

Dignity and Nutrition at local acute Hospitals (Item 6 - Appendix A)

Interim report for the West Berkshire Council Health Scrutiny Panel – 27 March 2012

Background

Concern had been expressed by the West Berkshire Council Health Scrutiny Panel on July 19th 2011 about the lack of up to date information available to councillors on Dignity and Nutrition at the Royal Berkshire Hospital. This was in part due to the fact that the CQC had undertaken a series of visits at 100 hospitals across England on these topics which did not include the RBH.

At the HSC meeting on October 4th, the West Berkshire LINK undertook to investigate these topics and to provide an interim report to the HSC by mid January 2012.

Executive Summary

The Independent Living Network, acting as the host organisation for the LINK, made a number of attempts to assemble focus groups in September and October 2011 but experienced a great many late cancellations. One was held but only two people turned up. Focus Groups were therefore abandoned in favour of a questionnaire based survey.

Working in collaboration with the Princess Royal Trust and Crossroads, 250 questionnaires were despatched and we had 51 valid responses (20%)

32 responses related to inpatient episodes at the RBH with the remainder relating to Basingstoke (7), Swindon (4) Oxford (2) and a variety of other hospitals. The bulk of the responses (65%) were from people in the RG14, RG19, RG31 and RG18 postcodes

We asked people to score their experiences of the following on a scale of 1 to 10

- 1) The standard of nursing care on weekdays.
- 2) The standard of nursing care at evenings and week ends.
- 3) Dignity and Respect.
- 4) Nutrition and hydration
- 5) The information that they were given.
- 6) Hygiene and hand washing standards.
- 7) The admin relating to their admission, treatment and discharge.

We also asked

- 8) Whether due note was taken of whether they were carers.
- 9) Whether they would recommend the hospital.

The **RBH** results (numbers and percentages) based on 32 returns are summarised below :

	0 to 3	4 to 6	7 to 10	Total
Nursing care - weekdays	1 (3%)	6 (19%)	24 (78%)	31 (100%)
Nursing care –evenings etc	2 (6%)	7 (23%)	22 (71%)	31 (100%)
Dignity and respect	2 (6%)	5 (16%)	24 (78%)	31 (100%)
Nutrition	2 (7%)	9 (31%)	18 (62%)	29 (100%)
Information	3 (10%)	6 (19%)	22 (71%)	31 (100%)
Hygiene	2 (6%)	4 (13%)	25 (81%)	31 (100%)
Administration	2 (6%)	4 (13%)	25 (81%)	31 (100%)
		Yes	No	Total
Carer status		16 (52%)	15 (48%)	31 (100%)
	No	Unlikely	Probably	Yes
Recommendation?	2 (6%)	3 (9%)	9 (28%)	18 (56%)

The results for the full cohort of responses (51) relating to all hospitals are as follows:

	0 to 3	4 to 6	7 to 10	Total
Nursing care - weekdays	3 (6%)	15 (31%)	31 (63%)	49 (100%)
Nursing care –evenings etc	4 (9%)	16 (34%)	27 (57%)	47 (100%)
Dignity and respect	4 (8%)	10 (21%)	34 (71%)	48 (100%)
Nutrition	4 (9%)	15 (33%)	26 (58%)	45 (100%)
Information	5 (11%)	9 (19%)	33 (70%)	47 (100%)
Hygiene	2 (4%)	5 (11%)	38 (85%)	45 (100%)
Administration	2 (4%)	13 (27%)	33 (69%)	48 (100%)
		Yes	No	Total
Carer status		20 (41%)	29 (59%)	49 (100%)
	No	Unlikely	Probably	Yes
Recommendation?	5 (10%)	5 (10%)	14 (29%)	25 (51%)

The results at the RBH are consistent with recently published internal satisfaction measures and are as good or better than the average for all responses apart from hygiene in all categories.

Although the sample sizes are low and although it cannot be claimed that the sample is representative, there is still some evidence within this sample of dissatisfaction amongst a sizeable minority of patients about the standards of care that they have experienced at local hospitals.

We would, however, issue a caveat regarding the findings in that two of the more critical returns relating to the RBH concern hospital episodes prior to 1st October 2010.

We have asked the RBH if they would be prepared to distribute an amended but similar questionnaire to a random selection of elderly patients that had been discharged in the last six months. Thus far, despite reminders, this has yet to take place but we recognise that the RBH has been in the throes of a huge reorganisation over the last few months and that certain recent events have added to their difficulties. This survey, however, underlines the need to do such a survey in order to reassure the community that recent initiatives to improve standards there are being effective and to help refute some very strongly held views in the community that standards of care at the RBH, particularly for older people, are very poor.

We have also made a request to John Shaw, the CEO of the PRT in Reading, to extend the survey to the Wokingham area but again this request has not yet been responded to.

We would recommend that the survey be extended. The LINK will notify the CQC of our interim findings

Detailed Report

Methodology

Focus Groups

Sharon Jones, the development officer for the LINK and the ILN, liaised with the Princess Royal Trust during September and early October 2011 to try to assemble some focus groups. On two occasions the planned meeting was called off at the last minute due to people pulling out.

Eventually, a focus group was assembled but only two people attended and neither of them had been in a local acute hospital in the previous year.

A decision was taken to defer the use of focus groups in favour of adopting a questionnaire approach.

Questionnaire

A questionnaire (see Appendix 1) was developed with the help of the ILN and Nigel Owen of West Berkshire Council. Two additional questions relating to Carers were added at the request of the Princess Royal Trust (PRT).

Questionnaire packs including SAEs were prepared for the PRT and later for Crossroads so that they could add address labels for their members. At no stage did the LINK have access to the names and addresses of the recipients.

It was noted that there was no guarantee that those in receipt of the questionnaires would have been an inpatient at an acute hospital though the probability of this was likely to be greater than it would be amongst the general population.

190 Questionnaires were provided to the PRT and 60 to Crossroads. We had 51 returned questionnaires.

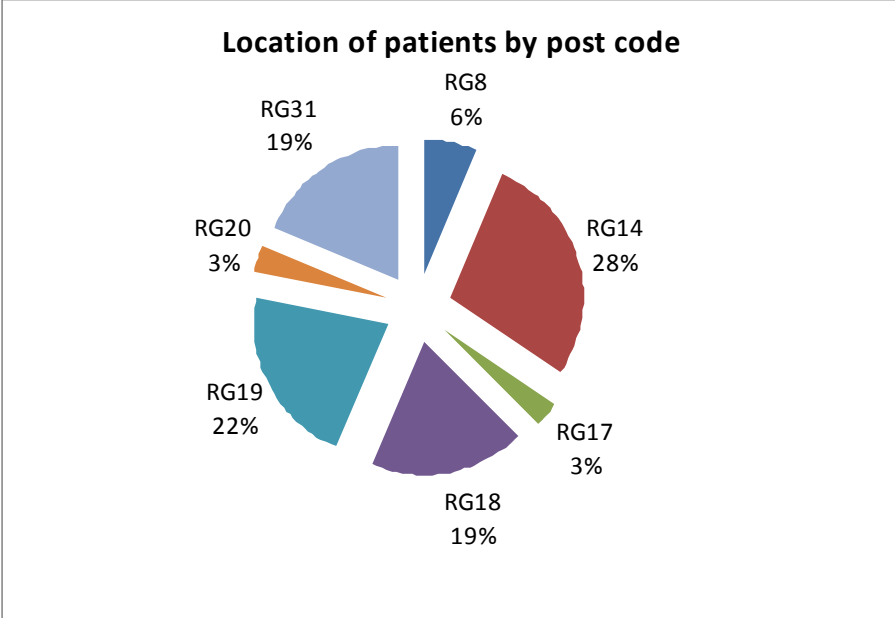
The returned questionnaires were analysed and transcribed by Sharon Jones and Man Lui of the ILN / LINK support team and this report is based on their work.

Findings at the Royal Berkshire Hospital

Demographics

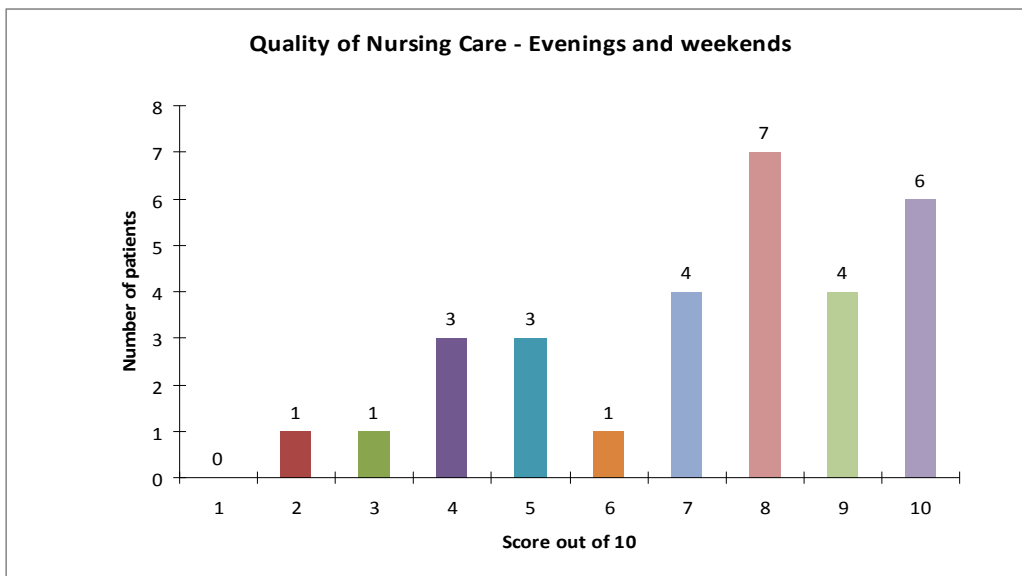
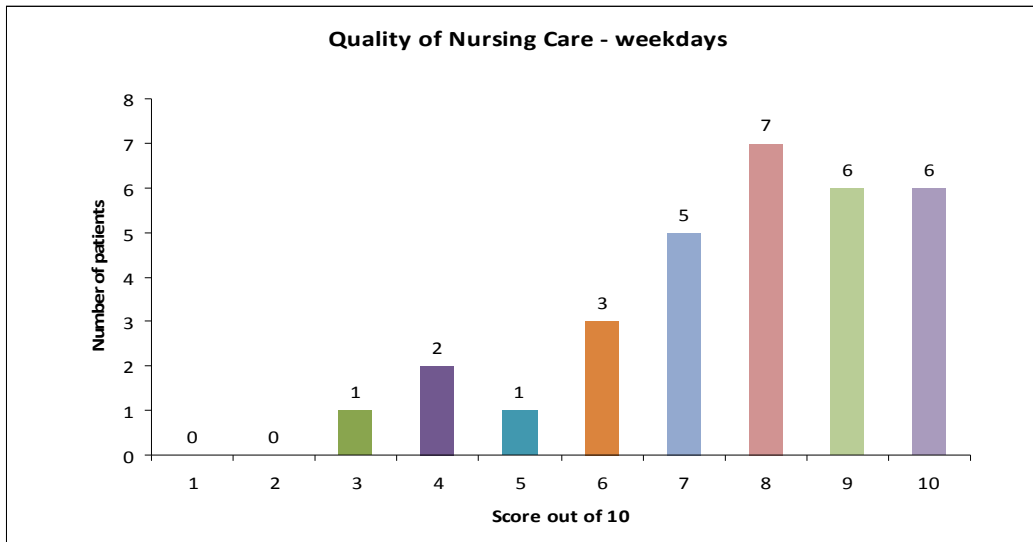
There were 32 people who responded re the RBH of whom 24 were carers. Of these 12 were the patients themselves, 20 were close friends or relatives of the patient and 1 was the carer of a patient that was neither a close friend or relative. 24 of the in patient episodes occurred in the 12 months to 30 Sept 2011. 8 were earlier than that. All but one of the patients were aged 65 or over with 11 being 81 or over. The majority of the patients (70%) were male (23)

The post codes of the patients are shown in the diagram below



Nursing Care

As can be seen from the charts below the majority of patients felt that the standard of Nursing Care on both weekdays and evenings and weekends was in the range of 7 out of 10 or better.



Comments varied from compliments such as

- 1) Nothing was too much trouble.
- 2) I cannot fault the level of nursing care during these times for 39 days' stay.
to some more worrying ones that chime with some current hospital internal reporting
- 3) Nurses' attitudes were very caring but hard pressed. Time from ringing care 'bell' to getting attention varied, could be 10 minutes or more.
- 4) Rarely saw a nurse weekends very thin on the ground.

Dignity and respect

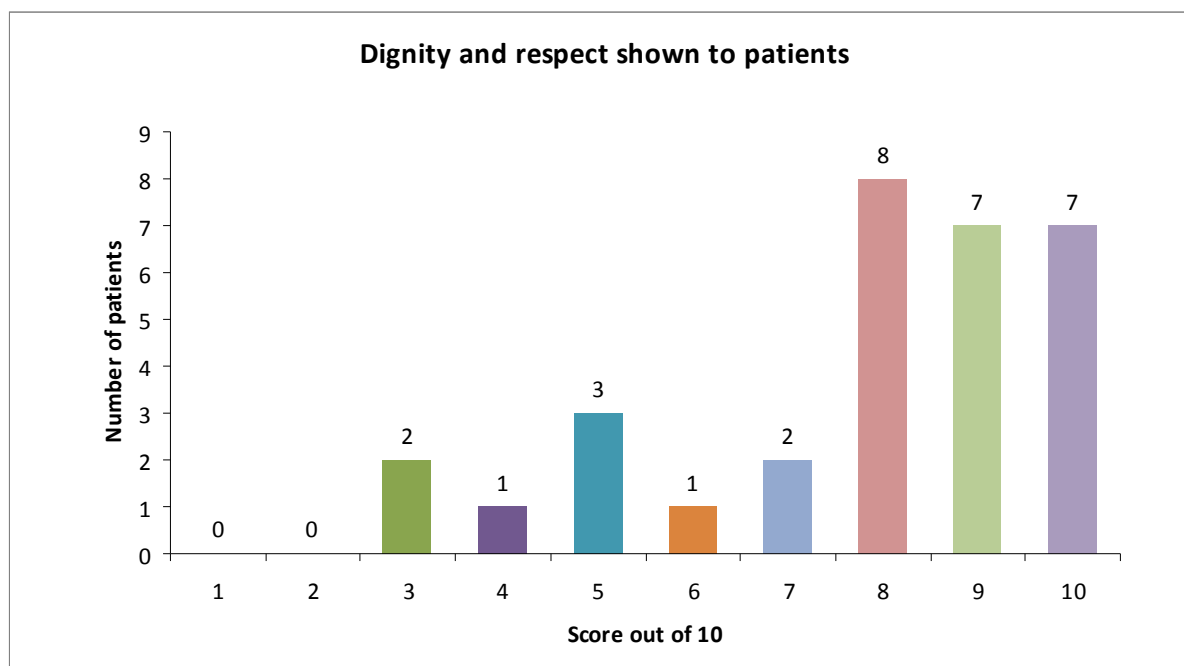
As indicated in the questionnaire, dignity and respect in a hospital context can be defined as below:

Dignity is the result of being treated with respect. It is internal and often associated with a sense of worth, well-being, being valued and having a sense of purpose

Respect is about the staff at the hospital being polite, being thoughtful and caring, keeping you informed, meeting your needs and ensuring your privacy, etc. and not treating you as an object of service..

The question that was asked was “Were you treated with respect as a person, when you were in hospital? How would you rate this?”

The results are shown in the chart below and again show that the majority of patients rated the RBH well on this issue. However 6 out of 31 (19%) scored this as 5 or below which is a cause for concern



Comments, as for other issues, varied from complimentary such as

- 1) Treatment good
- 2) On the whole, I was treated with respect but I realised that I had to 'think ahead' if I needed care or help in order to save nurses extra work.

through to more thoughtful ones

- 3) Could I have done any better? (or as well?) Perhaps not. But nursing staff and even doctors seemed a little 'busy' at times, but trying their best. Some patients struck me as very 'demanding' which could make difficulties.

Down to more distressing ones

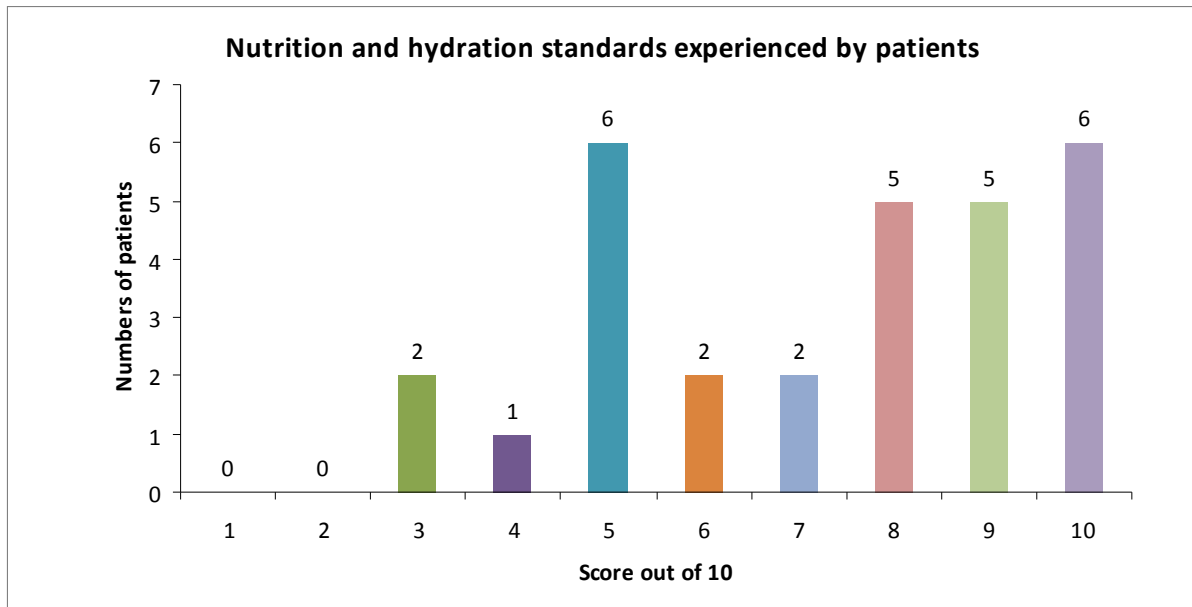
- 4) I felt as though I couldn't possibly know my mothers requirements or her problems even though I tried to explain her needs and confusion. I trusted them knew better but turned out I shouldn't doubt myself and I had to step in and help when mum got upset. I don't want her or me to go again.
- 5) My mother was left in a chair, ignored by staff for more than six hours following a period when drugs had caused her to become mentally confused.

Nutrition and hydration

We asked the patients the following question

Were you able to get the food and drinks you needed, when you were in hospital? How would you rate this?

It will be noted that there is some evidence that there is a somewhat higher level of dissatisfaction regarding this issue than for the previous ones (nursing care and dignity and respect).



In comparison to the comments that we received from other units, the RBH fared quite well with a number of compliments

- 1) Food was good
- 2) Food always hot and as you wanted it.
- 3) The nursing staff sat at length with patients unable to feed themselves. In some cases they refused to eat so food and water left on tables within easy reach.

Though there were some adverse comments

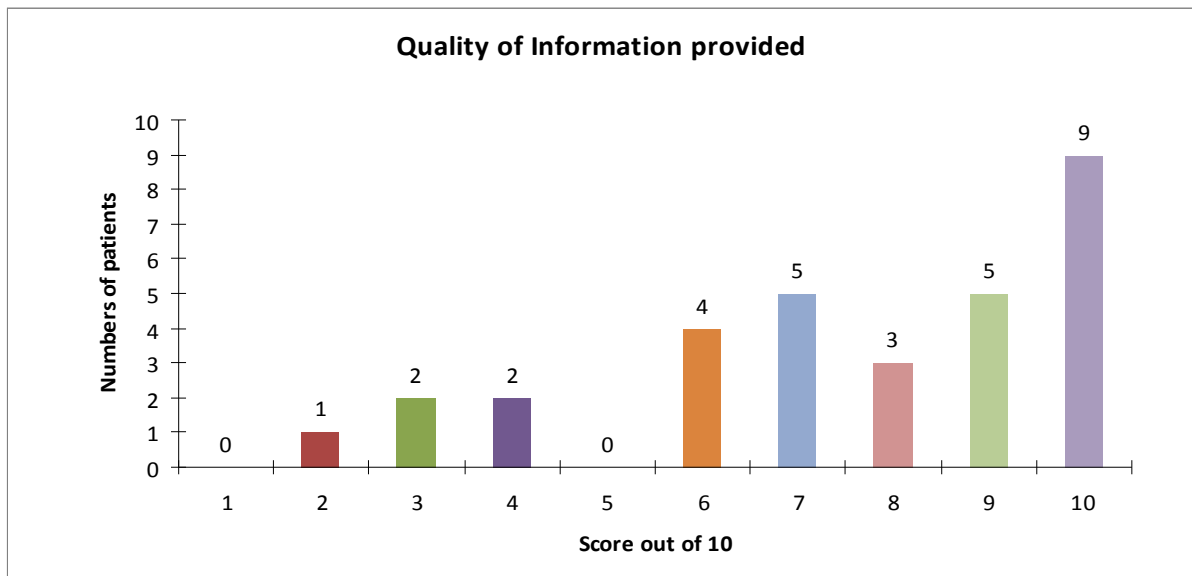
- 4) On the first day after my operation my meals were put on the table where I could not reach them (as I could not sit up). I also had to ask for a mug and straw for my drink as I could not drink from a cup. If it hadn't been for one very kind young nurse who fed me, I could have missed out on lunch.
- 5) No. He was forgot sometime to get a drink. Was not good at all.

Information

The question that was asked was “How would you rate the information that you received about your treatment from consultants and junior doctors?”

The findings were as follows:-

Despite the fact that 70% of those responding scored the RBH at 7/10 or greater, the outcome is not as good as it should be and a significant number of patients were dissatisfied with this aspect of their stay.



Comments were mainly complimentary such as

- 1) The consultant and doctors gave us all the information without us asking for it.
- 2) . Always excellent.
- 3) I was seen by the consultant and registrars after the operation and gave all the details I wanted about the success of the operation. The physio saw me a) to fit conset b) to check I was fit to leave hospital.

The one adverse comments was

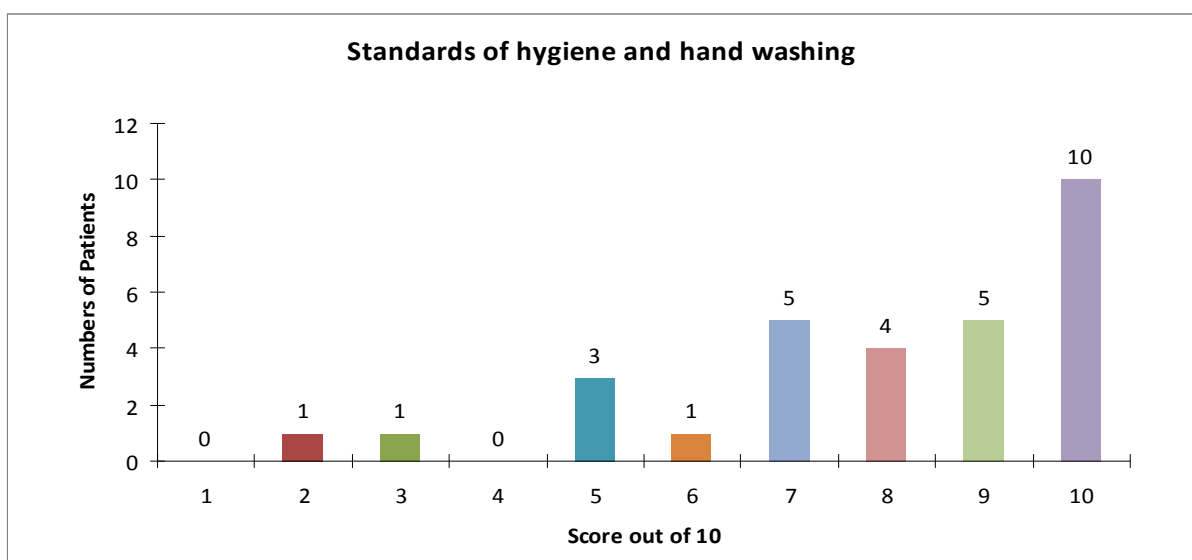
- 4) On discharge was Diagnosed wrong, eventually diagnosed correctly, but too late.

Hygiene and hand washing

The question asked was : -

How would you rate the hygiene standards in the ward? Was it clean? Did staff wash their hands before physical contact?

The responses are shown in the chart below. Again, bearing in mind the emphasis on this aspect of hospital care over the last two or three years it would have been anticipated that there would have been even better outcomes.



Comments on hygiene varied from the complimentary and reassuring

- 1) Ward always clean
- 2) The ward was spotless. Staff always washed their hands.
- 3) Staff always washing hands, always changing beds, especially incontinent patients.

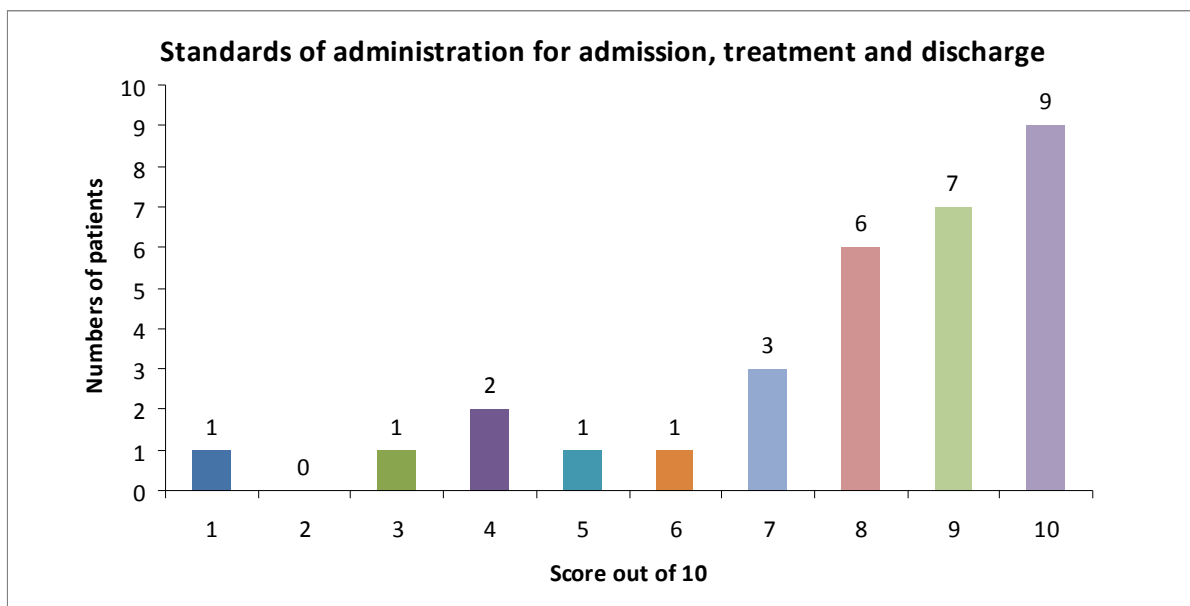
to the worrying

- 4) There was a layer of thick dust at the back of my bed (on the floor). The shower was filthy - waters and hairs on the floor. Also the emergency bell did not work.
- 5) People visiting saw that some did not wash their hands and they had very little time to do this. but had time to laugh about their evenings and days off.
- 6) I never actually saw them washing their hands from my bed position. I was aware they sometimes used alcohol gel wash gloves.

Administration

The question asked was “How would you rate the hospital administrative processes – admission, discharge, communications etc? Was it well organised and trouble free?”

The outcomes are shown in the chart below:



Comments varied from compliments such as

- 1) We were met at door and given immediate attention.

To disturbing ones such as

- 2) . They couldn't wait to get rid of my husband and I had to fight for any care package.
- 3) Husband drove for emergency on 7.12.10. Hospital telephoned at 6.12pm and told us to go to SDU at 4.30 for admission. We duly arrived - no one knew anything about us and we were directed to A&E, I refused to go, asked to see a manager. Eventually a bed was found for my husband.

4) Waited a long time without seeing anyone eventually saw someone, to be told we would have to come back another day

Carer status

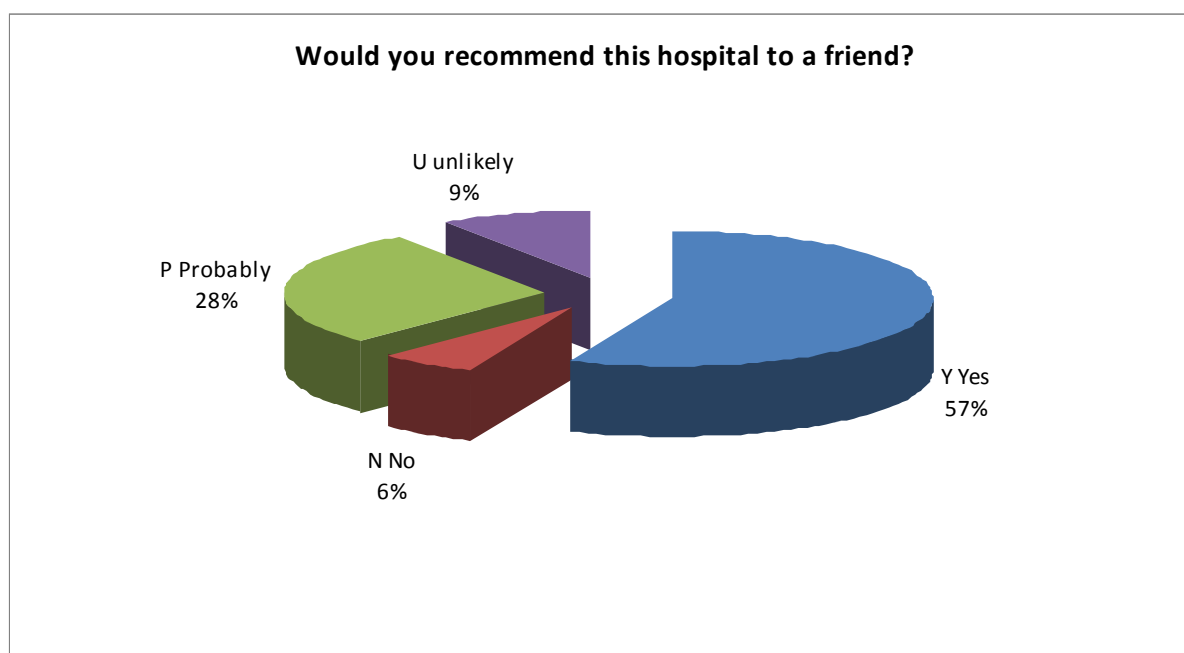
The Princess Royal Trust requested that we ask patients whether they were asked if they were carers during the admission process. Clearly there are circumstances where such information would need to be acted upon very quickly and there is a good argument for this question to be asked of all patients (that are capable of answering) as soon as possible after admission.

Approximately half of the patients (16 out of 31) indicated that they had not been asked

Recommendation

One of the best questions to ask people that have experienced hospital services as either a patient or as a member of hospital staff is “ Would you recommend this hospital to a friend or relative?”

The people responding to the questionnaire were not unanimous in their response as may be seen from the chart below. With 15% saying that they either wouldn't or would be unlikely to recommend the RBH to a friend, this must give rise to concern. Certainly more work should be done to establish whether a more scientific study would yield similar results.



Comments made at the end of the questionnaire and relevant to this question about recommendation again covered the entire spectrum of views from

- 1) Maybe I was lucky. I also have private medical insurance but in this case it was necessary to use the NHS. Couldn't have had better service, Lodden Ward.
- 2) Husband has Alzheimer's and austin moore hemiarthroplasty. Excellence, wrote to the Chief Executive Officer.

through to

- 3) My husband went to the RB at the end of October 2007. He died four weeks later. The nursing was appalling, as his eyesight was failing, no one saw that he was fed. The ward was filthy. There was urine on the floor, no one bother to mop up. They put all the old people in nappies, then didn't bother to change them. So if they got out of bed urine just out of the nappy. My husband was

not treated with respect. The nurses just stood around talking.
Please God if I'm ill don't send me to the RB, let me die at home.
The ward my husband was in was SIDMOUTH.

4) I have seen Royal Berks in better health also where people cared more for people they looked after over the years. I have seen linen in black plastic bags left for clear in areas and not many chairs for visitors to sit on. Good and bad.

Findings at the other hospitals attended

Scope

Rather than repeating the previous section relating to the RBH, it has been decided to limit the detailed commentary in this report to the dignity and nutrition sections and the recommendation section

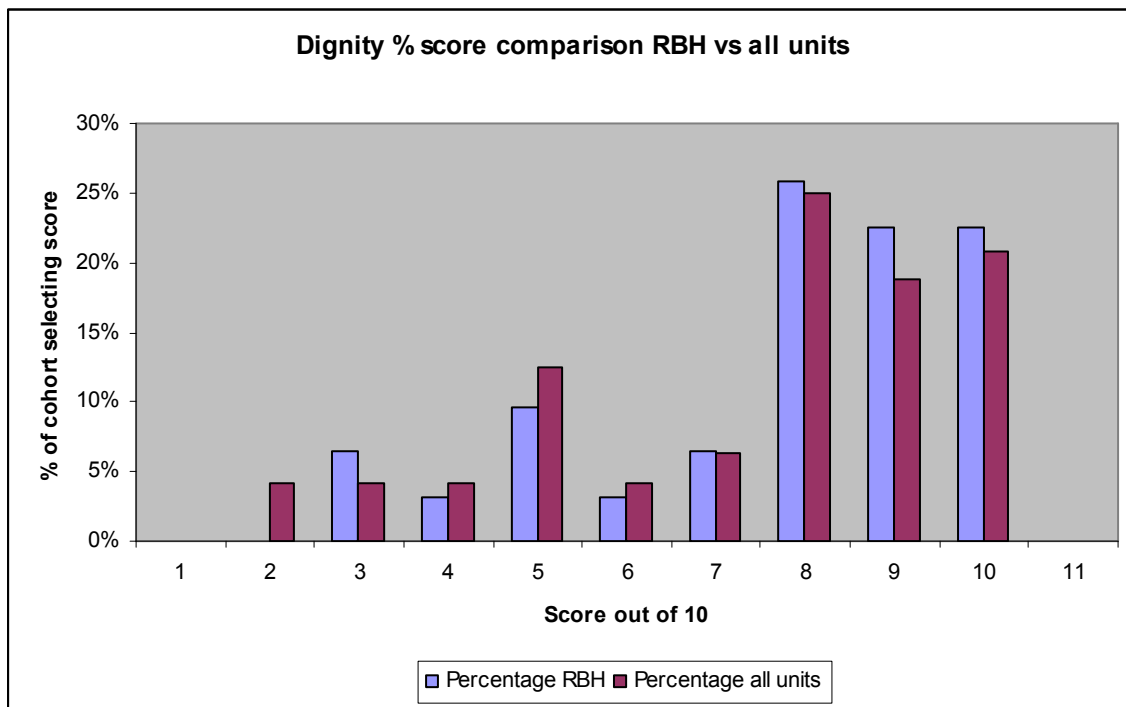
If required, a more detailed report can be provided on request.

Because of a number of adverse comments relating to aspects of the care at both Basingstoke and Swindon, some of these comments have been incorporated into a separate section below.

Dignity and respect (all hospitals)

The first chart below shows the dignity and respect scores for all 48 units that respondents had experienced (including the RBH) and the second chart shows the comparative percentage scores for the RBH in comparison to the 48 units. As can be seen there is little difference though the RBH scores slightly greater than the average across the 48

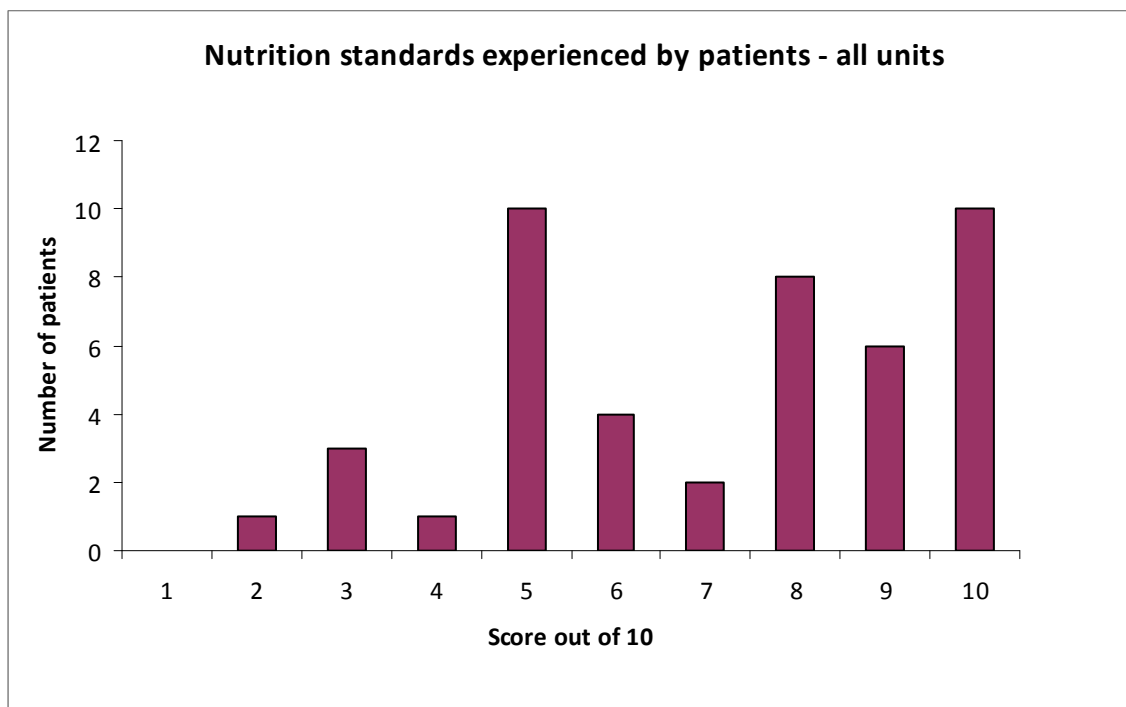


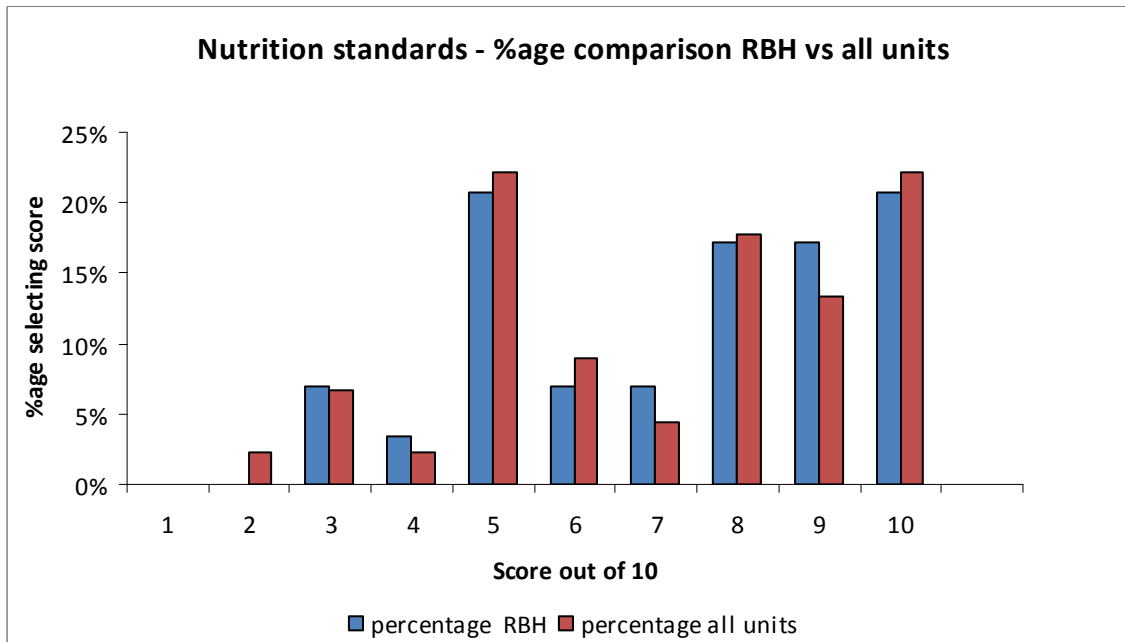


Regarding the other units, some additional comments are set out below.

- 1) I was treated with respect and informed of the procedures involved throughout. (Elsewhere)
- 2) No real problems with dignity etc (Basingstoke)
- 3) Some doctors treat you as an object, refused to let me have tablets prescribed by my doctor. Had rows with nurses as doctor told that I had to have all tablets in the morning not like I have been doing some morning some night. (Swindon)
- 4) Acute assessment ward really needs a shake up or more staff (re Swindon)

Nutrition and hydration (all hospitals)





Comments specific to other units are as follows:-

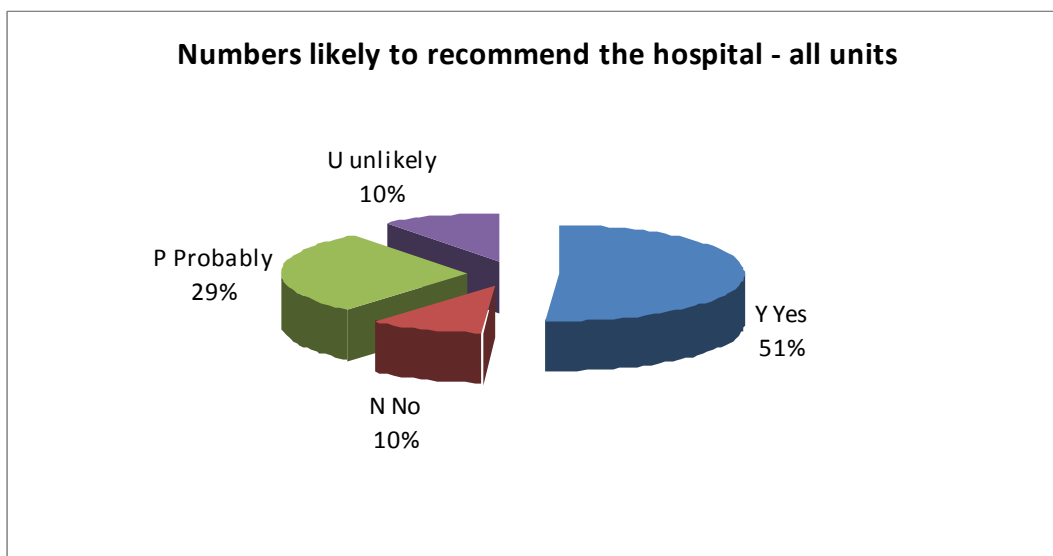
- 1) When you got your meals they were warm or cold, and for us old people not what we are used to.
- 2) My mother was extremely unwell we had to ask for my mother to be prescribed drink supplements as her eating was so poor due to the food not being served that she could not eat.

(Both comments relate to Swindon)

Recommendation (all hospitals)

It will be noted that the proportion of people that would definitely or probably recommend the hospital that they had received treatment at has dropped from 57% and 28% (RBH only) to 51% and 29% respectively when looking at the full cohort of responses.

This would seem to indicate that peoples experiences of other local hospitals is worse than they experienced at the Royal Berks



Comments regarding recommendations from people who used hospitals other than the RBH include :-

- 1) Only that was the easiest hospital to get to, and parking was no problem. (Basingstoke)
- 2) First class treatment through out my two stays in North Hants Hospital. To be recommended. (Basingstoke)

Through to

- 3) Would rather be looked after at home, better care. Hospital food rubbish and cold breakfast cereal and leather toast every day. No proper breakfast. Have asked not be sent to Swindon to stay in hospital. (Swindon)
- 4) As my husband is suffering from dementia they completely ignored him. Shocking. Which meant me visiting him every day from Newbury.
- 5) We did make a complaint about the treatment, food and discharge of our mother who subsequently had to be admitted as an emergency to the Argyles nursing home.
- 6) The Trauma ward was not set up for patients who could not do the basic things for themselves. What was needed was help from a number of health care support workers (auxilliary staff where the cost should not be a problem). (Basingstoke)
- 7) Although junior doctors and consultants try hard after this the system falls down, maybe due to organisation or staff shortage or information, but there are problems for patients. (Swindon)

Adverse comments about nursing care and hygiene in non RBH units

- 1) Very poor at times not enough nurses. Patients seemed to be pushed to one side. Catheter not cleaned each day. (Swindon)
- 2) Couldn't care less (Other)
- 3) After 2 days my husband was in a room on his own, and I am sure that he did not get all the care and attention he needed. (Basingstoke)
- 4) My wife is doubly incontinent but her pad was only changed very infrequently resulting in a pressure sore which she had not had during all the time in palliative care at home. It took a day or two for a ripple mattress to be used. (Basingstoke)
- 5) Asked to be taken to the toilet several times, when carer arrived she had to take me, and not only on one occasion. Also physio could have been better. (Basingstoke)
- 6) During the weekend my daughter and I did all feeding and changing clothes etc. What the situation would have been if we had not done this I hate to think. (Basingstoke)
- 7) Poor night care when called for took ages, result was soiled bed linen which was then commented upon. (Swindon)
- 8) Medically P**** was taken care of but nursing quite poor. Bedding didn't look as clear as it should be (spilling of food). Being unable to open liquid food drinks that were imposible to open. P**** died after 3 weeks in Hospital. (Basingstoke)
- 9) Used plasters under bed. Didn't change mattress for new patient or disenfect it. (Other)

Conclusions

This was a relatively small sample that was not randomly selected. As such conclusions based on this sample should be regarded with some caution

Some of the evidence (25%) gathered related to episodes of care that took place more than 12 months prior to Sept 30 2011.

Bearing in mind those caveats, there is evidence that many people using the RBH are content with the standards of care that they experienced. However 15% of our sample would not recommend it to a friend which is a concern. It will be noted that this rises to 20% if the other hospital episodes are taken into account. The RBH, by way of contrast, report that their performance on recommendations has improved from 89% to 94% from 2010 to 2011 on the basis of their internal rolling monthly survey

It is recommended that this survey be expanded to a wider group of patients preferably by obtaining the direct cooperation of the Royal Berkshire Hospital in sending out similar questionnaire packs to a random sample of people aged 65 or over that have been discharged from any ward in the last 6 months.



West Berkshire LINK (HealthWatch) Bridging Gaps In Health and Social Care Services

DIGNITY IN CARE - INPATIENTS AT ACUTE HOSPITALS

There have been a few reports reaching us from patients and carers about poor care experienced at local acute hospitals like the Royal Berks in Reading and similar units in Basingstoke, Swindon and Oxford. As a precaution we would like to ask you about any specific period of care that you or a close relative or friend have experienced as an in-patient in the year to Sept 30th 2011.

Before we start, we need to ask you about yourself so that we can analyse the responses properly.

Q1 Who?

In completing this questionnaire are you describing the experiences of

- A) Yourself as a patient or **Please insert A, B or C in the box**
- B) Those of a close friend or relative or
- C) Someone else for whom you provide care services

Q2 Carer?

Are you a carer? **Please insert Y (yes) or N (No) in the box.**

Q3 When?

Did the episode of care that you are describing take place during the 12 months to Sept 30 2011? **Please insert Y (yes) or N (No) in the box.**

If not, when did it take place?

Q4 Where?

At which acute hospital did this episode occur? **Please insert A,B,C,D or E in the box**

- A) Royal Berkshire - Reading, B) Basingstoke C) Swindon
- D) John Radcliffe in Oxford E) Elsewhere

If E) then please specify

Q5 Age?

What was the age of the patient ?

- A 65 or less B 66 to 80 C 81 or over **Please insert A, B or C in the box**

Q6 Gender?

What was the gender of the patient? **Please insert M or F in the box**

Q7 Home Location?

What are the first four characters of the patient's home postcode (e.g. RG17)

Main Questionnaire

Please rate your experiences on a scale of 0 to 10 where 1 is Very Poor and 9 is Very Good. Scores of either 0 or 10 would be exceptionally good or bad and therefore unlikely but not impossible in practice.

Please try to answer all of the questions.

For the purposes of the questionnaire we use the term “you” to describe the patient whose experiences are being commented on whether it be yourself or your relative or friend.

Q8 Hospital administration

How would you rate the hospital administrative processes – admission, discharge, communications etc? Was it well organised and trouble free?

Please insert score (0 to 10) in the box

Comments

Q9 Support administration

Did the hospital ask if you were a carer and ensure that the person for whom you provide care was being looked after appropriately?

Please insert Y (yes) or N (No) in the box.

Q10 Nursing Care – Days

How would you rate the nursing care that you received during peak hours (7am to 7pm Monday to Friday) ?

Please insert score (0 to 10) in the box

Comments

Q11 Nursing Care – Evenings and Weekends

How would you rate the nursing care that you received during the evening / night time and at weekends ?

Please insert score (0 to 10) in the box

Comments

Q12 Dignity and Respect

Were you treated with respect as a person, when you were in hospital? How would you rate this?

Respect is about the staff at the hospital being polite, being thoughtful and caring, keeping you informed, meeting your needs and ensuring your privacy, etc. and not treating you as an object of service. Dignity is the result of being treated with respect. It is internal and often associated with a sense of worth, well-being, being valued and having a sense of purpose.

Please insert score (0 to 10) in the box

Comments

Q 13 Nutrition and hydration

Were you able to get the food and drinks you needed, when you were in hospital? How would you rate this?

Please insert score (0 to 10) in the box

Comments

Q14 Information

How would you rate the information that you received about your treatment from consultants and junior doctors?

Please insert score (0 to 10) in the box

Comments

Q15 Hygiene and hand washing

How would you rate the hygiene standards in the ward? Was it clean? Did staff wash their hands before physical contact?

Please insert score (0 to 10) in the box

Comments

Q16 Recommendation?

Would you be likely to recommend the hospital to a friend on the basis of your experiences?

Please insert Y (yes), P (probably), U (unlikely) or N (No) in the box

Comments

Please return to : West Berkshire LINK (HealthWatch), Broadway House, 4-8 the Broadway, Newbury, Berks, RG14 1BA