

Announced Inspection Report – care for older people in acute hospitals

Hairmyres Hospital | NHS Lanarkshire

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First published April 2012

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1 About this report

In June 2011, the Cabinet Secretary for Health, Wellbeing and Cities Strategy announced that Healthcare Improvement Scotland would carry out a new programme of inspections. These inspections are to provide assurance that the care of older people in acute hospitals is of a high standard. We will measure NHS boards against a range of standards, best practice statements and other national documents relevant to the care of older people in acute hospitals, including the Clinical Standards Board for Scotland (CSBS) *Clinical Standards for Older People in Acute Care* (October 2002).

Our inspections focus on the three national quality ambitions for NHSScotland, which ensure that the care provided to patients is person-centred, safe and effective. The inspections will ensure that older people are being treated with compassion, dignity and respect while they are in an acute hospital. We will also look at one or more of the following areas on each inspection:

- dementia and cognitive impairment
- falls prevention and management
- nutritional care and hydration, and
- preventing and managing pressure ulcers.

This report sets out the findings from our announced inspection to Hairmyres Hospital, NHS Lanarkshire from Monday 5 to Wednesday 7 March 2012.

This report gives a summary of our inspection findings on page 5. Detailed findings from our inspection can be found on page 7.

The inspection team was made up of four inspectors and two public partners, with support from a project officer. One inspector led the team and was responsible for guiding them and ensuring the team members agreed about the findings reached. A key part of the role of the public partners is to talk to patients and listen to what is important to them. Membership of the inspection team visiting **Hairmyres Hospital** can be found in Appendix 2.

The report highlights areas of strength, areas for improvement and areas for continuing improvement. The areas for improvement from this inspection can be found in Appendix 1 on page 13. Wherever possible, the areas for improvement are linked to national standards published by Healthcare Improvement Scotland, its predecessors and the Scottish Government. They also take into consideration other national guidance and best practice. We will state that an NHS board **must** take action when they are not meeting the recognised standard. Where improvements cannot be directly linked to the recognised standard, but where these improvements will lead to better outcomes for patients, we will state that the NHS board **should** take action. A list of relevant national standards, guidance and best practice can be found in Appendix 3.

More information about Healthcare Improvement Scotland, our inspections, methodology and inspection tools can be found at <http://www.healthcareimprovementscotland.org/HEI.aspx>.

2 Summary of inspection

Hairmyres Hospital, East Kilbride, contains approximately 408 staffed beds and has a full range of healthcare specialties including a 24-hour accident and emergency department. Some services, including catering and cleaning, are provided under a separate arrangement with a private contractor. Older people access acute care in NHS Lanarkshire through a number of different routes including accident and emergency and pre-arranged admissions.

We carried out an announced inspection to Hairmyres Hospital from Monday 5 to Wednesday 7 March 2012.

We inspected the following areas:

- ward 2 (acute medical receiving)
- ward 3 (acute medicine for the elderly)
- ward 5 (orthopaedic surgery)
- ward 7 (older people/intermediate care)
- ward 8 (vascular general surgery)
- ward 12 (respiratory, oncology and medical dependency unit)
- ward 14 (stroke), and
- ward 16 (rehabilitation).

Before the inspection, we reviewed NHS Lanarkshire's self-assessment and obtained information about Hairmyres Hospital from other sources. This included Scotland's Patient Experience Programme and other additional data that specifically relates to the care of older people. Based on our review of this information, we decided to focus the inspection on cognitive impairment. During the inspection, we identified areas of concern with the prevention and management of pressure ulcers. This led us to look at both cognitive impairment and the prevention and management of pressure ulcers.

On the inspection, we spoke with staff and used additional tools to gather more information. We used a formal observation tool in seven wards. We carried out 13 periods of observation during the inspection. In each instance, two members of our team observed interactions between patients and staff in a set area of each ward for 20 minutes.

We also carried out patient interviews and used patient and carer questionnaires. We spoke to 17 patients during the inspection and received completed questionnaires from 48 patients and four family members, carers or friends.

As part of the inspection, we reviewed 38 patient health records in order to establish the context of the care provided and to ensure the care delivered was as described in the care plans. For this inspection we looked at 28 records for dementia and cognitive impairment and 27 patient health records were reviewed for preventing and managing pressure ulcers.

Areas of strength

We noted areas where NHS Lanarkshire was performing well in relation to the care provided to older people in acute hospitals. The majority of interactions observed between staff and patients were positive and demonstrated that patients were being treated with dignity and respect.

Hairmyres Hospital has a nurse specialist based within the accident and emergency department who carries out assessments of older people. Staff within NHS Lanarkshire found this to be a good service.

NHS Lanarkshire is currently working with the Dementia Services Development Centre at Stirling University to develop an environmental audit tool that is more appropriate to the acute setting.

The majority of patients admitted to Hairmyres Hospital had a pressure ulcer assessment carried out within 6 hours of admission.

Areas for improvement

However, we did find that further improvement is required in the following areas. Patients with cognitive impairment are not consistently receiving an appropriate cognitive assessment with an appropriate personalised care plan put in place. In addition NHS Lanarkshire should ensure that patients with dementia, who are medically fit for discharge, are monitored for the amount of wards that they are moved to.

Pressure area assessment and ulcer care within Hairmyres Hospital needs to be improved. NHS Lanarkshire should ensure that all patients are assessed appropriately and a personalised care plan put in place which is adhered to by staff. These care plans should be continually evaluated. In addition, pressure relieving equipment should be available to staff when they require it.

This inspection resulted in eight areas for improvement. A full list of the areas for improvement can be found in Appendix 1 on page 13.

We expect NHS Lanarkshire to address all the areas for improvement. Those areas where improvement is required to meet a recognised standard must be prioritised.

The NHS board has developed an improvement action plan, which is available to view on the Healthcare Improvement Scotland website
<http://www.healthcareimprovementscotland.org/HEI.aspx>.

We would like to thank NHS Lanarkshire and in particular all staff at Hairmyres Hospital for their assistance during the inspection.

3 Our findings

Treating older people with compassion, dignity and respect

Most of the wards we inspected were mixed sex wards. All patients were accommodated in single sex bays or single rooms. All the wards visited had a nurse call bell system in use at the patient bedside.

Each bed space had a patient bedside locker for storing personal items. All patients had a wipe board on the wall above their bed which, included details on what name they preferred to be called. The wipe board also had information such as the patient's doctor and named nurse.

Patient comments

Through our patient surveys and patient interviews, patients had the opportunity to give us their opinion on the care they received. Overall, patients were happy with the care and assistance they received, saying staff were helpful and supportive.

- 'I couldn't wish for better care'.
- 'All staff efficient and caring, which is good for patients' confidence'.
- 'During my stay at Hairmyres I've been treated with respect...nurses and doctors have excelled themselves...'

We spoke with one patient who had been in hospital for approximately 6 months. She said that visitors were not always able to see her due to the location of the ward. The ward is situated away from the main hospital at the bottom of a steep hill. If visitors do not have transport, then the location of the ward makes it difficult for less able people to visit.

Patient and staff interaction observations

We used a formal observation tool in seven of the wards inspected. We observed 107 interactions during the inspection. There were 61 classified as positive, 32 neutral, and 14 interactions where improvement could be made. Neutral interactions are those that neither enhance nor undermine a patient, but allow a task to be performed, such as the completion of care tasks. The majority of observations of interactions between staff and patients were positive. Ward staff were busy, but were respectful to patients and used appropriate language. They were encouraging and supportive towards the patients, such as taking time to explain choices or future treatments. We saw many examples of positive caring behaviour.

- Staff took time to have friendly and open conversations with the patients about enjoying their lunch and needing help to complete the inspection survey.
- A patient with challenging behaviour was spoken with in a friendly, tactful manner. Staff in the ward were very busy but, at all times, they managed the situation patiently and respectfully, always ensuring the safety of the patient.

Area of strength

- In the majority of interactions observed, staff treated older people with compassion, dignity and respect.

Dementia and cognitive impairment

During the inspection, we observed good interactions between staff of different disciplines and, from the majority of patient health records we looked at, there was clear evidence of an integrated approach from staff of different disciplines, including occupational therapists, nurses, doctors and physiotherapists.

In 2009, NHS Lanarkshire introduced acute care of the elderly nurses to undertake comprehensive geriatric assessment process and engagement with families within medical receiving units. NHS Lanarkshire has recently begun a pilot for an elderly care nurse specialist to be based in accident and emergency. Staff spoken with knew of the pilot scheme and spoke highly of it.

Assessment of patients with dementia and cognitive impairment

NHS Lanarkshire's self-assessment states that all older people presenting at Hairmyres Hospital are admitted using the integrated care record. This care record holds all assessment information and management plans and is available for all staff groups. It has recently been amended so that staff can record additional information such as if:

- the patient is confused
- the patient has a known diagnosis of dementia, and/or
- someone has power of attorney for the patient.

NHS Lanarkshire's self-assessment states that each patient in acute care is assessed and has an agreed personalised plan of care. Each patient's care is then implemented, monitored and reviewed.

During the inspection, we looked at the cognitive impairment assessment of 28 patients. We found that not all patients were being assessed on admission for cognitive impairment.

- Assessments for cognitive impairment were not being carried out routinely.
- We found little evidence of further assessments that would lead to a personalised plan of care being put in place.
- We found little evidence of consideration given to capacity issues; only one of the patient health records we looked at for patients with cognitive impairment had a completed capacity assessment. In the healthcare setting, mental health capacity means a patient has the ability to make decisions about their own health care.
- We found little evidence in the patient health records of further screening of the patient's cognitive function, such as recording changes in condition.

Bed management

In the self-assessment, NHS Lanarkshire refers to the bed management, decanting and boarding procedure. This NHS board-wide policy states that no confused patient should be moved unless there is a clinical need. Boarding is when a patient is moved from one ward to another because of the needs of the service and not because of the patient's clinical needs. Keeping hospital moves of patients with dementia or cognitive impairment to a minimum helps them become and remain orientated to their environment.

The NHS board self-assessment also states that there is no bed management system in place to track the number of moves for patients with a cognitive impairment.

Some patients, when medically fit for discharge, are transferred to another ward before they leave the hospital. Staff in this ward explained that the majority of these patients are waiting for a care package within the community. However, staff did not demonstrate a full understanding of patients' care at that time and care package arrangements for individual patients. An example of a care package would be an occupational therapy assessment of the patient's home environment or waiting for a care home to become available.

Patient documentation

NHS Lanarkshire is currently piloting the 'Getting to know me' document. This records a patient's personal information such as likes and dislikes, names of family and friends, and what may be worrying the patient while they are in hospital. The information provided helps staff to understand what is important to the patient. It is kept in a folder at the end of the bed so that all staff can access it easily. Following a review, the document now includes a carers section. We saw this document in use in the majority of patient health records we reviewed. NHS Lanarkshire intends to use the document in all wards.

In the self-assessment, NHS Lanarkshire states that patients and their relatives and carers can ask to meet with medical and nursing staff to discuss the care being provided. We saw examples of medical staff meeting with carers to discuss treatment plans for patients detailed in the patient records. However, while reviewing health records, there was no evidence of relatives, or carers, involvement in the planning of care. The nursing document provided little evidence of care planned, implemented and evaluated.

Support for staff on cognitive impairment and dementia

We were told that a member of staff within the practice development service, with the support of the community mental health team, has developed a dementia resource folder. This is available in all clinical areas within the hospital. Staff have been given training in how the resource folder can be used to help them look after patients with cognitive impairment. During the inspection, staff we spoke with were aware of the folder and told us that it was a useful source of information when looking after patients.

There is a psychiatric liaison service within Hairmyres Hospital specifically for older people. This service currently consists of one doctor and one nurse, and they provide a link between the community mental health teams and the medical staff in the hospital. They also provide assessment and treatment plans for patients referred to them and who are not known to the community teams. We were told that community mental health nurses would visit the patients in hospital to help with assessing any potential decline in cognitive functioning.

Practice development, with the assistance of the psychiatric liaison service, has provided training events for all Band 6 nurses, covering topics such as dementia, delirium, depression and managing challenging behaviour. We were told that this training will be rolled out to include allied health professionals.

In the self-assessment, NHS Lanarkshire states that an Alzheimer's Scotland nurse consultant was appointed in September 2011. During the inspection, we were also informed that NHS Lanarkshire has recently recruited a consultant psychiatrist. They will both focus on liaison services for older people across all the acute hospitals in NHS Lanarkshire.

Environment for patients with dementia and cognitive impairment

NHS Lanarkshire stated in its self-assessment that it has completed audits of some ward environments. They have also produced a ward specification for the estates department. This is to be used as a guide when undertaking any future upgrading or refurbishment work on the wards.

The NHS board is aware that the audit tool used is not designed for the acute hospital setting. The NHS board is currently developing a more appropriate tool with assistance from the Dementia Services Development Centre at Stirling University.

NHS Lanarkshire stated that it is in the process of applying a number of dementia friendly environmental changes, such as clocks, signage and paint. During the inspection, we saw limited evidence of this. There was signage on the doors in some of the wards inspected. However, in most of the multiple-bedded rooms, toilet doors were the same colour as the walls. This could potentially cause difficulties for confused people in identifying them. In addition, many of the clocks were small and situated high up on the wall, making it difficult for patients to tell the time.

Throughout the inspection, we noted a lack of stimulation for patients, either visually or audibly.

Areas of strength

- An elderly care nurse specialist is available in the accident and emergency department.
- A dementia resource folder is accessible in all clinical areas within the hospital and staff have received training in how to use the resource.
- Staff can obtain advice and guidance from the psychiatric liaison service based in Hairmyres Hospital.
- The NHS board is working with the Dementia Services Development Centre at Stirling University.

Areas for improvement

1. NHS Lanarkshire should ensure that staff are aware of the care of patients awaiting discharge and what packages of care for patients are being put in place following discharge.
2. NHS Lanarkshire must have a system in place that monitors the numbers of moves patients with dementia are subject to if they are moved to another ward when medically fit.
3. NHS Lanarkshire should ensure that patients assessed as having a cognitive impairment have an appropriate, personalised care plan in place. This care plan should identify the specific needs of the patient and how staff will meet these needs.
4. NHS Lanarkshire should ensure that patients have access to a range of stimuli.

Areas of continuing improvement

- a. NHS Lanarkshire should continue to make improvements to the ward environment for patients with dementia and cognitive impairment.
- b. NHS Lanarkshire should continue to roll out its programme of ward environment audits.
- c. NHS Lanarkshire should continue to roll out the 'Getting to know me' document across all wards.

Preventing and managing pressure ulcers

In the self-assessment, NHS Lanarkshire states that it has set up a unique referrals database for issues such as wound management. The database is currently being developed for use throughout NHSScotland. The database allows staff at ward level to input local data, such as pressure ulcers, for reporting against clinical quality indicators. Clinical quality indicators measure the processes involved in nursing interventions and help nurses assess the quality of care delivered to patients. Examples would be aspects of nursing care such as assessment and interventions.

The tissue viability service is also involved with rolling out the national Tissue Viability Programme documentation, such as the preliminary pressure ulcer risk assessment and the SSKIN (skin, surface, keep moving, incontinence, nutrition) care bundle. NHS Lanarkshire also has an integrated care pathway for the management of pressure ulcers.

Pressure area and ulcer assessment

The majority of patient health records reviewed showed evidence that patients had a pressure area or ulcer assessment completed within 6 hours of admission. However, there was little evidence of ongoing assessment of pressure areas or ulcers.

Patients identified as being at risk of developing a pressure ulcer did not always have a care plan in place to manage this. Some of the patient health records reviewed had incomplete documentation. We also noted that, where documentation and care plans were complete, agreed actions were not being followed and the care plans were not being evaluated on an ongoing basis. An example of this was the patient's daily turning and movement regime, carried out to help prevent pressure ulcers developing or becoming worse.

We noted that staff had differing knowledge on how to get pressure relieving mattresses at the weekends. Staff in one ward said that any patient admitted on a Friday, and identified as being at risk of a pressure ulcer, would not get a mattress until the following Monday. In another ward, staff told us that they are able to get mattresses as required.

We noted one patient's bed had appropriate pressure relieving mattresses. However, we observed the patient sitting in a chair without a pressure relieving cushion. The patient told us of discomfort as they had a break in their skin.

Area of strength

- The majority of patients had a pressure ulcer assessment completed within 6 hours of admission.

Areas for improvement

5. NHS Lanarkshire must ensure that patients' skin is re-assessed at regular intervals whilst in Hairmyres Hospital to reduce the risk of pressure ulcers developing.
6. NHS Lanarkshire must ensure that patients have a personalised care plan in place if assessed as being at risk of developing a pressure ulcer. The care plan should document clearly the interventions required to reduce pressure ulcers from developing.
7. NHS Lanarkshire must ensure that care plans are monitored and evaluated on an ongoing basis.
8. NHS Lanarkshire must ensure that patients are assessed for, and given, the appropriate pressure relieving equipment when they require it.

Appendix 1 – Areas for improvement

Areas for improvement are linked to national standards published by Healthcare Improvement Scotland, its predecessors and the Scottish Government. They also take into consideration other national guidance and best practice. The list of national standards, guidance and best practice can be found in Appendix 3.

Dementia and cognitive impairment

NHS Lanarkshire:

- 1** should ensure that staff are aware of the care of patients awaiting discharge and what packages of care for patients are being put in place following discharge (see page 10).
- 2** must have a system in place that monitors the numbers of moves patients with dementia are subject to if they are moved to another ward when medically fit (see page 10).

This is in line with Standards of Care for Dementia in Scotland, page 26.
- 3** should ensure that patients assessed as having a cognitive impairment have an appropriate, personalised care plan in place. This care plan should identify the specific needs of the patient and how staff will meet these needs (see page 10).
- 4** should ensure that patients have access to a range of stimuli (see page 10).

Preventing and managing pressure ulcers

NHS Lanarkshire:

- 5** must ensure that patients' skin is re-assessed at regular intervals whilst in Hairmyres Hospital to reduce the risk of pressure ulcers developing (see page 11).

This is in line with the Best Practice Statement for Prevention and Management of Pressure Ulcers, section 2.
- 6** must ensure that patients have an personalised care plan in place if assessed as being at risk of developing a pressure ulcer. The care plan should document clearly the interventions required to reduce pressure ulcers from developing (see page 11).

This is in line with the Best Practice Statement for Prevention and Management of Pressure Ulcers, section 4.
- 7** must ensure that care plans are monitored and evaluated on an ongoing basis (see page 11).

This is in line with the Best Practice Statement for Prevention and Management of Pressure Ulcers, section 4.

8 must ensure that patients are assessed for, and given, the appropriate pressure relieving equipment when they require it (see page 11).

This is in line with the Best Practice Statement for Prevention and Management of Pressure Ulcers, section 4.

Areas for continuing improvement are improvements that the NHS board has already identified and started to address. We acknowledge the work carried out by the NHS board at the time of inspection and encourage progress in these areas.

Areas for continuing improvement

NHS Lanarkshire:

a must continue to make improvements to the ward environment for patients with dementia and cognitive impairment (see page 10).

This is in line with the Standards of Care for Dementia in Scotland, page 26.

b should continue to roll out its programme of ward environment audits (see page 10).

c should continue to roll out the 'Getting to know me' document across all wards (see page 10).

Appendix 2 – Details of inspection

The inspection to **Hairmyres Hospital, NHS Lanarkshire** was conducted from **Monday 5 to Wednesday 7 March 2012**.

The inspection team consisted of the following members:

Ian Smith
Regional Inspector

Gareth Marr
Associate Inspector

Allison Wilson
Associate Inspector

Jane Walker
Locum Associate Inspector

Penny Leggat
Public partner

Gerry McKay
Public partner

Supported by:

Orlagh Sheils
Project Officer

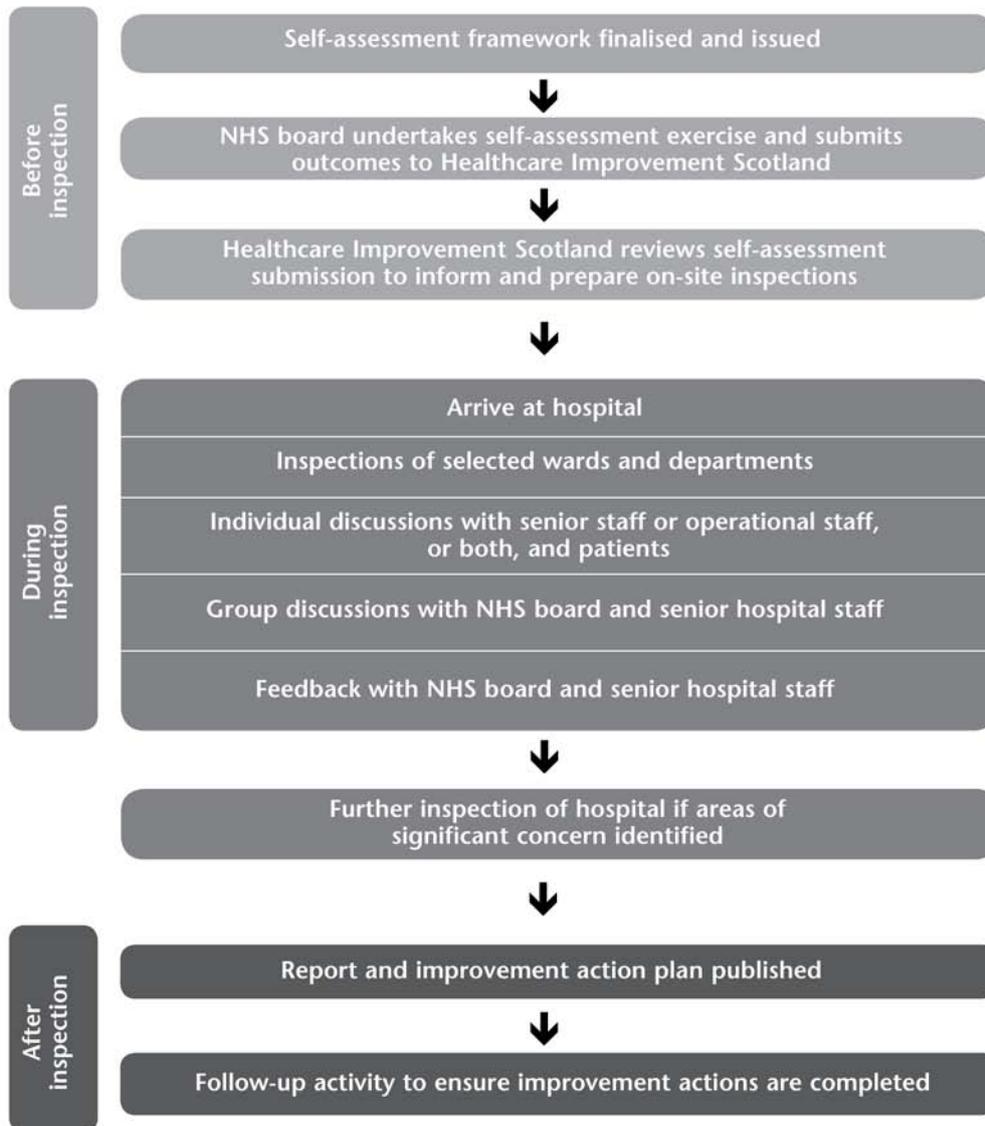
Appendix 3 – List of national guidance

The following national standards, guidance and best practice are relevant to the inspection of the care provided to older people in acute care.

- **Best Practice Statement for Prevention and Management of Pressure Ulcers** (NHS Quality Improvement Scotland, March 2009)
- **Clinical Standards for Food, Fluid and Nutritional Care in Hospitals** (NHS Quality Improvement Scotland, September 2003)
- **Clinical Standards for Older People in Acute Care** (Clinical Standards Board for Scotland, October 2002)
- **Dementia: decisions for dignity** (Mental Welfare Commission, March 2011)
- **National Standards for Clinical Governance and Risk Management** (NHS Quality Improvement Scotland, October 2005)
- **Scottish Intercollegiate Guideline Network (SIGN) Guideline 86 – Management of Patients with Dementia** (SIGN, February 2006)
- **SIGN Guideline 111 – Management of Hip Fracture in Older People** (SIGN, June 2009)
- **Standards of Care for Dementia in Scotland** (Scottish Government, June 2011)

Appendix 4 – Inspection process flow chart

This process is the same for both announced and unannounced inspections.



Appendix 5 – Glossary of abbreviations

Abbreviation

CSBS	Clinical Standards Board for Scotland
HAI	healthcare associated infection
HDL	Health Department Letter
NHS QIS	NHS Quality Improvement Scotland
SSKIN	skin, surface, keep moving, incontinence, nutrition

How to contact us

You can contact us by letter, telephone or email to:

- find out more about our inspections, and
- raise any concerns you have about care for older people in an acute hospital or NHS board.

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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are key components of our organisation.

