Unannounced Inspection Report –
Care of Older People in
Acute Hospitals

Vale of Leven Hospital
NHS Greater Glasgow and Clyde

18–20 February 2020
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
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. 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.

3. 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

4. This report sets out the findings from our unannounced inspection to Vale of Leven Hospital, NHS Greater Glasgow and Clyde. The report highlights five areas of good practice and three areas for improvement.

5. The team was made up of five inspectors, with support from a project officer. Although we try hard to involve members of the public as public partners on our inspections, none were available for this inspection. An inspector led the team and was responsible for guiding them and ensuring the team members agreed about the findings reached.

6. 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

7. The Vale of Leven Hospital, Alexandria, serves the region of Dunbartonshire. The hospital has approximately 85 inpatient beds and provides a range of services including general medicine, orthopaedics, and a minor injuries unit.

8. We carried out an unannounced inspection to Vale of Leven Hospital from Tuesday 18 to Thursday 20 February 2020, and we inspected the following areas:
   - Lomond ward (general medicine)
   - ward 3 (acute medical receiving unit)
   - ward 14 (elderly assessment/rehabilitation), and
   - ward 15 (elderly assessment/rehabilitation).

We also visited the medical assessment unit.

9. Before the inspection, we review a range of information, including a report provided by our data measurement and business intelligence team. The report includes data publicly available such as NHS National Scotland Services Scotland publications and reporting platforms and results from the inpatient experience survey. We will also review previous inspection reports and action plans. 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.

10. During the inspection, we:
   - spoke with staff and used additional tools to gather more information. In all wards, we used a mealtime observation tool and observed four mealtimes where members of our team observed interactions between patients and staff.
• received completed patient and carer questionnaires from 28 patients and 4 family members, carers or friends.
• reviewed 19 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.

11. We would like to thank NHS Greater Glasgow and Clyde and in particular all staff at the Vale of Leven Hospital for their assistance during the inspection.

Key messages

12. We noted areas where NHS Greater Glasgow and Clyde is performing well and also areas for improvement, including the following.

• Patients had a pressure ulcer risk assessment completed within the nationally required standard.
• Patient mealtimes were well managed and co-ordinated.
• Comprehensive dietetic referral and review process.
• Proactive tissue viability and podiatry service.
• MUST screening was not always accurately completed.
• Lack of person-centred care planning.

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

13. This inspection resulted in five areas of good practice and three 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 21 and 22. We expect NHS Greater Glasgow and Clyde to address all the areas for improvement. The NHS board must prioritise those areas where improvement is required to meet a national standard.

14. 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

15. During our inspection, we saw staff treating all patients 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. Staff were visible in patient areas meaning that call bells were not often heard. When they were heard, they were answered promptly.

16. We saw staff maintained patients’ privacy at all times by closing doors or drawing curtains when delivering care. Patients were cared for in either single-sex bays or single rooms. When rooms did not have ensuite facilities, patient’s had access to toilets and bathrooms within the ward.

17. Wards were spacious and well lit with corridors generally free of equipment to ensure a clear walkway for patients.

Patient and staff interactions

18. Staff were friendly and approachable. We saw staff addressed patients by their preferred name and interactions between patients and staff were positive. We did not hear any inappropriate or negative language. We saw caring interactions between staff and patients. For example, we saw a member of staff looking at old photographs with a patient.

Display of patient information

19. Information displayed above patient’s bedside was minimal and risk-based, for example, any modified diet or fluids and mobility information.

20. In one ward, due to the high turnaround of patients, the information was limited to just the patients name and any immediate medical or nursing interventions. Staff told us this was to prevent the wrong information being displayed.

Patient and carer feedback

21. We received 28 completed patient questionnaires that included the following responses to preset statements:

- 27 patients agreed or strongly agreed that: ‘Staff treat me and my belongings with consideration and respect.’
- 26 patients agreed or strongly agreed that: ‘I get help with washing, dressing and personal care if I need it.’
- 25 patients agreed or strongly agreed that: ‘Staff check on me regularly to ask if I need anything.’
• 24 patients agreed or strongly agreed that: ‘Staff explain my care and treatment in a way I understand.’

22. Patients also commented that:
• ‘The staff good in every way and do all they can to make me happy and needed and worth their weight in gold.’
• ‘I have been looked after extremely well during my hospital stay.’
• ‘My stay in VOL has been most pleasant and the staff very pleasant and efficient. Nothing is too much trouble.’
• ‘I have noticed this time in hospital there seems to be a shortage of staff leading to much longer times waiting for help going to the toilet, but all over I found the staff excellent. Also much praise to staff who keep us going with exercises, quizzes, puzzles and photographs.’

23. We received four completed questionnaires from carers and visitors that 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.’
• Three visitors agreed or strongly agreed that: ‘I have the option of being able to continue to provide care for the person I am visiting (for example, assisting at mealtimes), if I wish to do so.’

24. Carers and visitors also commented that:
• ‘I feel very confident and happy with the attention and care provided to my father. Staff doing a fantastic job always there for assistance and helpful. Dad said they're fantastic really pleasant even when they're rushed off their feet. He also said food is good, nice, hot, plenty choice. Home-made soup yummy.’
• ‘Our family are very happy with the support and care that mum has received while she has been in the Vale of Leven Hospital.’

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.

25. 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.

26. NHS Greater Glasgow and Clyde use a My Admission Record (MAR) booklet for all patients who are admitted to hospital. We saw three different versions of the MAR booklet in use. We noted that there were differences between versions which meant that staff were not always able to record all the information required to evidence when some assessments had been completed or by whom.

27. The MAR booklet includes various initial assessments such as hydration, nutritional, oral health and skin assessments. When patients were transferred from other hospitals, we found no evidence of the MAR being reviewed to ensure it was fully or accurately completed. However, we found that the Malnutrition Universal Screening Tool (MUST) and Pressure Ulcer Daily Risk Assessment (PUDRA) that are not contained within the MAR were repeated on transfer of care.

Nutritional care and hydration

28. 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.

29. Of the 19 patient health records reviewed, all patients had MUST screening completed, this included rescreening when transferred from another hospital. However, only nine patients had this accurately completed within 24 hours of admission to hospital. We found the following.
- Not all patient’s heights were recorded as being measured or estimated.
- Not all of the patients had a usual weight or information about any weight loss recorded to inform step 2 of the MUST tool (unplanned weight loss in past 3-6 months). It was not clear if the score was based on clinical judgment, as staff did not record this despite there being a place on the document for them to do so.

**MUST rescreening**

30. 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.

31. Of the 13 patients who required MUST rescreening, six patients had this carried out within the required timeframe. Due to some patient’s usual weight or information about any weight loss not being recorded, we cannot be assured that all of the MUST rescreening scores were accurate.

32. We also saw one patient’s MUST rescreening score was inaccurate as it did not identify that the patient had a weight loss of more than 5% since their admission.

33. Staff we spoke with told us MUST completion is audited through NHS Greater Glasgow and Clyde’s care assurance tool (CCAT). The tool is completed using a peer approach, and the timeframe for completing the CCAT is determined by the results from previous audit results. We were told at the discussion session that senior staff have an overview of all the wards CCAT results.

34. In the wards inspected, we saw that MUST section from the CCAT was being completed monthly to provide the senior charge nurse with local assurance and the results are shared with the clinical nurse manager. We did not see any of the results from the CCAT or monthly MUST audit displayed in the wards. However, staff told us they do get feedback on the audit results at the ward safety brief.

**Nutritional assessment**

35. 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.

36. 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.
37. Of the 19 patient health records reviewed, only seven patients had evidence that a nutritional assessment was accurately completed within 24 hours of admission. As there is nowhere to record the date and time of the nutritional assessment in some versions of the MAR, we could not establish when they were completed.

38. We also found the following.

- Some nutritional assessments lacked detail that would inform care planning. For example, the patient's likes and dislikes or if the patient had a specific dietary requirement.
- One patient’s nutritional assessment did not reflect the additional needs to support nutrition due to their dementia.
- One patient’s nutritional assessment was blank. This patient was transferred from another hospital. Staff told us that they would not routinely check that the nutritional assessment were completed when a patient was transferred to their ward from another hospital or ward.

**Oral healthcare assessment/screening**

39. 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.

40. Of the 19 patient health records reviewed, the majority of patients had an oral health assessment completed. However as previously stated, due to the constraints of the documentation, we cannot be assured of the time and date of completion.

41. We saw no evidence of reassessment of oral care needs. We were told by staff that there is no policy stating that this should be carried out. We saw that one patient’s oral assessment was not updated when some of the factors on the assessment changed.

**Preventing and managing pressure ulcers**

42. NHS Greater Glasgow and Clyde uses a Pressure Ulcer Daily Risk Assessment (PUDRA). This assessment should be carried out within 8 hours of patient admission.

43. Of the 19 patient health records reviewed, all patients had a PUDRA completed within 8 hours of admission. We saw that this was reassessed for all patients when they were transferred to other areas.

**Pressure ulcer reassessments**

44. The majority of patients had an accurate reassessment of PUDRA completed daily.
Area of good practice

- Patients had a pressure ulcer risk assessment carried out within 8 hours of admission to hospital.

Area for improvement

1. NHS Greater Glasgow and Clyde must ensure that all older people who are admitted to hospital are accurately assessed within the national standard recommended timescales. This includes nutritional screening and assessment, including oral health. There must be evidence of reassessment where required for nutrition and oral health.

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

45. 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.

46. NHS Greater Glasgow and Clyde’s care planning document contains 12 sections based on the activities of daily living. All patient health records reviewed had a care plan in place, however there was variable completion of these. We saw that one patient’s care plan was well completed to reflect the patient’s needs, and was updated as needs changed. It stated that it had been discussed and agreed with the patient. However, we also found the following.

- Some care plans did not contain sufficient information to guide care. For example, one patient’s care plan did not reflect the dietary advice given by the speech and language therapist or how the patients oral care needs were to be met. It did not evidence that they had been discussed with the patient and/or their relatives.

- Some care plans had not been updated to reflect the change in the patient’s condition. For example, we saw one patient had not been on a
food record chart for two weeks as they were no longer at risk of malnutrition, but the care plan had not been updated to reflect this change in care needs.

47. The reverse of the PUDRA document contains a pressure ulcer prevention interventional plan. When a new document was commenced for PUDRA, the interventional plan on the reverse was not always completed despite the previous one being filed away.

Care rounding

48. 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.

49. NHS Greater Glasgow and Clyde’s care rounding document included oral care and some elements of the SSKIN bundle. We were told that the frequency of care prescribed should be determined by the greatest need of the patient and therefore be carried out more frequently than some elements would require.

50. All patients were seen to have a care rounding document in place. These were generally completed within the prescribed timeframe, and recorded the care being given. We saw that there were signs on the rooms to highlight to staff when the patients care round was next due.

Area of good practice

- Good completion of care rounding documentation within the prescribed timeframe.

Area for improvement

2. NHS Greater Glasgow and Clyde 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

51. We saw that staff had access to patient weighing equipment that included hoists with built-in scales and sit on scales. Not all the equipment had been calibrated within the expected timeframes, and we raised this with the nurse in charge of those areas.

52. At the discussion session, staff told us that the company contracted to carry out the calibration of patient weighing equipment had not be carrying this out as expected. This had been escalated, and we were told that a plan was in place to ensure that all patient weighing equipment would be calibrated.

Dietetic and speech and language therapy cover and referrals

53. We were told that the dietetic service provided at the Vale of Leven Hospital is provided by community teams allowing continuity of care for the patient. Patient referrals to dietetic and speech and language therapy is made through an electronic patient management system. During our discussion session, we were told that the same electronic patient record is used by acute and community staff enabling continuous care planning and monitoring of the patient’s progress.

54. During our inspection, three patients were referred to and seen by the dietitian. There was evidence of dietetic input within the required timeframe, with documented plans of care and evidence of weekly reviews. Staff on the wards said they received a prompt response to their referrals and were positive about the dietetic service their patients receive.

55. We identified five patients who had been referred to a speech and language therapist. Staff on the wards said they received a prompt response to their referrals and were positive about the service their patients receive. We saw that all patients had a clear plan of care documented. For the majority of the patients seen, it was stated when they would next be reviewed.

Identifying individual patient nutritional needs

56. We saw a range of ways that staff communicated individual nutritional needs of patients, such as texture modified diets or fluids. This included safety briefs, nursing handovers and nutritional boards located in the ward kitchens. We saw that a traffic light system was used to highlight the level of support the patient required with food and fluids. We found these to be completed for the majority of patients.

Protected Mealtimes
57. 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.

58. During our inspection, we observed four mealtimes, and they were all well managed and coordinated. A mealtime co-ordinator led the mealtime preparation which included the clearing and cleaning of patient bedside tables, offering patients hand hygiene and a protective apron. Staff also checked the special diets with the catering staff to ensure that they were aware of any changes.

59. Menus were available at the patient bedside allowing them to view the choices available in advance of the order being taken. One visitor was observed discussing the menu choices with the patient they were visiting.

60. We saw in one ward there was a mealtime pause to check that all information regarding patients nutritional needs was up to date including any patients that were nil by mouth or required assistance. Checklists were used to ensure that patients received the correct meals and patients who had not ordered a meal were offered a choice at the point of service.

61. In all wards there was sufficient staff were involved in the distribution of meals, and patients were offered assistance with opening any packets or to cut up food, if required. Courses were served separately and patients were offered a choice of drinks. Patients were given sufficient time between courses to enable them to eat their meal.

62. Where patients required assistance, we saw that staff were seated at the patient level and engaged with them whilst providing assistance and encouragement. Staff told us that they could obtain adapted cutlery and other equipment to assist with eating from the occupational therapy department if required.

63. Flexible visiting is promoted within Vale of Leven Hospital, therefore we cannot say that mealtimes were protected. We saw visitors entering the ward during mealtimes to visit patients in the multi-bedded bays. Not all of the visitors were actively involved in helping or encouraging the person they were visiting to eat their meal.

64. NHS Greater Glasgow and Clyde have an established programme of mealtime audit. We saw that mealtime in one ward was being observed by senior catering staff as part of this audit.

Provision of fluids and snacks

65. Across all the wards inspected, we saw a good range of fluids and snacks available for patients. This included tea, coffee, milk, juice, sandwiches, toast,
jam, cereal, yoghurts, jelly, custard, puddings and biscuits. The hospital kitchen can also be contacted if a patient requires food outwith mealtimes.

66. The wards have a variety of ways to promote and encourage patients to drink. We saw that:

- In one ward, we observed the afternoon tea round where both patients and relatives were offered tea or coffee with a biscuit.
- In another ward, we saw one patient who needed encouragement to drink, a volunteer sat with them and drank a cup of tea in order to prompt the patient to drink their own cup of tea.
- Staff in the acute medical receiving unit told us of plans to introduce a juice bar to encourage patients to drink between meals and help prevent dehydration.

Food record and fluid balance charts

67. 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

68. During our inspection, we saw four patients who had a food record chart in place. Overall these were poorly completed. We found the following.

- Some entries for mealtimes and snacks between meals were left blank. Charts were also blank for some days for a number of patients. It was therefore not clear what food and snacks had been offered to the patient and if they had refused it.
- Many charts were not signed at the end of the day to state if there was any change in the patients’ nutritional intake.

Fluid balance charts

69. During our inspection, six patients were identified as requiring a fluid balance chart. The majority of these were not fully or accurately completed, we found the following.

- The reason for the charts being in place was not always stated
- The majority of charts had no actual input or outputs recorded For example, one patient’s fluid balance chart had the output recorded as ‘patient passing urine’ rather than an actual measure of amount.
- One patient’s fluid balance charts had the volumes of IV fluids recorded when they were started, rather than when they were completed.
Oral nutritional supplements

70. 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.

71. We identified three patients who were prescribed oral nutritional supplements. We were told at the discussion session that all patients prescribed oral nutritional supplements should have a food record or fluid balance chart in place where the volume consumed can be recorded. We found that two patients had the oral nutritional supplements recorded on their food record chart. However, only one food record chart had the actual amount consumed documented.

72. Two patients had their oral nutritional supplements prescribed at mealtimes, however its best practice to prescribe outwith mealtimes to encourage patients to eat at mealtimes.

Provision of oral care

73. NHS Greater Glasgow and Clyde document on their care rounding document when oral care is provided to patients who require assistance. We found this document to be well completed for all patients who required assistance with oral care.

Areas of good practice

■ Comprehensive dietetic referral and review process.
■ Patient mealtimes were well managed and co-ordinated.

Area for improvement

3. NHS Greater Glasgow and Clyde must ensure that food record and fluid balance charts are used and accurately completed for patients who require them and appropriate action is taken in relation to intake or output as required.

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

74. 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.

75. NHS Greater Glasgow and Clyde has incorporated the SSKIN bundle into their care rounding chart, therefore all patients receive SSKIN care routinely. Of the SSKIN bundles seen, the majority were accurately completed within the prescribed timeframes. Patient’s had their position changed in line with the frequency prescribed on the document. There was evidence of the patients’ skin being checked for any signs of pressure damage.

Wound assessment charts

76. 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.

77. We saw one patient with a wound assessment chart in place for two pressure ulcers. We saw that the chart was not fully completed. NHS Greater Glasgow and Clyde’s policy states that a wound assessment chart should be reviewed at least every seven days. The patient’s wound chart had no evidence of review for the past two weeks with no reason for this documented. We highlighted this to the senior charge nurse at the time of our inspection.

Specialist pressure relieving equipment

78. All patient beds in the hospital have hi-specification pressure relieving mattresses. Ward staff told us that there was a good supply of pressure relieving equipment.

Tissue viability service

79. Staff were complimentary about the service that patients received from the tissue viability service, which also includes the podiatry service. Patients are referred to these services via the electronic patient management system. Staff told us that they could also telephone the service for advice and support.

80. Staff told us that there is guidelines to refer patients who develop pressure damage in hospital for review by either a tissue viability nurse or a podiatrist.
Once this review is completed, they will submit an adverse event report via the electronic incident reporting system used in NHS Greater Glasgow and Clyde. Ward staff told us that they were always involved in the review process and that learning was shared locally either at a team meeting or at the safety brief.

81. At the discussion session, the tissue viability lead confirmed that this was the process in NHS Greater Glasgow and Clyde and after the review, both avoidable and unavoidable pressure damage was reported on the electronic incident reporting system. We were also told that other processes in place for investigating and managing pressure sores inherited from other areas.

82. Across all the wards inspected, there were tissue viability link nurses in place who provided support and advice for other staff, as well as ensuring staff competencies and education were completed. Staff should complete a prevention of pressure sores module on the online learning system, and senior charge nurses and senior staff can run reports to check staff compliance with the completion of this module. Some staff told us that they had also had face to face education from the tissue viability service.

83. We saw that compliance with pressure area care is audited through NHS Greater Glasgow and Clyde’s care assurance tool (CCAT). However, we did not see the CCAT results displayed in the wards inspected.

**Area of good practice**

- Podiatry services and tissue viability including tissue viability link nurses, are embedded in the hospital to support patient’s care.

**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.

84. We saw good communication between nursing staff and the multidisciplinary team. Staff safety briefs take place at the start of each shift to share information about each patient. At the discussion session, we were told that the daily hospital safety huddle is also a forum used to share good practice. Processes and forums were also in place to share learning at Vale of Leven with a wider audience.
85. In one ward, we observed the 3.00pm safety pause taking place. This helps to communicate patients’ needs to the multidisciplinary staff who attended.

86. Through our observations and review of the patient health records, we saw some evidence of communication with patients and relatives. We saw that the communication sheet for staff to record communication with relatives/carers was printed on pink paper to make it easily identifiable. Staff did not always use this to record conversations as we saw some entries contained within the nursing and medical notes.

**Documentation**

87. Folders were easily located in wards, however specific documents were not always easily located due to the volume of notes in the folders.

88. One ward did not have any unique identifier on the outside of the folder. This meant that several folders required to be opened to find a particular patient’s notes.

89. Entries in the medical and nursing notes were legible, and where there was a place to do so, they were dated and signed.

90. As previously stated under Outcome 1, we saw that there were different versions of the MAR in use at the time of our inspection. We raised this at the discussion session where we were told that a review of current documentation is underway. The focus of this work is improving person-centred care plans and is being carried out as part of the national programme for Excellence in Care. We were told that the oldest version of the MAR had been removed from the ward areas.
### Appendix 1 – Areas of good practice

**NHS Greater Glasgow and Clyde**

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<tr>
<th><strong>Outcome 1: Screening and initial assessment</strong></th>
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<tr>
<td>1. Patients had a pressure ulcer risk assessment carried out within 8 hours of admission to hospital (see page 12).</td>
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<th><strong>Outcome 2: Person-centred care planning</strong></th>
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<td>2. Good completion of care rounding documentation within the prescribed timeframe (see page 13).</td>
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<th><strong>Outcome 6: Food, fluid and nutrition</strong></th>
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<td>3. Comprehensive dietetic referral and review process (see page 17).</td>
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<td>4. Patient mealtimes were well managed and co-ordinated (see page 17).</td>
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<th><strong>Outcome 8: Pressure area care</strong></th>
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<tr>
<td>5. Podiatry services and tissue viability including tissue viability link nurses, are embedded in the hospital to support patient’s care (see page 19).</td>
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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 Greater Glasgow and Clyde must ensure that all older people who are admitted to hospital are accurately assessed within the national standard recommended timescales. This includes nutritional screening and assessment, including oral health. There must be evidence of reassessment where required for nutrition (see page 12).

   This is to comply with Food, Fluid and Nutritional Care Standards (2014) criteria 2.1, 2.2 2.3

### Outcome 2: Person-centred care planning

2. NHS Greater Glasgow and Clyde must ensure that person-centred care plans are fully and accurately completed for all identified care needs and updated to reflect changes in the patient’s condition (see page 13).

   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 Greater Glasgow and Clyde must ensure that food record and fluid balance charts are used and accurately completed for patients who require them and appropriate action is taken in relation to intake or output as required (see page 17).

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