# Dignity and nutrition for older people

## Review of compliance

**The Newcastle-upon-Tyne Hospitals NHS Foundation Trust**  
**Walkergate Hospital**

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| **Location address:** | Benfield Rd.  
Newcastle upon Tyne  
Tyne and Wear  
NE6 4QD |
| **Type of service:** | Acute Services |
| **Publication date:** | July 2011 |
| **Overview of the service:** | Walkergate Hospital serves the East of Newcastle upon Tyne and provides rehabilitation, long term; palliative and respite care for older people. It has two wards. The hospital is due for closure later in 2011. |
What we found overall

We found that Walkergate Hospital was meeting both of the essential standards of quality and safety we reviewed.

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 we held about this provider, carried out a visit on 12 April 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 inspection teams were led by CQC inspectors joined by a practising, experienced nurse. The inspection team also included 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

We spoke to fourteen patients, four relatives and eight members of staff. We also observed the care provided to patients.

Most patients and their relatives told us that they were very satisfied with the care and treatment they received at Walkergate hospital. They said they had been treated with courtesy and respect and that their privacy and dignity had been well protected.
Patients told us they had been asked what they wanted to be called on their admission to hospital and that this was respected throughout their stay.

Patients and their families gave us positive comments about the quality, range and availability of the food provided. People were complimentary about the staff who served or assisted them. Apart from one staff member who was described as ‘more brusque’ than others.

The range and quality of food was rated as good or very good by the people who spoke to us.

These were some of the things that people said to us;

“Staff are excellent and very caring.”
“they look after us well.”
“Very nice lunch.”
“I’m sorry the ward is closing.”
“All good, no complaints, best care ever.”
“Yes they have a good way of treating you.”

What we found about the standards we reviewed and how well Walkergate 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 Walkergate Hospital was meeting this essential standard.

Outcome 5: Food and drink should meet people’s individual dietary needs

- Overall, we found that Walkergate Hospital was meeting this essential standard.
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

Before the inspection visit we looked at the feedback provided by patients on the NHS Choices website, the findings of the Patient Environment Action Team assessment and patient survey results.

Most patients and their relatives told us that they were very satisfied with the care and treatment they received at Walkergate hospital. They said they had been treated with courtesy and respect and that their privacy and dignity had been well-protected.

We saw that hospital staff were polite, friendly, and compassionate. They sensitively involved people whilst undertaking a range of care tasks. Conversations and interactions between staff and patients displayed a personal and sensitive approach to care.

The wards we visited were very different in the kind of care they offered, but the atmosphere on both wards was calm and welcoming. Personal care tasks were undertaken in private. Men and women did not have to share accommodation or bathroom facilities. There were signs in place to promote awareness of the locations
of these facilities. Call bells were left within easy reach so patients could easily summon help when required.

There was strong teamwork between nursing, non nursing and therapy staff in assessing individual needs and in ensuring the comfort and safety of patients. We saw that staff took time taken to negotiate with patients about seating and positioning, and that staff generally had enough time to talk to patients and put them at their ease. Ward staff told us that they had enough time to support people with personal care tasks, though on one of the wards the staff said that the low occupancy at the time of the visit helped and at other times they had been more rushed.

The ward staff provided clear advice and information to people about their health needs, risks and the management of their condition. We saw that they paid attention to listening to and explaining to patients what was happening, and supported them to do as much as they could for themselves. One of the wards provides rehabilitative care (preparing people to return to their own home following surgery) and on this ward several new patients had been admitted just before our visit. We saw that patients were encouraged to be actively involved in decisions about their care as part of the assessment of their rehabilitation needs. Relatives spoke highly of the ward staff and said they had been kept well-informed and that their involvement had been welcomed, though one member of staff was described as “more brusque” than others. We told senior managers about this.

Patients told us they had been asked what they wanted to be called on their admission to hospital and that this was respected throughout their stay. We saw how staff introduced new patients to others. This was done with respect and in a kindly manner.

We found staff were positive about and open to learning from patient feedback. Staff were able to describe how they would look for feedback from individual patients who were unable to verbally communicate and how they would respond. At an organisation level staff were aware of how The trust gathers feedback from patients and described how this is shared with the ward staff.

Other evidence

The information we held about Walkergate hospital prior to our visit showed that there was a very low risk that they were not meeting this standard.

Patient surveys and audits of health care practices undertaken by the trust denoted strong performance by the Walkergate hospital site in respecting and involving people who used its services.

Hospital managers encouraged and supported the learning and development of their staff. The trust has recently established a Healthcare Assistant Training Programme which includes an overview of Essence of Care and specifically dignity and respect, personal care as a therapeutic activity and cultural and religious issues and how high quality of care and dignity can improve patient care.

There is documentary evidence, provided by The trust, that half of the Health Care
Assistant staff at Walkergate hospital hold a National Vocational Qualification (NVQ) level 3 and that two are working toward this. In addition staff have been issued with the workbook for the Health Care Assistant Programme and 3 have completed this training. NVQ 3 in care includes nutrition and dignity as core elements.

There is evidence that equality and diversity is a theme running through all aspects of training from basic induction level to the trust staff nurse Preceptorship (post qualifying training for newly qualified staff) Programme.

The trust has an established Essence of Care Steering Group which meets monthly and reports on Privacy and Dignity as an audit point.

The trust has produced, in collaboration with its Equality and Diversity Working Group, pocket reference booklets ‘Top Tips for meeting the needs of individuals’ for staff distribution. The booklet provides advice to staff to do with; Human Rights, general tips for all patient engagement, carers, wheelchair users, deaf and hearing impaired people, patients without speech, people with learning disabilities, visually impaired people and using an interpreter or communication support.

The trust promotes an improved patient experience through training such as “patients are people” for both clinical and non clinical staff. The trust is an active partner in the Learning Disability Clinical Innovation Team, established by the SHA. Staff interviewed had a good awareness of the standards of behaviour expected of them. They recognised individual patient needs and adapted their support accordingly. Most had received training in the promotion of privacy and dignity and personalised care. Staff placed an emphasis on getting to know the patient.

We looked at nine patient records and overall they were maintained to a satisfactory standard. Individual faith, ethnicity, personal preferences, mental capacity and involvement of relatives were recorded. Care and treatment plans focused on promoting patients' recovery and any ongoing concerns were closely monitored. Some records had gaps and others could have provided a clearer picture of the patient’s views and wishes, though staff demonstrated a good working knowledge of these things and we were satisfied that the care was very patient focused. Care documentation clearly referenced mental capacity and whether any advanced decisions regarding care and treatment had been made Some records were still in development as the patients had just been admitted.

The trust has produced information leaflets about the hospital and its procedures and some of the staff and patients we interviewed referred to these. One ward had a ‘Dignity in Care’ display board setting standards of care. Information about PALS (Patient Advice and Liaison Service) was also on display.

Our judgement
Most patients (and their relatives) were very positive about their experiences of care and treatment at Walkergate hospital. They told us their individual needs had been recognised, that they had been respected, and that they were well-informed about their care and rehabilitation arrangements. The trust had clear and effective staff development and performance management systems that supported listening to and learning from the experience of patients.

Overall, we found that Walkergate hospital was meeting this essential standard.
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

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<tr>
<th>Our judgement</th>
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<tbody>
<tr>
<td>The provider is compliant with outcome 5: Meeting nutritional needs</td>
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<th>Our findings</th>
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<td><strong>What people who use the service experienced and told us</strong></td>
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Patients and their families gave us positive comments about the quality, range and availability of the food provided. Food was delivered from another site and though some staff said that keeping the food warm could be a challenge at times, we received no reports that the food was not warm enough from the patients we spoke to. People were complimentary about the staff who serve or assist them.

Once the meal delivery and preparation stage was over and patients were seated to take their meals at their preferred location, the environment on the wards at mealtimes was organised and relaxed. Patients were encouraged to dress in their day clothes and were given time to make choices and to move through to the dining room at their own pace. Ward staff had sufficient time to assist patients who required additional help. Some people told us that they could wash their hands themselves; most were in single rooms that had wash hand basins. Other people used wet wipes and some people had their hands washed by the staff.

A patient who had a swallowing difficulty was discreetly assisted to prepare for the meal and observed by one staff member for the course of the mealtime. The staff ensured that a call buzzer was in reach and reminded the patient where this was before leaving the room.
The range and quality of food was rated as good or very good by the people who spoke to us. We observed that staff took a lot of care to sensitively support people who needed assistance and to allow people to exercise their independence wherever possible. We also saw how this complex balance was managed for people who had just been admitted and were learning to adapt to the new environment. A multi disciplinary approach was used.

Mealtimes were protected so that people were able to have their meals without interruption. The only interruptions we saw were appropriate to supporting people with their meal. This included family support. Adapted cutlery and crockery was available for people who required this. We saw the use of red jug lids, though red trays to denote patients who needed assistance are not in use in this particular area of the trust.

Patients were encouraged to be part of the planning for their mealtime and to make choices about how much they were supported and their comfort and safety maintained. When staff brought meals to the patients they described what was on the plate as they handed it over. People were asked if their meal was satisfactory. Where patients did not want to eat strenuous but sensitive efforts were made to find alternatives that would tempt people to take food. We were told that additional food was available on the wards so that staff could prepare snacks at any time. Patients told us that part of the rehabilitation process was spending time in the kitchen with therapists preparing meals for themselves.

For patients who had been recently admitted to the rehabilitation ward the assessment of their mealtime support needs was a dynamic process carried out with the patient, ward staff and therapists together at a mealtime.

Other evidence

The information we held about Walkergate hospital prior to our visit showed that there was a low risk that they were not meeting this standard. Prior to making the visit we looked at the feedback provided by patients on the NHS Choices website, the findings of the Patient Environment Action Team (PEAT) assessment and patient survey results. Patient surveys indicated good levels of patient satisfaction with the way the hospital met their nutritional needs. The 2010 PEAT score gave an excellent rating for food at Walkergate.

The Trust Annual Report and Accounts 2009/10 indicates that the patients’ food tasting panel visited patient care areas at Walkergate Hospital, sampling patient meals at the point of delivery and examining the quality of service overall. The feedback on menu choices and methods of delivery and presentation has been very helpful to the trust in making further improvements in this important area.

The trust Annual Plan 2010/11 also highlights nutrition as an area for development.

The trust has established an Essence of Care steering group which meets monthly. The group routinely report on the quality of food and drink.
The trust has a nutritional steering committee. A nutritional clinical assurance sub-group meets regularly to oversee the trust nutrition policy initiatives to promote good nutritional care. These include the launch, training, e-learning, protected mealtimes and associated resources, volunteer involvement, documentation, charts and care plans and identified champions.

The trust has provided us with a copy of the nutritional care action plan from March 2011. This shows that the detailed policy of Protected Mealtimes is in process of implementation and that the trust is identifying impediments and support strategies to promote Protected Mealtimes. An audit tool has been devised.

The trust has recently initiated a recruitment drive for Mealtime Support Volunteers.

The trust has a meal tasting programme. Meal tasting is carried out across the three main hospital sites on a monthly rotating basis.

The launch of the trust’s nutritional care initiative took place in April 2011 promoting The trust’s belief in “excellent nutrition as a vital part of patient treatment “. As part of this initiative the trust is introducing; a patient nutrition booklet; protected mealtimes; red jug lids and glasses (to help denote people who are at risk); signage and the recruitment of mealtime assistance volunteers.

The trust has developed vegetarian, vegan and halal menus. Other special meals are also provided, such as non gluten and Kosher.

In April 2010 in patients on the care of elderly wards Freeman and Walkergate hospitals were asked to complete a questionnaire. When asked to rate the care overall the results for Walkergate hospital were very good and excellent. Both wards were rated good for food.

We saw that weight loss and special dietary requirements were recorded at the point of peoples’ admission to hospital. We were told by staff that for some patients, who were being transferred from other sites, this information could be gathered before admission as part of the transfer process. Patients would also be fully reassessed from the rehabilitation perspective on one of the wards.

Swallowing risks were identified and appropriately recorded. The need for artificial feeding was carefully considered and the patient and their family were kept informed about individual risks and options. Patients about whom there were concerns had been promptly referred to a dietician or speech and language therapist for specialist advice.

Food and fluid balance charts were routinely used. Care plans for eating and drinking were generally of a good standard, and most on going records were robust, though some recorded observations were not specific enough. For example; diet taken well. A screening for malnutrition tool (MUST) is used and staff are expected to complete this within 24 hours of admission. Though for one patient this target had been missed.

Although we found that some improvement could be made in this area we are assured that the trust has acknowledged the need for a tighter audit process and is taking action in this regard. We have seen documentary evidence of a detailed action plan, very recently put in place, which will ensure that regular checks are...
carried out to make sure the timeliness and quality of the assessment and the ongoing review of patients’ nutrition needs are satisfactory.

In part this action plan has resulted from lessons learnt following concerns raised with the trust in 2009 and upheld in an independent investigation into those concerns.

Staff showed that they were aware of patients who were not eating or drinking a sufficient amount, when we asked about this, without having to refer to records. Some of the patients we spoke to also told us that the importance of this for their recovery and rehabilitation had been explained to them.

Our judgement

The hospital gave a high priority to making sure people benefited from a good diet and had sufficient fluids. Staff paid attention to making sure meals were appetising and that individual nutrition risks and personal preferences were addressed. People who required assistance generally received the level of support they required. Auditing of records is an area that would benefit from further scrutiny and the trust has taken action in this regard.

Overall, we found that Walkergate hospital was meeting this essential standard.
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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