

Dignity and nutrition for older people

Review of compliance

Clatterbridge Centre for Oncology NHS Foundation Trust

Region:	North West
Location address:	Clatterbridge Centre for Oncology NHS Foundation Trust Clatterbridge Road Bebington Wirral Merseyside CH63 4JY
Type of service:	Acute Services
Publication date:	May 2011
Overview of the service:	Clatterbridge Centre for Oncology is one of the largest specialist cancer centres in the UK. The trust has one location from which they deliver treatments, rehabilitative services, and supportive care. The trust operates a number of satellite outpatient clinics in surrounding areas

	<p>across Merseyside and Cheshire.</p> <p>The centre delivers radiotherapy and chemotherapy treatments to all adults and hosts a teenage and young adult unit with the help of the Teenage Cancer Trust.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Clatterbridge Centre for Oncology 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 is part of a targeted inspection program 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 16 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. We visited Mersey ward and Sulby ward.

What people told us

Patients and relatives interviewed expressed that they were very satisfied with the care and treatment given to them during their stay at Clatterbridge Centre for Oncology. They told us that they were treated with respect and dignity, their needs were assessed and they were given plenty of information in a form they could understand to help them make choices regarding their care and treatment. The hospital's own patient survey results and results from the NHS patient survey corroborated this evidence. A large proportion of inpatients expressed satisfaction within both surveys with care and treatment, privacy, dignity, information and treatment with respect.

Patients told us at interview and within surveys that generally they were very satisfied with the care given in respect of meeting their nutritional needs. They also told us that the food choices, availability, presentation, and special diets were of good quality. We were told that staff support and assist patients where required and that mealtimes were protected and well organised.

What we found about the standards we reviewed and how well Clatterbridge Centre for Oncology 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 Clatterbridge Centre for Oncology was meeting this essential standard.

Patient and relatives told us that they were very satisfied with the care and treatment provided to them during their stay at Clatterbridge Centre for Oncology. They told us that they were treated with dignity and respect, information was given to them in a form they could understand and they were involved in decision making regarding their care and treatment.

Observation, assessment of records and information submitted by the trust supported and corroborated what patients had told us.

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

- Overall, we found that Clatterbridge Centre for Oncology was meeting this essential standard.

Patients and relatives told us that they were satisfied with the way in which Clatterbridge Centre for Oncology meets their nutritional needs. They also told us that the food choices, availability, presentation, and special diets were of good quality. We found at the inspection that patients needs are assessed, staff support and assist patients where required and that mealtimes were protected and well organised.

Action we have asked the service to take

No action was required following this review.

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
Patients and relatives interviewed expressed that they were very satisfied with the care and treatment given to them during their stay at Clatterbridge Centre for Oncology. They told us that they were treated with respect and dignity, their needs were assessed and they were given plenty of information in a form they could understand to help them make choices regarding their care and treatment. The hospital's own patient survey results and results from the NHS patient survey corroborated this evidence. A large proportion of inpatients expressed satisfaction within both surveys with care and treatment, privacy, dignity, information and treatment with respect.

Other evidence
The Trust told us that that their wards comply with the NHS single sex accommodation requirements, inpatient wards operate protected meal times to enable patients to have their meal without being disturbed, and patients are

encouraged to dress in their usual clothes during the day. Representatives of the different denominations visit the wards regularly. Services are held in the patients' lounge and Holy Communion can be arranged to be given on the ward. There is a chapel in the hospital grounds where patients can attend Sunday Service to enable patients to follow their individual religious beliefs.

Data from patient surveys also demonstrates that patients rated the hospital environment as being conducive to patient privacy.

The trust told us that they provide a number of patient / relative information leaflets; the website and observation demonstrated that those are leaflets available.

Staff and training records told us that staff are trained in various courses with respect to privacy, dignity and involvement. Staff attend mandatory training in customer care, communication and equality and diversity. Staff interviewed confirmed this.

Observation on the day of inspection confirmed to us that patients were treated respectfully, for example they were dressed in their own clothes or nightwear, curtains and notices were in use to protect dignity, and staff were observed speaking to them with respect. On the whole dignity and privacy was well maintained.

The Trust told us that they were compliant with outcome one. This was corroborated when conducting the inspection on the wards, reviewing patient records and observing the Maxim computer software package which is used for patient nursing records.

Different patient surveys demonstrate that the trust involve patients and relatives in making decisions about their care and treatment. This was corroborated by speaking to patients and relatives and when observing staff/ patient interaction.

The complaints policy details the process for raising a concern or complaint. This process is available in leaflet format as observed on the wards and also available to patients / public on the trust website. The complaints annual audit (dated July 2010) was submitted as evidence and demonstrated that for all the complaints reported on in 2009/2010 all processes were followed as required by the policy.

Observation of patient records, policies and audits demonstrated that patients had individual assessments and plans of care and treatment. Their needs were assessed taking into account their choices and preferences

The consent policy and audit provided assurance that consent procedures at the trust are carried out in accordance with the trust's consent to treatment policy and Department of Health guidelines. The audit was undertaken in 2010. This demonstrated that patients are given information with which to make choices and care treatment and support options are explained to them. Observation of patient records demonstrated completion of informed consent.

Patients confirmed that they are given information and in a way that they can understand to enable them to make choices regarding their care and treatment.

Patient surveys, complaints process and direct patient feedback are used to obtain feedback from patients and relatives.

The surveys demonstrated that the trust involve patients and relatives in making

decisions about their care and treatment. A number of different surveys were carried out.

Survey results were observed and displayed on the wards.

Our judgement

Compliance

- Overall, we found that Clatterbridge Centre for Oncology was meeting this essential standard.

Patient and relatives told us that they were very satisfied with the care and treatment provided to them during their stay at Clatterbridge Centre for Oncology. They told us that they were treated with dignity and respect, information was given to them in a form they could understand and they were involved in decision making regarding their care and treatment.

Observation, assessment of records and information submitted by the trust supported and corroborated what the patients had told us.

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

The provider is compliant
with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Patients told us at interview and within surveys that generally they were very satisfied with the care given in respect of meeting their nutritional needs. They also told us that the food choices, availability, presentation, and special diets were of good quality. We were told that staff supported and assisted patients where required and that mealtimes were protected and well organised.

Other evidence
The Malnutrition Universal Screening Tool (known as MUST) is a five step screening tool to identify adults who are at risk of malnutrition, or obese. The tool includes management guidelines which can be used to develop a care plan. The MUST is used across the trust and evidence of the policy / procedures and care planning was observed in place on the wards visited. Copies of the tool and procedures were submitted as evidence and were found to be easily accessible on wards.
Staff told us of the training they had undertaken and the use of the MUST in their practice.
It was observed that at lunchtime staff checked prior to serving meals that patients were able to sit in a suitable position, that their meals were not out of reach and if

they needed assistance

Evidence demonstrated that patients who were identified as requiring it were referred and cared for by the dietician and/ or nutritional nurse practitioner.

We were told in the Provider Compliance Assessment that the patient assessment, treatment records (MAXIMS), nutritional screening tools and patient information leaflets provides evidence of compliance with outcome five. This was corroborated when conducting the inspection on the wards, reviewing patient records and observing the Maxim computer software package which is used for patient nursing records.

The MUST compliments the MAXIMS computer package used for patient assessment, care planning and evaluation. Within the system there are assessments using the MUST, and care plans for the nutrition risk scores. Examples of completed care plans were submitted as evidence. At inspection it was noted that two of the five MUST care plans observed were not up to date. This was discussed with the ward manager and immediately rectified at the time of inspection.

Evidence within the submitted training documents for healthcare assistants and trained staff demonstrated that nutrition is featured as core knowledge mandatory training and competencies with staff being trained in MUST, care planning for malnutrition risks, specialist diets and parenteral feeding.

A number of dietary/ nutrition leaflets are readily available in the trust. Evidence was seen on wards visited and on the trust website from where they can be downloaded and printed off.

They include:

Eating well coping with side effects.

Eating well during your treatment

Dietetic service

Puree diet

Five choices to help improve your health following treatment

General ward information leaflets were observed and contain information regarding the protection of meal times for patients. It states that the wards are locked during mealtimes to enable patients to have their meals without being disturbed.

General information gives details regarding special diets, dietician, availability of food/drinks and the catering service. It is explained that all special diets are catered for; a limited 24-hour catering service is available for times when meals are missed, because of treatment time or admission time, for example.

Observation demonstrated corroboration of this. Patients were observed choosing their own meals including special diets, snacks were available and the protected mealtime was observed as enforced. Staff were observed assisting patients choose their menus where it was appropriate to do so.

- Overall, we found that Clatterbridge Centre for Oncology was meeting this essential standard.

Patients and relatives told us that they were satisfied with the way in which Clatterbridge Centre for Oncology meets their nutritional needs. They also told us that the food choices, availability, presentation, and special diets were of good quality. We found at the inspection that patients needs were assessed, staff supported and assisted patients where required and that mealtimes were protected and well organised.

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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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA