Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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Background

1. 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 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 Care of Older People in Hospital Standards (Healthcare Improvement Scotland, June 2015).

2. Our inspections focus on the three national quality ambitions for NHSScotland, which aim to ensure that all care is person-centred, safe and effective. The process includes a planned NHS board visit which allows them to highlight areas of good practice and also areas where improvements could be made. We follow up the NHS board visits with an inspection to each acute hospital in the NHS board area.

3. We are working closely with improvement colleagues in Healthcare Improvement Scotland to ensure that we appropriately support NHS board teams to deliver improvements locally and to share and learn from others.

4. During our inspection, we identify areas where NHS boards:
   - **must take action in a particular area**: If we tell an NHS board that it must take action, this means the improvements we have identified are linked to national standards, other national guidance and best practice in healthcare. A list of relevant national standards, guidance and best practice can be found in Appendix 3.
   - **should take action in a particular area**: If we tell an NHS board that it should take action, this means that although the improvements are not directly linked to national standards, guidance or best practice, we consider the care that patients receive would be improved.

About this report

5. This report sets out the findings from our unannounced inspection to Victoria Hospital, NHS Fife. The report highlights five areas of good practice and seven areas for improvement.

6. The team was made up of three inspectors and a public partner, with support from a project officer. An inspector led the team and was responsible for guiding them and ensuring the team members agreed about the findings reached.
7. The flow chart in Appendix 4 summarises our inspection process. More information about Healthcare Improvement Scotland, our inspections, methodology and inspection tools can be found at www.healthcareimprovementscotland.org/OPAH.
A summary of our inspection

8. Victoria Hospital, Kirkcaldy, provides the majority of NHS Fife’s acute services. It contains approximately 640 staffed beds and has a full range of healthcare specialties.

9. We carried out an unannounced inspection to Victoria Hospital from Tuesday 4 to Thursday 6 September 2018 and we inspected the following areas:
   • ward 15 (care of the elderly/rehabilitation)
   • ward 31 (orthopaedic/hip fracture)
   • ward 42 (acute stroke rehabilitation), and
   • ward 53 (general surgery).

We also visited the admissions unit 1 (AU1).

10. Before the inspection, we reviewed NHS Fife’s self-evaluation and gathered information about Victoria Hospital from other sources. This included Scotland’s Patient Experience Programme and other data that relate to the care of older people. Based on our review of this information, we focused the inspection on the following outcomes:
   • treating older people with compassion, dignity and respect
   • screening and initial assessment for frailty, food, fluid and nutrition, falls, and pressure area care
   • person-centred care planning
   • food, fluid and nutrition
   • falls
   • pressure area care
   • care transitions
   • skills and accountability, and
   • communication.

11. During the inspection, we:
   • spoke with staff and used additional tools to gather more information. In all wards, we used a formal observation tool and a mealtime observation tool, where appropriate. We carried out four periods of observation and, in each instance, members of our team observed interactions between patients and staff in a set area of the ward for 20 minutes.
• carried out patient interviews and used patient and carer questionnaires. A key part of the public partner role is to talk with patients about their experience of staying in hospital and listen to what is important to them. We spoke with 19 patients and two relatives/carers during this inspection. We received completed questionnaires from nine patients and three family members, carers or friends.

• reviewed 15 patient health records to check the care we observed was as described in the care plans. We reviewed all patient health records for food, fluid and nutrition, falls, and pressure ulcer care. We also reviewed the patient health records for do not attempt cardiopulmonary resuscitation forms.

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

Key messages
13. We noted areas where NHS Fife is performing well and also areas for improvement, including the following:

• patients we spoke with were positive about the care they received during their stay
• a good range of snacks available for patients
• not all assessments were completed within the required standard time frames, and
• lack of care planning to inform how patients’ identified care needs will be met.

What action we expect the NHS board to take after our inspection
14. This inspection resulted in five areas of good practice and seven areas for improvement. A full list of the areas of good practice and areas for improvement can be found in Appendices 1 and 2, respectively on pages 25 and 26. We expect NHS Fife to address all the areas for improvement. The NHS board must prioritise those areas where improvement is required to meet a national standard.

15. The NHS board has developed an improvement action plan, which is available to view on the Healthcare Improvement Scotland website (www.healthcareimprovementscotland.org/OPAH) and the NHS board website for 16 weeks. After this time, the action plan can be requested from Healthcare Improvement Scotland.
What we found during this inspection

Treating older people with compassion, dignity and respect

16. During our inspection, we saw that patients were treated with dignity and respect. All patients appeared comfortable and patients were dressed appropriately.

17. In the majority of wards inspected, call bells and personal items, such as glasses and hearing aids, were within the patient’s reach. Call bells were not often heard but when they were, they were answered promptly.

18. Patients were cared for in either single sex bays or single rooms. We saw staff maintained patients’ privacy by closing doors or closing the bedside curtains when delivering care.

Patient and staff interactions

19. We saw that interactions between patients and staff were positive and we did not hear any inappropriate or negative language. Staff addressed patients by their preferred name and introduced themselves if they were not already known to the patient.

General environment

20. During our inspection, the majority of wards, despite being busy, appeared calm. We saw all wards had clear signage on toilets, shower rooms and bathrooms.

21. The majority of wards inspected were free from clutter and equipment was stored away from the main ward area. This ensured a clear walkway and reduced hazards for falls.

22. We saw that patient information displayed above the patient’s bedside was minimal and risk based, for example the patient’s name and nutritional and mobility information. This ensured that patient privacy was maintained.

Patient and carer feedback

23. During our inspection, we spoke with 19 patients and two relatives. Through discussions with our public partner, patients were able to give their opinions about the care they received while in hospital. Feedback from patients on their care received included the following.

- All patients we spoke with were satisfied with the care they were receiving. They all said that both they and their families were being kept fully informed of progress and treatment.
• All patients said they were treated with dignity and respect, and said the curtains were closed when care was being delivered. All patients said that the operation of call bells and bed controls had been explained to them.

24. Patients also commented that:
• ‘Staff can't do enough for you. They can laugh and joke, but be serious and explain things if you are worried.’
• ‘Everybody is so good. It has been a wonderful experience to be here.’
• ‘Nurses look after you very well. Hand on my heart, they are good.’

25. We received nine completed patient questionnaires which included the following responses to preset statements:
• All patients agreed or strongly agreed that ‘Staff treat me and my belongings with consideration and respect.’
• All patients agreed or strongly agreed that ‘Staff check on me regularly to ask if I need anything.’
• Eight patients agreed or strongly agreed that: ‘I get help with washing, dressing and personal care if I need it.’

26. We received three completed questionnaires from carers and visitors which included the following responses to preset statements:
• All visitors agreed or strongly agreed that: ‘The ward is a welcoming place.’
• All visitors agreed or strongly agreed that: ‘Staff are friendly and approachable.’
• All visitors agreed or strongly agreed that: ‘I feel as involved in the care and treatment of the person I am visiting as I would like to be.’

27. One carer/visitor also commented that:
• ‘My mother is receiving the best care and attention I could ask for. All staff have allowed me to be involved in my mum’s care and treatment and have treated both of us with kindness and dignity.’
Outcome 1: Screening and initial assessment

The patient is supported to return home (or to a homely setting or care service) or if necessary admitted directly to the correct ward (in this or other appropriate hospital).

Ensuring older people are screened and assessed appropriately on arrival at hospital, including medicines reconciliation. Where initial assessment and screening identifies care needs, a multidisciplinary team completes a detailed assessment without delay. Once the assessments are completed, admission or discharge occurs promptly.

28. All older people admitted to hospital should have assessments carried out to identify any risks and care needs. This should include assessments of frailty, nutritional state, risk of falls and risk of developing pressure ulcers. Information gathered to complete the assessments should be accurately recorded and should indicate the date and time these assessments were undertaken. The accuracy of assessments and, where appropriate, the source of information is important as this can impact on other assessments and aspects of care. For example, accurate height and weight are required for both nutrition and pressure ulcer risk assessments.

29. The mandatory acute documentation used for adult patients across NHS Fife includes:
   - a patient care assessment and admission record which is a multi-professional document, and
   - a nursing assessment and patient care plan record.

30. Within the documentation, the core assessments of Pressure Ulcer Risk Assessment (PURA) and Malnutrition Universal Screening Tool (MUST) are included, although MUST is now recorded on the electronic patient health record system.

Frailty and comprehensive geriatric assessment

31. During our inspection, we visited admissions unit 1 (AU1) and saw that the integrated medical and nursing admission documentation contains the frailty screening tool and frailty assessment. We were told screening for frailty is carried out as part of the nursing admission for all patient admissions into the unit regardless of age. Patients that are identified as having frailty syndromes are referred to the integrated assessment team (IAT) for a frailty assessment.

32. The IAT team is a multi-professional team who see patients in the emergency department, AU1 and 2, in addition to the emergency care ambulatory service if required. They will triage and assess the patients who screened positive for...
frailty. All patients with frailty issues will be fully assessed by the team and they also identify patients most suitable for the geriatrician led frailty round. Other patients will be seen by the other specialty consultants in AU1 but will still receive a full comprehensive geriatric assessment.

33. During our inspection, we observed a frailty huddle which also included a frailty ward round. These huddles take place twice a day within AU1, and were attended by the IAT team, an acute geriatrician and a range of other staff involved in the care of older people. The frailty ward round identified patients within the unit needing admission to a bed within the hospital, or alternatively those patients whose needs can be supported at home with additional support, for example, Fife’s Hospital at Home service.

34. Of the 15 patient health records reviewed, the majority of patients had the frailty screening tool completed.

35. Of the nine patients who triggered a frailty assessment, four had this fully completed within 24 hours of admission. The patients who were transferred to a ward with geriatrician input had a frailty assessment completed on transfer. However, we identified two patients who had no frailty assessment carried out.

Nutritional care and hydration

36. Nutritional screening is carried out using the Malnutrition Universal Screening Tool (MUST). This tool calculates the risk of malnutrition and should be completed within 24 hours of admission. The Food, Fluid and Nutritional Care Standards, Healthcare Improvement Scotland (2014) state: ‘The nutritional care assessment should accurately identify and record measured height and weight, with the date and time that these measurements were taken (if estimates are used, this should be stated and a rationale provided).’ It is also important to have an accurate weight recorded as it may be required for other assessments or to calculate the dosage for certain drugs.

37. In the 15 patient health records reviewed for MUST screening, all patients had this accurately completed. However, this was not always completed within 24 hours of admission. We saw that MUSTs were completed on transfer to the wards rather than in the area the patient was first admitted to.

MUST rescreening

38. MUST rescreening should take place weekly while the patient remains in hospital. It is also important that rescreening takes place so that any weight loss is identified and appropriate action taken such as referral to a dietitian.

39. Of the eight patients who were eligible for MUST rescreening, all patients had this accurately completed within the required time frame.
Nutritional assessment

40. A nutritional assessment should be completed within 24 hours of admission and should include information such as special dietary requirements, food allergies, likes or dislikes or any assistance the patient needs.

41. It is important to know a person’s nutritional preferences as they may lose the ability to communicate to staff what their preferences are. Where a person has a known cognitive impairment, this information may be obtained from the ‘Getting to Know Me’ document, family members or those who know the patient well.

42. Of the 15 patient health records reviewed, 12 patients had their nutritional assessment accurately completed. We found that three patients’ nutritional assessments did not have all the sections completed and did not state the patient’s likes and dislikes.

Oral healthcare assessment/screening

43. The Food, Fluid and Nutritional Care Standards state that the patient’s oral health status should be considered and recorded as part of the nutritional assessment for all patients.

44. Of the 15 patient health records reviewed for oral healthcare assessments, 14 patients had this carried out. One patient’s assessment was only partially completed.

45. Three patients had their oral health reassessed using an oral hygiene assessment tool.

Falls assessment/screening

46. NHS Fife’s frailty screening tool includes falls screening questions to identify if the patient is at risk of falls on admission. If a patient is identified as being at risk of falls, then a falls intervention care plan should be completed.

47. Of the 15 patient health records reviewed for falls, 12 patients had falls screening completed within 24 hours of admission.

Falls reassessment

48. Of the seven patients who required a falls reassessment completed, all had this completed within the required time frame.

Bedrail assessment

49. NHS Fife’s bedrail risk assessment should be completed for all patients identified at risk of falls on admission to hospital.
50. Of the 15 patient health records reviewed, 13 patients had the bedrail assessment completed on admission. The other two patients’ bedrail assessments were completed a number of days following admission.

Moving and handling risk assessment

51. A moving and handling risk assessment is important to ensure the safety of both the patient and staff during manual handling.

52. Of the 15 patient health records reviewed, only four patients had an accurately completed moving and handling assessment. We found the following.

- Six patients’ moving and handling assessments were left blank.
- Five patients’ moving and handling assessments were only partially completed as they did not include what equipment was needed to assist the patient, for example a hoist.

Preventing and managing pressure ulcers

53. NHS Fife uses a Pressure Ulcer Risk Assessment (PURA), which is to be carried out within 6 hours of the patient’s admission to hospital, and within 6 hours of the patient being transferred to a new ward area.

54. Of the 15 patient health records reviewed for pressure area care, 14 patients had a PURA completed within 6 hours of admission.

PURA reassessments

55. NHS Fife’s self-evaluation states that the PURA is reassessed daily. During the inspection, we saw that reassessments were completed daily in all 15 patient health records reviewed. They were all accurately completed.

Do not attempt cardiopulmonary resuscitation

56. Do not attempt cardiopulmonary resuscitation (DNACPR) relates to the emergency treatment given when a patient’s heart stops or they stop breathing. Sometimes medical staff will make a decision that they will not attempt to resuscitate a patient. This is because they are as sure as they can be that resuscitation will not benefit the patient. For example, this could be when a patient has an underlying disease or condition and death is expected. When this decision is made, opportunities should be taken to have honest and open communication to ensure patients and their families are made aware of the patient’s condition. However, in some cases, clinical staff may decide not to share this information as they feel it may cause too much distress for the patient and their families. This decision should be clearly documented in the patient’s health records.
57. Of the six DNACPR forms seen during our inspection, three were accurately completed. We saw that the decision was recorded in all the patient health records along with details of any discussion held. However, three forms did not have a senior clinician’s signature recorded.

Areas of good practice

- The frailty huddle identified appropriate care pathways for patients. This included supported discharge home with appropriate support rather than admission to hospital.
- All patients had rescreening of MUST and reassessment of falls and PURA completed within the required time frames.

Areas for improvement

1. NHS Fife must ensure that all older people who are admitted to hospital are accurately assessed within the national standard recommended timescales. This includes frailty assessment, nutritional screening and assessment, falls assessments, and moving and handling assessments.
2. NHS Fife must ensure clinical staff consistently comply with the national policy on do not attempt cardiopulmonary resuscitation (DNACPR).

Outcome 2: Person-centred care planning
The patient (and their carer, if appropriate) is consulted and involved in decisions about their care.

Ensuring that all care is person-centred and that care plans are developed with the involvement of the patient and their carer, if appropriate.

58. Based on the outcome of assessments, some patients may be identified as unable to consent to treatment and their plan of care.

59. An assessment of capacity to consent to treatment should be carried out where there are concerns about a person’s mental state (such as a cognitive impairment) or their ability to communicate due to a physical disorder. This will inform the decision of whether an Adults with Incapacity (AWI) certificate is required.

60. The AWI certificate is used to authorise treatment for patients who are unable to consent to treatment themselves. When people who have lost the capacity to make decisions about their welfare are admitted to hospital, it is important to know if they have an appointed power of attorney or guardian. A power of
attorney, or guardian, is someone who is appointed to make decisions on another person’s behalf when they are unable to do so themselves.

61. NHS Fife uses a combined AWI booklet. This includes an assessment of capacity to consent to treatment, information about any power of attorney or legal guardian, the AWI certificate and an AWI treatment plan.

62. During the inspection, we identified that two patients had AWI certificates in place. Both patients had an assessment of capacity to consent to treatment documented on the AWI booklet.

63. We saw that neither AWI certificates were accurately completed to reflect the interventions being carried out. We found the following.

   • One certificate did not specify the dates that the certificate was valid from or to.
   • One certificate was completed to take the place of a consent form for a surgical procedure. We saw that an accompanying treatment plan was completed for various other interventions. However, there should have been a separate AWI certificate completed for this.

Care planning

64. Care plans are used to advise on care delivery and should show an evaluation of a patient’s care. These must have been agreed with the person receiving care or by those acting in the persons best interests such as a power of attorney or guardian.

65. NHS Fife’s self-evaluation states that the nursing assessment and patient care plan booklet incorporates a personalised care plan record, which is to be completed daily. Patient management and interventions should be highlighted by ticking the box and the detail of these interventions documented in the box provided.

66. All 15 patient health records reviewed had a care plan in place. However, not all elements were completed. For example, some boxes for intervention of care were left blank and did not always provide sufficient detail to guide care. None of the care plans evidenced any involvement or discussion with the patient.

67. Of the four wards inspected, only one ward had completed MUST care plans. In the other three wards, the MUST care plans were blank.

Care rounding

68. Care rounding is when staff check on individual patients at defined regular intervals to anticipate any care needs they may have, for example pain relief or needing the toilet.
69. All patients reviewed had care rounding charts in place, and the majority of these were well completed. However, not all care round charts had the prescribed frequency of care rounding recorded. All patients we spoke with said that staff checked on them regularly and had been helped with personal hygiene, where required.

Areas for improvement

3. NHS Fife must ensure that for patients assessed as not having capacity to make decisions, the principles of the Adults with Incapacity (Scotland) Act 2000 are applied. This includes ensuring full and accurate completion of AWI certificates.

4. NHS Fife must ensure that patients have person-centred care plans in place for all identified care needs. These should be regularly evaluated and updated to reflect changes in the patient’s condition or needs. The care plans should also reflect that patients are involved in care and treatment decisions.

Outcome 6: Food, fluid and nutrition
The patient’s status is maintained or improved and appropriate food, fluid and nutrition is provided in a way that meets their individual needs.
Ensuring care for older people meets Healthcare Improvement Scotland’s Food, Fluid and Nutritional Care Standards.

Patient weighing equipment

70. On the wards inspected, we saw staff had access to weighing equipment such as sitting, stand on or hoist scales. Wards also had access to height sticks.

71. One ward had platform scales meaning that patients could be wheeled onto the scales in their bed if needed.

Dietetic and speech and language therapy cover and referrals

72. In NHS Fife’s self-evaluation, the patient’s MUST assessment is recorded on the electronic patient health record system. An electronic referral for patients deemed to be ‘high risk’ for malnutrition, is automatically generated and sent to the nutrition and dietetic service for further assessment and advice.

73. During our inspection, we identified seven patients who required a dietetic referral. We saw that all of these patients had a documented assessment and plan of care from the dietitian with evidence of ongoing review.
74. In two patient health records reviewed, we saw the patients had been referred to a speech and language therapist. There was good documentation of when they were seen, the advice given and the plan for follow-up.

**Identifying individual patient nutritional needs**

75. In all the wards inspected, the nutritional board located in the ward’s kitchen was used to identify the patients who required special or texture modified diets. The type of diet was also written on the patient bedside boards. The safety brief, ward handover and ward huddles were used to identify any patients who were ‘nil by mouth’ or required assistance with eating and drinking.

76. We saw that one ward also used the patient menu to highlight any instructions for staff, for example if a patient needed a swallow assessment before their meal. However, this information was not always accurate or updated as the patient’s ability changed.

**Protected mealtimes**

77. Protected mealtimes are used to reduce non-essential interruptions during mealtimes. This makes sure that eating and drinking are the focus for patients without unnecessary distractions.

78. During our inspection, we observed four mealtimes across three of the wards inspected. With the exception of one ward, mealtimes were well managed and co-ordinated. All staff were engaged in the mealtime process to ensure patients received their meal in a timely manner. We observed assistance being given to the patients who required it.

79. We observed mealtime in one ward and saw that mealtime was not protected, well managed or co-ordinated. We found the following.

- Patients were not prepared for the mealtime and the staff were not made aware of when the meals would be ready for serving.
- Incorrect information was communicated about a patient who was documented as requiring a swallow assessment before their meal.
- During the mealtime, domestic staff were carrying out cleaning within the patient bay areas and ward medical staff continued with the ward round.
- Nursing staff were seen to leave the ward for breaks meaning that meals were not served or assistance was not given in a timely manner.

80. Due to our concerns, we returned to the ward the following day and carried out another mealtime observation. Although the communication of the
patients’ nutritional needs had improved, we found that the management of the mealtime was still poor. We found the following.

- At one end of this ward, the majority of patients had their meals delivered which were then left unattended. This was due to patients either not being at their bedside, or requiring to go to the bathroom as they had not been offered this before the meal. We also saw that aprons were put on patients to protect clothing without them being asked if they wished one.
- The opposite end of this ward appeared to have more staff involved in placing the meals, assisting patients by opening packets and cutting up food.
- There was no co-ordination to ensure staff worked across both teams to ensure that patient needs were met in a timely manner. We also saw that some staff went for their break just before the meal service started.

81. We raised our concerns with the nurse in charge and hospital management and following our inspection, NHS Fife provided us with an improvement action plan that had been put in place relating to the management of patient mealtimes in the ward. We also received copies of recent audits and mealtime observations that hospital management had carried out, which showed improvement. We are assured that mealtime management is appropriate and protected, and we will follow this up at future inspections.

82. During our inspection, the patients we spoke with told us they were satisfied with the choice of food offered. They said they always received what they had asked for and the food was warm enough. All patients said that the food generally tasted good, although two patients in one ward said that the vegetables did not taste good.

Provision of fluids and snacks

83. Across all the wards inspected, we saw that a range of snacks were available for patients, including toast, biscuits, cheese, yoghurts, fruit, ice cream and sandwiches. Patients told us that they were offered snacks between meals.

84. A range of drinks were also available such as tea, coffee, drinking chocolate, orange juice and milk. In two of the wards inspected, the patients’ water was kept in thermos flasks rather than water jugs. Patients we spoke with said the flasks were good for keeping the water cool and were refilled regularly.

Food record and fluid balance charts

85. Food and fluid balance charts are used to record how much patients are eating and drinking when there are concerns about their intake and output. These
charts may be requested by medical staff, dietitians, and speech and language therapists or started by nursing staff.

**Food record charts**
86. During our inspection, we saw eight patients had a food record chart in place. However, only three were fully and accurately completed. Although the mealtimes were recorded to include what was offered to the patient and what was consumed, snacks were not recorded in the morning, afternoon or evening.

**Fluid balance charts**
87. During our inspection, we saw 11 patients had a fluid balance chart in place. We found completion of the charts was poor – only one patient’s chart was fully and accurately completed. We found the majority of charts:

- had no actual input or output amounts, totals or balances recorded, and
- did not have the stop and check section to assess fluid intake and urinary output and highlight any potential issues recorded.

**Areas of good practice**
- Good referral system and input from the nutrition and dietetic service.
- Good provision of snacks available for patients outwith mealtimes.

**Area for improvement**
5. NHS Fife must ensure that food record and fluid balance charts are commenced and accurately completed for patients who require them, and appropriate action is taken in relation to intake or output as required.

**Outcome 7: Falls**
Where avoidable, the patient does not fall during their stay in hospital.

Ensuring a systematic process is in place to assess older people for the risk of falling (which includes medication review) and individualised controls are implemented to prevent falls or reduce any risk to a minimum.
Falls risk management

88. NHS Fife’s self-evaluation states that these interventions are multidisciplinary, and include medication review as part of the falls pathway and that care planning identifies individualised controls to minimise the risk of falls. The falls intervention care plan should also be reviewed daily.

89. In the 15 patient health records reviewed, nine patients were identified as being at risk of falls. All of the nine patients had a falls intervention care plan in place, and the majority of the plans were well completed.

Post falls management

90. Of the 15 patient health records reviewed, we identified one patient who had fallen during their admission to hospital. We saw that the post fall care bundle was fully completed to show that appropriate care had been carried out. It was documented that the fall had been recorded on the electronic incident reporting system.

Equipment

91. Across all wards inspected, staff had access to ultra-low beds, bedrails, slipper socks, and bed and chair alarms.

92. During the inspection, we saw one patient with a falls alarm in place, however there was no supporting documentation or risk assessment completed to support its use. We spoke with senior charge nurses in all wards inspected who told us that alarms are used based on the risk of falls rather than any actual risk-taking behaviour. We saw that the falls alarm documentation in use does not include a care plan to detail how the alarm will be monitored, what interventions are expected, if the alarm is activated or when the decision for the need for the alarm will be reviewed.

93. We were told NHS Fife had recognised this issue and action has already been planned to address this. This will ensure that the Mental Welfare Commission for Scotland guidance is followed for those patients who lack capacity. We will follow this up at future inspections.

Area of good practice

- Good range of equipment and slipper socks available for patients at risk of falls who require them.

Area for improvement

6. NHS Fife must ensure that where falls alarms are in use that consideration is given to the Mental Welfare Commissions Rights, Risks.
and Limits to Freedom (Good Practice Guide, March 2013, page 29) to ensure that the individual’s human rights are met. They must also ensure that systems are in place to ensure the correct maintenance and use of the falls alarms.

**Outcome 8: Pressure area care**
Where avoidable, the patient does not acquire a pressure ulcer during their stay in hospital. If they are admitted with a pressure ulcer their care is tailored to their needs.

Ensuring care for older people is delivered in line with the Healthcare Improvement Scotland Standard for Prevention and Management of Pressure Ulcers, so patients can be identified as being at risk of a pressure ulcer and receive care to minimise the risk, including access to a local wound care formulary.

### SSKIN bundles

94. The SSKIN bundle (skin, surface, keep moving, incontinence and nutrition) prompts staff to check patients’ skin more regularly and reduces variation in care practice. By checking the skin more regularly, staff can identify early signs of pressure damage sooner.

95. During our inspection, 10 patients were identified as requiring a SSKIN bundle chart and seven patients had one in place. The majority of SSKIN bundles were fully completed, however the prescribed frequency of intervention was not always documented.

96. One patient who had a change in their skin condition did not have any interventions documented on the SSKIN bundle.

### Wound assessment charts

97. Wound assessment charts can allow a clear plan of management to be developed to promote wound healing in the health record of each patient with a pressure ulcer.

98. From the 15 patient health records reviewed, one patient was identified as having a pressure ulcer and there was a wound assessment chart in place. The chart was well completed to show the aim of the treatment, a clear plan of care and a plan to review.

### Specialist pressure relieving equipment

99. All the wards inspected had access to a range of pressure relieving equipment such as mattresses, cushions and heel protectors. Staff knew how to obtain additional equipment, if needed.
Tissue viability service

100. NHS Fife’s tissue viability service is located in Victoria Hospital. Staff told us referrals are made through the tissue viability intranet page or by telephone.

101. The tissue viability service also reviews all grade 3 and 4 pressure ulcers that are reported using the electronic incident reporting system as this automatically triggers a referral to the service.

Area for improvement

7. NHS Fife must ensure that where SSKIN bundles are required they are put in place, and are consistently and accurately completed. The results of skin inspection and any changes made to the indicated repositioning times should be documented.

Outcome 9: Care transitions

The patient is supported during periods of transition through a co-ordinated, person-centred and multi-agency planning approach and are able to return home (or to a homely setting or care service) as soon as they are well enough to do so. Any additional support that they require at home is in place at the time of discharge.

Ensuring that:

• older people are discharged from hospital in a planned way and without delay
• partnerships between acute care settings and community care services support a co-ordinated approach to discharge, and
• medicines are reconciled as part of the discharge process.

102. Effective discharge planning should begin at admission or shortly after admission to hospital.

103. All patients had an estimated date of discharge recorded on the electronic patient health record system. We were told that estimated discharge dates are set and discussed at either the daily board rounds, consultant ward rounds or at the weekly multidisciplinary meetings.

104. During our inspection, we saw a multidisciplinary team approach to discharge planning, including rehabilitation and goal setting. We saw involvement from allied health professionals, including occupational therapy and physiotherapists.

Patient flow and capacity
105. We attended the morning hospital safety huddle which is attended by a representative from each ward and department, medical staff and representatives from senior management within the hospital. Discussions took place around the number of occupied beds, expected admissions, discharges and patients boarded out with specialty. This was informative and efficient and gave a clear view of the bed capacity within the hospital.

Outcome 10: Skills and accountability
The patient is cared for by a safe number of staff who are knowledgeable, competent and accountable for the care they deliver.

A clinical and care governance framework is in place which will underpin the quality improvement agenda and safeguard high standards of care. Staff are aware of relevant legislation, national standards and key strategies which support this framework.

Staffing

106. Senior charge nurses told us a workforce planning tool had been carried out for their ward areas to establish the required staffing levels. All wards had agreed staffing levels, but some were short due to vacancies and absences. These gaps were filled by using bank staff or staff working extra shifts.

107. At the morning hospital safety huddle, we saw that each ward and department were asked to confirm that they were staffed for safe operating levels. There was a hospital-wide approach to ensuring that any shortfalls were addressed by moving staff from other areas that had capacity to help to ensure that the staffing was safe.

108. Senior charge nurses told us that although wards were staffed for safe operating levels, there is no extra staffing capacity. They felt that this prevents staff from doing extra things such as improvement or development work, or to spend extra time with patients.

Training and education

109. We saw that wards had link nurses for a variety of topics, including nutrition, falls and tissue viability. Although some had competencies to be achieved and a role descriptor, this was not consistent for all of the link nurses in place.

110. We were told that all staff receive mandatory training and can access electronic training and face-to-face learning sessions. Senior charge nurses told us that it is easier to access training if it is onsite or ward based as it is often difficult to free staff to attend offsite training.

111. We were told that all nursing staff had appraisals recorded on the electronic system, with registered nurses all preparing for revalidation when due.
Audits

112. We saw that various audits are being undertaken at both ward and management level. We were told that the results are shared with staff in a variety of ways and that where needed, action plans are put in place to address the issues identified.

113. We spoke with the senior charge nurses who told us that they review all incidents on the electronic incident reporting system to provide assurance that the care given was appropriate. They take learning from incidents and patient feedback to identify any areas for improvement.

Outcome 12: Communication
The patient is cared for by staff who communicate effectively in order to support safe, effective and person-centred care and individual patient communication needs are identified and met appropriately.

114. We saw that all wards inspected had safety briefs and ward handovers to communicate risks and patient needs. Senior charge nurses told us that they would use this as an opportunity to communicate any information to staff such as results of audits, complaints or updates from any meetings. Some wards used a communications folder and staff email to share a range of information such as updates from various meetings, policies or any other relevant information.

115. The morning hospital safety huddle (as reported under Outcome 9) is used to discuss and share information about incidents overnight such as falls with harm, unexpected deaths, deteriorating patients and current staffing for the day. We saw that it was an opportunity to raise any safety concerns and for sharing any learning from incidents.

116. The senior charge nurses spoke positively about the hospital-wide huddle and said it improved communication within the hospital.

Paper-based documentation

117. In the majority of wards inspected, a combined nursing and medical booklet and associated paperwork, such as DNACPR forms and AWI certificates, are located in one folder. These folders were easy to locate due to the use of dividers. The majority of entries within the combined booklet were timed, dated and signed.

118. The bedside folders contained various charts, such as care rounding and food and fluid charts and blood glucose monitoring charts. The majority of these charts had the patient’s name and CHI number on them.
## Appendix 1 – Areas of good practice

### NHS Fife

### Outcome 1: Screening and initial assessment

1. The frailty huddle identified appropriate care pathways for patients. This included supported discharge home with appropriate support rather than admission to hospital (see page 14).

2. All patients had rescreening of MUST and reassessment of falls and PURA completed within the required time frames (see page 14).

### Outcome 6: Food, fluid and nutrition

3. Good referral system and input from the nutrition and dietetic service (see page 19).

4. Good provision of snacks available for patients outwith mealtimes (see page 19).

### Outcome 7: Falls

5. Good range of equipment and slipper socks available for patients at risk of falls who require them (see page 20).
Appendix 2 – 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. 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. The list of national standards, guidance and best practice can be found in Appendix 3.

Outcome 1: Screening and initial assessment

1 NHS Fife must ensure that all older people who are admitted to hospital are accurately assessed within the national standard recommended timescales. This includes frailty assessment, nutritional screening and assessment, falls assessments, and moving and handling assessments (see page 14).

   This is to comply with the Care of Older People in Hospital Standards (2015) criteria 5.1, 11; Food, Fluid and Nutritional Care Standards (2014) criteria 2.1a, 2.2a-h, 2.3 and 2.4; The Prevention and Management of Pressure Ulcers Standards (2016) Criterion 3.2a; the Health and Safety at Work Act (1974); and Manual Handling Operations Regulations (1992).

2 NHS Fife must ensure that do not attempt cardiopulmonary resuscitation (DNACPR) certificates are fully and accurately completed (see page 14).

   This is to comply with Do Not Attempt Cardiopulmonary Resuscitation (DNACPR): Integrated Adult Policy – Decision Making and Communication (2016), Pages 20 and 21.

Outcome 2: Person-centred care planning

3 NHS Fife must ensure that for patients assessed as not having capacity to make decisions, the principles of the Adults with Incapacity (Scotland) Act 2000 are applied. This includes ensuring full and accurate completion of AWI certificates (see page 16).

   This is to comply with the Adults with Incapacity (AWI) (Scotland) Act 2000 part 5 – Medical Treatment and Research; and Care of Older People in Hospital Standards (2015) criteria 3.4 and 3.5.
NHS Fife must ensure that patients have person-centred care plans in place for all identified care needs. These should be regularly evaluated and updated to reflect changes in the patient’s condition or needs. The care plans should also reflect that patients are involved in care and treatment decisions (see page 16).

This is to comply with The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing & Midwifery Council, 2015); Care of Older People in Hospital Standards (2015) criteria 1.1, 1.4, and 11.2a; and Food, Fluid and Nutritional Care Standards (2014) Criterion 2.9a.

### Outcome 6: Food, fluid and nutrition

NHS Fife must ensure that food record and fluid balance charts are commenced and accurately completed for patients who require them, and appropriate action is taken in relation to intake or output as required (see page 19).

This is to comply with the Food, Fluid and Nutritional Care Standards (2014) Criterion 4.1(g).

### Outcome 7: Falls

NHS Fife must ensure that where falls alarms are in use that consideration is given to the Mental Welfare Commissions Rights, Risks and Limits to Freedom (Good Practice Guide, March 2013, page 29) to ensure that the individual’s human rights are met. They must also ensure that systems are in place to ensure the correct maintenance and use of the falls alarms (see page 20).

This is to comply with Section 1.5.3 of the Human Rights Act, 1998 and the Mental Welfare Commission for Scotland’s Rights, Risks and Limits to Freedom (Good Practice Guide March 2013, page 29).

### Outcome 8: Pressure area care

NHS Fife must ensure that where SSKIN bundles are required they are put in place, and are consistently and accurately completed. The results of skin inspection and any changes made to the indicated repositioning times should be documented (see page 22).
This is to comply with the Best Practice Statement for the Prevention and Management of Pressure Ulcers (2009), Section 5.
Appendix 3 – List of national guidance

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

- **Best Practice Statement for Working with Dependent Older People to Achieve Good Oral Health** (NHS Quality Improvement Scotland, May 2005)
- **Care of Older People in Hospital Standards** (Healthcare Improvement Scotland, June 2015)
- **Best Practice Statement for Prevention and Management of Pressure Ulcers** (NHS Quality Improvement Scotland, March 2009)
- **Standards for Prevention and Management of Pressure Ulcers** (Healthcare Improvement Scotland, September 2016)
- **Food, Fluid and Nutritional Care Standards** (Healthcare Improvement Scotland, October 2014)
- **Complex Nutritional Care Standards** (Healthcare Improvement Scotland, December 2015)
- **Adults with Incapacity (Scotland) Act 2000 Part 5 – Medical treatment and research**
- **Standards of Care for Dementia in Scotland** (Scottish Government, June 2011)
- **Scottish Government Health Directorate, Chief Medical Officer (CMO)(2013)18: Safer Use of Medicines - Medicines Reconciliation: Revised Definition, Goals and Measures and Recommended Practice Statements for the Scottish Patient Safety Programme** (Scottish Government, September 2013)
- **The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives** (Nursing & Midwifery Council, January 2015)
- **Generic Medical Record Keeping Standards** (Royal College of Physicians, November 2009)
- **Allied Health Professions (AHP) Standards** (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, January 2016)
Appendix 4 – Inspection process flow chart

Before inspection
- Healthcare Improvement Scotland issues self-evaluation framework to NHS boards
- NHS board undertakes self-evaluation exercise and submits outcomes to Healthcare Improvement Scotland
- Healthcare Improvement Scotland reviews self-evaluation submission to inform and prepare on-site inspections
- Healthcare Improvement Scotland visits NHS board

During inspection
- Inspection team arrives at hospital
- Inspections of selected wards and departments
- Individual discussions with senior staff or operational staff, or both, and patients
- Feedback session with NHS board and senior hospital staff
- Follow-up inspection of hospital if areas of significant concern identified

After inspection
- Inspection report and NHS board improvement action plan published
- 16 weeks after inspection, NHS board submits updated improvement action plan to Healthcare Improvement Scotland