

Dignity in Hospital Care

Report of Health Scrutiny Topic Group C

December 2013

Scrutiny Review of Dignity in Hospital Care

Executive Summary

The purpose of this report is to present the findings of Topic Group C from a scrutiny review into dignity practices at NHS hospitals. The focus of our review was on the services provided at Trafford General, Salford Royal and Wythenshawe Hospitals.

Overall we found evidence of good practice and many examples of how Trusts ensure the dignity of patients whilst in hospital care. All the Hospitals we visited demonstrated high levels of commitment to provide an environment that respects and delivers good quality care.

We were assured that there are a variety of measures in place to ensure that these objectives are being met. Staff check wards on a frequent basis to see how patients are and has formal systems in place to monitor performance – for example, the use of performance dashboards and the display of performance information. Schemes such as Ward Accreditation support the culture of improvement and care. All the Trusts take complaints and feedback seriously. They have clear procedures and take action to learn from feedback.

There are a number of good examples of patient centred provision. For example, the “This is me” handbook and the “What matters most to me” initiatives. There are good standards of food provision and schemes to ensure that hospitals meet the specific needs of patients.

There are different approaches to discharge. Some use lounges whilst others provide support on wards. There are procedures to ensure that people are not discharged late in the evening and that they are given appropriate clothing. We were told of examples of how hospitals had dealt with cases where these standards had not been met. Procedures are kept under review so that they remain fit for purpose.

However, we did identify worrying areas for concern in practice. We carried out a survey of care homes and received a small number of letters from the public about care in the hospitals. We also visited two care homes to talk to managers about issues they had raised. Many did refer to excellent standards of care but also highlighted a number of areas for improvement. These include

- Problems with discharge procedures
- Weaknesses in communication with carers which has resulted in key information not being passed onto the hospital or recorded incorrectly. For example, information sent to hospitals with patients not following patients through the hospital system.
- Weight Loss and examples of vulnerable patients not being assisted sufficiently with feeding.
- Decrease in mobility in residents discharged from hospital.
- Residents returning home with hospital gowns on and/or not in appropriate attire. There are a small number of examples of residents coming back without dentures or glasses.
- Residents returning home without any medication or not sent in a timely manner.

The Trusts have systems to deal with performance and complaints and so we are assured that problems can be put right. However, each Trust needs to be vigilant in identifying problems and taking appropriate action. We were pleased to find that the Trusts are committed to taking action to continue to improve services for patients and their families.

Recommendations

Our recommendations are as follows:

1. That the Trusts ensure that they are taking all steps to deliver high quality care for elderly patients and review and amend their practice by
 - Ensuring that they are implementing recommendations 236 to 243 of the Francis report (see appendix 2)
 - Continuing to review policies and procedures in light of feedback from patients and carers.
 - Sharing and Identifying best practice to improve services for elderly and vulnerable patients.
 - Regularly checking that staff are implementing discharge procedures.
2. That Commissioners carry out an annual survey of Residential and Nursing Home managers to track progress in the delivery of high quality care for elderly patients.
3. That Commissioners consider establishing a meeting of Residential and Nursing Home managers with the Hospital Discharge Managers to discuss any issues raised by this survey exercise.
4. That the Care Quality Commission and the local Healthwatch are made aware of the report and recommendations.
5. That the Health Scrutiny Committee conducts a follow up review in 18 months' time.

I would like to thank my colleagues on the Topic Group for their work, insight and contribution. The Topic Group comprised of Councillors Brophy, Harding, Lamb, Proctor and Sophie Taylor. All members played a full and active role in this review and contributed fully to its findings.

I would like to make particular reference to the leadership and work carried out by Councillor Dylan Butt. I became Chairman of the Group midway through the review and am exceedingly grateful for the excellent work done by Councillor Butt, who prior to him being elected as Mayor of Trafford Council, developed and shaped the review.

I would also like to thank the managers and staff at hospitals and care homes for their open, honest dialogue with myself and the Topic Group members.

Councillor Patricia Young
Chairman Topic Group C
November 2013

1. Background

This review was included in the Health Scrutiny Committee's work programme at an event in October 2012. The purpose of the review was to explore how elderly residents were looked after whilst in the care of NHS hospitals.

Using the recent report from the Parliamentary and Health Service Ombudsman (PHSO) *'Care and Compassion?: A Report of the Health Service Ombudsman on ten investigations into NHS care of older people'* the Topic Group identified a series of key themes in which to frame their investigations. These were:

- Hospital Acquired Infection;
- Nutrition and Hydration;
- Discharges;
- Pain relief;
- Good nursing practices.

In addition to the use of the PHSO's comprehensive report, Members were also aware that the review would also touch upon the key themes arising from the Francis Review into the Mid Staffordshire NHS Trust. The failings at this Trust have been well documented and Members of the Topic Group were keen to undertake the review in the spirit of the recommendations made by Sir Robert Francis; specifically, in relation to ensuring good patient care and safety.

'The events at Stafford Hospital were a betrayal of the worst kind. A betrayal of the patients, of the families, and of the vast majority of NHS staff who do everything in their power to give their patients the high quality, compassionate care they deserve.'

Rt. Hon. Jeremy Hunt MP, Secretary of State for Health

Being admitted to hospital can be a distressing time for patients as well as their families and carers. It is often an unfamiliar environment which may lack the comforts which we are all used to and value highly. This may include eating and sleeping at a time to suit or even preparing refreshments in a particular way. Therefore, it is essential that patients are treated with respect and dignity in order to enable them to retain as much independence as possible whilst receiving care.

'We should never allow the needs of an institution take over the needs of an individual's care.'

Rt. Hon. Jeremy Hunt MP, Secretary of State for Health

Since the appalling treatment of patients at Mid Staffordshire NHS Trust, ensuring patient dignity and safety as well as promoting a positive patient experience has been a key issue for the Department of Health. It is with this in mind that the Topic Group wished to explore the issue of dignity with NHS Trusts and examine patient experience in more detail.

2. Scope of the Review

As Trafford residents are able to receive care at a number of sites across the country, the Topic Group agreed to focus their efforts on three hospital sites which are used by Trafford residents:

- Trafford General Hospital (Part of Central Manchester University Hospitals Foundation Trust);
- University Hospital of South Manchester Foundation Trust;
- Salford Royal Foundation Trust.

Members were keen to see, at first hand, how these hospitals delivered patient care. In order to do this, site visits were scheduled to all three hospitals between April and July 2013. Facilitated by Chief Nurses, their deputies and appropriate staff, Members witnessed the delivery of care and questioned NHS staff and patients on the approach to upholding the dignity of patients and their experiences respectively.

Lastly, in order to obtain the views of the public in relation to care they or their loved ones had received at these hospitals, a press release was circulated via the Councils communications team and key partners to stimulate a public response. Additionally, letters and a questionnaire were dispatched to care home managers requesting information relating to the care of elderly residents in hospital.

The Topic Group also discussed emerging findings with Senior Nursing representatives of the three Trusts and visited two nursing homes to get a better understanding of the issues raised.

By combining the information gathered as well as undertaking background research, this report documents the Topic Group's findings.

3. Engagement with Local Trusts

University Hospital of South Manchester Foundation Trust

Members were assured that staff, especially nursing staff, had the confidence to report issues of concern and that Senior Management undertook walkabouts to see for themselves the standard of care delivered. Members welcomed the clear processes for escalating nursing related issues and that system included, where necessary, the Chief Nurse.

The Topic Group welcome the use of intentional hourly/two hourly visits to all patients, known at the Trust as 'Care and Communication Rounds'. These rounds enable nursing staff to monitor the '4P's' of pain, position, patient needs and possessions. Members felt that this was a good example of a uniform approach to ensuring all patients are attended to on a regular basis.

'It's about looking at the situation from a patient's eyes – sometimes we have our nurse's eyes on'.

The Trust uses the safety thermometer to document their performance figures in relation to patient harms and harm-free care. This is a Government scheme to ensure patient safety and Members noted that the safety thermometer is a reasonable

method to establish the care of the elderly given that the performance indicators relate to areas which impact on the elderly the most.

The standards of nutrition and hydration are good. Food surveys have been undertaken with patients and the outcome of these has led to changes in the way in which menus are designed to meet the needs of patients. For example, there is less of an emphasis on two large meals at lunch and dinner and a higher emphasis placed on the provision of snacks and light refreshments. Members felt it was of a good standard with a good level of choice for different palates and cultural needs.

Members also saw the 'red tray' system in which patients who need their food intake monitoring are delivered their meals on a red tray to ensure that nursing staff can monitor food intake.

Members also explored the level of flexibility associated with the catering operation and found that this was also good. The menus are changed every two weeks to ensure variation. Patients on the maternity wards have a more flexible system and patients with cystic fibrosis have a specialised chef due to the unique needs their diet commands. However, they found that whilst snack boxes were available 24/7 they could only be ordered between the hours of 7.45am – 7.30pm.

The Trust is keen to ensure that arrangements are in place to enhance services and that complaints are dealt with in a timely and effective manner. A dedicated Matron with responsibility for patient experience is in place to oversee this. There are a variety of ways in which patients can complain such as via dedicated leaflets or through the website. Bedside Booklets are to be updated shortly which feature ways in which to complain. There are systems in place to ensure that each complaint is dealt with appropriately. Members were impressed that, in the Trust's words, one 'horror story' is being used to educate staff via DVD. It was also reported to the Topic Group that patient experience is considered by the Trust Board on a quarterly basis.

Members enquired what the most common complaints were and were told that this related to communication and the use of clinical jargon. The Trust is attempting to resolve this through communications training for staff who correspond with patients. Clinical incidents are also a feature of their most popular complaints and Members were advised that there had been 24 Serious Untoward Incidents (SUI's) in the last 12 months. Members were assured that there was a Trust-wide approach to dealing with SUI's and overseeing the changes to clinical practices, where appropriate.

Members visited the discharge lounge to see how the process of releasing patients back home and to other residential settings was being managed. Generally, this is effective. There is an integrated team who deal with the discharge process across Manchester and Trafford. A clothes bank exists for patients to access if they have required urgent care and their clothes are damaged as part of their treatment.

However, the Topic Group found areas for improvement. It was noted that not all patients are discharged through the lounge and that there can be delays. Whilst observing the lounge in operation at around 1pm in the afternoon, Members heard that one elderly lady had been waiting for transport home since 8am.

USHM have indicated that they are aware of issues with discharges and are taking corrective action. Members were advised that UHSM are monitoring the performance of the new patient transport provider. A copy of the discharge policy was made available to Members, as was the Trust's Discharge Lounge Guidance. The Trust

have stated that all new policies are sent to all ward managers who are responsible for disseminating the information and implementing the policies.

Trafford General Hospital

The Topic Group were pleased with the overall standards of care at Trafford General Hospital. Members note the recent CQC inspection in which Trafford General met all 7 standards reviewed. In particular, the inspectors has praise for the way in which the patients they spoke with 'felt they were treated with respect and dignity and were involved in making decisions about their care, treatment and support during their stay in hospital'.

The ward accreditation process promotes a culture of continuous improvement, environment of care, communication about and with patients. Good nursing processes must be evident before wards are given a white, bronze, silver and gold award.

The Trust uses an in-patient quality dashboard in which a series of performance indicators monitor issues such as the achievement of a clean environment; ensuring pain is managed effectively. This demonstrates that monitoring quality is of importance to the Trust. It also highlights that mechanisms are in place to provide a snapshot of patient experience and that this information is used to make improvements to patient experience.

The Trust has developed shared care plans and a 'This is Me Handbook' in which individual needs and preferences of patients are noted and used to enable patients to retain as much independence as possible. Members also saw the 'forget me not system' in which the picture of the flower is placed next to patients with dementia. The cards contain key information about the person's tastes and preferences so that hospital staff can help them feel as at home as possible during their time on the Ward.

To assist patients with dementia, the Trust is in the process of installing memory pods and producing distraction boxes which have a 1950's/60's themed environment which is used to provide comforting surroundings to patients. One of the wards is undertaking a dementia pilot to improve and enhance the ward environment for patients with cognitive impairment. Patients and carers have been involved during the planning stages.

Catering Services at the Hospital are good. Members observed the lunchtime service and sampled the food which was to be served to patients. Meals are prepared on site and there is flexibility in meeting the patients dietary requirements. It was noted that there is a good deal of choice, food was piping hot and that the portions were plentiful. The Trust has received excellent feedback on the food it serves to patients and the results of a dining audit are soon to be announced. The Red Tray system (for patients who struggle to eat independently or need to eat required calories) is also in operation.

Topic Group Members were assured that patient experience is a priority for the hospital. The complaints process is effective and staff have an excellent grasp of the requirements of the system. There is awareness that at different stages of a person's life they are more likely to complain themselves or have someone complain on their behalf.

'If someone raises a concern in hospital, when they are in a most vulnerable state, it must be serious'.

The Topic Group also heard that there is a clear system of complaint escalation on the ward and complaints are dealt with as close to the source as possible. It was also raised that the Trust has an expectation that any learning arising from the resolution of a complaint is undertaken within the clinical divisions. Members also received a case study in relation to an incident of day case surgery which did not go as planned. Members were advised that there were clear learning points arising from the incident and demonstrated the value which the Trust puts on experiential learning.

Discharges are managed effectively and Members discussed the arrangements at the Hospital with patients and staff. There is no waiting area or discharge lounge, patients stay on the wards until they are discharged. Members were advised that discharge is a complex process which involves communication and coordination between relatives, carers and a range of clinical and allied health professionals. Members were assured that there existed a clear awareness that discharges late at night were not appropriate. The discharge policy is clear on this and states that that 'unless there is a wish to do so by the patient it is not advised to discharge patients back into the community after 8pm'. Members were assured that the hospital recognised the need for patients to be transported in comfortable clothing and where appropriate this should include day clothing with appropriate footwear.

At the time of the visit, the Trust was in the process of revisiting its hospital discharge processes as part of a piece of work called 'Evidence Based Design' and are working closely with a number of different stakeholders such as social care and other agencies.

It was noted that family engagement in the discharge process can be low and that this can have a negative impact on the overall timeliness of the discharge process. A hand held patient discharge booklet is being developed which aims to improve patient and carer involvement in the discharge process from the point of admission.

Salford Royal Hospital

The Topic Group found a number of good examples of good practice at the Trust and was assured about the quality of care given to patients. Systems are in place to ensure that standards are met. The Trust operates the Nursing Assessment and Accreditation System (NAAS) which measures the quality of nursing care delivered by ward teams. This performance assessment framework is based on the Trust's Safe, Clean, Personal approach to service delivery and combines Key Performance Indicators and Essence of Care standards.

Each ward is assigned a red/amber/green rating and three consecutive green assessments over a 24-month period enables a ward to be considered for Safe, Clean and Personal (SCAPE) status. This category enables the ward sister to be promoted to ward matron and for the ward to operate with a higher level of autonomy. A ward with consecutive red ratings will have targeted support and subsequent failure to improve will result in a review of the ward's leadership.

Members were advised that intentional hourly rounding is in place with records kept to demonstrate that the needs of patients have been met by nursing staff.

Open visiting times are in operation at the Trust, with relatives and carers able to visit patients at any reasonable times of the day except meal times as these are protected. However, if patients struggle to eat independently, family and friends can visit during mealtimes to assist.

Members were also advised that there are 'What matters most to me' signs above patient's beds which document the one 'thing' which is really important to the patient. This is used by staff, including consultants, on ward rounds to identify if patients needs are being met.

Ward performance information is clearly displayed in all wards in a simple and easy to understand format for staff, patients and visitors. This information includes staffing levels, both required and actual, as well as how many days the ward has been free from hospital acquired infection, falls and pressure sores. Members were very impressed by the performance levels they witnessed as well as the effort on the Trust's part to be open and transparent.

Members were also advised of a 'what matters to you clinic'. The example given by the Trust related to a patient with Crohn's disease who wanted to be symptom-free for a year and negotiated the management of her illness, with consultants, with the use of steroids.

In order to enhance the environment for dementia patients, 'memory pods' are being erected in the hospital in order to create safe and familiar areas. Work is being undertaken to explore whether wards could be opened up to allow dementia patients to wander in a safe environment.

Members were very impressed with the Trust's intention to move towards an a la carte menu for all patients, and were piloting the approach at the time of the visit. The approach would enable patients to choose what food they wanted from a lengthy menu of options at a time to suit them. Orders are telephoned though and food is served hot, on custom-made serving plates, within 45 minutes. Vulnerable patients are supported well and work is underway to offer a finger buffet to patients with dementia. The Trust also advised Members that food is available 24/7 for patients that need it.

Complaints arrangements are good. There are posters and leaflets on all wards promoting the service as well as posters above patient's beds for friends/family to call the HELP phone (Hospital Empowerment of Loved Ones) and patients (A telephone number with a direct line to senior manager on site) if they are worried about the care of their loved one. The Trust are forensic when it comes to investigating complaints and take them very seriously, inviting patients and their relatives to meetings in order to discuss complaints and highlight what the outcome of their complaint has had on the wider organisation. The Trust receives roughly 300 complaints per year and they relate to staff attitude, nursing care and medical treatment. The Board receive six monthly reports on complaints which allows for the identification of trends.

The Patients Association were working with the Trust on a project which examines their approach to addressing complaints. The most common complaints are communication, clinical care/diagnosis and cancelled operations.

Members visited the discharge lounge and were advised that a long stay would be in the region of 3 hours and that an average stay would be 1.5 hours. The Trust

highlighted that the lounge is still a clinical area with medicines being delivered there as well as some clinical procedures being undertaken. To enhance the discharge process, the Trust had commissioned a private ambulance, had their own vehicle and a contract with a local taxi firm.

The Trust provided Members with their discharge policy and procedure. The clear message from the policy is that the planning of discharge starts as soon as is possible 'discharge must be planned for at the earliest opportunity between the primary care providers, the hospital and social care providers, ensuring that patients and their carers understand and are able to contribute to care planning decisions as appropriate'. It is also noted that within all inpatient areas an estimated discharge date will be agreed by the admitting consultant team within the first 48 hours of admission or sooner for shorter stay patients'.

Members were assured that this was a concerted effort on the Trust's part to recognise that hospital stays should be as short as possible and that a discharge was only required when the patient is medically fit to do so.

At the time of the visit, the Trust was trialling a calling card for discharged patients which featured the name and contact number of the Ward Sister and patients who had any questions/difficulties within 2 days of discharge could call for assistance. The card also featured the contact details of Age UK.

4. Patient Experiences

In addition to visiting the Trust sites and talking to senior staff, the Topic Group also wished to get information about patient experiences and these are set out below. It is clear from the limited feedback obtained, that despite the often good procedures in place at local Hospitals, problems still occur. These problems result in a great deal of stress for elderly and sick people and their carers.

The Topic Group issued a press release about the review and asked for feedback from recipients of services or their carers. The Council's Market Management and Safeguarding Team also carried out a survey of all Residential and Nursing Homes in Trafford to gather information about the overall experience of resident's hospital in-patient care and discharges. 10 responses from 34 care homes were received. We also met with senior managers at two Care Homes to allow them to expand on comments they sent through.

The scale of responses was quite low are not statistically valid. In addition, whilst reference was made to all the hospitals, most of the examples given related to Wythenshawe and Trafford General Hospital as these are the main providers for Trafford residents and so cannot provide a full picture. However, we feel that the examples are relevant to all providers and suggest that they should regularly check that their procedures are implemented fully and that patients get the care that they are entitled to.

A small number of local people shared their experiences with us. Some referred to "excellent" standards of care whilst others referred to problems where they felt care had fallen below the level expected. A summary of the main issues that they raised are set out below:

- Long waits in discharge lounges.

- Patients being discharged in pyjamas or dressing gowns in the middle of Winter or in the evening.
- Weaknesses in liaison with carers which resulted in key information not being passed onto the hospital or recorded incorrectly.
- Examples of poor care which patients or carers felt led to infections, non-recording of accidents and food being left out of reach. Other examples included lack of responsiveness to requests or loss of property.

Some of these issues were also highlighted by visits to care homes and in the survey. There were a number of positive experiences reported including the majority of clinical care and a broadly caring approach.

However, a number of areas for improvement were raised and are summarised below.

- **Communication** - Communication between hospital staff teams and the homes that completed the questionnaire were highlighted as needing improvement. Care Home Managers complain that when residents go into hospital they are accompanied with comprehensive and detailed information. However, this information sometimes doesn't get transferred from A&E to the wards or from ward to ward, resulting in numerous telephone calls to the homes requesting information.
- **Weight Loss** - Out of approximately 170 hospital admissions referred to in the survey responses, at least 43 (one in four) of these residents have reportedly experienced significant weight loss. There were some examples of vulnerable patients not being assisted sufficiently with feeding.
- **Function and Ability** - Some providers noted that there is a general decrease in mobility in residents discharged from hospital. One home has had several complaints from families that residents have not been out of bed whilst in hospital and that many residents had been catheterised. One said that almost every resident's mobility was significantly worse after a stay in hospital.
- **Discharges** – examples of concerns about discharge including problems because equipment has not been provided, evening discharges, especially from A and E services, transportation and communication problems with families and clothing.
- **Possessions** - Generally residents returned home with their own belongings. Some homes noted that residents come back with hospital gowns on and/or not in appropriate attire. There are a small number of examples of residents coming back without dentures or glasses.
- **Medication** - The survey highlighted cases where residents returned home without any medication or where it is not sent in a timely manner. One home reported that they had to phone the hospital to confirm medication times and doses because they had not received detailed information.

Nine of the ten homes took some form of action as a result of issues arising from the residents stay in hospital. These ranged from making safeguarding referrals, submitting incident forms or complaints to the hospitals.

Appendix 1 - Evidence Gathered

Document Review

The Topic Group reviewed a number of documents as part of the review including national best practice, the Francis report, inspection reports and documents provided by the Trusts.

Visit to Wythenshawe Hospital – April 2013

The Topic Group met with a number of senior staff including the Chief Nurse, Matron for Patient Experience and the Heads of Nursing for Scheduled Care, Unscheduled Care and Infection Control and Prevention for an initial briefing on the Trust's approach to ensuring dignity, patient safety and a approach to handling complaints. Members also visited two wards at Wythenshawe Hospital, including Urology, and spoke directly with patients and staff.

Visit to Trafford General Hospital – May 2013

The Topic Group met with the Head of Nursing, Associate Director for Surgery and Access, Lead Nurse for Quality, Directorate Manager Medicine, Complaints/PALS Manager and the Clinical Head of Division for briefings on the Trust's approach to ensuring dignity, patient safety and handling complaints. Following this, Members visited wards and spoke directly with patients and staff.

Visit to Salford Royal – July 2013

The Topic Group met with the Executive Nurse, Divisional Director of Nursing, Assistant Director of Patient Safety, Lead Nurse, NAAS and the Assistant Director of Nursing for an initial briefing. Following this, Members visited wards and spoke directly with patients and staff.

Response from the Public – Summer 2013

The Topic Group received eleven responses to the press release from people who have had care at the hospitals or relatives of patients.

Joint Meeting with Representatives of the Trusts – September 2013

The Topic Group met senior representatives of the Trusts to discuss the initial findings in a joint meeting.

Visits to Care Homes – September 2013

Discussions were held with Managers at two care homes in Trafford.

Questionnaire of Residential or Nursing Homes

Survey of 34 homes in Trafford Borough in October 2013. 10 responses were received.

Appendix 2

Caring for the elderly – Recommendations 236 to 243 from the Francis Report

Approaches applicable to all patients but requiring special attention for the elderly

236 Identification of who is responsible for the patient

Hospitals should review whether to reinstate the practice of identifying a senior clinician who is in charge of a patient's case, so that patients and their supporters are clear who is in overall charge of a patient's care.

237 Teamwork

There needs to be effective teamwork between all the different disciplines and services that together provide the collective care often required by an elderly patient; the contribution of cleaners, maintenance staff, and catering staff also needs to be recognised and valued.

238 Communication with and about patients

Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds:

- All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors.
- Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients.
- The NHS should develop a greater willingness to communicate by email with relatives.
- The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered.
- Information about an older patient's condition, progress and care and discharge plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients are entitled.

239 Continuing responsibility for care

The care offered by a hospital should not end merely because the patient has surrendered a bed – it should never be acceptable for patients to be discharged in the middle of the night, still less so at any time without absolute assurance that a patient in need of care will receive it on arrival at the planned destination. Discharge areas in hospital need to be properly staffed and provide continued care to the patient.

240 Hygiene

All staff and visitors need to be reminded to comply with hygiene requirements. Any member of staff, however junior, should be encouraged to remind anyone, however senior, of these.

241 Provision of food and drink

The arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation.

242 Medicines administration

In the absence of automatic checking and prompting, the process of the administration of medication needs to be overseen by the nurse in charge of the ward, or his/her nominated delegate. A frequent check needs to be done to ensure that all patients have received what they have been prescribed and what they need. This is particularly the case when patients are moved from one ward to another, or they are returned to the ward after treatment.

243 Recording of routine observations

The recording of routine observations on the ward should, where possible, be done automatically as they are taken, with results being immediately accessible to all staff electronically in a form enabling progress to be monitored and interpreted. If this cannot be done, there needs to be a system whereby ward leaders and named nurses are responsible for ensuring that the observations are carried out and recorded.