# Dignity and nutrition for older people

## Review of compliance

**North Tees and Hartlepool NHS Foundation Trust**  
**University Hospital of Hartlepool**

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| Location address: | University Hospital of Hartlepool  
                  Holdforth Road  
                  Hartlepool  
                  Cleveland  
                  TS24 9AH |
| Type of service: | Acute Services                                  |
| Publication date: | June 2011                                       |
| Overview of the service: | The University Hospital of Hartlepool provides general medical services, outpatient clinics, women and children's services, day surgery and limited accident and emergency as well as being the centre for planned joint replacements and inpatient general surgery for the whole of |
Hartlepool, Stockton and parts of Easington and Sedgefield. The hospital has a dedicated midwife-led birthing centre. It is one of the hospital sites managed by North Tees and Hartlepool NHS Foundation Trust and is located in the North East of England and provide hospital and community based health care to around 365,000 people.
Summary of our findings
for the essential standards of quality and safety

What we found overall

We found that University of Hartlepool 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 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, 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.

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. During the course of the day, the team spoke with six patients and nine staff from different disciplines.

What people told us

Patients generally felt well respected by the staff, they said that they were called by their preferred name and that they had been involved in discussion about care delivery. Their experiences are captured in a number of positive comments made to us:

“I have been very well treated, very relaxed”.

“Oh yes – they always explain what they are going to do before they do it. They always explain why”.

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When asked whether the staff responded quickly enough to their call bells, one person said, "Yes, I think they are good. They have always looked after me well. It depends also if they are busy. When I have had pains they have always attended to me quickly and stayed with me".

When asked whether their care had been delivered in a respectful way, one person said, "Yes, they have always treated me alright. I have been in a lot of times and have always been treated well".

Patients we spoke with were satisfied with the quality and quantity of meals provided. They said,
"I have been asked about what my preference is. The food is lovely".
"If I don't like something or I don't eat it they will get me something else. They check and make sure I have had something".

One person said they were diabetic and had "lost weight so they needed to be built up". They thought the food was nice and there was a choice of meals. They also said that the mealtime experience was good.

What we found about the standards we reviewed and how well University Hospital of Hartlepool 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 University Hospital of Hartlepool was meeting this essential standard.

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

- Overall, we found that University Hospital of Hartlepool 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 six patients and nine staff during the site visit to University Hospital of Hartlepool. We examined the care records of five of the six people we spoke to. We observed care being provided to patients and observed the overall ward environment. Prior to the visit we looked at information we held about the hospital which included feedback provided by patients on the NHS Choices website, the findings of the Patient Environment Action Team assessment including patient survey results and information from Local Information Networks.

The two wards we visited provided older people medical and nursing care and stroke rehabilitation. Despite being busy with ward rounds and other activities, both ward environments were calm, relaxed and welcoming. Male and female patients had separate accommodation and bathroom facilities. These areas were clearly signed for each gender group. Call bells were generally within easy reach so patients could summon help when needed. The staff were observed to communicate well with patients and were actively listening, sitting along side them and gaining eye contact or crouching beside them in order to be on their level when
speaking with them. We observed staff explaining procedures that they would like to carry out and gaining the persons consent and agreement. Staff were respectful when addressing individuals.

Patients generally felt well respected by the staff, they said that they were called by their preferred name and that they had been involved in discussion about care delivery. One person spoken to said the staff are very nice and that they had no concerns. They said, “I have been very well treated, very relaxed”. Another person said, “Oh yes – they always explain what they are going to do before they do it. They always explain why”.

When asked whether the staff responded quickly enough to their call bells, one person said, “Yes, I think they are good. They have always looked after me well. It depends also if they are busy. When I have had pains they have always attended to me quickly and stayed with me”.

When asked whether their care had been delivered in a respectful way, one person said, “Yes, they have always treated me alright. I have been in a lot of times and have always been treated well”.

Hospital staff were observed to be polite and respectful. A doctor was observed to visit a patient in a side room; he knocked on the door, introduced himself and called the patient by his formal name. He then had a conversation with the patient about their current situation and what the future plans were. The patient was heard to be fully involved in this and was being consulted.

Other evidence
The information that we held about University Hospital of Hartlepool prior to our visit showed there was a very low risk of them not meeting this standard.

The Trust has established a rolling programme to benchmark Essence of Care which includes dignity and respect. This was confirmed by staff who said that they use the Essence of Care benchmarking in which audits are conducted and action plans developed and acted upon. They also have a dedicated nurse in each ward area who leads on dignity and respect.

Patients spoken to confirmed they were treated with respect by staff and believed they were involved in decisions about their care. Staff who were interviewed also confirmed this and gave examples of how this was implemented. We observed staff explaining procedures that they would like to carry out and gaining the persons consent and agreement. Staff were respectful when addressing individuals.

We were told that it is important to ask the patient what is normal for them in regard to their daily routine such as their hygiene needs. One member of staff said that they obtain information about how they live at home through the contact assessment. They said that there is discussion with patients and/or their families about their preferences in terms of daily life, preferred names and dietary needs. They also said they are well aware of the needs of people with dementia, which can potentially bring about some dignity issues; they talked of the importance of increased observation for some of these patients.
We looked at five patients records; they showed that information had been provided to patients about their clinical care. The records allowed for information to be captured about patient’s preferences however these sections had not been completed within the records. In all five patient case records looked at, a capacity assessment had been completed.

We were told that patient’s treatment options are explained to them, one member of staff said that this was often done by the doctor but the nursing staff would give further explanation and reinforce what had been discussed. They also said where there were capacity issues perhaps due to the effect of their condition, then a capacity assessment would be completed and that the family would also be involved in discussion about treatment. In all five patient case records looked at, a capacity assessment had been completed.

Staff told us that there are regular multi disciplinary meetings that patient/relatives can feed into and if appropriate attend.

Staff interviewed had a good awareness of the standards of behaviour expected of them. Staff were well able to describe how they ensured patient involvement in their care, how their privacy and dignity were respected and they said that the wards had a lead nurse for dignity.

The trust has systems in place for formally collecting the views of patients, which are analysed and changes made to improve outcomes for patients. Staff said they prefer to deal with complaints on a ward basis and to try and achieve this they ensure that a senior member of ward staff is visible and accessible during visiting times. They confirmed that information was available to people about making complaints should they wish to. Patient Advice and Liaison Service (PALS) are also visible to all who enter the hospital and information about the PALS service is available on the wards. A range of other information leaflets were available to patients.

**Our judgement**

Patients were positive about the way they received care and treatment at the University Hospital of Hartlepool. They believed their individual needs had been recognised; they were treated with respect and were informed about their care and treatment.

The trust has performance management systems in place which takes account of feedback from patients who have used their services.

Overall, we found that the University Hospital of Hartlepool was meeting this essential standard.
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

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| **What people who use the service experienced and told us**
Patients we spoke with were satisfied with the quality and quantity of meals provided. One patient said, “I have been asked about what my preference is. The food is lovely”. They also confirmed that staff check to see if they have had enough to eat and drink.
One person said they were diabetic and had “lost weight so they needed to be built up”. They thought the food was nice and there was a choice of meals. They also said that the mealtime experience was good.
One patient spoken to confirmed that staff asked them if they had had enough to eat and drink. They said, “If I don’t like something or I don’t eat it they will get me something else. They check and make sure I have had something”.
The ward environment at mealtimes was relaxed and calm, with no interruptions to patients while they were having their meals. Patients who needed help with their meals were supported in a sensitive manner. Meals and drinks were placed within easy reach for patients.
The system in place to identify those people at risk of poor nutrition on one of the wards we visited included a red tray system where those who required assistance or prompting were served their meal on a red tray. This system alerts staff that this person requires assistance. In addition behind each persons bed is a white board and written on it are any special requirements in terms of diet and whether assistance is required. This alerts both the hostess who orders the meals and the staff who assist with feeding. In the second ward, the white board system was
observed to be in use.

Observation over lunchtime identified some different practice between the wards. In both wards staff members sat alongside patients and prompted where required or when assisting asked people what they would like in terms of selecting pieces of food from the plate and would wait until the person finished eating prior to asking them what they would like next. People were asked if they would like there food cutting up and if so how large they would like the pieces.

However on one of the wards despite the fifteen minute alert that indicated protected mealtime would commence two patients were still sleeping when staff brought the meal, they then woke the patients and assisted then either to sit in the chair or sit up in bed. In the other ward all patients were positioned appropriately for their meals in good time.

Again, on one ward one person’s bed table was left some distance away making it difficult to negotiate the food from the plate to eating. For those people identified as requiring assistance with feeding help was given to open packets with napkin and condiments but for the remaining people support was not offered and two people were observed to have difficulty opening the packet and one did not succeed in opening. On one ward, it was observed that dirty plates were not removed between courses but desert dishes placed alongside main course plates.

However on the other ward patients were asked if they would like their napkin. Their food and drink was within easy reach, the main course served first and once finished desert was served. We observed condiment packets being opened for patients and one patient asked for their pepper to be sprinkled over their meal, which the staff did. Patients were not offered the opportunity to wash their hands prior to or after the meal. It is acknowledged that within the plastic packet containing cutlery, napkin and condiments there is the availability of a wet wipe, however we did not hear staff encouraged patients to use these.

Through discussion with the management team it was identified that one patient should have had a fluid balance chart in place, however they did not. Other patient’s meals and fluids were being recorded.

On one ward there was also some confusion about one patient’s food regime; this resulted in a significant delay in them receiving their lunch. Immediate action was taken by the staff to address this.

Other evidence
The information we held about University Hospital of Hartlepool prior to our visit showed that there was a low risk that they were not meeting this standard. Whilst patient’s preferences were not recorded with their records, people confirmed that they had a choice of meals and beverages.

We were informed that the ward hostess visits patients to discuss the menu options for the following day and completes an individual menu card. We observed the ward hostesses referring to the menu cards when plating up patients meals.

Patient weights are recorded on admission to the hospital. Care documentation clearly referenced patient mental capacity. Staff confirmed that they would involve advocates or independent mental capacity advocate (IMCA) should the need arise. In all five of the records reviewed there was evidence of Malnutrition Universal Screening Tool, (MUST) in use, people had been identified as at risk and appropriate referrals had been made to dietitians, evidence of supplements being
prescribed was also seen. There was evidence contained within the case record in relation to the support patients needed. The MUST tool has only recently been introduced within the Trust, as such there was limited historical information recorded.

Patients spoken to were generally satisfied with the meals and the way there were provided to them. They thought the food was nice and there was a choice. They also said that the mealtime experience was good.

Information provided by the trust included copies of the minutes from the Nutrition Advisory Group, for which monthly meeting are held. It is clear that the trust has been working hard to improve the mealtime experience for patients as well as nutritional aspects of care. They have implemented an out of hour’s provision, for which there is the availability of meals throughout the day and night. Copies of the out of hour’s menu were observed to be on display on notice boards. Arrangements are also in place in the event that patients miss meals. A range of menus are in use including out of hours and multi cultural menus. The trust has further plans in relation to the recruitment of volunteers to assist people at mealtimes.

We were also provided with last nutritional assessment tool clinical audit report, in which further training for staff in the use of the tools was identified as an action point.

Regular patient satisfaction surveys are conducted by the Operations and Quality Standards Department, reports of the findings were seen following the visit.

**Our judgement**

Patients are satisfied with the meals provided at the University Hospital of Hartlepool. Although people’s preferences are not recorded, it is clear they are offered choices. Some further preparation of patients prior to mealtimes would enhance the current arrangements. The trust has systems in place to assess and monitor patient’s nutritional state and for continually developing reviewing and improving practice.

Overall, we found that the University Hospital of Hartlepool 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 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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