

# Dignity and nutrition for older people

## Review of compliance

**Great Western Hospitals NHS Foundation Trust**  
**Great Western Hospital**

<b>Region:</b>	South West
<b>Location address:</b>	Marlborough Road, Swindon, Wiltshire, SN3 6BB
<b>Type of service:</b>	Acute Services
<b>Publication date:</b>	June 2011
<b>Overview of the service:</b>	Great Western Hospital is situated on the eastern side of Swindon, close to Junction 15 of the M4. The hospital opened in 2002 and has over 600 beds. Over 30% of the beds are provided in single rooms. A range of services are provided, including emergency care, surgery, diagnostics, paediatrics and maternity.

# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Great Western Hospital was not meeting one of the essential standards we reviewed. Improvements were needed.**

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 that we hold about the provider. We then made an unannounced visit to the hospital. This visit took place on 12 April 2011 between 9.20am and 5.15pm. We saw two wards, called Neptune and Jupiter. Many of the patients on these wards were older people and we were told that some people had dementia. On each ward we observed how patients were being cared for, talked with people, and looked at some patient records. We spoke individually with 13 patients and six members of staff. We met with other patients, their relatives and staff during the visit.

Our inspection team was joined by a practising, experienced nurse and 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

Patients we spoke with made some very positive comments about the staff. They described staff as 'very kind', 'lovely' and as treating them 'like a friend'. We were told that staff were busy and worked hard, and some patients said that more staff were needed.

Patients told us that staff took an interest in how they were feeling. However, they had not always been asked for information which would help staff to get to know them as people, with their own likes and dislikes.

We were told about the layout of the wards, which included a number of single rooms with en-suites, and other rooms for four patients. Patients liked the privacy and the facilities that these areas provided. However, we also met patients who said that their privacy and dignity was not being respected. One person described themselves as a 'trolley patient, the fifth person in a four bedded room', as they were accommodated in an extra bed.

We heard positive comments about the choice and quality of meals. Most patients were satisfied with the meal arrangements. However, we were told about shortcomings, such as when a person got a meal that they hadn't asked for, or felt that they needed more support.

## **What we found about the standards we reviewed and how well Great Western 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 improvements were needed for this essential standard.

### **Outcome 5: Food and drink should meet people's individual dietary needs**

- Overall, we found that Great Western Hospital was meeting this essential standard but to maintain this we suggested that some improvements were made

## **Action we have asked the service to take**

We have asked the provider to send us a report within 10 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 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

**There are moderate concerns**  
with outcome 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
Patients made some very positive comments about how staff treated them. One person said 'staff do a wonderful job', and another told us 'the staff are marvellous, not just some, all are very good - I am happy and treated well' Patients told us that staff usually explained what they were doing; people did not always know why things were happening. One person said that things were explained to them 'up to a point' and they took a lot 'on trust'.  
  
Patients told us how their privacy, dignity and independence were being respected, such as when staff closed the bay curtains if they were having a private conversation or receiving personal care. One patient said that they could take themselves to the toilet, but staff kept an eye on them in case they fell. We also met people who were accommodated in areas of the wards, which the trust called 'extra bed spaces'. They pointed out to us that they did not have a bay curtain and the equipment that other people had. They told us how it affected them and about the things they missed; one person said they had 'lost their dignity' and they wanted more privacy.  
  
Patients told us that staff were good, but very busy. We heard comments from

patients such as 'they need more staff, I need to keep waiting for help' and 'staff very good, attendance not – they don't always come when you ring the bell'. Patients said that it could take a long time for staff to arrive after they used the call alarm. Not everyone knew how to operate their call alarm point, or had one for their own use.

Patients did not always know why they were in hospital, but they appreciated the attention that they received from staff. One person said staff spoke to them before assisting with washing, and asked if they wanted to get dressed and what they would like to wear. We spoke to patients who knew that staff had some information about them, but who had not been involved in the planning of their care. People said that they had not been asked about religion or their needs and preferences.

One person told us that they did not have a problem with a lack of information, and they would ask if they needed to know something. Someone else said 'I am able to ask, so yes I am given answers. We heard from other patients that they had not been asked for feedback about the service, or been given information about the ward facilities and how to make a complaint. One person said that they were able to express concerns, but didn't feel that these were taken on board. Some patients told us that they relied on their relatives to get them information. One relative we spoke to said that they were aware of the role of the Patient Advice and Liaison Service (PALS) in providing support and information to people.

### **Other evidence**

The results from the Patient Environment Action Team (PEAT) assessment in 2010 showed that Great Western Hospital scored well in relation to privacy and dignity and was rated as Excellent overall. PEAT is a self-assessment that healthcare organisations use to demonstrate how well they are performing in some key areas. A survey of in-patients at the hospital in 2010 showed that performance was about the same as similar trusts. The survey results for call buttons being responded to quickly when used by patients were worse than expected.

We observed staff supporting people in both wards. The wards were busy, but the approach of staff when speaking with patients was generally respectful in tone and volume. Patients were usually addressed by their first names, with the occasional use of informal terms such as 'my love'. We heard patients being asked by staff if they were happy for certain tasks to be carried out, such as taking a blood sample. Entries on patients' records showed when a person had refused their medicines.

We saw that the trust's policy on same-sex accommodation was being adhered to. This meant that men and women were accommodated separately and they had separate bathrooms. Staff closed the curtains around beds when personal care was provided. Doctors drew the curtains when they were speaking to patients. Patients had told us about the use of the 'extra bed spaces' and staff acknowledged that these compromised people's privacy and dignity, particularly as there were no curtains around the beds. These patients were also being treated differently, as they did not have the use of their own televisions and patient monitoring equipment.

Patients did not have the same level of facilities and one person described their bed as being 'at the end of the aisle'. There was a board above their bed, although this

did not show the person's name. They had a call alarm point, although one had not been provided for a patient who occupied an 'extra bed space' in another ward. One of the ward managers told us that complaints had been received from patients who occupied these spaces within the wards because they did not feel they were getting 'the whole package'.

A patient had died while we were visiting one of the wards. This ward had one patient who was accommodated in an 'extra bed space' without a curtain around it. This was significant at the time, as staff had closed the curtains around the other beds for privacy and as a mark of respect. A relatives' room was available to help people at this time.

One of the ward managers told us that they were a member of the hospital's privacy and dignity group, and the nutrition group. They told us that all staff had received training in diversity, which was mandatory and refreshed every year. Staff had also received training in caring for people with dementia and palliative care. Jupiter ward had won the palliative care team of the year award.

We looked at a sample of patients' records. A lot of the records were kept in open trolleys in the ward corridors, which we did not think were properly secure to ensure confidentiality. We will be looking at record keeping at another review. There was little evidence of patients having contributed to their records, for example, by having a care plan which included their views. One of the staff said that they would like to have a record of people's choices and preferences, but they felt that there was no space to document this in the current paperwork. Some personal details were being recorded on a card file system; there was a space for 'religion', although this was blank on several people's records.

Staff told us about new developments on the wards. On Jupiter ward we were told about initiatives, such as 'This is Me' documentation. This was being piloted to provide a profile of patients with dementia who may not be able to communicate their views. There was also a 'productive ward' project, which was designed to increase the time that nurses spent on direct patient care.

Staff on one ward told us that they were fully staffed with good staff morale, and that temporary staff were rarely used. On the other ward, staff spoke about staff shortages and being 'very pushed for time', which they felt affected the quality of support provided to patients and how long they could spend with them. One of the staff said that it was also a cause of stress.

There were information leaflets in the ward reception areas, which covered topics such as the role of the Patient Advice and Liaison Service (PALS). There were also posters which had information about the ward managers, and people were encouraged to speak to them if they had any concerns. A patient information booklet described the hospital facilities, but the details were not specific to the wards. We were told that the booklet was to be withdrawn soon because it was out of date. It included a complaints procedure and indicated that PALS comment cards could be posted in boxes on the ward, but we did not come across these. We were also told that the patient information booklets were at people's bedsides, although we did not see any. A patient said that they were not aware of the booklet.



**Our judgement**

Many patients appreciate the way in which they are treated by staff and they feel that they are being respected. Staff are aware of the importance of maintaining people's privacy and dignity. However some people are being treated differently to others, and the trust is not making suitable arrangements to ensure the dignity and privacy of all patients.

Patients benefit from staff who aim to provide a service that meets people's individual and diverse needs. Systems are being developed to help with this, however a lack of information and staff time make it difficult to ensure that all patients experience this.

Patients mostly have the information that they need and there are ways in which people can comment on the hospital and the service they receive. Some patients however do not feel well informed about their individual circumstances.

# 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

**There are minor concerns**  
with outcome 5: Meeting nutritional needs

### Our findings

**What people who use the service experienced and told us**  
Patients told us that they were usually satisfied with the meals. Some people were very positive, saying for example that the food was ‘smashing’, ‘always hot and nicely presented’, and that they were ‘well catered for’. People on both wards said that they had enjoyed their lunch. We heard about some difficulties with the food generally, such as when a person found it difficult to digest. Another person said they didn’t like gravy, but it always came with some dishes and was hard to remove.

We spoke to patients who said that they managed to eat their meals independently and knew what to eat and what not to eat. Some people said that they hadn’t been asked about their likes and dislikes but they were usually happy with the choices on the menu cards. One person said that if they didn’t like anything on the menu then staff would get them a sandwich. A number of people mentioned that they always had enough to eat and drink and that staff checked if they had had sufficient. One person told us ‘I can ask for food in the night and it’s not a problem for staff’. In contrast, another patient commented ‘the food never fills me up’ and two people said that relatives brought in the extras that they needed.

Patients chose their meals from menu cards, which included the option of having a large or small portion. We observed staff and volunteers helping people to select their choices on the menu cards for the next day’s meals. One patient said that if you moved to a new ward you would be given the meal that somebody else had ordered on the day before. Staff read a list of meal choices to two people and then asked what they would like. A relative commented that this was unusual as staff

usually choose for the patients. The menu cards did not have pictures of the dishes, which could have helped some patients to make their choices.

People had the choice of a vegetarian option and we were told that all the dishes were suitable for diabetic diets. One person commented 'I am diabetic and am catered for well. I am able to ask for and will receive snacks if I need them'. Someone else said that they did not require assistance, but staff monitored them because they were diabetic. We observed one patient being asked if they would like help with completing their menu card. They replied that they would like to do this in their own time, which they were able to do. The patient pointed out that their card did not have a 'diabetic' sticker, and was told that it did not need one as all the dishes were suitable for a diabetic diet. The patient told us that the sticker was needed, as it showed that they were to be brought a sandwich later in the evening. We spoke to staff, who confirmed this to be the case, and the matter was resolved.

Patients were being helped by relatives with their lunch meals. One relative said that they had sometimes seen lunch being left on a tray away from the patient, where it could not be easily reached. Before our visit, another relative had told us about a concern that they had raised with the hospital. This involved a lack of support for a patient, and wards having poor information about the person's needs. We spoke to one person on Neptune ward who told us that information about their diet had not transferred across from the previous ward that they had been on.

Staff told us about the action that had been taken as a result of complaints and feedback from people. This had included making changes to help ensure that the meals would be hotter when they were given to patients. Staff on one ward told us that sometimes the people at the end of the wards got food that was not as hot as it could be.

### **Other evidence**

The results from the PEAT assessment in 2010 showed that Great Western Hospital scored well for food and was rated as Excellent overall. The hospital did particularly well in relation to areas such as the choice and quality of food, but performed less well in its operation of a protected mealtime policy. This policy seeks to ensure that mealtimes are uninterrupted by things such as doctors' ward rounds, tests or visiting. While observing lunch on one ward we saw that this policy was still not being adhered to, and doctors were doing their rounds and talking to patients. Staff told us that some doctors did not respect the policy. We also saw a nurse being distracted while carrying out a medicines round and they left the medicines trolley unattended for a few minutes when helping a patient with their meal.

The survey of in-patients at the hospital in 2010 had not identified any particular concerns about the food. We saw that there were plenty of staff available at lunchtime to serve the meals, which were taken to people individually on trays. Some people had chosen to have three courses. During lunch we saw examples of staff being attentive to patients' needs and encouraging people to eat. Staff talked to patients about the food and explained what they were doing. Staff were mainly well positioned to assist people with eating. However, we did see a volunteer sitting on a patient's bed whilst helping them with eating their meal. Some patients ate

independently, but had help from staff to open packets.

A 'red tray' system was being used to identify people who needed support with eating. Staff told us that a 'red jug' system was being used to assist with fluid intake, but we did not see evidence of this. We heard about other initiatives, such as 'comfort procedures', which involved staff checking that all patients were well positioned and ready to have their meal served. Place mats with printed information were being used on Jupiter ward, which helped patients to prepare for their meals.

Staff said that a screening tool was being used to identify patients who were at risk of malnutrition, and we saw evidence of this on patients' records. The trust told us that, although the tool was being increasingly used, this was inconsistent across the hospital. We will be looking at the assessment of people's needs at another review. The trust told us that as the use of the tool had increased, more people were being referred to the dietitian, which had had an impact on resources.

Basic information about patients' needs was being written on handover sheets and on white boards in the wards. We saw that some people's food and fluid intake was being recorded each day. The trust has produced a lot of information about nutrition, diet, menus, and the support that patients can expect to receive. However, this information, together with information from the screening tool, and from patients themselves, had not been used to develop nutritional care plans for people. This meant that there was a lack of clear guidance about patients' individual requirements and how staff were to assist people.

The trust told us that an increasing number of complaints were being received with a nutrition component, including a lack of support with meals. The trust had identified a number of actions that needed to be taken to improve outcomes for people. This included, for example, further training for staff and better nutritional screening.

### **Our judgement**

People at risk of poor nutrition are more likely to be identified as the use of a screening tool has increased. However this is inconsistent across the hospital. Staff focus their support on people who are believed to be at risk, and monitor their food and fluid intake. Nutritional care plans are not being developed, and there are shortcomings which affect the quality of service that patients receive. The trust is looking at its own performance and has identified areas that need to be addressed.

Feedback from patients' surveys has been positive overall. There are aspects of the meal arrangements that are not always to patients' liking, but most people are satisfied with the choice and quality of meals.

## Action we have asked the provider to take

### 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.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	14	5
	<p><b>Why we have concerns:</b>            People at risk of poor nutrition are more likely to be identified as the use of a screening tool has increased. However this is inconsistent across the hospital. Staff focus their support on people who are believed to be at risk, and monitor their food and fluid intake. Nutritional care plans are not being developed, and there are shortcomings which affect the quality of service that patients receive. The trust is looking at its own performance and has identified areas that need to be addressed.</p> <p>Feedback from patients' surveys has been positive overall. There are aspects of the meal arrangements that are not always to patients' liking, but most people are satisfied with the choice and quality of meals.</p>	

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 ten days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	17	1
	<p><b>How the regulation is not being met:</b>            Many patients appreciate the way in which they are treated by staff and they feel that they are being respected. Staff are aware of the importance of maintaining people’s privacy and dignity. However some people are being treated differently to others, and the trust is not making suitable arrangements to ensure the dignity and privacy of all patients.</p> <p>Patients benefit from staff who aim to provide a service that meets people’s individual and diverse needs. Systems are being developed to help with this, however a lack of information and staff time make it difficult to ensure that all patients experience this.</p> <p>Patients mostly have the information that they need and there are ways in which people can comment on the hospital and the service they receive. Some patients however do not feel well informed about their individual circumstances.</p>	

The provider must send CQC a report that says what action they are going to take to achieve 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 to us within ten days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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.

## **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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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA