

## Provider Compliance Assessment

### Outcome 5 (Regulation 14)

Meeting nutritional needs

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North Cumbria University Hospitals   
NHS Trust

#### **DOCUMENT CONTROL:**

<b>DATE</b>	MARCH 2011
<b>NEXT REVIEW DATE</b>	SEPTEMBER 2011
<b>SUPPORTING ACTION PLAN REQUIRED</b>	YES

Personalised care, treatment and support

## **Outcome 5 (Regulation 14): Meeting nutritional needs**

### **What should people who use services experience?**

#### **People who use services:**

- Are supported to have adequate nutrition and hydration.

#### **This is because providers who comply with the regulations will:**

- Reduce the risk of poor nutrition and dehydration by encouraging and supporting people to receive adequate nutrition and hydration.
- Provide choices of food and drink for people to meet their diverse needs making sure the food and drink they provide is nutritionally balanced and supports their health.

Please refer to our guidance document *Provider Compliance Assessment: Guidance for providers* before completing the assessment.

### Provider details

Provider name	NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST
Provider ID	
Location	ALL
Location ID	RNL
Address line 1	CUMBERLAND INFIRMARY
Address line 2	NEWTOWN ROAD
Town/city	CARLISLE
County	CUMBRIA
Postcode	CA2 7HY
E-mail (if applicable)	carole.heatly@ncuh.nhs.uk
Website	
Main telephone	01228 523444
Fax	

## Ensure personalised care by providing adequate nutrition, hydration and support

<p><b>5A</b> Provide evidence that demonstrates that where the service provides food and drink, people who use services have their care, treatment and support needs met because the outcomes referred to in section 5A are achieved.</p>	Green <input checked="" type="checkbox"/>	Yellow <input type="checkbox"/>	Amber <input type="checkbox"/>	Red <input type="checkbox"/>
<p><b>Summary of evidence to support the outcomes described in 5A</b></p> <p>Patients nutritional needs are assessed and documented in the patients admission assessment forms which includes Derby nutritional scoring tool. Where indicated a nutrition care plan as per the Trusts Nutrition policy in appendices C,D and E is implemented. Referral to a dietician is made where specialist advice is required when appropriate.</p> <p>Menus are prepared to ensure balanced diets and are coded to indicate the appropriate dietary information. Food is prepared in line with Food Safety Act (1990) which is monitored by the Environmental Health checks. Catering surveys are carried out to ensure patient satisfaction with services. Protected meal time policy in place to ensure meal times are not interrupted.</p> <p>Supportive equipment is available on all wards to assist with eating if required, including beakers with spouts, special cutlery, plate guards and non-slip mats and should any further equipment be required the Occupational Therapy department would be contacted.</p> <p>Wards have designated dieticians who visit wards on a daily basis and provide information including updates on the nutritional ward folder and deliver training.</p>				

<p><b>5B</b> Provide evidence that demonstrates that where the service provides food and drink (but not when this is in the person's own home or shared lives arrangement), people have their care, treatment and support needs met because nutritional needs, choices and provision reflects the outcomes described in section 5B .</p>	Green <input checked="" type="checkbox"/>	Yellow <input type="checkbox"/>	Amber <input type="checkbox"/>	Red <input type="checkbox"/>
<p><b>Summary of evidence to support the outcomes described in 5B</b></p>				

In line with the Nutrition policy, all patients are assessed on admission against the Derby Nutritional Score and individualised care plans the outcome of which is evaluated and monitored.

Out of hours meals / snacks are available to patients at any time.  
Menu choice are coded to indicate the appropriate dietary information eg, whether suitable for diabetic patients, whether the item is low fat etc so that patients can make an informed choice.

Coloured trays are used to highlight patients that require assistance eating.

## Promote rights and choices

<b>5C</b> Provide evidence that demonstrates that where the service provides food and drink, people who use services can make decisions about their food and drink because information, choices and provision of food and drink meet the outcomes described in section 5C.	Green <input checked="" type="checkbox"/>	Yellow <input type="checkbox"/>	Amber <input type="checkbox"/>	Red <input type="checkbox"/>
<p><b>Summary of evidence to support the outcomes described in 5C</b></p> <p>Admission booklets explains the mealtimes and catering facilities available.</p> <p>There are a variety of special menus available that take into account cultural and religious requirements such as Halal or vegan menus.</p> <p>Delivery of meals are reasonably spaced out, however at any time the Snack boxes and out of hours service can be utilised.</p> <p>All ward areas have food provisions which are kept on the ward for example soup, cereal and bread as well as having access to the out of hours services.</p>				

## Additional prompts for specific service types

<b>ACS CHC DCS DEN DSS DTS HBC HPS LTC MLS PHS RHS UCS</b>				
<b>5D</b> Provide evidence that demonstrates people who use services who are requested to fast, benefit from clear procedures followed in practice, monitored and	Green <input type="checkbox"/>	Yellow <input checked="" type="checkbox"/>	Amber <input type="checkbox"/>	Red <input type="checkbox"/>

reviewed as described in section 5D .				
<p><b>Summary of evidence to support the outcomes described in 5D</b></p> <p>Pre-op fasting is described in the bedside clinical guidelines. Written evidence via admission letters is given to patients before admission so that they are informed on fasting..</p> <p>Specific guidelines for patients with diabetes is explained in the Percutaneous Endoscopic Gastrostomy (PEG) procedure.</p> <p>Out of hours meals / snacks are available to patients at any time.</p>				

ACS	CHC	DSS	HPS	MLS	PHS	RSM	UCS
<b>5E</b>							
Provide evidence that demonstrates that people who use services have access to facilities for infant feeding, including facilities to support breastfeeding.	Green	Yellow	Amber	Red			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<p><b>Summary of evidence to support the outcomes described in 5E</b></p> <p>We provide breast feeding support at home and weekly support groups. There are feeding rooms available on Children’s out-patients at CIC and on the ante-natal wards at WCH.</p> <p>When a breast feeding mother requires privacy, an area will be found to meet mother and baby needs.</p>							

CHN	CHS	HPS	LTC	MHC	MLS	PHS	SLS
<b>5H</b>							
Provide evidence that demonstrates that people who use services are able to make choices about:	Green	Yellow	Amber	Red			
<ul style="list-style-type: none"> <li>• What to eat.</li> <li>• When to eat.</li> <li>• Where to eat.</li> <li>• Whether to eat alone, or with company.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<p><b>Summary of evidence to support the outcomes described in 5H</b></p> <p>We offer patient information leaflets so that patients can make dietary choices in</p>							

relation to their conditions for example, information for newly diagnosed diabetes, eating for a healthy heart and healthy eating for children.

Laminated menus have been printed at larger size to facilitate reading and introduced to critical care areas.

The information given allows the patient to make informed choices when selecting food from the menu as the menu codes indicate the appropriate dietary information.

### Action plans for YELLOW, AMBER and RED areas

Click on yellow, amber or red in the box below as appropriate

Action plans should be SMART

<b>Ref number:</b>	5D		
<b>Yellow</b> <input checked="" type="checkbox"/>	<b>Amber</b> <input type="checkbox"/>	<b>Red</b> <input type="checkbox"/>	
<b>Identify the details of the area that needs to be improved, and what action needs to be taken. Say explicitly what is to be achieved, and who is going to make the changes:</b>		<b>By when:</b>	
<p>Review guidelines to support nursing staff to ensure patients are fasted for the minimum time required and offered nutrition within agreed timescales.</p> <p>A Task and Finish Group will be established, lead by the Head of Nursing for Surgery and will include a Consultant Anaesthetist, Surgical Matron and Business Manager for Surgery who will liaise in reviewing the guidelines.</p>		01/09/2011	
<b>How are you going to ensure that improvements have been made? What measures are going to put in place and who will do it?</b>			
The Surgical Matrons will conduct audits on the implementation of the guidelines 6 months from publication of the agreed guidelines.			
<b>Describe the resources needed to implement the changes and whether or not they are in place:</b>			

Protected time for the Head of Surgery to develop the guidelines and lead the Task and Finish group.
<b>Provide an appropriate date by which the improvements will be made:</b>
30/12/2011
<b>Describe the impact the improvements will have on people who use the service:</b>
Fasting will be kept to a minimum level and increase efficiency of post-op recovery.
<b>How we will monitor to check that the action plan is working?</b>
The action plan will be monitored at the Compliance Steering Group on a monthly basis.

<b>Ref number:</b>		
<b>Yellow</b> <input type="checkbox"/>	<b>Amber</b> <input type="checkbox"/>	<b>Red</b> <input type="checkbox"/>
<b>Identify the details of the area that needs to be improved, and what action needs to be taken. Say explicitly what is to be achieved, and who is going to make the changes:</b>		<b>By when:</b>



<p><b>How are you going to ensure that improvements have been made? What measures are going to put in place and who will do it?</b></p>	
<p><b>Describe the resources needed to implement the changes and whether or not they are in place:</b></p>	
<p><b>Provide an appropriate date by which the improvements will be made:</b></p>	
<p><b>Describe the impact the improvements will have on people who use the service:</b></p>	
<p><b>How we will monitor to check that the action plan is working?</b></p>	

- If you need to add more action plans, you should:**
- 1. Go to View>Toolbars> in the top Microsoft Word menu and click on 'Forms'.**
  - 2. Click on the padlock symbol in the Forms menu. This unlocks the form.**
  - 3. You will then be able to copy and paste more action plan boxes.**