INSPECTION OF THE CARE OF OLDER PEOPLE IN ACUTE HOSPITALS

1 Introduction

1.1 Healthcare Improvement Scotland (HIS) assesses the standard of care provided for older people in acute hospitals, measuring hospital performance against national standards, guidance and best practice relevant to the care provided for older people. HIS want to be assured that older people are treated with the respect, compassion and dignity they have a right to expect. Inspections focus on the three national quality ambitions for NHS Scotland: providing care which is person-centred, safe and effective. Specific consideration is given to these key issues:

- treating older people with compassion, dignity and respect
- dementia and cognitive impairment
- preventing and managing falls
- nutritional care and hydration
- prevention and management of pressure ulcers

2 The Whittle Report – review of the methodology and process for the inspection of the care of older people in acute hospitals

2.1 In December 2012, a group, chaired by Pam Whittle CBE, was established to undertake a review of HIS’s methodology and process for the inspections of the care of older people in acute hospitals. The aim of the review was to ensure an inspection methodology for the care of older people in acute hospitals in NHSScotland that is consistent, objective and standardised. The review also aimed to develop a methodology which aligns with those of other scrutiny bodies, to enable consistency in data collection and intelligence gathering, inspection processes and reporting.

2.2 In developing a revised draft methodology, the Review Group considered a range of information including:

- the Francis Inquiry
- examples of good practice such as the inspection methodology for Child Protection Services
- analysis of the existing older people in acute hospitals inspection reports to identify emergent themes and to consider the style and content of the reports
- the independent review of Healthcare Improvement Scotland’s inspection of the care of older people at Ninewells Hospital, Dundee

2.3 This led the Review Group to focus on the following eight areas:

1. national standards, guidance and best practice
2. intelligence-led, proportionate and risk-based scrutiny
3. self-assessment
4. case note review
5. evidence and judgement
6. composition of inspection team
7. structure and format of reports
8. quality assurance of the scrutiny process.

2.4 The Whittle Report made 19 recommendations for the methodology for future inspections.

3 Unannounced Inspection Victoria Hospital 15th – 17th December 2013

3.1 NHS Fife was subject to an announced inspection to Victoria Hospital in May 2013 where the Inspectors utilised their original methodology. This inspection led to 15 requirements and an action plan was developed.

3.2 An unannounced follow up inspection took place between Sunday December 15th and Tuesday December 17th 2013. This inspection brought into play parts of the new methodology; the inspectors stating that the new methodology, in full, will commence early 2014. Changes that were noted during the unannounced inspection included the inspection commencing on a Sunday and a session with the Inspectors reviewing the action plan from the announced inspection in May.

3.3 During the December inspection, the Inspectors reviewed dignity and compassion, dementia and cognitive impairment, nutrition and pressure area care. They also considered changes that had been made to improve capacity and flow in the hospital as this had been highlighted as a major issue during the May inspection.

3.4 The Inspectors noted that considerable improvement had been made in capacity and flow and that staff had remarked on the differences. They identified issues with documentation but agreed that this was a national issue and that NES were now involved to promote solutions in the area.

3.5 The report from the December inspection will be sent to the Board for accuracy check on the 22nd January 2014 and an improvement action plan will be developed.

3.6 The discussion with the Inspectors on the May inspection Improvement Action Plan was very useful and was received positively by both the Inspectors and NHS Fife staff. The Inspectors described the Improvement Action Plan as a ‘live document’ which they recognised as ‘work in progress’. Of the 15 requirements, 6 issues were ‘closed’ with a further 2 issues likely to be closed in February 2014. The remaining 7 requirements will be reviewed by the Inspectors in April.

4 Local inspections

4.1 A series of mock inspections took place in 2011 and 2012 to help prepare staff for announced and unannounced HIS inspections and to monitor the hospital’s performance in care of older people. A revised audit tool, based on NHS Lothian’s Patient Quality Indicators (PQI) and which audits care of older people and Healthcare Associate Infection, has been introduced and was tested in Ward 12, Victoria Hospital on the 11th November 2013.
**CARE FOR PEOPLE WITH DEMENTIA – ACUTE SERVICES DIVISION**

1 **Introduction**

Much of the recent policy and strategy focus has been on the need to consider the design and delivery of older peoples care and services. This has been included as one of the key priority areas for the NHS Fife Improvement Plan “Getting Better in Fife” and work across the board area will support an improved delivery of care wherever the setting and an enhanced experience of care.

1.1 Alzheimer Scotland, working in partnership with the Scottish Government, NHS Education for Scotland and the Scottish Social Services Council, have been involved in the development of a number of resources and initiatives to promote and improve the experience for people with dementia, their families and carers in line with the National Dementia Strategy and Standards of Care for People with Dementia in Scotland.

1.2 Alzheimer Scotland agreed to fund an Alzheimer Scotland Dementia Nurse for two years to support this work. This funding stream has enabled the Alzheimer Professional Development Nurse post to lead and drive the Acute Services’ Division activity and has supported some additional nursing time to free capacity from one of the Care of the Elderly Wards to complement the wider effort.

1.3 The identification of this role has enabled an increased focus on care for people with Dementia and their family/carers. This focus is able to provide a significant contribution to the implementation of the Dementia Strategy and Standards across the Acute Division, linking with a wide range of partners and supporting agencies. A summary of the range of work underway and being led by the Alzheimer Scotland Professional Development Nurse is outlined below:

1.3.1 In preparation for the OPAC inspection and to support this work stream the Alzheimer Scotland Professional Development Nurse visited every senior charge nurse in the Division to provide information about the latest dementia policy and drivers, the OPAC inspection process, and Adults with Incapacity (AWI) Legislation, and pending visit by the Mental Welfare Commission. SCNs were provided with a copy of the Standards of Care for Dementia, AWI flowchart, information sheet on current drivers, Charter of Rights for people with dementia poster, and some RCN dementia resources.

1.3.2 On 19th March 2013 NHS Fife Acute Division, in collaboration with Alzheimer Scotland and the Scottish Government, held an event to demonstrate how the national dementia strategy was being implemented in Fife. The event was attended by delegates from health, social services, independent sector, voluntary sector as well as carers for
people with dementia. The event showcased the work taking place in Fife to improve services for people with dementia.

1.3.3 A need for increased knowledge and understanding of the AWI legislation became apparent following preparation for the visit by the MWC. A specific need around the Section 47 certificate and treatment plan was particularly important. An education session was developed with support from Susan Anderson (Legislation Manager) who delivers education on the ‘theory’ of the Act and the principles underpinning its implementation and a clinical representative who illustrates the practical implementation of the required documentation in the clinical setting. This includes explaining the role and responsibility of each individual involved in the process.

1.3.4 In 2013 NES launched an e-learning resource for AWIA called “Think Capacity Think Consent”. NHS Fife has developed this into a LearnPro module for all staff to access. This is still complimented with a face to face training session delivered by Susan Anderson in collaboration with the Alzheimer Scotland Professional Development Nurse and clinical colleagues across the whole of NHS Fife.

1.3.5 A Dementia Champions Programme has been developed by NES and is delivered in partnership with University of West of Scotland. The aim of the programme is to support the development of champions as change agents in improving the experience, care, treatment and outcomes for people with dementia, their families and carers in acute hospitals. An example of a project carried out by one of our Dementia Champions, is the use of a ‘dementia box’ in the Emergency Department. The use of this box highlights to staff the effect that coming into a strange hospital environment can have on patients who have dementia.

1.4 The Alzheimer Scotland Professional Development Nurse and the Dementia Champions from NHS Fife were selected to feature in a national film that was commissioned by the Scottish Government, NHS Education for Scotland and Alzheimer Scotland to promote the work of Dementia Nurse Consultants and dementia champions across Scotland. This was launched at the Dementia Champions graduation on 2nd May 2013. It can be accessed via YouTube
2 Dementia Coordinating group

In the Acute Division a Dementia Coordinating group was set up to support the delivery of quality care in line with the Standards of Care for Dementia in Scotland and to share information and progress of this work. This group has members from a number of areas including, each of the directorates, mental health services, Alzheimer Scotland, a carer and links with different professional groups.

2.1 Links with the wider work across Fife are strengthening e.g. with the HEAT Target Steering Group and Dementia Champions are now being identified in community hospital settings. A network has been developed to support the Dementia Champions in their work in clinical areas.

3 Dementia practice

3.1 A number of initiatives have been introduced to improve the care of people with dementia. These include:-
- Red drinking glasses – research shows that if a coloured drinking glass is used then hydration is improved
- The Alzheimer Scotland document ‘Getting to Know Me’ has been introduced into the wards. Relatives complete the document to provide personal history data about the person with dementia so a more person-centred approach to care can be achieved
- Specific dementia friendly clocks and signage have been purchased and will be installed in wards and departments in the near future. In the interim, yellow signage – black pictorial signage on yellow background - has been provided for clinical areas to make way finding easier for people with cognitive and visual impairment
- Nursing & Midwifery guidance document on dementia care has been reviewed
- Dementia section on the public folders and a dementia subject page on the intranet – these two resources provide information to healthcare staff on all aspects of dementia related issues
- Activity boxes have been developed for the acute wards to provide an opportunity for patients to participate in some bedside activities or group activities of their choosing. This is in response to patients reporting they are often wanting activities or ‘something to do’ while in hospital. The activity box is a starting point to discuss what activities patients might be interested in and it is hoped that the contents of the box will develop over time to cater for a wide range of patient needs. Contents of the box have been chosen based on information gathered from patients, from literature reviews and also dependent on infection control requirements.

4 Dementia education

4.1 A number of courses are held to enhance staff’s understanding of dementia.
- Best practice in dementia care (Nursing Auxiliaries and Healthcare Support Workers)
- Caring for people with dementia in the Health and Social Care Setting (Registered Nurses and AHPs). Delivered jointly with CHP Practice Development.
- Dementia e-learning – Dementia Care in Acute General Hospitals, Dementia Care in the Emergency Department, Think Capacity Think Consent, Informed about Dementia.
- Adults with Incapacity (*Delivered Fife-wide*)
- Informed about Dementia training for support staff
- Acute Care of the Elderly (ACE) Nurse Training

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<th>Course</th>
<th>Number trained in total</th>
<th>In training</th>
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<tr>
<td>Best Practice in Dementia Course for NAs and HSCWs</td>
<td>32</td>
<td>8</td>
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<tr>
<td>Caring for people with Dementia in Health &amp; Social Care Settings (Registered Nurses &amp; AHPs)</td>
<td>60</td>
<td>New course in Jan/Feb 2014 and dates set throughout 2014/15</td>
</tr>
<tr>
<td>Dementia Champions</td>
<td>21</td>
<td>3 pending completion</td>
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<tr>
<td>New course dates for April 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LearnPro modules (available since May 2013)</td>
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<td></td>
</tr>
<tr>
<td>Figures for May-Sept 2013</td>
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<td></td>
</tr>
<tr>
<td>* Dementia resources were available prior to May 2013 via NES website and training records kept at ward/dept level</td>
<td></td>
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<table>
<thead>
<tr>
<th>Course</th>
<th>Number trained in total</th>
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</thead>
<tbody>
<tr>
<td>Dementia in the general ward setting*</td>
<td>102</td>
</tr>
<tr>
<td>Dementia in the emergency department*</td>
<td>38</td>
</tr>
<tr>
<td>Think Capacity Think Consent (AWI)</td>
<td>105</td>
</tr>
</tbody>
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5 Work with a future focus:

5.1 Work of the Acute Services Dementia Co-ordinating Group is currently being re-aligned to build on the work to date but to increase focus specifically on *Commitment 10* of Scotland’s second 3-year National Dementia Strategy. This sets out Ten Key Actions to improve care in the acute general hospital:

1. Identify a leadership structure to drive and monitor improvements
2. Develop the workforce against the Promoting Excellence KSF
3. Plan and prepare for admission and discharge
4. Develop and embed person-centred assessment and care planning
5. Promote a rights based and anti-discriminatory culture
6. Develop a safe and therapeutic environment
7. Use evidence based screening and assessment tools for diagnosis
8. Work as equal partners with families, friends and carers
9. Minimise and respond appropriately to stress and distress
5.2 This work will be supported by a 3-year national programme developed by the Scottish Government that will support Health Boards to deliver improved care for people with dementia admitted to acute hospitals.

TISSUE VIABILITY

1 Introduction

Pressure Ulcer Prevention is a key strand of NHS Scotland improvement work, being described as one of the 9 ‘point of care’ priorities. A number of initiatives are underway in the Acute Division to reduce and prevent pressure area damage. An audit was carried out in Theatres in November 2013 to determine how many patients had pressure areas compromised during their time in theatre and to develop an action plan to address this.

2 Pressure Area Audit, Theatre Recovery Phase 3, November 2013

2.1 Theatre Recovery has an ongoing commitment to provide high quality, person centred, safe and efficient care to all patients. This audit was designed around the Leading Better Care framework and the Scottish Patient Safety Programme, both with the aim to progress towards better patient care in NHS Scotland.

2.2 This audit tool was created by TL Lee, with input from Anne Wilson, Tissue Viability Specialist Nurse. The aim of which was to establish how many patients had pressure areas compromised during their time in theatre.

2.3 All patients who undergone surgery following a general/epidural/spinal anaesthetic where audited during the month of November 2013. The audit tool was only completed when pressure areas had been compromised; staff was asked to then document the following:

- Type of surgery
- Length of time on theatre trolley
- Type of anaesthetic
- Position of patient in theatre
- Type of surface patient was on e.g. gel pad
- If pressure areas were checked pre op
- If pressure areas were intact in recovery? And if not what the grade of damage was
- If there was any record of pre existing damage in the patient notes
- If the tissue viability nurse was contacted
- Action taken in recovery

2.4 The results were as follows:

<table>
<thead>
<tr>
<th>Type of operation</th>
<th>Length of time on theatre trolley</th>
<th>Type of anaesthetic</th>
<th>Position of patient</th>
<th>Type of surface</th>
<th>Pressure areas checked pre op? (checklist)</th>
<th>Grading / area of damage in recovery</th>
<th>Any record of pre existing damage?</th>
<th>Action taken in recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>(R) Humeral</td>
<td>2.5 hrs</td>
<td>GA + Spinal</td>
<td>Deck chair</td>
<td>Full mattress</td>
<td>No, Not fully complete</td>
<td>Grade 2 between</td>
<td>No</td>
<td>Cavillon cream/</td>
</tr>
</tbody>
</table>
All six patients appeared to have had their pressure areas checked whilst the theatre checklist was performed by ward staff, with only one patient having any record of compromised pressure areas. Therefore, for the other five patients, it is assumed that damage occurred whilst on the theatre trolley.

The grading of damage was between one and two. All of the patients had sacral area damage. The length of time the patients were on theatre trolleys also varied.

Work is ongoing with the Tissue Viability Service to implement improvements, including the use of gel pads. Further audits are planned.
Future reports will reflect the changes made in terms of requirements under the Patients Rights Act (2011).

**Complaints received**

The graphs below provide comparable data in relation to the numbers of complaints received by the Division, breakdown by local delivery units and general themes.
Key issues from complaints received

During the months October – November, the most common issue raised in complaints related to clinical treatment (49%) of the 56 formal complaints received. The issues identified included disagreement with treatment plan, coordination of clinical treatment, poor nursing care and poor medical care.

In terms of responding to these complaints it is important that clinical staff provide not only an explanation but also provide the evidence base for practice, i.e. the appropriate policy/procedure or guideline in place. The lack of evidence has been cited in recent SPSO decision letters.

SCOTTISH PUBLIC SERVICES OMBUDSMAN (SPSO)

Cases investigated reaching conclusion and reported

There were 2 published reports in the months of October - December 2013

Cases reaching determination

Four cases reached determination during the reporting period.

Case 1 – The complaint raised with the SPSO was that the Board failed to deal with the complaint in a timely manner. It was highlighted that this issue had not been investigated by the Board, however the SPSO investigated the complaint as it related to complaint handling.

On reviewing the case the SPSO concluded that the Board had appropriately apologised and had taken steps which included the management of return complaints. The complaint was upheld as the Board failed to acknowledge and respond to the complaint in a timely manner.

No recommendations were made as the SPSO were satisfied that systems were in place to avoid a repeat occurrence. This included the weekly review of Patient Relations Officer’s case loads to ensure that communications with complainants are dealt with in a timely manner and in accordance with good complaint handling practice.

Case 2 – The complaint considered by the SPSO was about medical and nursing care provided in the Emergency Department. The complaint concerned a patient who had fallen and the issues raised with the SPSO were that: the Board failed to immobilise the patient appropriately, carry out appropriate tests and transfer the patient directly to the spinal injuries unit in Glasgow.

The SPSO upheld part of the complaint and made a number of recommendations. The SPSO concluded that until they were evaluated fully, the patient should have been kept flat and immobilised in a hard collar.

The SPSO recommended that the Board should apologise to the patient for removing the hard collar before they were confirmed to be neurologically normal and that the Board should take appropriate steps to satisfy themselves that, with regard to evaluation, ATLS guidelines are fully complied with.
FATAL ACCIDENT INQUIRIES

There are no Fatal Accident Inquiry Determinations to report to the Committee in this reporting period.

MORAG GARDNER
ACTING DIRECTOR OF NURSING, MIDWIFERY & ALLIED HEALTH PROFESSIONALS
ACUTE SERVICES DIVISION
Patient Quality Indicators
Local Team Inspection

Ward 12 feedback

NHS HEALTHCARE ASSOCIATED INFECTION (HAI) STANDARDS (2008)

STANDARD 1 Compliance
STANDARD 2 Patient focus, public involvement
STANDARD 3 Prevention and control of infection
STANDARD 4 Environment and Equipment
STANDARD 5 Education

OPAC...

- Treating older people with compassion, dignity and respect
- Dementia and cognitive impairment
- Falls prevention and management
- Nutritional care and hydration
- Prevent & manage pressure ulcers

Ward 12
11th November 2013

Morag Gardiner
Janette Owens
Lindsey Harris
Barrie Higgins
David Reid

Examples of good practice

- Information Board
- Sharps management
- Display of Quality data
- Patient Experience feedback

Areas for improvement

- Clinical prep room
- Some clutter
- Equipment cleaning; some trolleys marked; commode stained
- General estates issues
Ward area feedback Standard 3/4: Ward environment and bed areas

- General ward environment: overall, very good with 92% score
  - 3 actions identified, including window blinds require replacement; accessibility of estates log book, staff hair
- Bed areas: overall, good with 84% score
  - 5 actions identified, including 2 estates issues, linen management, cleanliness of commodes; dusty under bed frame surfaces

Ward area feedback Standard 6/9: Patient bathrooms & ward pantry

- Patient bathrooms: overall, excellent with 100% score
  - Very clean, good waste management, no communal items in bathroom
- Ward kitchen / pantry: overall, 72% score
  - 12 actions identified from 58 items, including estates issues, cleanliness of equipment, fridge (under repair) dirt and debris, under-chilled water dispenser and dishwasher

Ward area feedback Standard 16: Staff questions

- Ask staff: excellent with 100% score
- 44 questions asked, 2 were n/a, covering catheter hygiene; PPE; SPC data; risk assessments; PVC bundles

Ward area feedback Standard 18: Patient experience

- Asked 4 patients, very good with 90% score
- Very positive comments and feedback about kindness of staff, food, staff hand hygiene, explanations about treatment, pain management, ward cleanliness
- Did not know who their named nurse was or who was in charge of the ward

Scoring summary

- Overall score: 81%
- Areas of concern for focus: Estates issues, equipment cleaning, ward kitchen cleanliness
- Areas for sharing success: Patient experience, staff knowledge, sharps and linen management, display of information, patient advice leaflets

Next Steps

- Action planning – local ownership of actions
- Roll out of audits; schedule
- Reporting of actions to Directorate Management
- Teams and through senior nursing team to quarterly ASDMT reports