

# Dignity and nutrition for older people

## Review of compliance

**Royal Free Hampstead NHS Trust**  
**Royal Free Hampstead**

<b>Region:</b>	London
<b>Location address:</b>	Pond Street Camden London NW3 2QG
<b>Type of service:</b>	Acute services
<b>Publication date:</b>	May 2011
<b>Overview of the service:</b>	The Royal Free Hampstead location is one of the Royal Free Hampstead NHS Trust 14 locations. The trust has 900 beds, sees about 700,000 patients a year and employs around 4,600 people. The location provides a range of specialist services which include Accident and Emergency, maternity, liver, kidney and bone

	<p>marrow transplantation, renal, AIDS/HIV, infectious diseases, plastic surgery, immunology, paediatric gastroenterology. The Trust is a leading cancer centre with a range of specialist diagnostic and treatment services.</p> <p>Royal Free Hampstead was registered on 1 April 2010 with no conditions.</p>
--	--

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

## What we found overall

**We found that Royal Free Hampstead was not meeting either 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 is 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 focus on whether they are treated with dignity and respect and whether their nutritional needs are met.

## How we carried out this review

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.

We reviewed all the information we hold about this provider, carried out a visit on 15<sup>th</sup> March 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.

## What people told us

Overall, patients we spoke to on our visit were positive about their care, treatment and support. Patients and their families were involved in their care but sometimes staff tended to talk to their family members about the care and treatment instead of themselves. Patients would also like to be responded to more quickly. Patients told us that they had a choice of food which was satisfactory and that they could get food and drinks 24 hours a day. However staff did not always check that patients had enough to eat and drink. Patients would also like the opportunity to wash their hands before mealtimes.

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

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

We have asked the provider to send us a report within 28 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.

Where we have concerns, we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**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**  
Overall, patients we spoke to on our visit were positive about their care, treatment and support. Patients were happy about how they were treated and listened to by staff and were spoken to by staff using their preferred name. Patients had no concerns that they wanted to talk to staff about and had not been embarrassed or felt uncomfortable during their stay.

Patients' families were involved in their care and we saw family members assisting at mealtimes. However some patients told us that staff tended to talk to their family members about the care and treatment instead of themselves. We saw some staff interrupting other staff who were with patients without acknowledging the patient. It was also reported in the NHS Inpatient survey (2009) that the Royal Free hospital was worse than other hospitals at acknowledging patients presence.

The same survey reported that the Royal Free hospital is better than other hospitals at privacy for discussions. We observed contradictory evidence as staff discussed patients' care in front of them without their involvement and staff discussed patients'

care in an environment that did not allow for privacy.

Single sex bays or single room accommodation (side rooms) were in operation on the wards we visited and there were separate male and female toilet and washing facilities.

Patients feel that staff do not always respond to their needs quickly enough and this was supported by our observations of call bells not being responded to within the hospital's local timeframes. Posters stated that call bells are to be answered within three rings; however we saw incidents where the call bell had not been answered after a substantial number of rings. On arrival at a ward we noted that the majority of call bells were not within reach of patients. It was reported in the NHS Inpatient survey (2009) that the Royal Free hospital is worse than other hospitals at getting help – responding to the call bell quickly. We saw an incident of a patient's safety being a concern as their call bell was not within reach and they were falling out of bed.

We did observe examples of staff asking patients for their views and preferences but we saw on one occasion a patient was not listened to.

We observed some staff having informative engagements with patients and it was evident that patients understood their care and treatment. However we also saw a member of staff carrying out treatments without any interaction with patients and without respecting their privacy.

It was reported in the NHS Inpatient survey (2009) that the Royal Free hospital is better than other hospitals at privacy for examination and patients did not have any concerns about their privacy being upheld. However we saw incidents of care being carried out with open curtains. Staff told us about the 'red peg' system whereby a red peg is put on curtains around patients' beds when they do not want to be disturbed, however we did not see any red pegs being used.

Patients did not have any concerns about their dignity being upheld although we saw incidents where patients' dignity was not being upheld by staff. However, we saw examples of patients' independence being promoted by staff.

On the whole patients told us that they had been given enough information about their care and what will happen when they leave the hospital. We saw information about complaints, mealtimes, Patient Advice and Liaison Services (PALS) being displayed on the wards. We did not see menus by patients' bedsides and patients told us they would like more time to view menus before they were taken away. Patients told us that they did not have enough information about the facilities available at the hospital, such as shops.

Electronic feedback devices are available at the entrance/exit of wards where patients can give feedback about their stay. However not all patients had been asked for their feedback about their care and treatment in hospital and they told us they would like to have been asked.



## **Other evidence**

Patient Environment Action Teams (PEAT) rated the Royal Free Hospital as good which is tending towards better than other hospitals for Privacy and Dignity.

Staff reported that they were trained and aware of involving patients in their care and respecting and responding to diverse needs. Staff explained how they treat people with dignity and respect by being aware of their tone and volume of voice, body language, holding discussions in private and ensuring families are involved in the care. Staff were aware that upholding privacy and dignity on a ward environment can be a challenge and can always be improved.

The hospital information says it has Bedside Guides available on the wards and different formats are available. The guide provides information about what to expect during a patient's stay in hospital including ward routines, visiting, hospital facilities and patient support services. However, patients we spoke to did not refer to the guides, and the guides were not seen on the two wards we visited.

When we talked with staff, they explained how they ensure that patients understand the process of finding out what might be wrong with them, and what will happen after that. Staff go through process with the patient and communicate with the patients' family. Staff know how to access specialist staff and other services such as translator services to ensure they can meet the patient's individual needs. Staff told us how they promote independence by supporting patients to work within their own limitations and involve physiotherapists to improve mobility and this was observed during the visit. Staff are trained to assess mental capacity of patients and refer patients to Independent Mental Capacity Advocacy (IMCA) where required.

The trust has a lead for dementia and most staff including volunteers are trained or will be trained on dementia awareness by April 2011.

The hospital regularly audits response times to call bells. In February 2011 across 10 wards it was found that 54% of call bells were not answered within 6 rings (30 seconds). A further 26% of call bells were not answered within 50 seconds. The audit found all bells were within reach of 94% of patients on the 10 wards audited.

The admission/discharge inpatient record has sections to document patients' needs. For example we saw that there are sections on preferred name; next of kin and their contact details; whether or not the patient has glasses/hearing aid; and do not attempt cardiopulmonary resuscitation (DNAR) statuses. However these sections were not always completed.

Overall we found patients records not filled out on two wards. The 'Patient's plan' which is the patients care plan was not completed in the records on more than one occasion.

On admission to wards staff ensure patients clearly understand their treatment by discussing it with them and their families. Information sheets about diagnoses are

available in different languages for patients. Staff ensure patients and/or relatives know how to raise a concern or complaint and staff know how to report complaints.

Staff told us that complaints are collected centrally and are shared with departments on a monthly basis. The hospital has a system to collect monthly real-time patient satisfaction information. The results are discussed at all levels from trust board level down to ward level.

There is a User Experience committee that collects information from patients and feedback to the trust. Some patients are admitted to hospital from care homes and staff visit these care homes regularly to get feedback from these patients regarding their experiences in hospital

### **Our judgement**

Overall patients we spoke to on our visit were positive about their care, treatment and support. However this did not reflect the observations we made during our visit. We found that patients' privacy and dignity was not always respected and patients were not always responded to quickly enough by staff.

# 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 **moderate concerns** with outcome 5: Meeting nutritional needs

### Our findings

**What people who use the service experienced and told us**

In general people told us that the food was satisfactory.

Patients had a choice of meals that take into account their special dietary requirements and preferences such as kosher or vegetarian food, and patients have access to a choice of hot and cold food 24 hours a day.

However, although some patients had used menus to choose meals we did not see menus by patients' bedsides.

Patients told us that they are not given the opportunity to clean their hands before eating and we did not see people being offered the chance to clean their hands before and after eating.

We observed staff serving food from a heated trolley and taking it to patients in a timely manner although some patients told us that their food was cold.

On the whole people are assisted with eating, we saw the red tray system (patients who require assistance with food are served their meals on a red tray) in operation. We also saw family members assisting patients with their meal.

However, some patients had not been identified as needing support that may have

needed it. For example a patient was served a meal that was covered with cling film and they had difficulty removing it. We saw some patients not sitting comfortably when they were being assisted with eating and staff were not communicating with, or always watching patients whilst they were being assisted.

We saw uneaten food taken away from a patient by domestic staff. Domestic staff did not report or record that the meal had not been eaten and nurses were unaware that meals had not been eaten. Patients told us that staff did not always check that they had eaten their meals or that they had enough. We saw hot beverages being offered to patients in the morning but patients told us that staff rarely ask if patients have had enough fluids.

On one ward we saw some staff receiving nutrition support training. Staff told us this training was carried out weekly on different wards by the trust's leads for nutrition.

Protected mealtimes (PMT) were in operation on some wards and we did not see staff interrupting patients' mealtimes to carry out tests. Most staff were involved in the lunchtime process either serving meals or assisting with meals. Overall the lunchtime process was completed promptly. However some patients described mealtimes as a rush

### **Other evidence**

The NHS Inpatient survey (2009) reported that the Royal Free hospital scored 4.4 out of 10 for the quality of food which was the same as other hospital's scores.

Patient Environment Action Teams (PEAT) rated the Royal Free Hospital as much better than other hospitals for food which included looking at the menu, choice, availability, quality, portion sizes, temperature, presentation, service and beverages.

Staff told us that on admission they record nutritional scores for patients and the majority of records seen had recorded patients' weight on admission. However many records did not show that patients weight had been reviewed a week later in line with their local policy.

Staff have access to specialist staff such as dieticians, and speech and language therapists (SALT) and the contact details for the trust's three nutritional nurse leads were displayed on the ward for staff. There is evidence that referrals are made to the nutritional nurse leads and nutritional and dietetic services for patients. However there was limited evidence in patients' records of specialist input from dieticians and nutritionists for patients who had been assessed using a nutritional screening tool as medium or high risk.

Halal, kosher, diabetic and vegetarian food options are available and on admission staff record a patient's ethnicity and ask about any dietary requirements. There was evidence of this assessment in most of the records we viewed.

Nursing assessment documentation for nutrition was seen in all records but some documentation showed inaccuracies, were not completed and not up-to-date.

Staff told us that food charts and fluid charts which record the patient's intake are recorded at midnight and midday (every 12hours). However the records did not support this. Of the records we reviewed food charts and fluid charts were often inaccurate, not completed and not up-to-date.

On a monthly basis staff carry out a well-being audit where 10 sets of notes are reviewed for the recording of hydration, use of sedation, weight loss and whether the patient returns to the same place that they were admitted from.

Staff told us that there is access to hot and cold food for patients outside mealtimes, and patients confirmed this. There is evidence that a choice of food that meets a range of individual needs is available and this is audited. The catering company that supplies the food for the hospital audit patient satisfaction and consistently find patients are happy with the taste, appearance and temperature of the food.

Staff told us that patients have a choice of food which they can choose from a menu and that pictorial menus for patients are currently being developed.

### **Our judgement**

Overall patients we spoke to on our visit felt they had a choice of food, that it was satisfactory, and that they could access food outside of scheduled mealtimes. However we found that patients were not always appropriately assisted with their meals and there was inadequate monitoring of patients food and fluid intake which was reflected in the patients' records.

## Action

we have asked the provider to take

### 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 Surgical procedures Diagnostic and screening procedures	17	1
	<b>How the regulation is not being met:</b> Overall patients we spoke to on our visit were positive about their care, treatment and support. However this did not reflect the observations we made during our visit. We found that patients' privacy and dignity was not always respected and patients were not always responded to quickly enough by staff.	
Treatment of disease, disorder or injury Surgical procedures Diagnostic and screening procedures	14	5
	<b>How the regulation is not being met:</b> Overall patients we spoke to on our visit felt they had a choice of food, that it was satisfactory, and that they could access food outside of scheduled mealtimes. However, we found that patients were not always appropriately assisted with their meal and there was inadequate monitoring of patients food and fluid intake which was reflected in the patients' records.	

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 28 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## 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