Unannounced Inspection Report – Care of Older People in Acute Hospitals

University Hospital Hairmyres
NHS Lanarkshire

21–23 January 2020
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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 University Hospital Hairmyres, NHS Lanarkshire. The report highlights one area of good practice and nine areas for improvement.

6. The team was made up of six 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. University Hospital Hairmyres, East Kilbride, contains approximately 492 staffed beds and has a full range of healthcare specialties, including a 24-hour accident and emergency department.

9. We carried out an unannounced inspection to University Hospital Hairmyres from Tuesday 21 to Thursday 23 January 2020 and we inspected the following areas:
   - acute medical receiving unit
   - ward 1 (orthopaedics)
   - ward 8 (vascular)
   - ward 9 (medicine/cardiology)
   - ward 13 (care of the elderly)
   - ward 14 (care of the elderly)
   - ward 15 (general medicine), and
   - ward 18b (winter beds).

10. Before the inspection, we gathered information about University Hospital Hairmyres from a range of sources. These 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 food, fluid and nutrition, and pressure area care
   - person-centred care planning for food, fluid and nutrition, and pressure area care
   - food, fluid and nutrition
   - pressure area care, and
   - communication.

11. During the inspection, we:
   - spoke with staff and used additional tools to gather more information. In all wards, we used a mealtime observation tool, where appropriate. We observed 3 mealtimes across six wards.
• 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 seven relatives/carers during this inspection. We received completed questionnaires from 30 patients and 21 family members, carers or friends.

• reviewed 35 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, and pressure ulcer care.

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

Key messages

13. We noted areas where NHS Lanarkshire is performing well, and also areas for improvement, including the following.

• Meal courses are served separately.
• Patient mealtimes were poorly coordinated.
• Assessments are not reliably or accurately completed.
• SSKIN bundles, food recording charts and fluid balance charts were poorly completed.

What action we expect the NHS board to take after our inspection

14. This inspection resulted in one area of good practice and nine areas for improvement. A full list of the area of good practice and areas for improvement can be found in Appendices 1 and 2, respectively on page(s) 23 and 24. We expect NHS Lanarkshire 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) for 16 weeks. After this time, the action plan can be requested from Healthcare Improvement Scotland.
What we found during this inspection

16. NHS Lanarkshire have implemented the Care Assurance Accreditation Scheme (CAAS) which includes the food fluid and nutrition, and pressure area care standards. All wards have an older people in acute care (OPAC) work plan. This ‘live’ document includes a review of ‘assessments of care for patients’. This work plan is aligned with the Care Assurance Accreditation Scheme (CAAS) standards, and also links into the monthly older people in acute care (OPAC) group meeting, where a focus will be on a specific area of the work plan each month. We saw that the focus for November 2019 was food, fluid and nutrition. The work plan documents the aims for delivery for the year, as well as issues, challenges, actions planned and progress.

17. We saw dates for education sessions relating to the Care Assurance Accreditation Scheme (CAAS) standards were available for all staff throughout the year and these were displayed in the wards.

Treating older people with compassion, dignity and respect

18. During our inspection, we saw that the majority of patients were treated with dignity and respect. All patients appeared comfortable and were dressed appropriately. We saw that patients had call bells, fluids and personal items within reach. When call bells were heard, the majority were answered promptly.

19. Patients were cared for in single-sex bays or single rooms. All rooms had ensuite facilities. We saw staff maintained patients’ privacy by closing doors or closing the bedside curtains when delivering care.

Patient and staff interactions

20. We saw that staff were friendly and approachable, and that the majority of interactions between patients and staff were positive, with some good interactions seen. We did not hear any inappropriate or negative language.

General environment

21. Wards appeared organised and calm despite being busy. Equipment such as weighing scales were appropriately stored keeping the ward corridors free from clutter.

22. In one ward, a clinical support worker had developed an information board for visitors, patients and staff. This included valuable information such as the benefits of water, mealtimes and nutritional information.
Display of patient information
23. We saw that staff recorded patient information, such as mobility and nutrition, on whiteboards behind the patients’ bed. There was an inconsistent approach to the use of these. Patient names were seen to be recorded, but we noted the majority of boards did not have additional patient information, such as food or fluid requirements.

Patient and carer feedback
24. During our inspection, we spoke with 19 patients and seven relatives and carers. 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 and told us ward staff were friendly.
- All patients said they were treated with dignity and respect and said that curtains and doors were closed whilst staff delivered care.

25. Patients also commented that:

- ‘The staff are brilliant. They can’t do enough.’
- ‘Care is almost perfect.’
- ‘The staff are lovely, very obliging.’

26. We received 30 completed patient questionnaires that included the following responses to the preset statements:

- Twenty nine patients agreed or strongly agreed that: ‘Staff treat me and my belongings with consideration and respect.’
- Twenty eight patients agreed or strongly agreed that: ‘Staff check on me regularly to ask if I need anything.’
- Twenty eight patients agreed or strongly agreed that: ‘I get help with washing, dressing and personal care if I need it.’

27. Patients also commented that:

- ‘The staff are brilliant. They can’t do enough.’
- ‘The response time for help varies. Staff can be very busy.’
- ‘The staff have been very good in involving us, and keeping us informed.’
- ‘The nurses charge about at 100 miles per hour, so I feel I should just wait ‘til they come to me.’
• ‘My care has been excellent, but the days are very long.’

28. We received 20 completed questionnaires from carers and visitors that included the following responses to the 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.’
• Thirteen visitors agreed or strongly agreed that: ‘I feel fully involved in discussions about the care and treatment of the person I am visiting.’

29. Carers and visitors also commented that:

• ‘Staff are very helpful if you phone for information.’
• ‘The staff have been very good in involving us and keeping us informed.’
• ‘My main concern is how thoroughly information is passed on when staff change. Nursing staff did not always have access to this information.’

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. 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.

30. All older people admitted to hospital should have assessments carried out to identify any risks and care needs. This should include assessments of nutritional state, 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.
Nutritional care and hydration

31. 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.

32. Of the 35 patient health records reviewed for MUST screening, 18 patients had this completed within 24 hours of admission. The remaining assessments were completed between 2 and 13 days after admission. However, the reason for the delay was not documented. The patient’s usual weight or any reported weight loss was not recorded for any of the assessments. This information is required to calculate the score for any weight loss. We could not therefore be assured of the accuracy of any of the MUST screening. We also found the following.

- NHS Lanarkshire’s own documentation has a place for staff to record whether patient’s heights and weights were ‘actual’ or ‘estimated’. We found that for the majority of patients, this was not recorded.
- The majority of step 5 of NHS Lanarkshire’s MUST documentation, which is the management guidelines, were blank.
- Some patient’s MUST score were incorrect. If completed correctly, they would have resulted in the patients being referred to the dietitian.

33. We found that there were different versions of the MUST screening in use. We also noted there was an error in the Body Mass Index (BMI) calculation score on the MUST document within the patient care record. This could have led to an incorrect MUST score for patients. This was highlighted with NHS Lanarkshire senior staff.

MUST rescreening

34. 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.

35. Of the 19 patients who required MUST rescreening, five were done within the weekly timeframe. However, due to the initial MUSTs not recording the patient’s usual weight or weight losses, we could not be assured of the accuracy of these.
36. We also found the following which were raised with ward staff at the time of our inspection.
   - Some patients had MUST rescreening completed between 12 and 30 days late and not all of these were fully completed.
   - Some patients’ rescreening scores were inaccurately calculated, and the patients were not referred to the dietetics team when they should have been, if scored accurately.
   - One patient had a discrepancy of weights recorded over several reassessments. Staff did not document why or investigate the reason for these differences.

37. In one ward, staff told us that as patients were awaiting a care package and discharge, they would not complete rescreenings. We raised this with senior staff who told us that rescreenings should be carried out on this ward, and told us that this would be clarified with staff. Due to the inaccuracies of MUST and length of time since some patients had their last MUST completed, we asked ward staff to carry out MUST rescreening for all patients on the ward. We returned to the ward the following day and found staff were in the process of carrying out the rescreenings, as requested. Following the inspection, we were told that education was being put in place for staff.

38. We were told that both care support workers, who are trained in MUST completion, and registered nursing staff complete MUST screenings. In one ward, the care support workers told us that they enter the patient height and weight, but that the nursing staff calculate and complete the rest of the MUST. We were told by senior management that it is the registered nurses who are responsible for ensuring the MUST is calculated correctly, when completed by clinical support workers. We were also told that senior charge nurses have just started to monitor the MUST training for all staff on a monthly basis.

**Nutritional assessment**

39. 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.

40. 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.

41. Of the 35 patient health records reviewed, 14 had a nutritional assessment in place. The majority of nutritional assessments completed lacked detail that
would inform care planning. For example, the patients likes and dislikes, or if the patient had a specific dietary requirement.

Oral healthcare assessment/screening

42. 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.

43. Of the 35 patient health records reviewed, only four patients had an oral health assessment completed. All of these patients were in the same ward where staff told us that these assessments had come into use following the issue being raised with senior staff during the inspection. We were told that the oral health assessment had been removed from the core documentation, and that a stand-alone document is available for staff. Staff we spoke with were not all aware of this additional assessment.

44. We saw that a food fluid and nutrition education day for staff was to be held in February, and we were told that the oral assessment would be part of this.

Preventing and managing pressure ulcers

45. NHS Lanarkshire uses Pressure Ulcer Risk Assessment (PUR) to assess risk of pressure ulcers and should be completed within 8 hours of admission.

46. Of the 35 patient health records reviewed, 20 patients had an accurately completed PURA done within 8 hours of admission. Of those not completed within the 8 hour timeframe, these were completed between 5 and 31 days after the patients’ admission. We also found the following.

- Not all assessments were dated or timed and therefore we could not be assured they were completed within the required timeframe.
- Some assessments were not accurate, such as stating the patients had no mobility issues when there were identified mobility needs documented in the patient health record. There were also some elements of the assessment which were blank.

PURA reassessment

47. NHS Lanarkshire policy states that PURA reassessments should be completed only if the patient’s condition changes. As there is no guidance or prompts for staff to consider, we found a lack of understanding of what staff would consider as a change in a patient’s condition.

48. We saw that when patients had changes in their condition documented, the majority had no reassessments completed.

49. During a previous inspection to NHS Lanarkshire in 2019, we were told that a trial for completing a daily PURA was being undertaken. However, during this
inspection, we were told by senior staff that this has been postponed due to a review of the SSKIN (skin, surface, keep moving, incontinence and nutrition) bundle. There was no timeframe given for trialling a daily PURA.

Area for improvement

1. NHS Lanarkshire must ensure that all older people who are admitted to hospital are accurately assessed in line with the national standards. This includes nutritional screening and assessment including oral health assessment and pressure ulcer risk assessment. There must be evidence of reassessment, where required.

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.

Care planning

50. 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.

51. We reviewed patient care plans for food, fluid and nutrition and pressure ulcer prevention. The care plans in use were part of the person-centred care plan booklet.

52. NHS Lanarkshire’s person-centred care plan consists of 12 sections relating to the activities of daily living, such as eating and drinking, washing, dressing and mobility. Care plans should be completed on admission and evaluated throughout the patients’ stay in hospital.

53. We saw that the majority of care plans in place were not completed. Where they were completed, we saw that they did not contain enough detail to guide patient care. They were also not updated when the patient’s condition and care needs had changed. For example, a patient’s mobility status had changed and the care plan did not reflect this change. We also did not see any evidence of patient involvement in care planning.

54. We saw guidance for staff in some wards on how to complete care plans.
Area for improvement

2. NHS Lanarkshire 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

55. We saw that staff had access to a range of weighing equipment, including sitting and hoist scales. One ward also had a patient transfer scale for those patients unable to use the hoist or sitting scales. All scales had been calibrated for accuracy.

Dietetic and speech and language therapy referrals

56. Of the patients referred to dietetic or speech and language all were seen and had a clear plan of care documented in the patient health records. Patients were reviewed as required. However, we found the following.

- In one patient health record, the patient was seen to be reviewed by the dietitian, but we found that staff had not followed the plan of care as they were not aware of this. We asked staff to implement the plan, including starting a food record chart and encouraging snacks.
- One patient was unable to be fully assessed by the dietitian as no food record chart had been started prior to review.
- In another patient health record, the dietitian had reviewed the patient and requested on two separate occasions the patient have an up to date weight. These were not done until 21 days after the initial request and 7 days after the second request.

57. During our inspection, we identified seven patients who should have been referred to the dietitian. Due to inaccurate MUST screenings, these referrals were not done. We raised this at the time of the inspection and asked for referrals to be made for those patients requiring it.
Identifying individual patient nutritional needs

58. Across the wards inspected, we saw an inconsistent approach to identifying individual patient nutritional needs. We were told that specific information would be recorded on the staff handover and safety brief. We also found the following.

- Some wards had a nutrition board in the kitchen to display patient nutritional care needs. This information was not always accurate or up-to-date.
- In one ward, the mealtime hostess said nursing staff would verbally pass this information on about individual patient nutritional needs.
- Patient bedside boards would document nutritional information, but these were poorly completed.
- We found limited nutritional information in the eating and drinking section of the person centred care plans.

Protected mealtimes assistance with eating and drinking

59. 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.

60. During our inspection, we observed three mealtimes across six wards. All wards were seen to have a mealtime coordinator identified for that shift. However, in the majority of the wards we did not see any staff undertaking this role during the mealtimes observed. The majority of mealtimes observed were poorly organised, and there was no clear process. There was a lack of mealtime preparation taking place, such as ensuring patient tables were clear, and that they were positioned correctly and ready for their meal. We saw across the majority of wards that staff did not carry out hand hygiene during the mealtime process.

61. In the majority of wards, we saw the mealtime hostesses were in charge of taking food orders, serving and distributing patient meals as there was limited involvement from nursing staff. We noted that some nursing staff were continuing with other duties. We also saw the following.

- One nurse, who was assisting a patient with their meal, was interrupted several times by other members of staff.
- One patient with a cognitive impairment had not received a meal. Inspectors highlighted this to staff who then provided the patient with a meal.
- Another patient was asked three times by two staff members what they would like to eat, before they received their meal.
In one ward, we found three patients did not have a bedside table for their meal. During the mealtime, these patients had nowhere to put their meal, and were balancing these on their laps, some while in bed. We raised this with senior management and saw that tables were put in place when we re-visited the ward the next day.

62. All of the above issues were raised with staff at the time of the inspection.

63. Patients received three courses at mealtimes, and these were served a course at a time. Serving courses individually is good practice.

64. We received a significant number of negative comments from patients on the quality of the food. Patients told us that meals and menus, such as lunch, were monotonous, repetitive and the food looked and smelled unappetising. Comments included:
   - ‘The food is rotten. Terrible.’
   - ‘I try to eat the food but it is tasteless. Not very appetising. The choices are repetitious.’
   - ‘Lunch is constant repetition. The quality is not good, and it is not appetising.’
   - ‘Sometimes the food served is not warm enough.’

65. We were told that an additional hot option is to be introduced to the existing lunch menu in February as a way of addressing the patient feedback about hospital food.

Provision of fluids and snacks

66. NHS Lanarkshire told us they provide hot drinks, and either biscuits or cakes to patients mid-morning and mid-afternoon. Toast is also offered to patients at supper time but staff told us that patients find the toast unappetising as it is made at a central location. We were told that NHS Lanarkshire are considering offering pancakes instead. We also saw that some wards had some other snacks available, which included cereal, yogurts and sandwiches. Patient feedback suggested patients were unaware of being able to ask for other available snacks if required.

67. Patients were not given a choice of fresh drinks, such as juice, with their meals. They only had water available to them throughout the day.

Food record and fluid balance charts

68. Food and fluid balance charts should be 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

69. We saw two patients who had a food record chart in place, however, these were both poorly completed. A further two patients should have had a food record chart in place as requested by the dietitian but these were not in place.

70. The national MUST management guidelines state that where a risk is identified, dietary intake should be documented for 3 days. However, we saw that NHS Lanarkshire’s guidelines state a food record chart should be initiated only if a patient’s intake is poor for 2 days or more. It is therefore unclear how staff would identify that a patient’s intake is poor if there is no food record chart in place.

Fluid balance charts

71. Of the thirteen patients who had fluid balance charts in place, all were poorly completed. We found the following.

- The majority of charts did not record the reasons for the charts being in place, input or output amounts, totals or balances.
- The daily 2.00pm ‘stop and checks’ section was not completed on the chart.

72. NHS Lanarkshire appointed a fluid nurse to support the national improvement programme for fluid management, which includes fluid balance charts. The fluid nurse carries out monthly fluid balance chart audits. These results and action plans are sent to the senior charge nurses. The results seen were consistently low for the majority of wards.

73. There is a teaching pack available for staff to refer to. We did not always see this displayed in the wards inspected, although we were told this is being re-distributed to all wards for staff to sign, ensuring they have all read and are aware of this. The fluid nurse also carries out ad-hoc training in the wards, if requested. In one ward, staff told us that the fluid nurse will be attending the ward safety brief to try and reach more staff.

Oral nutritional supplements

74. Oral nutritional supplements are prescribed for patients who require additional calories and/or nutrients. It is important that patients receive their nutritional supplements to ensure their individual nutritional needs are met.

75. We identified two patients who were prescribed oral nutritional supplements, neither had the amount consumed documented anywhere. We found inconsistencies with where staff record the amount of oral nutritional supplements taken. Some staff told us they would record this on either the food record chart, fluid balance chart or drug prescription chart.
76. During the discussion session, we were told NHS Lanarkshire do not have a policy for where the amount of oral nutritional supplements consumed should be recorded. We were told this should be on the fluid balance charts or food record charts. However, if the patient does not have either chart in place, there is no clear process of where this information should be recorded. We were told that University Hospital Wishaw are in the process of testing a new oral nutritional supplement recording chart, which University Hospital Hairmyres will also consider implementing once the testing is complete. This would allow for clear recording of all oral nutritional supplements.

Provision of oral care

77. Due to the lack of oral health assessments completed, we could not determine how many patients needed assistance with their oral hygiene. We saw there was nowhere to record this information, if required. Nursing staff sometimes document that personal care has been carried out for a patient, but do not specify if this includes oral health care. We saw two oral health assessments that identified the patients as requiring assistance with oral health, but nothing was documented thereafter.

Area of good practice

- Patients were served each of their three courses one at a time.

Areas for improvement

3. NHS Lanarkshire must ensure that where the nutritional assessment process identifies the need for referral to specialist services, for example dietetics, this is made in line with national and local timeframes. Nursing staff must also ensure that they are aware of and act upon dietetic plans of care for patients.

4. NHS Lanarkshire must ensure a consistent approach to mealtimes is implemented in all wards and that staff co-ordinate the meals appropriately. All non-essential staff activity (clinical and non-clinical) is stopped during patient mealtimes and the principles of Making Meals Matter are implemented. An adequate number of staff should be available at mealtimes to support patients.

5. NHS Lanarkshire must ensure that when fluid balance charts and food record charts are commenced for patients who require them, they are accurately completed, and appropriate action taken in relation to intake or output as required. This includes the recording of nutritional supplements.
Areas for improvement continued

6. NHS Lanarkshire should ensure that, where required, oral care is given and documented appropriately.

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

78. 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.

79. Due to the PURA not always being completed, it was unclear how many SSKIN bundles should have been in place. Of the 25 SSKIN bundles in place, only two were fully and accurately completed. We saw that many patients had long gaps between care being delivered, ranging from 8 hours to 14 days. Some patients also only had one entry documented in a 24 hour period for many days. One patient had red skin documented 7 days prior to our inspection, however, there had been no further entry on the SSKIN bundle. Another patient had two grade 2 pressure ulcers but no SSKIN bundle in place.

80. We did not see any documentation of why SSKIN bundles had not been completed or were discontinued. We also found the following.

- The majority did not have the prescribed frequency of interventions documented in the SSKIN bundle.
- Some charts stated ‘position changed’ but there was no detail as to which positions patients were moved to.
- One SSKIN bundle did not reflect that a patient had a pressure ulcer.
- The surface section of the SSKIN bundle was not always completed to document if the patient required any additional pressure relieving equipment.
81. We were told that NHS Lanarkshire have identified issues with the SSKIN bundle and are in the process of reviewing the document.

**Wound assessment charts**

82. 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.

83. Of the two patients who required wound assessments only one patient had one in place. The wound chart in place was well completed, with the exception of the frequency of dressing change.

84. The other patient had two pressure ulcers, and therefore should have had two wound charts in place. None were found in the patient health record. This was raised at the time of the inspection.

85. We saw two patients who had pressure ulcers but only one was seen to have the severity of the pressure ulcer documented. There was also no evidence in the notes that they had been reported on the electronic incident reporting system as per NHS Lanarkshire’s policy.

**Tissue viability service**

86. All staff we spoke with told us that they can contact the tissue viability service for advice either online or by telephone.

87. If the tissue viability nurses were unable to review patients quickly, they would give telephone advice. The tissue viability service offer face to face education sessions for all staff, which can be booked via the online system. There is a 3 day course available for trained staff, which includes a foundation, intermediate and advanced level, and a one day course is available for clinical support workers across NHS Lanarkshire.

**Specialist pressure relieving equipment**

88. All wards inspected had a supply of alternative pressure relieving mattresses and cushions for those patients identified as being at risk of developing pressure damage. Staff told us that they can also order specialist pressure-relieving equipment through the online ordering system. Where specialist pressure-relieving equipment was required, we saw that this was in place but it was not documented in the patient health record.
Areas for improvement

7. NHS Lanarkshire must ensure that where SSKIN bundles are required, they are put in place, and are consistently and accurately completed. The results of the skin inspection must also be documented along with daily evaluation as per local policy.

8. NHS Lanarkshire must ensure that wound assessment charts are put in place for those patients with a break in skin integrity to support safe and effective care delivery.

9. NHS Lanarkshire should ensure that pressure ulcers are reported in accordance with local policy.

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.

89. We saw ward safety briefs and huddles take place across all wards inspected. This helps to communicate patients’ needs to the multidisciplinary team.

90. We saw documented evidence of communication between staff, patients and relatives. We also observed some good communication between all of the multidisciplinary team within the wards inspected.

91. One ward has a closed social media page which allows for ward updates to be cascaded to all staff.

Documentation

92. Documentation was well organised and easily accessible on all the wards. Staff use section dividers which allows the documents to be easily located.

93. The majority of entries we saw in the medical and nursing notes were legible, dated and signed. We saw that members of the multidisciplinary team, such as the dietitian, documented in the patient health records information, such as patient reviews and care plans.
## Appendix 1 – Area of good practice

**NHS Lanarkshire**

<table>
<thead>
<tr>
<th>Outcome 6: Food, fluid and nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients were served each of their three courses one at a time (see page 19).</td>
</tr>
</tbody>
</table>
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 Lanarkshire must ensure that all older people who are admitted to hospital are accurately assessed in line with the national standards. This includes nutritional screening and assessment including oral health assessment and pressure ulcer risk assessment. There must be evidence of reassessment, where required (see page 14).

   This is to comply with Food, Fluid and Nutritional Care Standards (2014) criteria 2.1, 2.2 2.3 & 2.4 and Prevention and Management of Pressure Ulcers Standards (2016) Standard 3.

### Outcome 2: Person-centred care planning

2. NHS Lanarkshire 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 15).

   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

3 NHS Lanarkshire must ensure that where the nutritional assessment process identifies the need for referral to specialist services, for example dietetics, this is made in line with national and local timeframes. Nursing staff must also ensure that they are aware of and act upon dietetic plans of care for patients (see page 19).

This is to comply with Food, Fluid and Nutritional Care Standards (2014) Criteria 2.5 and 2.6.

4 NHS Lanarkshire must ensure a consistent approach to mealtimes is implemented in all wards and that staff co-ordinate the meals appropriately. All non-essential staff activity (clinical and non-clinical) is stopped during patient mealtimes and the principles of Making Meals Matter are implemented. An adequate number of staff are available at mealtimes to support patients (see page 19).

This is to comply with the Food, Fluid and Nutritional Care Standards (2014), criteria 4.1a and 4.7.

5 NHS Lanarkshire must ensure that when fluid balance charts and food record charts are commenced for patients who require them, they are accurately completed, and appropriate action taken in relation to intake or output as required. This includes the recording of nutritional supplements (see page 19).

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

6 NHS Lanarkshire should ensure that, where required, oral care is given and documented appropriately (see page 20).

Outcome 8: Pressure area care

7 NHS Lanarkshire must ensure that where SSKIN bundles are required, they are put in place, and are consistently and accurately completed. The results of the skin inspection must also be documented along with daily evaluation as per local policy (see page 22).

This is to comply with Best Practice Statement for the Prevention and Management of Pressure Ulcers (2009) Section 4; and The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2015) sections 8.2, 10.2 and 10.4.
<table>
<thead>
<tr>
<th>Outcome 8: Pressure area care cont.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8</strong> NHS Lanarkshire must ensure that wound assessment charts are put in place for those patients with a break in skin integrity to support safe and effective care delivery (see page 22).</td>
</tr>
<tr>
<td>This is to comply with Best Practice Statement for the Prevention and Management of Pressure Ulcers (2009) Section 4; and The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2015) sections 8.2, 10.2 and 10.4.</td>
</tr>
<tr>
<td><strong>9</strong> NHS Lanarkshire should ensure that pressure ulcers are reported in accordance with local policy (see page 22).</td>
</tr>
</tbody>
</table>
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**

We review a range of information, including a report provided by our data measurement and business intelligence team. The report includes data publically available such as NHS National Scotland Services Scotland publications and reporting platforms and Inpatient Experience Survey. We review previous inspection reports and action plans.

**During inspection**

We arrive at the hospital and inspect a selection of wards and departments.

We use a range of inspection tools to help us assess the standard of care for older people in hospital.

We have discussions with senior staff and/or operational staff, patients and their family or carers.

We give feedback to the hospital senior staff.

We would carry out a further inspection of the hospital if we identify significant concerns.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. NHS Staff can use our reports to find out what other hospitals or services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require NHS boards to develop and then update an improvement action plan to address the recommendations we make. We check progress against the improvement action plan.