

Review of compliance

Oxford University Hospitals NHS Trust John Radcliffe Hospital

Region:	South East
Location address:	Headley Way Headington Oxford Oxfordshire OX3 9DU
Type of service:	Acute services with overnight beds Community healthcare service
Date of Publication:	January 2012
Overview of the service:	The John Radcliffe Hospital is the largest hospital of the Oxford University Hospitals NHS Trust. The trust is one of the largest acute teaching hospital trusts in the country. The John Radcliffe hospital is situated in Oxford. It provides acute medical and surgical services, trauma and intensive care. The hospital houses the Children's Hospital, the

	<p>Oxford Eye Hospital, the Oxford Heart Centre and the Women's Centre. It is Oxfordshire's main accident and emergency site.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

John Radcliffe Hospital was meeting all the essential standards of quality and safety.

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 to check whether John Radcliffe Hospital had made improvements in relation to:

Outcome 05 - Meeting nutritional needs

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 29 November 2011, observed how people were being cared for, talked to staff and talked to people who use services.

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

What people told us

Patients we spoke with said that they had plenty of choice of food and that the portion sizes were good. Most said that the quality of the food was good. Some patients we spoke with said they hadn't been specifically asked about their dietary requirements. Patients told us that they had not been interrupted during mealtimes.

What we found about the standards we reviewed and how well John Radcliffe Hospital was meeting them

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

Patients we spoke with said that they had plenty of choice of food and that the quality was good, including the soft, moist diet. We found that the hospital had systems in place to assess patients' nutritional risk and ensure that referrals were made when required. Patients' food and fluid intake was being monitored where necessary. The hospital used a red tray system to identify patients who required support to eat and drink and this was seen working effectively. Meals were served quickly and appropriate support was being provided to patients. Patients were not interrupted while eating their meals.

Overall, we found that the John Radcliffe Hospital was meeting this essential standard.

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.

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 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 we spoke with said that they had plenty of choice of food and that the portion sizes were good. Most said that the quality of the food was good. Some patients we spoke with said they hadn't been specifically asked about their dietary requirements. One patient was diabetic and said that he would have liked some help with his meal choices. Another patient was on a soft moist diet and had eaten the same meal for three main meals. Patients told us that they had not been interrupted during mealtimes. One patient commented that it was 'quiet and relaxed' during mealtimes and another said that it was 'nice and quiet'.

Other evidence

This outcome was reviewed as part of the inspection programme of dignity and nutrition for older people in May 2011. At the time, the hospital was not meeting this essential standard. We found that:

- fundamental systems were not in place for recording different aspects of nutritional care such as patients' dietary and fluid intake.
- malnutrition assessments were not conducted for all relevant patients.
- the red tray system to enable patients to receive appropriate support to eat and drink was not working effectively on the wards we visited.
- while patients received support to eat and drink, this was not always provided in an appropriate or timely way and.
- the hospital has a policy on protected mealtimes, but we found that this was not fully implemented on the wards we visited.

In this review, we visited the same two wards we had been to in May and reviewed whether improvements had been made. We looked at 6 patient records on each ward. These showed that improvements had been made in assessing patients' nutritional risk and ensuring that plans were put in place where necessary. Patient records included an admissions pack which held all initial assessments, such as risk of falls, pressure ulcers and malnutrition. These assessments showed that patients on both wards were weighed weekly and malnutrition assessments were being conducted on admission. These were then repeated weekly. On the stroke ward, when a patient was identified as being at risk there was a clear referral process and this was being followed. On the acute medical ward, assessments were being conducted, although in a two cases, clear and appropriate action plans were not in place where risks had been identified.

Training had been provided to staff on the assessment process. The trust had also implemented a system of 2 hourly checks on all patients that was referred to as 'intentional rounding'. As well as monitoring a range of areas such as pain, mobility and skin integrity, it also included checking whether patients needed fluids and food.

Staff on the stroke ward told us that there was now a robust system for recording dietary and fluid intake. Charts we reviewed were completed throughout the day. They had also been reviewed, where required, by a dietician. On the acute medical ward, older patients who were considered to be at risk of malnutrition also had food and fluid intake charts. These were well filled out for some patients. For a few, however, there was limited recording of the amount of water consumed. Other fluid intake such as tea and juice had been recorded. We observed care throughout the day and saw that patients had drinks within reach and support to drink where necessary. Call bells were in reach so that patients could ask for help when required.

We observed the lunch time period on both wards. The process for serving meals and supporting patients to eat and drink had been markedly improved. The food being served looked appetising, including the soft moist diet that had been introduced since our visit in May. The trust had a red tray system, where patients who require assistance with eating and drinking and additional monitoring, had their food served on a red tray. On both wards this system was working effectively. All staff on duty were involved in the mealtime process, including nurses, health care assistants, housekeepers and dieticians. Meals were served quickly and all patients who required support, received it. Staff were seen sitting next to patients providing support in a sensitive and appropriate manner. However, most patients were not offered the chance to wash their hands before mealtimes and only some patients were offered napkins.

Staff commented that they had worked hard to ensure that mealtimes were quieter and not interrupted by non-essential tasks. Medical staff we spoke to said that shift patterns had been altered to try and ensure that patients were not interrupted during mealtimes. Staff said that unless it was necessitated by the patient's clinical condition, they aimed to ensure that routine doctor's rounds and tests occurred outside mealtimes.

Our judgement

Patients we spoke with said that they had plenty of choice of food and that the quality was good, including the soft, moist diet. We found that the hospital had systems in place to assess patients' nutritional risk and ensure that referrals were made when required. Patients' food and fluid intake was being monitored where necessary. The hospital used a red tray system to identify patients who required support to eat and

drink and this was seen working effectively. Meals were served quickly and appropriate support was being provided to patients. Patients were not interrupted while eating their meals.

Overall, we found that the John Radcliffe Hospital was meeting this essential standard.

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 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

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Author	Care Quality Commission
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