Care Quality Commission

# Time to listen
## In NHS hospitals

### Dignity and nutrition inspection programme 2012

**Summary**

March 2013

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

The Care Quality Commission's programme of themed inspections looked at the care provided to older patients at 50 NHS trust hospitals in England during 2012, focusing on dignity and nutrition. It followed a programme of inspections of 100 hospitals in the previous year looking at the same broad themes.

Comparing the results of the 2011 dignity and nutrition review with these latest findings, we were pleased to see that broadly more hospitals were meeting people's nutritional needs. In 44 out of 50 hospitals (88%), patients were given a choice of food and drink to meet their nutritional needs and given help to eat and drink when they needed it. This corresponding figure in 2011 was 83%.

On the other hand, there were fewer hospitals where we saw that patients were always treated with dignity and their privacy and independence respected. Out of 50 hospitals, 41 (82%) were meeting the standards for respecting patients' privacy and dignity and involving them in decisions about their care. This compares with 88% of hospitals in the 2011 review. It is clearly unacceptable that this position, poor to begin with, has deteriorated further.

Overall we inspected the 50 hospitals against five standards: respecting and involving people, meeting their nutritional needs, safeguarding them from abuse, staffing, and records. We found that 33 hospitals were meeting all five standards. At the other end of the scale, three hospitals were meeting just two of the five standards, one hospital was meeting only one and one was not meeting any.

Of the nine hospitals we inspected in both 2011 and 2012, seven had either improved or were continuing to meet the standards. For the other two hospitals, we identified concerns in staffing levels in one and record keeping in another.

> "Food choice is tremendous."

> "Here they ask you what you'd like for tea just before you eat. It's much better as you can just choose what you fancy."

**We inspected**

**50**

**hospitals in 2012 and**

**100**

**hospitals in 2011**

**In**

**82%**

**of hospitals, patients were respected and involved in their care**

**(88% the previous year)**

> "Staff go out of their way to be helpful."

**In**

**88%**

**of hospitals, patients were given the right choice and support during mealtimes**

**(83% the previous year)**

**Patients on both wards told us that staff took a long time to respond to call bells.**

**Our inspection teams included**

**31**

**practising professionals and**

**35**

**Experts by Experience**

# What worked well

It is particularly disappointing that patients continue to receive poor care in some hospitals when our inspectors found many examples of hospitals that were providing good and excellent care in relation to patients' dignity and nutrition. This was confirmed by the positive comments we received from patients and their families.

All hospitals can and should learn from each other in terms of what works well, and none of this is new. The following are some of things highlighted by our inspectors.

They are part of a **culture** of care that puts patients first:

- Staff documented patients' wishes and preferences, involving relatives where the patient did not have the capacity to give that information themselves. This information was updated and reviewed regularly.
- Patients were asked how they wanted to be addressed.
- Staff were familiar with patients' needs, and so could often anticipate their care requirements.
- Hospitals had some means of helping to make sure that patients' privacy was respected when bedside curtains were closed – for example by using 'do not enter' signs.
- Hospitals provided flexible catering, including offering choice in meals, their portion size, and when they could be ordered.

We also found that those hospitals providing good care had **systems** firmly in place to record and monitor patients' needs:

- Staff reviewed and adapted patients' care plans in line with their changing needs.
- Hospitals completed nutritional risk assessments when patients were admitted and reviewed these on an ongoing basis. Appropriate referrals were made to other health care professionals (for example, dietitians).
- Staff recorded patients' food intake and fluid balance accurately.
- Patients' weights were recorded and monitored if needed.

> **"Although the unit is very busy, staff have always got time to talk and they seem to work as a team."**

# 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.

## Respecting and involving patients who use services

Forty-one of the 50 hospitals were meeting this standard. Where we found problems, they included:

- Staff not involving patients enough in care planning, or recording their preferences and dislikes.
- Staff discussing confidential patient information in a public area.
- Patients not having anywhere to lock away their personal belongings.
- Staff 'talking over' patients as though they were not there.
- Patients not always being able to reach call bells, or staff not responding to them in a reasonable time.

## Meeting nutritional needs

Forty-four of the 50 hospitals were meeting this standard. Where we found problems, they included:

- Staff not giving patients the help they need to eat and drink, or accurately recording what they eat and drink.
- Hospitals not always giving patients a suitable choice of menu.
- Delays in clinical referrals for nutrition or dietetic advice.
- Many patients not being given the opportunity to wash their hands before or after eating their meals.

## Safeguarding people who use services from abuse

Forty-seven of the 50 hospitals were meeting this standard. Where we found problems, they included:

- Not all staff were knowledgeable and trained in safeguarding.
- Hospitals not having a formal system in place to learn from incidents.
- Some staff not being fully aware of the Mental Capacity Act 2005, or when Deprivation of Liberty Safeguards might apply.

## Staffing

Forty-seven of the 50 hospitals were meeting this standard. Where we found problems, they included:

- Patients told our inspectors that they waited a long time before staff answered call bells. We saw that this was the case in some of our visits.
- Both staff and patients told us that there were not enough staff on duty to meet the needs of patients.
- In one hospital, staff not following the findings of patients' nutritional assessments.

## Records

Thirty-four of the 50 hospitals were meeting this standard. Where we found problems, they included:

- Some hospitals not carrying out individual risk assessments.
- Staff failing to update nutritional assessments.
- Staff monitoring patients' food and fluid balance inaccurately.
- Hospitals not integrating their records system sufficiently, with paper and digital systems both being used.
- Staff not completing records (we saw, for example, incomplete do not attempt resuscitation (DNAR) records).

# Conclusions and recommendations

Most of the hospitals we inspected were caring for people with dignity, treating them with respect, and supporting them to make sure their nutritional needs were met. Compared with our previous dignity and nutrition programme, more hospitals were meeting people's nutritional needs but fewer hospitals were meeting the standard on dignity and respect.

To make the improvements needed, the hospitals concerned must:

- Implement the best systems to ensure people's nutritional needs are identified and met. These needs should be reviewed, and any risks addressed, including making timely referrals for nutritional advice or treatment.
- Make sure that all staff understand safeguarding and their responsibilities in protecting patients from the risk of abuse. This should include an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- Improve the standard of record keeping, with staff maintaining accurate, appropriate information to support patient care, for example ensuring that decisions not to resuscitate (DNAR) are accurately recorded in line with best practice.

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.

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