

24 October, 2011.

Elderly Care at Walsall Healthcare NHS Trust

Ward(s) All

Portfolios: Cllr Barbara McCracken – Social Care & Health

Report:

The purpose of this report is share the findings of the Care Quality Commission (CQC) report following an unannounced inspection of the 'In Patient Unit' conducted on the 13th April 2011. The Trust has produced an improvement action plan in response to the recommendations, the progress of which is included within the body of this report.

The review formed part of a targeted inspection programme in acute NHS Hospitals in order to assess how well older people are treated with dignity and respect and whether their nutritional needs were met based upon the essential standards of quality and safety. The summary of the CQC findings is also provided for panel members

Walsall Healthcare NHS Trust became an Integrated provider of both acute and Community services in April 2011 and, as such, is ideally placed to provide a focus on services that incorporate prevention, primary, Community and secondary care across patient pathways. This report will also provide an overview and broader context of how the Trust is approaching the care of Older Adults as an Organisational priority.

Recommendations:

That Members note the contents of the report and discuss and debate any items arising from it.

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REPORT TO SCRUTINY AND PERFORMANCE PANEL **ELDERLY CARE AT WALSALL HEALTHCARE NHS TRUST**

1. CQC REPORT – INTRODUCTION

The CQC undertook an unannounced inspection on the 13th April, 2011 in order to determine how well older people are treated during their hospital stay within Walsall Healthcare NHS Trust. In particular, the regulators focused on whether patients were treated with dignity and respect but also reviewed whether patient's nutritional needs were being met.

2. INFORMAL FINDINGS

Informal feedback received immediately following the visit confirmed that generally patient's were well cared for in the Trust and that their dignity and nutritional needs were afforded due consideration.

The formal report from the CQC was received by the Chief Executive in June 2011.

3. FORMAL REPORT FINDINGS

Overall, the CQC have confirmed evidence of good practice in relation to both outcomes assessed. Minor concerns have been expressed in some areas resulting in the need for improvement actions to be deployed to ensure continuous compliance.

The report focuses on two outcomes:-

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and be able to influence how the service is run.

The CQC report highlights a number of examples of good practice and includes positive comments directly from patients and relatives about their personal involvement in their care and also about the range of food available within the Hospital environment.

The regulators have identified what they describe as **minor concerns** * relating to this outcome and have requested that **improvement actions**** be deployed to maintain compliance with this regulatory outcome. The improvement actions have been developed into an action plan which has been submitted to the CQC and are centred around the following:-

- Continuous assessment plan to be modified to include reference to people's cultural/religious beliefs and patients preferred name
- Publicise the availability of phones for use by patients on wards

- Ensure that curtain hooks and curtains around beds are in place and are adequate to protect the dignity and privacy of patients

Outcome 5: Meeting Nutritional Needs (ensuring people are supported to have adequate nutrition and hydration)

Patients generally stated that they enjoyed their food in hospital and felt that their nutritional needs were being met.

The regulators have identified what they call minor concerns* relating to this outcome and have requested that improvement actions** be deployed to maintain compliance with this regulatory outcome. The improvement actions have been developed into an action plan for submission to the CQC and are centred around the following:-

- Patients to be asked consistently if they have any likes and dislikes relating to food and to be given assistance (if required) when having a drink
- Staff to ensure consistency and accuracy in documentation relating to nutritional and hydration needs
- Patients to be offered the opportunity to wash their hands before having their meal
- Development/review of organisational policy for patients who are fasting

*A minor concern means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard

** An improvement action is an action that a provider should take to ensure that they maintain continuous compliance with essential standards.

4. NEXT STEPS AND PROGRESS MADE SINCE THE INSPECTION

The areas of minor concern are being addressed through the improvement action plans (Appendix 1) have been submitted to the CQC. This piece of work has been led by the Director of Nursing with input from the wider organisation and was completed by 1 July 2011.

Since receiving the report we have been pro-actively working to address the issues and focus on improving the patient experience. Working with “kissing it better” we have been able to develop a more holistic service to the patients. This has included working in partnership with Walsall College; the trainee beauticians have provided hand massages and manicures to the patients. A local children’s singing and drama group have provided singing sessions where people who have not been able to speak have joined in with the singing; the drama students have read favourite poems and stories. We have had “Pets Therapy” when a greyhound generated a great deal of conversation amongst the men who frequented the local race track. Bingo has been reintroduced and has proved a favourite with the patients. The ward staff have really embraced these additional activities and it has really

improved the patient experience; families have also valued the opportunities for their relatives to be involved. This scheme has generated a great deal of interest both locally and nationally.

The organisation has undertaken fortnightly surveys asking the patients about their experience. Using this feedback which is at ward and consultant level, we have been able to demonstrate an improvement in handwashing and patients are telling us we are better at explaining to them about their condition and not talking over them. We have pro-actively involved all sections of the community in this work, holding listening events specifically focusing on the BME communities within our catchment area. These events have told us where we are doing well and where we need to improve.

The food is rated as being good but we have been able to modify the menus so that they offer more snacks and also asked the patients to clean their hands, either by washing them or using the gel on the menu cards. This has worked well. Some patients have difficulty in drinking and we are currently trialling red jug lids for people who need support. To date the trial is working very well and we are planning to roll it out across the organisation.

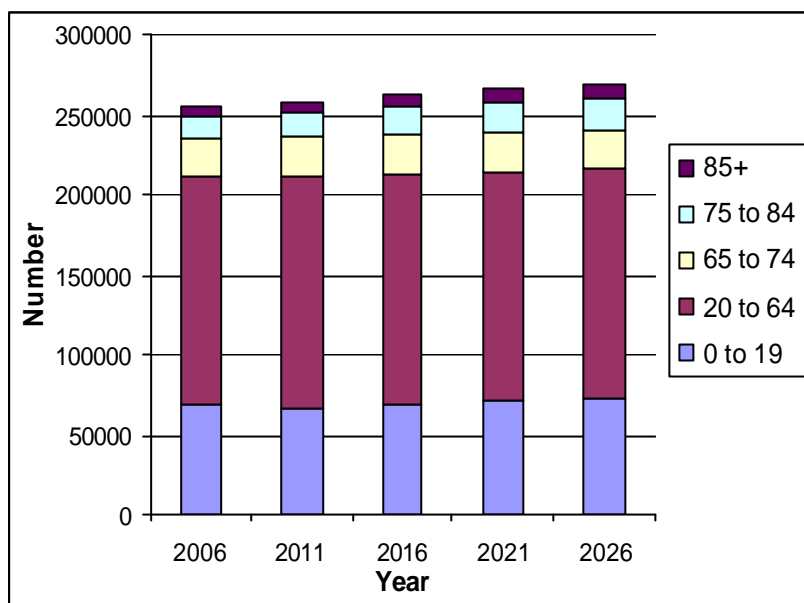
The Trust has committed an additional £400K into nursing. We have now recruited these staff, part of the recruitment process was focused on recruiting for attitude. These staff had a specifically designed induction programme encouraging them to really focus on the dignity of patients, they are currently starting on the wards.

The nursing documentation is being modified to include a specific section to include likes, dislikes and preferred name. The Heads of Nursing are leading on this work. The Equality and Diversity Strategy within the Trust is being developed and introduced and will include additional training for staff to supplement the training already completed by staff.

5. PRIORITISING OLDER ADULTS CARE IN WALSALL HEALTHCARE NHS TRUST

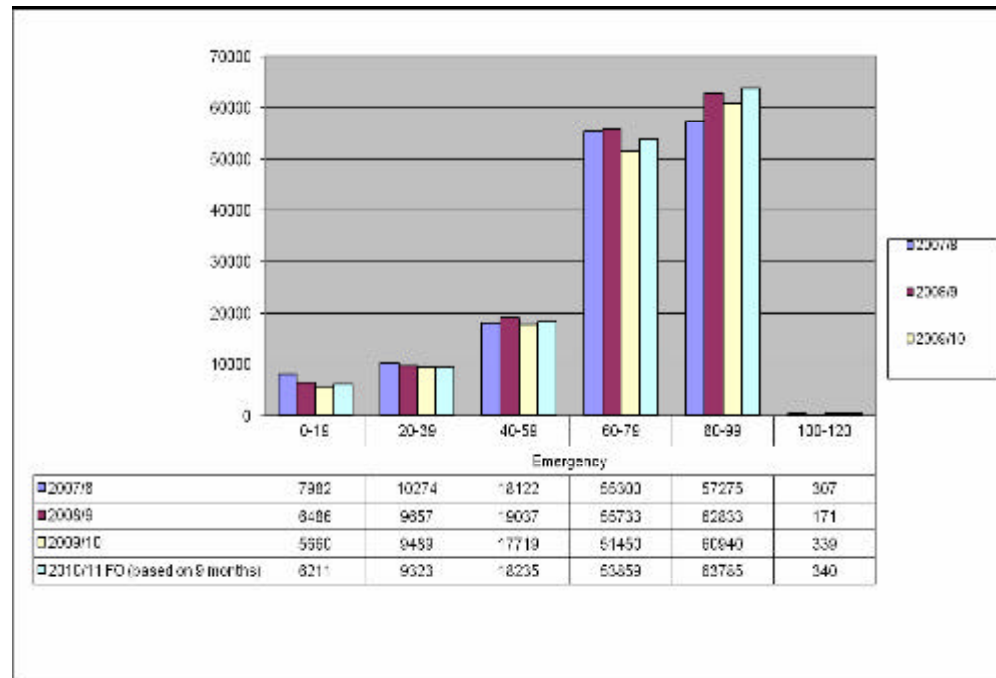
The Joint Strategic Needs Assessment states that the population of over 85's in Walsall is set to grow by 0.8%. Though this growth seems small as a proportion of the total population, it does mean that the over 85 age groups will double by 2026. The client group over 75 years of age represent a significant proportion of inpatient care (up to 75% of the inpatient population at any one time) but also form a large component of the community caseload.

5.1 Walsall Population Projections, by Age 2006 to 2026



5.2 Emergency Bed Days

The emergency bed days proportionate to age group are illustrated below for the period 2007-8 / 2010/11.



6. LINK TO ORGANISATIONAL PRIORITIES

6.1 Creation of the Integrated Care Organisation

Bringing together the hospital and community services provides many opportunities for the delivery of service improvements for older people.

Our Organisational vision is to **provide excellent, integrated health services for the people we serve in the right place and at the right time**.

Our intention to provide services for people wherever and whenever they need them supports the concept that older people, whenever possible, should receive care in their own homes. Our work on the Frail Elderly Pathway in partnership with the Local Authority provides the basis for further developments. In delivering services of high clinical quality, the care of older people has been prioritised by the organisation.

As an Integrated Provider, the Trust's work programme which is led by an Executive Director includes the following priorities:-

- The development of virtual wards in which integrated teams support people with complex needs to live as independently as possible in the Community.
- The use of Telehealth and Telemedicine (in partnership with the Local Authority).
- High quality assessment and case management where appropriate.
- Falls reduction.
- Pressure ulcer avoidance.
- Nutrition and hydration.
- Dementia.
- End of Life Care.

7. HOW WILL WE MEASURE SUCCESS?

The delivery of a high quality patient experience by delivering safe and effective care are the cornerstones of our Organisational priorities and, in delivering these objectives, the Trust has embarked on an ambitious programme entitled **'For one and all- improving your experience'** whereby a wide range of patient's are describing their local healthcare experience to staff who act as 'listeners' in this process.

The delivery of measurable improvements in the care for older people using the services of Walsall Healthcare NHS Trust will also be measured through a number of indicators including:

- Improvement in the patient satisfaction surveys (from 2010 base).
- Reduction in complaints relating to general care and assessment.
- Reduction in number of falls and pressure ulcers.
- Reduced length of stay.
- Delivery of action plans arising from various inspection visits.

Appendix 1

Action Plan Title: CARE QUALITY COMMISSION, DIGNITY AND NUTRITION FOR OLDER PEOPLE –INSPECTION APRIL 2011
Lead Director: DIRECTOR OF NURSING

Ref 1.	Recommendation/ area of none compliance	CQC visualised exposure of a patient through the curtains	Risk rating : S x L
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Ref:	Action	Lead	Completion deadline	Progress update	Evidence	Monitoring Arrangements	Date completed
1.1	All sisters to check their ward areas for broken curtain hooks and report to 7500.	Ward sister/ manager/housekeeper	June 2011	Completed	Report from facilities confirming ward compliance	Routine inspections by ward sisters and facilities team staff Housekeeping supervisors check on daily basis.	June 2011

Ref:	Action	Lead	Completion deadline	Progress update	Evidence	Monitoring Arrangements	Date completed
1.2	Staff to be instructed to observe privacy and dignity regulations (letter to be drafted by lead nurse for older people in conjunction with ward sisters	Wards sisters/ managers/lead nurse	September 2011	Completed	letter reminding staff of their responsibilities from ward to be sent to each nurse and copy into personal file to be written by Lead nurse for older people Minutes of ward meetings	Critical friend visits and ward meeting minutes	September 2011

Ref 2	Recommendation/ area of none compliance	Staff engaging in conversations between themselves not involving the patients	Risk rating : S x L

Ref:	Action	Lead	Completion deadline	Progress update	Evidence	Monitoring Arrangements	Date completed
2.1	Weekly audits as part of improving patient experience to be performed weekly with live feedback to clinical teams	Interim Associate Director of Nursing	June 2011	Completed	Weekly audit results Organisational Development Programme	Routine inspections by ward sisters and facilities team staff Matrons routinely walk about will address this at time. Raised at Nursing Sub Group clinical supervision meeting every week. With band 7's	June 2011

Ref 3	Recommendation/area of none compliance	Confidential information displayed over patient bed heads without consultation with the patients preference	Risk rating:

Ref:	Action	Lead	Completion Deadline	Progress Update	Evidence	Monitoring Arrangements	Date Completed
3.1	Snapshot audit of patient preferences for a week Develop audit proforma	Lead Nurse for Older People			Audit results Results sent to Director of Nursing. Red dot – Diabetes. Communicated to Head of Housekeeping.		

Ref 4	Recommendation/area of none compliance	CQC assessors observed incidence of patients unable to reach nurse call buzzers	Risk rating:
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Ref:	Action	Lead	Completion Deadline	Progress Update	Evidence	Monitoring Arrangements	Date Completed
4.1	Call buzzer audit round monthly	Ward Sister or delegated officer		Completed	Minutes of Divisional Quality Boards Sub Group Ward Assurance tool results Audit results governance facilitator to assist	Patient Safety – Ward Assurance quarterly	July 2011

Ref 5	Recommendation/area of none compliance	Assessment documentation did not or conflicted with care delivery information relating to cultural and religious requirements	Risk rating:
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Ref:	Action	Lead	Completion Deadline	Progress Update	Evidence	Monitoring Arrangements	Date Completed
5.1	All staff to attend equality & diversity training	Heads of Nursing	April 2012	Completed	Training attendance records	Through monthly training reports from HR Learning Centre	
5.2	Audit of 10 sets of notes from the BME community Develop a proforma	Heads of Nursing CNMT	September 2011 September 2011		Results of audit. Divisional Quality Board minutes Provision of proforma and completion of audit results	Results discussed at Divisional Quality Boards and action plan to address any issues monitored by this Board.	

Ref 6	Recommendation/area of none compliance	Staff attitude	Risk rating:
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Ref:	Action	Lead	Completion deadline	Progress update	Evidence	Monitoring Arrangements	Date completed
6.1	Weekly audits as part of improving patient experience to be performed weekly with live feedback to clinical teams	Interim Associate Director of Nursing	June 2011 onwards		Weekly audit results	Results will be monitored via Divisional operational boards and plans Attitude proforma	

Ref 7	Recommendation/area of none compliance	Lack of patient and carer engagement in giving feedback about their care	Risk rating:
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Ref:	Action	Lead	Completion deadline	Progress update	Evidence	Monitoring Arrangements	Date completed
7.1	Weekly audits as part of improving patient experience to be performed weekly with live feedback to clinical teams	Interim Associate Director of Nursing	June 2011 onwards		Weekly audit results will be discussed and monitored at CMG.	Areas with significant concern will be asked to develop action plans to address this and will be monitored via the Divisional Quality Boards.	
7.2	Electronic patient trackers being used	Heads of Nursing	Ongoing,	A full review of patient experience trackers will be undertaken by Senior Nursing team and appropriate ongoing monitoring put into place	Report will be taken to the Patient Experience group in September for consideration.	Recommendations will be monitored by CNMT. NO TRACKERS INSITU AS CONTRACT FINISHED	

Ref:	Action	Lead	Completion deadline	Progress update	Evidence	Monitoring Arrangements	Date completed
7.3	Trust participate in all national patient satisfaction surveys	Interim Associate Director of Nursing/relevant Heads of Service	As per national timetable		National results will be analysed by the relevant service and action plans put in place to rectify any deficits.	These plans will be owned by the Divisions and monitored via the Patient Experience group.	

Action Plan Title: CARE QUALITY COMMISSION, DIGNITY AND NUTRITION FOR OLDER PEOPLE – INSPECTION APRIL 2011

Lead Director: DIRECTOR OF NURSING

Outcome 5 Meeting Nutritional Needs

Ref 1.	Recommendation/ area of none compliance	Lack of dietary likes and dislikes recorded in patient notes	Risk rating :
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Ref:	Action	Lead	Completion deadline	Progress update	Evidence	Monitoring Arrangements	Date completed
1.1	Needs to be recorded in nursing assessment (CAT documentation) New CAT in progress	Ward Sisters/Manager	Commence July	CAT document being reviewed to reflect patient assessments	Audit 10 patients per month for 3 months starting in July Audit deferred to commence October 11	Reporting to Patient Experience group in December 11	

Ref 2.	Recommendation/ area of none compliance	Snacks not universally available	Risk rating :
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Ref:	Action	Lead	Completion deadline	Progress update	Evidence	Monitoring Arrangements	Date completed
2.1	Snacks to be available for all ward areas following review and recommendations by the 'food working group'	Ward Sisters/Manager	Review in June, changes to be implemented in September	Review complete customised snack arrangements available on 5 wards currently Dietician TO review all wards to	One week snapshot audit in October		September 2011

Ref 3.	Recommendation/ area of none compliance	CQC assessors did not witness patients being offered the opportunity to clean their hands prior to meals	Risk rating :
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Ref:	Action	Lead	Completion deadline	Progress update	Evidence	Monitoring Arrangements	Date completed
3.1	All appropriate patients will be offered the opportunity to clean their hands and be informed to do so.	All ward staff supervised by the senior sister	July 2011	Completed	Menus amended to include reminder to wash hands or use the gel at the end of the bed before eating meals	N/A	July 2011

Ref 4	Recommendation/ area of none compliance	CQC assessors observed inconsistency relating to fluid intake in documentation	Risk rating :
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Ref:	Action	Lead	Completion deadline	Progress update	Evidence	Monitoring Arrangements	Date completed
4.1	Sister to conduct one week audit of fluid balance charts to include the two groups of patients	Ward sisters/manager working with identified team member	September 2011 to audit notes	Audit tool developed and scheduled to commence late September 11	Presentation of one week audit at sisters meeting		
4.2	Red lids on jugs to identify at risk patients	Ward Sisters/managers working with identified team members	August 2011 trial commenced	In place	Report on progress to Patient Experience group in October Trial in Ward 16 – Jugs and lids got to KITCHEN FOR washing. Housekeepers confused with who needs a red lid. Awaiting	Evaluation in October 2011	

					magnetised symbol.		
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