

# Time to listen In care homes

Dignity and nutrition inspection programme  
2012  
Summary



# Where our inspectors found problems, there were some common failings. Many of these issues arise from cultures of care that put tasks before people.

In 2011, the Care Quality Commission carried out 100 unannounced inspections of NHS hospitals, and found that a fifth of these were failing to meet standards of dignity and nutrition on wards caring for older people. In 2012, we mirrored this programme, but this time looked at the care provided to older people across 500 care homes, including 217 homes registered to provide nursing care. Our inspections focused on respecting and involving people who use services, and meeting their nutritional needs.

Almost two-thirds (316) of the homes we inspected met all the standards we checked. This meant that staff were respecting and involving people and that people's nutritional needs were being met. To support this, homes had enough skilled and knowledgeable staff, they had taken steps to protect people from the risk of abuse, and they kept accurate records to support people's care.

“I can get up when I like and go to bed when I like.”

“We do have enough staff but it would be good if we could spend more time with people.”

We inspected  
**500**  
care homes

People living in  
**1 in 6**  
care homes were not always supported to eat and drink sufficient amounts

“I have been taken out once on a bus, that is what they should do more of.”

“There is always enough food and you can ask for more.”

People living in  
**1 in 6**  
care homes did not always have their privacy and dignity respected or were not involved in making choices about their own care.

## What worked well

Our inspectors found many examples of good care being provided by care homes to help make sure that people's dignity is respected and nutritional needs met. All care home providers can learn from each other in terms of what works well. The following are some of the things highlighted by our inspectors.

“This is a happy place.”

We found that homes meeting the standards promoted a **culture** of care that puts residents first:

- Staff clearly understood the preferences and care needs of residents.
- Care home providers made sure the ways staff talked to and cared for people were respectful and appropriate.
- Staff saw residents as individuals and supported them to live as independently as possible.
- Care home providers made sure that social interactions between staff and residents were seen as important as providing practical care needs.

We also found that homes meeting the standards adopted the right **systems**:

- They identified and met people's preferences, care needs and nutritional needs and discussed them with residents and their families.

- They kept accurate records of each resident's care:
  - Homes that recorded people's choices and decisions about their care were more likely to be meeting the standard about involving people (91%) than those that had not (41%).
  - Homes that had recorded people's individual food and drink preferences were more likely to be meeting the standard about giving people a choice of food and drink (88%) than those that had not (41%).
- They had systems to identify people at risk of malnutrition and provided support and advice to manage and monitor the risks.
- Homes that used a formal tool to identify people at risk were more likely to be meeting the standard on nutrition: 85% of homes meeting the standard on nutrition were using a formal tool, compared to 69% homes which were not using a formal tool.
- They had processes in place to protect people from the risk of abuse and staff and people living at the home knew how to raise concerns.
- Homes used information about people's care needs to identify the number and skills and experience of staff required.
- Staff resource could be used flexibly throughout the day and was reviewed as people's needs changed.

# What needs to improve

Where CQC's inspectors did find problems, there were some common failings. Many of these issues arise from cultures of care that put tasks before people.

People living in one in six of the care homes (80 homes) we inspected did not always have their privacy and dignity respected or were not involved in their own care. Staff and managers in some homes:

- Talked to people using inappropriate words or manners.
- Did not use doors and screens when providing personal care, or did not give people somewhere to keep their possessions securely.
- Did not find out how people preferred to be cared for or spend their time.
- Failed to provide choices of activities and options for people to support their independence – particularly for people with dementia.

People living in one in six care homes (87 homes) were not always supported to eat and drink sufficient amounts. Staff and managers in some homes:

- Did not always give people a choice of food or support them to make a choice.
- Failed to identify or provide the support that people who were at risk of malnutrition needed.
- Did not ensure that there were enough staff available to support people who needed help to eat and drink: 14% of homes failed to have enough staff to meet people's needs.

Homes caring for people with dementia, including those with a dedicated dementia unit, were less likely to be meeting the standards relating to respect and safeguarding.

- Not all staff caring for people with dementia had the appropriate skills, knowledge and experience.
- Not all staff understood the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 and the implications for people they care for.

There were some differences between homes that provide nursing care and those that do not:

- More homes that provide nursing care (20%) were failing to respect and involve people than homes that do not (13%).
- More homes that do not provide nursing care were failing to meet the staffing standard (15%) than those that do (12%).

We found some links between standards not being met:

- Homes failing to respect and involve people were also more likely to be failing to meet people's nutritional needs.
- About half of the homes not meeting people's nutritional needs were also not meeting the standard about staffing.
- More than half of the homes not meeting people's nutritional needs were also not meeting the standard about record-keeping.

# Conclusions and recommendations

We are pleased to see that the majority of homes we inspected were caring for people with dignity and respect, while supporting them to make sure their nutritional needs are met.

However, it is unacceptable that too many people living in care homes are not experiencing this same level of care. In order to raise standards, providers of care homes need to make sure that:

- Older people are treated with dignity and that they are shown respect at all times. In general, this will require that greater priority is given to this aspect of care than at present.
- Individuals' needs and preferences are identified and documented on admission and regularly reviewed, with input from the individual and their relatives.
- Their staffing levels and staff skill mix reflect and meet people's identified needs. These should be reviewed on an ongoing basis to ensure that changing needs are met by a flexible workforce.
- Staff caring for people with dementia have the appropriate skills, knowledge and experience through appropriate training and access to other sources of information and support. Particular focus needs to be given to improving staff awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- They recognise the importance of accurate record keeping and the direct impact this has on people's experience of care. Care providers must ensure that they maintain records and documentation relating to people's needs and preferences and that these are readily available for use by staff.

Commissioners and other professional bodies also have a role to play in helping providers to raise standards of care for older people. Above all, those involved in planning, commissioning and delivering care should learn from what works well and increase their focus on ensuring people are treated with dignity and shown respect.

**People requiring care home services for themselves, or someone they care for, including those who fund their own care, should use the information in this report to help understand their rights and what they can expect when care is working well.**

### How to contact us

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