

Dignity and nutrition for older people

Review of compliance

Barnsley Hospital NHS Foundation Trust Barnsley Hospital

Region:	Yorkshire and Humberside
Location address:	Gawber Road Barnsley South Yorkshire S75 2EP
Type of service:	Acute Services
Publication date:	June 2011
Overview of the service:	The Barnsley Hospital NHS Foundation Trust is an acute trust in Barnsley, South Yorkshire. It became a foundation trust on 1 January 2005. It has two sites, a walk in centre near Barnsley town centre and the main Barnsley Hospital with 450 beds. The services it provides include a range of acute hospital specialities ranging from emergency, maternity, general and specialist surgery, to critical care, medicine, older peoples' services and medical imaging.

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

What we found overall

We found that Barnsley 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 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 two 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 31 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. The two wards we visited at Barnsley Hospital specialised in older people's care.

What people told us

Some patients on the wards we visited have conditions that mean they have difficulty talking with people and therefore have varied methods of communication. Some patients were able to express their views clearly, others were not able to verbally communicate with us. Due to people's communication needs, during the site visit we sat near some patients and observed them closely. This meant we were able to ascertain the levels of care and support they received.

Staff spoke to people in a kind and friendly manner and carried out personal and nursing care tasks in a respectful way.

Patients we spoke with were very positive about their experiences of care and treatment. Patients stated that they were kept informed and were involved in making decisions about treatment options. They also commented that they were given enough information both written and verbally to help with this process. Patients also said that they had their care needs met and had been treated respectfully.

Individual comments from patients included:

"I'm very happy with my care", "The staff are lovely, they really care".

Patients we spoke to said they had no concerns or complaints about their care or treatment at the hospital.

Relatives said "The staff are fantastic at this hospital, the care is very good".

On the wards we visited, they had strategies, policies and procedures in place to ensure patients' nutritional needs were met. However these strategies were not always being fully implemented by staff which meant that some people's nutritional needs were not being fully met.

We have asked the trust about the improvements they must make to ensure all patients are supported to receive adequate nutrition. The trust responded in a timely manner to the concerns we raised and submitted an action plan within 48 hours of the inspection highlighting how they are going to address these concerns.

The majority of patients said they were very happy with the quality and choice of the food provided. Those patients who needed assistance to eat were helped by staff in a very positive way. Staff took their time, communicated in a friendly way with patients and showed sensitivity when supporting them with their lunch. The lunchtime meal time service in some areas of the wards was relaxed and patients were given time to enjoy their meals.

However, in other ward areas, meals were interrupted. During this period we heard staff asking patients what they wanted for breakfast the next morning. We also saw that staff were being interrupted from serving meals by having to frequently answer the telephone.

What we found about the standards we reviewed and how well Barnsley 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 Barnsley Hospital was meeting 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

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
The information we hold on this trust showed that two of the outcome 1 data items most explicitly related to dignity, were *better than expected* or *tending towards better than expected*.

According to the latest adult inpatient survey (2009), the trust performed in line with other trusts on the question of whether respondents felt that they were treated with respect and dignity while they were in the hospital. The trust was *about the same as other trusts* for the corresponding question in the latest out patients' survey.

There were thirteen positive comments assigned to this outcome area. Three of these are NHS Choices comments and relate to care received between December 2010 and January 2011. These comments all praised the staff involved and the care received at the trust.

There were two negative NHS Choices comments assigned to this outcome area,

only one of which relates to patient care in the Accident and Emergency department.

During our visit we spoke to nine patients and two relatives to find out whether they felt staff treated them with dignity and respect during their hospital admission.

Patients were very positive about their experiences of care and treatment. Patients stated that they were kept informed and were involved in making decisions about treatment options. They also commented that they were given enough information, both written and verbally, to help with this process. Patients also said that they had their care needs met and had been treated respectfully. Patients we spoke to said they had no concerns or complaints about their care or treatment at the hospital.

Most patients told us they knew about the facilities available to them at the hospital, this included access to telephones and hospital shops. There were posters and leaflets on the ward which gave people access to information about other ward facilities, some hospital policies, clinical procedures and other treatment information leaflets.

Overall, patients told us that staff offered them appropriate support to meet their personal care needs. These responses demonstrated to us that patients felt involved in their care and overall, thought they were appropriately supported by staff.

Staff used the privacy curtains around beds, whenever, they needed to support patients with personal care. However, this was not always adequate, as we overheard conversations between a doctor and patient and a nurse and patient in the multi occupied bays. This meant that patient's privacy and confidentiality may not be upheld. The trust responded to this concern of confidentiality and privacy behind privacy curtains stating "This is extremely difficult to achieve due to the nature of some patients ability to move to a quiet area and unfortunately the need to speak loudly due to hearing difficulties".

Observations of care across both wards showed that call bells were answered promptly when rung. However we did see that several call bells were out of patients' reach which meant that patient's care needs may not be met if they couldn't summon help from staff.

We asked patients whether they felt involved in making decisions about their care. All of the patients told us they had some level of understanding of their admission to hospital and some knowledge of their treatment plans. They told us; "I know why I'm in hospital, the staff explained everything to me". "They always tell me what they're going to do". One patient told us the staff listened to them and said, "They explained my treatment". "I understand what's happening, the nurses came and talked to me". We also observed, and relatives and carers confirmed, they were involved in discussions about patient's care needs.

None of the patients we spoke to said they have been asked by staff, for their views about the service since their admission.

Other evidence

The Patient Environment Action Team (PEAT) is an annual self assessment of inpatient healthcare sites in England that have more than 10 beds. It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity. PEAT data for Barnsley Hospital from early 2010 rated the trust as “Good” for privacy and dignity.

The wards we visited were both 28 beds consisting of single rooms and 4 and 6 bedded bays. All the bays are single sex .The ward is split in two and have a male and female side. The patients were adequately spaced out in the bays with curtains around all beds. Each bed bay had access to single sex toilet and bathing facilities. We did not observe patients having any problems accessing toileting and washing facilities. We saw that each patient had a bed locker and a lockable space within the locker. The lockers were large and offered people adequate storage space to meet their needs.

The trust had a range of ways of monitoring whether people who use the service are involved and respected. The trust provided audits of privacy and dignity across the hospital site. Results showed that staff place a high priority on these issues and that patients’ views and preferences are taken into account.

The trust had produced a set of four Customer Standards to help ensure that patients and visitors have a positive customer experience throughout the trust. The purpose of the Customer Standards is to communicate to employees what is expected of them to ensure that Barnsley Hospital remains a hospital of choice for its patients. The trust provides guidance to staff in their Privacy, Dignity & Respect Standard and promises to patients that “Throughout your care you will be treated equally with privacy, dignity and respect. You can expect to be involved in decision making relating to your personalised care”.

The trust had a range of methods in place to collect patients’ views. These included patient questionnaires and the NHS Choices website.

Our judgement

Overall, we found that people who used the services had their views and experiences taken into account in the way that the service was provided to them and had their privacy and dignity respected.

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

The latest available inpatient survey data was collected at the end of 2009. This survey shows that on questions relating to nutrition Barnsley Hospital inpatient questionnaire responses were *‘about the same’* compared to other similar trusts.

We also took some data from NHS Choices website There were two negative qualitative comments under this outcome area. One related to a poor food experience during the patient’s stay in hospital and the other was a patient experience around the lack of gluten free options on the menu.

There was also one positive comment included in the information we hold about this trust, from the foundation board of governors. It explained the systems, processes and reviews instigated within the trust to ensure best experiences for patients during mealtimes (menus, assistance/observation with meals, etc).It also mentioned how they addressed the negative experience of a patient (mentioned above).

During our visit we spoke to nine patients and two relatives to find out whether they felt their hydration and nutritional needs were met during their hospital admission. We asked patients for their views of the food served to them. Patients were generally satisfied with the quality and choice of food available. They told us:

“I’m satisfied with the meals they’re alright”.

“I think the foods very good, I can have a choice”.

Those patients who needed assistance to eat were helped by staff in a very positive way. Staff took their time, communicated in a friendly way with patients and showed sensitivity when supporting them with their lunch.

The lunchtime meal time service in some areas of the wards was relaxed and patients were given time to enjoy their meals. The mealtime experience for other patients however was not as positive. The trust operates “protected meal times”. This means that patients are not disturbed during their meals by unnecessary clinical and non-clinical interruptions so that meals are served and eaten in a quiet environment. Only visitors who are assisting a relative with their meal are allowed on the ward for this purpose.

We saw that patients were interrupted on a number of occasions during their meal. We heard staff asking patients what they wanted for breakfast the next morning. We also saw that staff were being interrupted from serving meals by having to frequently answer the telephone.

We saw poor care practices over the lunchtime period that did not support patients nutrition and hydration needs. No hand washing was offered to patients by staff pre or post lunch. None of the tables were cleaned, before or after the meal and one patient had an empty urine bottle placed on their table alongside their meal during lunch.

It was not clear which patients needed assistance with feeding and there were no visible bedside signage on some beds. The ancillary staff collected the trays at the end of meals and did not check how much food was left. No nursing staff were seen to check any trays either. We saw a good number of trays that had plates with a lot of food left on them. One tray, when collected, had the sandwich still unopened on it. We spoke with the nurse and she said she had offered it the patient but they didn't want to eat. No alternative was offered. One patient in a side room didn't eat and no assistance was given to the patient.

Some of the poor practices above appear to stem from the systems in place to actually promote patient's nutritional intake. Staff were found to have different interpretations of strategies in place to identify patients with a high nutritional risk.

Other evidence

During this visit we checked five patients' notes. A review of these notes showed that each patient had received a thorough nutritional assessment. If a patient is identified as being at risk a referral is made to the dietetic department. Dietitians and therapists regularly visit the wards and records showed their involvement in patient assessments and ongoing review of their care. This was particularly with patients who were at greatest risk.

A high risk score may lead to patients moving onto Red Tray Pathway so nutrition can be more closely monitored.

Patients requiring the amount of food they eat recording or simply needing a longer time to eat their meal are placed on a Red Tray Pathway. The patient's meal comes up from the kitchens on a red tray. Staff are then asked to ensure they check with

the qualified nurse looking after this patient that they have seen the amount eaten before the tray is removed. Staff are reminded that if in doubt to leave the tray.

Despite a number of patients being identified, by the assessment tool, as being nutritionally at risk we didn't see any red trays on either ward.

Within the staff office there are large boards with patients names recorded and next to five or six patient names were little red trays stickers. One member of staff said this was for guidance only, other staff were not sure why some patients did not receive red trays at lunchtime.

On patient menu cards, staff, who had asked patients what they would like for lunch had not ticked the box requesting a red tray. Staff said they were unsure who was on the Red Tray Pathway.

No weights were recorded in four of the five patient notes we checked. All the patients whose notes we had checked were at risk of being nutritionally compromised.

One patient had been admitted with weight loss and was not eating or drinking sufficiently. They had been seen by the dietitian on the day of admission who had requested that the patient's food intake be monitored yet this monitoring had not been commenced. This patient's tray was removed at lunch time with the plate still full of food. We observed the patient at lunchtime. They ate one spoonful of ice cream. We informed the senior nurse that the patient had not eaten, their food intake had not been monitored and a full tray of food had been removed without consulting nursing staff.

One person had been commenced on a food chart but not the Red Tray Pathway despite their nutritional risk tool score being high. For three consecutive days "refused" was recorded on their food chart. Only after three days, on the day of our visit, was the person commenced on the Red Tray Pathway.

We spoke to senior ward staff, dietitians, health care assistants and ancillary staff and there seemed to be differing opinions on how the Red Tray system and food monitoring charts should be implemented and maintained.

The different interpretation to and/or the lack of systems in place clearly place some patients at risk of their nutritional needs not being met.

Staff gave differing views on the amount of training they had received surrounding the nutritional needs of patients. Some staff said they had received no formal training on how to identify patients who need nutritional help they "just learned on job". We were also told it is normally nursing staff who received the training but never the ancillary staff, who are the ones who actually assist patients to eat and give food out.

Following this visit the trust provided us with a range of information including clinical audits that have been conducted surrounding the nutritional support for patients at Barnsley Hospital. There clearly are detailed systems in place to promote patients nutritional needs. However staff are not always following these systems and processes to ensure nutritional needs are met.

Recent clinical audits have identified shortfalls surrounding patient nutrition.

A trust clinical audit that was finalised and signed off only 6 days before our visit concluded and recommended that patients were not routinely documented as being on the Red Tray pathway when they should be.

Our judgement

Some patients' nutritional needs are not being met. Food is provided in an environment that does not always respect patient dignity. Some patients do not have their food and drink intake monitored when they are at risk of poor nutrition or dehydration.

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
Diagnostic and screening procedures Nursing care Personal care Surgical procedures Treatment of disease, disorder or injury	Regulation 14	Outcome 5 Meeting Nutritional Needs
	<p>How the regulation is not being met:</p> <p>Some patients' nutritional needs are not being met because they are not supported to have adequate nutrition and hydration.</p> <p>Food is provided in an environment that does not always respect patient dignity.</p> <p>Some patients do not have their food and drink intake monitored when they are at risk of poor nutrition or dehydration.</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 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

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