# Dignity and nutrition for older people

## Review of compliance

**Buckinghamshire Hospitals NHS Trust**  
**Stoke Mandeville Hospital**

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<td>Location address:</td>
<td>Mandeville Road; Stoke Mandeville, Aylesbury, Bucks. HP21 8AL.</td>
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<td>Type of service:</td>
<td>Acute Services</td>
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<td>Publication date:</td>
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**Overview of the service:**  
Stoke Mandeville Hospital is located on the edge of the market town of Aylesbury. The hospital has 479 beds and treats over 48,000 inpatients and 219,000 outpatients a year. It has a spinal injuries unit which provides a wide range of services to Buckinghamshire and beyond including 24 hour accident and emergency, maternity, cancer care and outpatient services. The hospital is also a national bowel cancer screening programme site.
Summary of our findings
for the essential standards of quality and safety

What we found overall

We found that Stoke Mandeville 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 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 ward eight and ward nine on 17 May 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.

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

People said their needs had been fully met; staff were quick to respond following personal requests and their care had been given in a respectful way. All the patients we spoke to identified they had been treated with dignity and respect during their hospital stay. Some patients said they had not received information about the facilities available at the hospital; whilst others said they did not have enough information about their care or treatment. None of the patients interviewed had been asked to provide feedback about their care and treatment in hospital to-date. Their experience is captured in a number of comments made to us:
‘I’m quite happy’.
‘The door is always closed when having personal care’.
‘They are very sensitive’.
‘They come straight away’.
‘We had to wait quite a while but they are busy’.

The patients we spoke to said they liked the food and had a choice from a selection of meals, food was hot and individual needs had been catered for. They said portion sizes were adequate and should they request additional food staff would provide it. None of the patients we spoke to said that they had missed a meal and all the patients confirmed they were given a hand wipe to clean their hands prior to the meal. Their experience is captured in a number of comments made to us:

‘The food is piping hot’.
‘I feed myself but they ask if I need help’.
‘Yes, there is plenty of choice’.
‘Very quiet, when I’m finished my dinner the dessert is cold’.
‘Sometimes I have to ask for help and sometimes I get it’.
‘We can choose from the menu’.

What we found about the standards we reviewed and how well Stoke Mandeville 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 Stoke Mandeville Hospital was meeting this essential standard.

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

- Overall, we found that Stoke Mandeville 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
Six patients confirmed their needs had been fully met; staff had been quick to respond following personal requests and care had been given in a respectful way. All the patients we spoke to identified they had been treated with dignity and respect during their hospital stay. Some patients said they had not received information about the facilities available at the hospital; whilst others said they did not have enough information about their care or treatment. None of the patients interviewed had been asked to provide feedback about their care and treatment in hospital to-date.

We received information from the 2010 inpatient survey following our visit. The hospital had been awarded an overall score of 89% when patients were asked whether they were treated with dignity and respect in hospital. A score of 83% was given when patients were asked whether they had enough privacy when discussing conditions and treatments; whilst a score of 93% was given when patients were asked whether they had enough privacy when being examined and treated.
Patient Advice Liaison Service (PALS) data and complaints data from April 2010 – March 2011 identified one contact from a total of 749 PALS cases and five complaints from a total 774 complaints received which related to privacy and dignity. The Trust had taken action in response to these issues.

Other evidence
Before and after our visit we looked at information we held about Stoke Mandeville Hospital which showed two concerns. The first was in relation to single sex accommodation and the second was regarding staff not responding quickly to the call bell. Responses from the 2010 National Inpatient Survey showed patient responses of 74% and 59% respectively against each area.

In April 2011 the trust board agreed a delivering single sex accommodation action plan. The action plan had been kept under review in line with monthly data collection of breaches. From October 2010 a declaration to eradicating mixed sex accommodation was posted on the hospital’s website confirming the trust’s compliance with the requirement to eliminate mixed sex accommodation.

The April 2011 Patient Environmental Action Team findings scored privacy and dignity at the hospital ‘Good’. Following an internal audit in March 2011 of outcome one – respecting and involving people who use services the Trust rated this outcome as green. The Trust said it had worked closely with Buckinghamshire Local Involvement Network and the Patient Experience Group. Three events to obtain feedback from people with a learning disability were held during 2010 – 2011. The outcome was that privacy and dignity was not identified as an issue.

We visited two wards where each bay and side room contained en-suite toileting and washing facilities and patients had a bedside locker for storage of belongings. We observed many call bells were out of reach; although, we were told by patients that this was because their beds had just been made. Information on protected mealtimes and visiting hours was clearly displayed on the wards. We saw staff seeking patients’ opinions and consent whilst giving explanations and reassurance in relation to personal care treatment and needs. We saw patients’ privacy and dignity respected by staff when they lowered their voices whilst discussing care needs and curtains were pulled before care giving. Consideration of a patient’s dignity and independence was seen by staff requesting that day clothes and foot wear be brought into the hospital for the patient.

We interviewed ten staff members from within the multi-disciplinary team. Staff said they collect feedback through conversations with patients, completion of the productive ward patient experience survey and comments from letters and thank-you cards. Staff said feedback from people who were unable to give an informed view or people with special communication needs would be individualised to the patient; relatives contacted or picture books used to aid communication.

Staff confirmed the importance of gaining consent and maintaining patient privacy and dignity. They said patients were informed of the risks and benefits of treatment through attendance at multi-disciplinary team meetings, family meetings and when completing assessment documentation on admission to the hospital. Patients’
wishes and preferences were also discussed at multi-disciplinary planning meetings. Staff had a good understanding of the resources provided to guide patients who identified concerns or complaints about the service. Staff said an open door policy exists for patients to come back to discuss treatment or concerns.

Four staff confirmed they had received training in patient privacy, dignity, independence and human rights; the remaining staff identified they had not received any training in this area. Information we received from the Trust following the visit confirmed that 86.79% of staff had received privacy and dignity training, whilst 51.7% of staff had received equality and diversity training. The Trust has had an equality and diversity manager in post since May 2011 supported by equality and diversity champions. Privacy and dignity training is also incorporated within Trust induction programmes for staff.

We reviewed four sets of patient records; two records from each of the clinical areas we visited. The records confirmed details of choices and preferences made by patients about their care; although, two of the patient records had limited information in this area. There was evidence of good multi-disciplinary team working and follow through of patients’ treatment and needs within the records. Patients’ needs had been considered and reviewed on an ongoing basis. We observed that although an area for discussion had been raised within one patient’s records, the information relating to this discussion, when it took place and with whom had not been documented.

Patient records confirmed that a patient’s capacity was assessed through the initial admission assessment. We saw from the information reviewed and the discussions held with staff that a formal approach to capacity assessment was not in use at the hospital. Throughout patients’ records we saw evidence that consent was either obtained through a formal or informal route. The case notes review confirmed one capacity assessment had taken place. Limited information relating to capacity assessments was seen in the other three case note reviews.

Our judgement
Patients at Stoke Mandeville Hospital were receiving good care, were respected and their privacy and dignity was maintained throughout their hospital stay. The trust’s policy on single sex accommodation was reflected in practice across the wards we visited on 17 May 2011.

Although training in privacy and dignity, equality and diversity was available for staff only four staff we spoke to confirmed attendance at privacy and dignity training.

Staff responses to patient call bells had been raised as a concern; we saw no evidence of this in practice.

There was evidence of good multi-disciplinary working and communication with patients to ensure needs were being identified and met. Although, we did observe an informal approach was adopted in relation to capacity assessment and information within the patients’ clinical notes were not easy to track. From the case notes we reviewed we saw one completed capacity assessment. The other case
notes provided limited information if any in relation to capacity assessment of the patients.

Overall, we found that Stoke Mandeville Hospital 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

Our judgement

The provider is compliant
with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

The patients we spoke to said they liked the food. Patients said they chose from a selection of meals, food was hot and individual needs had been catered for. They commented that portion sizes were adequate and should they request additional food staff would provide it.

Patients confirmed that staff would check they had sufficient food and drinks and would generally ask if they required assistance with their food. One patient said she sometimes had to ask for help; another patient confirmed she had recently spoken to the housekeeper about her dietary preferences. None of the patients we spoke to said that they had missed a meal and all the patients confirmed they were given a hand wipe to clean their hands prior to the meal.

Patient Advice Liaison Service (PALS) data and complaints data from April 2010 – March 2011 identified four contacts from a total of 749 PALS cases and three complaints from a total of 774 complaints received which related to nutritional issues. The Trust had taken action in response to these issues.

The positive response we received when talking to patients was reflected within the results of the 2011 Patient Environmental Action Team findings which scored the hospital’s food as ‘Excellent’. The 2010 National Adult Inpatient Survey results
showed that 90% of people who responded confirmed that they were offered a choice of food, whilst 72% of respondents confirmed they had received enough help from staff to eat their meals.

**Other evidence**

Our review of patient case notes showed patient’s current nutritional status had been assessed, were understood and identified the support the patient required. For example, one person was nil by mouth and was fed through a nasogastric tube. The malnutrition universal screening tool had been completed identifying the patient’s risk score and weight which had been updated at weekly intervals. Additional actions included completion of feeding charts per shift and a malnutrition screening action plan identifying actions specific to the patient.

Where required diet and fluid management charts had been well completed, although none of the records identified patients’ preferences in relation to food and drink. On one occasion we saw that a plan had not been put in place for a patient who needed support to drink.

We saw evidence of multi-disciplinary team working and documented discussions with the family in relation to patients’ feeding, hydration and nutritional needs. For example one patient’s clinical notes showed that a nurse and physiotherapist had encouraged the patient to increase fluid intake. Records of speech and language therapy assessments showed patients had been kept under review and action plans identified to maintain the patient’s nutritional status.

During our visit we saw the day’s menu displayed within patient areas. Each patient had a water jug on the bedside locker or table by the patient’s bed. We were informed that patients can ask for drinks at any time and there are five daily designated drinks rounds.

The hospital operates a ‘protected meal time policy’ and a red tray system identifying patients at risk of poor nutrition or dehydration. Both wards we visited had adopted this way of working, although on one occasion a patient’s mealtime was not protected. If a patient was fasting or had missed a meal snack boxes or frozen meals could be accessed and prepared on the ward.

We observed lunch time sessions over two clinical wards. The lunch time service was calm and unhurried. Patients were prepared to receive lunch and in most cases hand wipes were offered to patients prior to and post lunch. Patients were sitting comfortably and tables moved so food and drink was within reach. There were good levels of staff interaction with patients and staff assisting patients was seen to be sensitive to their needs. We saw on occasion that patients waited for staff assistance with meals. One patient whose needs were identified by the presence of a red tray hardly touched her meal. Assistance was not offered until later which resulted in the patient being given an ensure drink instead.

Meals were well presented and appetising, although on one occasion a patient received a meal he did not like. Meals were not rushed and staff checked with the patient before moving onto the next meal option. Following the meal, a member of staff provided tea and coffee and always asked patients how they preferred their
Staff confirmed patients’ choices were accommodated as menus provided a selection of food choices, for example: halal foods and vegetarian options. There was staff agreement that food had improved and cultural needs met. One member of staff did not rate meals highly and suggested there should be more patient feedback in this area. We were told that food quality is monitored through a multi-disciplinary group at bi-weekly meal tasting sessions at ward level. The results from these sessions were recorded and fed into the menu development process.

Staff agreed they had adequate time to support patients whilst eating meals, but less time to ensure that patients were drinking enough. One staff member confirmed there had been occasions when patients had hardly touched their food or drink and no follow-up actions resulted; identifying that this could be due to insufficient staff.

Staff said the multi-disciplinary team worked well together and patients were usually seen the day following admission by a hospital Dietitian and by speech and language therapy within 24 hours of admission. The Trust has a nutrition lead at Consultant level. Staff we spoke to knew how to meet patients’ nutritional needs, how to use the malnutrition universal screening tool, red tray system and why protected meal times were in place. Staff confirmed that patients’ malnutrition risk categories were reassessed weekly and dependent on the outcome, actions implemented.

The staff we spoke to confirmed attendance at training sessions in speech and language therapy, food hygiene courses, formal teaching for junior doctors and a nutrition study day for nurses. Information we received from the Trust after our visit confirmed that all hosts and hostesses had received food hygiene training since October 2010. The Trust’s nutrition nurse specialist confirmed that 81% of nurses at Stoke Mandeville Hospital (excluding spinal, paediatrics and maternity services) had been trained in the use of the malnutrition universal screening tool.

In April 2011, the Trust board requested a re-audit of the malnutrition universal screening tool in order to confirm that nutritional assessments and interventions were working effectively. This audit had been completed and the data was currently being analysed.

The Trust confirmed they encouraged patient involvement in deciding menus at Stoke Mandeville Hospital. They do this through monthly satisfaction surveys, comments and complaints and through reviewing the popularity of dishes from the analysis of uptake agreeing appropriate changes with the Dietitians.

Our judgement
Patients at Stoke Mandeville Hospital nutritional needs were being met in most cases. Patients we spoke to liked the food. The 2011 Patient Environmental Action Team findings scored the hospital’s food as ‘Excellent’ and we saw evidence of good multi-disciplinary team working ensuring patients’ hydration and nutritional needs had been met.

On occasion we saw that patients’ nutrition and hydration needs were not being met. On one occasion when a patient had hardly touched her food assistance had
not been given until later when a replacement drink of ensure was offered instead of the meal. On another occasion we saw that staff had not recognised a patient’s hydration needs as an action plan had not been put in place for a patient who needed support to drink.

Staff said they had time to support patients whilst eating meals, but there was less time to ensure that patients were drinking enough. One staff member confirmed that there had been occasions when patients had hardly touched their food or drink and no follow-up actions resulted following this observation.

Generally hand wipes were offered to patients prior to and post lunch, although on one occasion we observed that patients were not offered hand wipes until after lunch.

Overall, we found that Stoke Mandeville 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 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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