## University Hospitals Bristol NHS Foundation Trust

<table>
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<tr>
<th>Region:</th>
<th>South West</th>
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<tbody>
<tr>
<td>Provider address:</td>
<td>Trust Headquarters Marlborough Street Bristol BS1 3NU</td>
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<td>Type of service:</td>
<td>Acute Services</td>
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<td>Date the review was completed:</td>
<td>10/2010</td>
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<td>Overview of the service:</td>
<td>The provider is an acute NHS foundation trust providing services across the Bristol and greater Avon area. The trust also provides specialist care to people from across the South West Region.</td>
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Summary of our findings
for the essential standards of quality and safety

What we found overall

We found that University Hospitals Bristol NHS Foundation Trust was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.

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

Why we carried out this review

We carried out this review to check whether University Hospitals Bristol NHS Foundation Trust had made improvements in relation to:

- Meeting nutritional needs

Following their declaration of non-compliance with this outcome when the trust applied to register under the Health and Social Care Act 2008.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 October 2010 and on 14 October 2010 at Bristol General Hospital and University Hospitals Bristol Main Site, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider’s records, and looked at records of people who use services.
What people told us

We found that people who use the services feel that on the whole the food that they receive is good. The people we spoke to felt that the staff encourage and support them in eating and some had been given information about their nutrition following their discharge from hospital.

Some people that we spoke to said that they did not receive the food that they ordered but received an alternative, although this was not always a suitable substitute for that ordered.

What we found about the standards we reviewed and how well University Hospitals Bristol NHS Foundation Trust was meeting them

Outcome 5: Food and drink should meet people’s individual dietary needs.
We found that the trust have made a large number of improvements in relation to meeting nutritional needs since their declaration of non-compliance with this outcome when they registered with CQC.
We found that overall the majority of peoples nutritional needs are met. However, there are minor concerns regarding compliance with this outcome because:

- Protected mealtimes are not always observed by medical clinicians,
- People do not always receive the food that they have requested and although they receive an alternative this may not be suitable for them,
- Nutrition care plans and nutritional screening tools do not contain details of people’s food likes and dislikes or record whether the care plan has been discussed with the individual,
- Information to enable staff to identify the ongoing needs of people is often recorded on the handover sheet rather than being clearly recorded in the person’s record.

Overall, we found that University Hospitals Bristol NHS Foundation Trust was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Action we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.
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 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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<th>Our judgement</th>
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<td>There are minor concerns with outcome 5: Meeting nutritional needs</td>
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We found that people who use the services feel that on the whole the food that they receive is good. The people we spoke to felt that the staff encourage and support them in eating and some had been given information about their nutrition following their discharge from hospital. Comments made were: “Lovely food and plenty of it”, “I have not been well and had gone off of my food, the meals I have had been very tasty”, “the staff are excellent cannot fault the staff always willing to help”, “Nothing is too much trouble”, “staff respond to the call bell promptly”, “I have observed people who have been fed, staff were very patient and kind”. “Meals here are fantastic, better than I would get at home”, “you are encouraged to eat not forced to”, “The food is really good especially the puddings”, “Food is prioritised correctly, not rushed but is an occasion and you are encouraged to eat”, “My wife and I felt that the one to one chat with the dietitian was really useful. He explained my needs and put it over in a simple way”, “I would rate the food as a 9 (I don’t give 10s) its good balanced and nourishing and the staff are really nice. Say thanks to the chef”, “I don’t feel rushed”.

Some people that we spoke to said that they did not receive the food that they ordered but received an alternative, although this was not always a suitable substitute for that ordered. For example one gentleman was expecting a curry but was given a sandwich as an alternative. No attempt was made to source a curry for
him. On another ward patients are only asked what food they want on the day (due to the quick turnover of patients) one lady said that she had a sandwich as she was told the “last” salad had been taken. The sandwich was on white bread, she only likes brown so she did not eat the sandwich. Other comments made were: “I would not have ordered egg sandwich as I do not like this”, “they sometimes get confused about the food order so it sometimes gets mixed up”.

Other evidence
We were provided with evidence that there are systems in place to ensure that the nutritional needs of people are met. We have seen evidence of policies and procedure being in place and of ongoing audit and monitoring of wards to assess compliance with this outcome.

We looked at records of people’s nutritional care and found that each patient had a nutritional screening in place and that on most wards there was also a nutritional care plan in place. On one ward we found that they had run out of nutritional care plans and that they were not in place for all people. This was rectified during our visit. Food record charts were in place for those people who had a care plan which indicated they required one. We found that people’s food likes and dislikes were rarely recorded within the nutritional care plan and that there is rarely a record made that the care plan has been discussed with the person.

Additional Dietitian assessments were in place for people who have a nutritional assessment which identified that they required additional input. All of the staff we spoke to said that it was easy to make a referral to the dietetics department and that the response from them was swift.

We found that there are many nutritional care documents within a person’s record and that these are in different places so it is difficult to gain a full picture of an individual’s needs. For example, nutritional assessment, care plans and weight monitoring records were not together. This would have assisted in the review of documentation by staff. We found that it is not always clear to identify the needs of an individual from the records, and that information is contained within the nursing handover sheets which would be useful to be recorded in the nutritional documentation.

We observed both the positive and negative practice identified by the people who use the services. One person on receiving their menu at the beginning of the protected mealtime noted that they would not have chosen steak and kidney pie as they did not like pastry, this lady was given a suitable alternative hot meal. Another lady had requested crème caramel for dessert which was not available but was given a choice of the desserts available on the day.

We observed that staff were encouraging and caring in supporting people with their meals and ensured that the dignity of those people was maintained throughout.

We found that where the protected mealtimes are observed a relaxed environment is evident during the mealtimes and in all cases staff are encouraging, supportive and kind to people who use the services. We were told on one ward that
sometimes the end of the multidisciplinary team meetings encroach on the protected mealtime. This was observed on another ward where at the end of the meeting medical clinicians went directly to speak with three patients during their meal. We pointed this out to the nurse in charge. The clinicians, once reminded of the protected mealtime policy left the patients to finish their lunch.

**Our judgement**

We found that overall the majority of people’s nutritional needs are met. However, there are minor concerns regarding compliance with this outcome because:

- Protected mealtimes are not always observed by medical clinicians,
- People do not always receive the food that they have requested and although they receive an alternative this may not be suitable for them,
- Nutrition care plans and nutritional screening tools do not contain details of people’s food likes and dislikes or record whether the care plan has been discussed with the individual,
- Information to enable staff to identify the ongoing needs of people is often recorded on the handover sheet rather than being clearly recorded in the person’s record.
Improvement actions

The table below shows where improvements should be made so that the service provider maintains compliance with the essential standards of quality and safety.

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<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
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<td>Treatment of disease, disorder or injury; Surgical procedures; Diagnostic or screening procedures;</td>
<td>Regulation 14</td>
<td>Outcome 5</td>
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**Why we have concerns:**

We found that the majority of people’s nutritional needs are met. However, there are minor concerns regarding compliance with this outcome because:

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- Nutrition care plans and nutritional screening tools do not contain details of people’s food likes and dislikes or record whether the care plan has been discussed with the individual,
- Information to enable staff to identify the ongoing needs of people is often recorded on the handover sheet rather than being clearly recorded in the person’s record.

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

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

The provider’s report should be sent within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.
What is a review of compliance?

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

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

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

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

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

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

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

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

<table>
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<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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