# SBAR regarding the Dignity and Nutrition 'spot check' audit following the Dignity & Nutrition Inspection Programme National Overview (Care Quality Commission (CQC) October 2011, England)

## Summary or Issues of Significance
An audit template based upon the findings and identified key themes from the CQC report was disseminated to each Clinical Programme Group Associate Chief of Staff (Nursing). A request was made to initiate the audit activity between 18th and 21st October 2011 with an overview summary report of their findings and noted actions to improve patient care and experience. The corporate Nursing Team also supported and participated in this activity. This work was undertaken prior to the Healthcare Inspectorate Wales Dignity Spot Check in December 2011.

## National / Local Objectives Addressed:
- Dignity & Nutrition Inspection Programme (CQC Oct 2011)
- BCUHB: A Strategic Direction 2009-2012;
- Free to Lead; Free to Care (2009);
- Fundamentals of Care (2005);
- Transforming Care and 1000 Lives initiatives;
- Dignity in Care programme – BCUHB;
- The National Dementia Action Plan for Wales (2009);
- Annual Quality Framework for Wales (2011);
- NSF for Older People (2006);
- Carer’s Measure for Wales (2011);
- NHS Wales Delivery Framework for 2011/2012;
- Raising Concerns (2011);

## Legislation or Healthcare Standard:
- Equality Act (2010) and specific duties for Wales (2011);
- Nursing & Midwifery Council Code (2009);
- NHS Act (2006);
- Mental Capacity Act (2005);
- Human Rights Act (1998);
- Healthcare Standards for Wales (2005, revised 2009): 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 18, 20, 21, 23, 24, 25 & 26;
- Raising Concerns (2011).

## Evidence base or other relevant information to inform decision(s)
- RCN Guidelines on Ward Staffing (2010);
- BCUHB Picker In-Patient Satisfaction Survey (2011);
- Concerns and Compliments from patients and carers;
- Patient Stories;
- Local observation of patient care.
- Safeguarding Vulnerable Adult legislation and guidance

## Consultation with others:
- Corporate Nursing Team
<table>
<thead>
<tr>
<th><strong>Consideration of legal issues</strong></th>
<th>Safeguarding Vulnerable Adult legislative framework</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impact on Other Services:</strong></td>
<td>This work has a direct impact on Equality therefore this is a key feature of the work as it progresses.</td>
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<tr>
<td><strong>Consequences &amp; Risks:</strong></td>
<td>Failure to comply or work towards compliance with Healthcare Inspectorate Wales’ will have a significant impact on the reputation of BCUHB and the trust placed upon the Board to provide safe, competent care with compassion and dignity. Sanctions may include special measures and/or increased surveillance and inspection of care.</td>
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<td><strong>Recommendations:</strong></td>
<td>It is recommended that the Committee: 1. Receives this report for assurance that dignity in care is being monitored and improved upon.</td>
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**Author(s)**
Michelle Denwood Assistant Director of Safeguarding

**Presented by**
Jill Galvani, Director of Nursing, Midwifery & Patient Services

**Date of report**
23rd January 2012

**Date of meeting**
2nd February 2012
Dignity & Nutrition Spot Check Audit

Following the Care Quality Commission ‘Dignity & Nutrition Inspection Programme’ National Overview (October 2011)

Author: Michelle Denwood, Assistant Director of Safeguarding
On behalf of
Jill Galvani, Director of Nursing, Midwifery & Patient Services

December 2011
In December 2010, the Secretary of State for Health asked Care Quality Commission (CQC) to look at standards of dignity and nutrition in NHS hospitals. A series of highly concerning reports from bodies such as the Patient Association and Age UK had drawn attention, yet again, to the poor care experienced by some older people in hospitals. The Parliamentary and Health Service Ombudsman’s report in February 2011 added to the debate by highlighting shocking cases of poor care.

In response to the Secretary of State’s request, CQC planned and delivered a series of 100 unannounced inspections of acute NHS hospitals in England between March and June 2011, looking at standards of dignity and nutrition on wards caring for elderly people. Each individual hospital report has already been published and the national report summarised what was found.

It was noted that this was CQC first themed programme of inspections using their new ‘outcome-based’ model of regulation. This means that the majority of inspectors spent time observing how care was delivered on wards, talking to patients and their families, and interviewing staff.

The Chair of Care Quality Commission (CQC) Dame Jo Williams was pleased to be informed that three-quarters of Trusts told them they had made changes to the way they looked at dignity and nutrition as a result of this inspection programme. An impressive 78% agreed that their judgements were fair despite many of the judgments being negative – and only six per cent disagreed.

The report focused upon two key areas, one of which was dignity and the other nutrition:

1. **Respecting and Involving People who use Services**

   The reported areas of concern were recognised under key themes.
   
   - Patients’ privacy and dignity were not respected – for example curtains were not properly closed when personal care was given to people in bed.
   - Call bells were put out of patients’ reach, or they were not responded to in a reasonable time.
   - Staff spoke to patients in a condescending or dismissive way.
   - Both staff and patients told us that there were not always enough staff with the right training on duty to spend enough time giving care.

2. **Meeting Nutritional Needs**

   The reported areas of concern were recognised under key themes.
   
   - Patients were not given the help they needed to eat, meaning they struggled to eat or were physically unable to eat meals.
• Patients were interrupted during meals and had to leave their food unfinished.

• The needs of patients were not always assessed properly, which meant they didn’t always get the care they needed – for example, specialist diets.

• Records of food and drink were not kept accurately, so progress was not monitored.

• Many patients were not able to clean their hands before meals.

CQC also identified a further 3 key themes which underpin the poor care they reported.

• Leaders in hospitals must create a culture in which good care can flourish. Boards of Governors, Chief Executives, Senior Managers, Health Professionals and those who manage teams of nurses and healthcare assistants must create an environment in which care staff understand the importance of dignity and good nutrition, and are supported to deliver this.

• Staff attitudes to people (and, by implication, the training and management that nurture these attitudes) are critical. Time and time again, we found cases where patients were treated by staff in a way that stripped them of their dignity and respect. People were spoken over, and not spoken to; people were left without call bells, ignored for hours on end, or not given assistance to do the basics of life – to eat, drink, or go to the toilet.

• Resources have a part to play. Many people told us about the wonderful nurses in their hospital, and then said how hard pressed they were to deliver care. Having plenty of staff does not guarantee good care (we saw unacceptable care on well-staffed wards, and excellent care on understaffed ones) but not having enough is a sure path to poor care. The best nurses and doctors can find themselves delivering care that falls below essential standards because they are overstretched.

**Purpose of Spot Check Audit**

Following the publication of this report the Director of Nursing, Midwifery and Patient Services requested Spot Check Audits to be undertaken by Clinical Programme Groups across the organisation with participation from the Corporate Nursing Team.
Based upon these findings and identified key themes that were reported by the Care Quality Commission (CQC), an audit template was disseminated to each Associate Chief of Staff, Nursing, with a request to initiate the audit activity and collate an overview report of their findings and noted actions to improve patient care and experience. This took place between the 18th and 21st October 2011. Community Hospitals, day units, departments and wards in Ysbyty Maelor, Ysbyty Glan Clwyd and Ysbyty Gwynedd were included, (Appendix 1, Dignity and Nutrition CQC Spot Check Audit Tool).
<table>
<thead>
<tr>
<th>Clinical Programme Group</th>
<th>Number of Audits</th>
<th>Brief Overview of Comments/Actions</th>
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</table>
| Mental Health & Learning Disabilities                   | 21               | • 78% of ward areas audited  
• Call bells noted as a problem area – further audit activity to review the appropriateness of call bells  
• 97.7% of patients said they were provided with assistance if necessary in a timely manner relating to nutritional support  
• No breaks taken during meal times  
• Succinct report which listed internal reporting and governance arrangements  
• Reported compliance between 97.7% and 100% for all areas |
| Cancer, Palliative Medicine & Clinical Haematology       | 14               | • Curtains were used at all time and in day rooms screens were used to maintain privacy  
• Call bells were taped to bed clothes if necessary to ensure access  
• No evidence of Dysphagia and Dementia specialist training, however, it was reported that this is included within training  
• Recording of food and fluid intake is seen as a priority, all patients are ‘Must Scored’  
• Toilet facilities were offered before meal times: no commodes were used during meal times, hand washing/gel/wipes encouraged  
• One ward noted ‘No Bank’ available to cover HCS sickness, however, staffing levels were safe and overall sickness was covered by Specialist Nurses and Clinical Nurse Managers |
| Anaesthetics, Critical Care & Pain Management           | 5                | • Theatre gowns used in all units – patients were asked and reported satisfaction with the gowns and were used to provide easy access due to equipment  
• In Ysbyty Gwynedd the availability of linen was reported to be problematic at times  
• Attitude and communication of staff was observed as positive and polite |
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<thead>
<tr>
<th>Section</th>
<th>Score</th>
<th>Points</th>
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<tbody>
<tr>
<td>Children &amp; Young People</td>
<td>5</td>
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<tr>
<td>• Both patient and staff nails were observed and noted to be clean and well cared for, no concerns reported re staff hands or nails</td>
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<td>• Meal times – assistance was observed, no commodes used, and lunch breaks for staff did not take place during meal times</td>
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<tr>
<td>• Dysphagia training is provided on the units. Dementia awareness took place for Band 7 Sisters/Charge Nurses on a recent development day</td>
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<td>• Dignity Champions have been identified in 3 units</td>
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<tr>
<td>• Follow-up audits requested</td>
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<tr>
<td>Emergency Specialist Surgery &amp; Dental</td>
<td>12</td>
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<tr>
<td>• Training relating to Dementia and Rehabilitation was noted – required more training on Dysphagia</td>
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<td>• All call bells in reach</td>
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<td>• Curtains used during ward rounds and whilst maintaining personal care</td>
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<td>• Nursing staff nails were reported as good. No nail brushes available on one of the wards at the time of the audit</td>
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<td>• Safe Staffing levels reported</td>
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<td>• The All Wales Food Charts used to monitor food and drink</td>
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<td>• Caring attitude of staff reported</td>
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<tr>
<td>• Hand hygiene before meals was inconsistent</td>
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| Women’s & Maternal Care | 6 | - Good evidence of communication with patients
- Finger nails of both patients and staff were clean and adhered to the uniform policy
- Incident reported with staff attitude, appropriate action agreed with manager and the patient.
- Patients able to maintain their own hygiene needs – hand gel available at the bedside and dining room, no commodes on the ward at meal times
- Dignity and Dysphagia training to be explored for gynaecological staff, currently included within mandatory Training for Midwives
- Safe staffing levels recorded,
- Food boxes and sandwiches available following child birth
- Call bells available for immobile patient following Caesarean Section (note not mentioned for mobile patients) in other units reported as call bells available

| Primary Community & Specialist Medicine | 42 | - In some areas not all patients were offered hand wipes – inconsistent across the CPG
- Some curtains on one ward were too short. Positive action taken – curtains used at all times as necessary to maintain dignity and privacy,
- Very positive comments from patients, observed respectful behaviour and attitudes of staff on the majority of the wards/departments
- Call bells were available and accessible
- Assistance for patients who required support at meal times was available, specific requests were made to alter the timing of the delivery of meals to the ward to ensure staffing levels were appropriate to provide assistance in periods where there was increased patient care needs.
- Staff take breaks after all patients are provided with assistance at mealtimes and mealtimes are finished. |
- Not all patients who required assistance at mealtimes were identified by visual cues. Food entries and Must assessments not always available, drinking glasses were noted to be out of reach in some areas
- Staffing noted on occasion as an area of concern – and reported at time they worked below their establishment
- Staff training – areas of training identified, staff reported the requirement of additional training
- Adequate linen was reported as an area of concern
- Single sex nursing accommodation areas and privacy within the bathroom was noted as being in place
- Weighing scales were requested as one ward did not weigh patients as scales were unavailable
- Activity and liaison with estates during maintenance to ensure Health & Safety regulations were adhered to

| Therapies & Health Science | 1 |

It was noted by the CPG that the audit tool reflected the key themes of the report, which included the focus upon acute patient care activities. However, the CPG recognised that the key themes can be used as an area of audit in out patient departments and commenced this activity over an extended period of time. In order to progress this activity the CPG have,

- Disseminated the CQC report via governance and reporting arrangements,
- Used the spot check activity to scope the areas of audit in light of the identified themes
- Reviewed the tool and are undertaking appropriate adaptations, with specific areas of audit highlighted within the framework of the identified themes,
- Disseminated preliminary findings.
<table>
<thead>
<tr>
<th>The findings from the spot check audit were:-</th>
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<tr>
<td>• Staff were keen to assist if patients required any meals/sandwiches or drinks</td>
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<tr>
<td>• Staff fingernails were clean and free of varnish</td>
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<tr>
<td>• Staff take lunch breaks at the end of clinics</td>
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<td>• To review and access training on patient dignity</td>
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</table>
Conclusion

It must be recognised that this was a ‘snap shot’ audit activity based upon and driven by the findings of Dignity & Nutrition Inspection Programme, National Overview (Care Quality Commission 2011).

The collation of such raw data could precipitate the findings being open to misinterpretation. However, this activity highlighted the key areas which were noted as a significant area of concern which enabled the organisation to establish a solid foundation in preparation for the forthcoming HIW inspections. The drive and commitment of the workforce to initiate service improvement was evident on receipt of the information as activities were immediately actioned to improve patient care, increase awareness and maintain consistency. Both patients and staff became engaged in the process and fully contributed with positivity and enthusiasm.

The identified comments and actions were not an exhaustive list of reporting activities and findings from each Clinical Programme Group; they were not identified using a specific methodology but recognised by the author as an area of importance, which was identified and or repeated. The Clinical Programme Groups who completed Overview Reports/Summaries identified their internal governance arrangements to ensure the findings were disseminated and actions implemented within a consistent framework.

The report highlights areas of good practice and areas of inconsistency both within CPG’s and collectively as an organisation. The main areas of inconsistency were hand hygiene prior to meal times, the identification of patients who required assistance for feeding, and training relating to Dysphagia and Dementia. Although not an exhausted list, the identification of good practice was evident throughout the organisation and must be commended, the identification of dignity champions, staff taking breaks outside of meal times, the availability of call bells and information relating to the positive comments from patients and observations from those undertaking the spot checks concerning staff attitude and behaviour were reinforced and identified continuously.

There is no doubt that this was a beneficial activity to assist the organisation to continue to improve patient care and experience. There are clearly areas of improvement when further spot checks are undertaken to ensure consistency and the identification of measurable outcomes however the benefits of this snap shot audit must not be diminished. Future activities require reporting using a systematic framework within agreed Clinical Programme Group governance arrangements which are linked to current patient care performance management indicators and within the overarching Quality Assurance Framework as directed by the Director of Nursing, Midwifery and Patient Services.

Recommendation

The identification of a systematic Dignity and Nutrition Audit Framework specific to each CPG, which is embedded within current governance frameworks and reported to the Senior Nursing and Midwifery Committee.
# Dignity & Nutrition CQC Spot Check Audit

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Ward</th>
<th>Hospital</th>
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<table>
<thead>
<tr>
<th>Comments</th>
<th>Action</th>
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<tbody>
<tr>
<td>Curtains/Dignity/Clothing</td>
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<tr>
<td>Call Bells in reach</td>
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<tr>
<td>Communication/talking over patients</td>
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<tr>
<td>Attitude</td>
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<tr>
<td>Finger nails clean</td>
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<tr>
<td>Staffing</td>
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<tr>
<td>Training on dysphagia, dementia, rehab, dignity</td>
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<tr>
<td>Record of food and drink intake</td>
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<tr>
<td>Hand wipes before meal times</td>
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<tr>
<td>Assistance for feeding – identification</td>
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<tr>
<td>Commodes at meal times</td>
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<tr>
<td>Protected mealtimes</td>
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<tr>
<td>Staff break times at patient meal times</td>
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</tbody>
</table>

**Person conducting Audit**

Bwrdd Iechyd Prifysgol Betsi Cadwaladr
University Health Board

Appendix 1