where required to help people to eat independently. After the meal, patients were helped to wipe their hands with disposable wipes. Staff went round checking everyone had finished, and that food and fluid charts had been completed.

A green tray and green lids on water jugs were used to help staff identify people who required help to eat and drink, and were at risk of poor nutrition and hydration. We saw regular drinks been offered to patients and drinks being topped up on request.

We observed some differences as to how patient's meals were served on the two wards: Ward 4/5 had recently set up a dining area to enable people to eat their meals together. Patient's meals served in the dining room were individually heated up on the ward, and brought out on trays in 'bay order' rather than dining table order. This resulted in some people having to wait a considerable time before their meal was served, whilst other people on their table had been served and had eaten their meal. People were served their two courses together, including their main meal and dessert option. For people who took a considerable time to eat their meal, their hot desert would have gone cold by the time they got round to eating it, or if their desert included ice cream it would have melted. In contrast on ward 46 people seated in the dining room on a table together had their meals served at the same time. Also all three courses were served separately.

Other evidence

The information we held about London Road Community Hospital prior to our visit showed that there was a low risk that they were not meeting this standard.

Between April 2010 and February 2011 there were five comments on the NHS Choices website, about patient's experiences relating to the quality of the food and the meals. Two people reported positive experiences referring to the quality of food as good, and three described negative experiences referring to poor quality and bland food.

The 2010 findings from the Patient Environment Action Team inspections (self-assessments managed by the National Patient Safety Agency that check the non-clinical aspects of patient healthcare experience) rated the London Road Community Hospital's overall score in regards to food as excellent.

The majority of staff we spoke with felt that the catering service and meals provided

for patients were generally good. Two staff felt that the appearance of certain meals could be better. Staff told us that patient's comments about the food are recorded and sent on to the hospital catering manager.

Both wards have a nutrition link nurse who provides support and advice to staff, and leads on nutritional care to ensure patient's needs are met. Staff may refer a patient to a dietitian or speech and language therapist for swallowing assessments or specialist advice, though these services are not based in the hospital. Staff told us there are not usually excessive delays in accessing these services. Ward 4/5 had submitted a business plan to the trust board to secure allocated dietitian hours, in order to support the needs of patients on the ward.

We asked staff about training they have received in regards to nutrition. Four out of ten staff could not recall having attended recent training on nutrition. Three staff said they had received training as part of their induction some time ago, and one member of staff said they received training three years ago whilst a student nurse. Staff felt they needed more training on nutrition to further their knowledge and skills. Information supplied by the trust following the visit told us that basic nutrition is covered within Induction and further training. A new mandatory nutrition training programme has been developed, which will commence in April. There is also a training programme throughout the year relating to intravenous nutritional feeding. Records show that 94% of staff on ward 4 and 5 had completed nutritional training in the last three years. Records show that 13 staff on ward 46 had completed nutritional training in the last three years. Progress relating to staff training will be followed up on a further review.

Patients are assessed on admission using the Malnutrition Universal Screening Tool (MUST). This helps identify patients who are malnourished. Six care records we looked at included a nutritional assessment for the patient, which was reviewed each week. Patient's weight was recorded as part of the weekly review of their nutritional assessment. Where risks were identified, patient's food and fluid intake was monitored. The records showed that dietitians and speech and language therapists, were involved in assessments and ongoing reviews, where required.

Records show that a training programme was in place to ensure all relevant staff receives training on the nutritional screening tool.

Staff we spoke to were knowledgeable about which patients required support to eat and drink or those with particular nutritional needs. Staff told us that all patients on admission are placed on fluid and food intake charts for three days, to establish if they are taking adequate food and fluids. This is then reviewed. Patient's care records included copies of completed fluid and food intake charts; entries against some meals did not provide sufficient detail to help establish the patient's full food intake.

Our judgement

The risk of poor nutrition and hydration is reduced as patients are properly assessed and reviewed, and supported to have enough food and fluids and receive a choice of nutritious foods, which most people considered meets their needs and preferences.

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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