

## **Agenda Item 17**

**Unannounced Inspection – Care  
of Older People in Hospital,  
Falkirk Community Hospital, NHS  
Forth Valley**



## Falkirk Integration Joint Board

**Date:** Friday 20 March 2020

**Title:** Unannounced Inspection – Care of Older People in Hospital, Falkirk Community Hospital, NHS Forth Valley

**Action:** For Noting

### Executive Summary

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1. NHS Forth Valley has been engaged with the responding to concerns team within Healthcare Improvement Scotland and providing them with progress updates in relation to a programme of improvement within Falkirk Community Hospital. This inspection was carried out to provide independent public assurance on the current quality and safety of care within Falkirk Community Hospital.
2. Healthcare Improvement Scotland (HIS) undertook an unannounced Inspection of three wards / units within Falkirk Community Hospital from Tuesday 3<sup>rd</sup> to Thursday 5<sup>th</sup> December 2019. Falkirk Community Hospital is a 96-bedded community hospital with four in-patient wards caring for frail older patients requiring rehabilitation and patients with dementia. The inspection process is a means to scrutinise and seek assurance that the care of older people in hospitals adheres to a range of standards including the 'Care of Older People in Hospital Standards' (HIS, 2015) and that care delivered is person-centred, safe and effective.
3. The Inspection Team inspected the three rehabilitation wards – Units 1, 2 and 3. The Team focussed their inspection on eight outcomes.
4. A report was produced and made public on the 21<sup>st</sup> February 2020 setting out the findings from the unannounced inspection which highlighted three areas of good practice and where NHS Forth Valley is performing well. The report also identified eight areas for improvement. The areas of good practice include the following:
  - Hydration assessments were well completed for all patients. This ensures patients receive appropriate fluid management. There was also good completion of oral assessments, bedrail assessments, skin assessments and Pressure Ulcer risk assessments (Braden)
  - All patients the inspection team spoke with were very complimentary about the standard of their care and quality of the food provided and the range of snacks available.

5. The eight areas for improvement relate to three outcome areas, relevant to all members of the multidisciplinary team and primarily relate to adherence to timeframes and record keeping/documentation. Outcome 1: 'Screening and initial assessment' – i) to ensure assessment is carried out within recommended timescales and that there is evidence of re-assessment. ii) Do not attempt Cardio-pulmonary resuscitation (DNACPR) certificates are fully completed; Outcome 2 – 'Person-centred care planning' – iii) decisions about care and treatment must be documented; iv) person-centred care plans must be regularly evaluated and updated; v) care and comfort rounding documentation to be fully completed and Outcome 6: 'Food, fluid and nutrition' – referral to specialist services to be made in line with national timeframes and assessment and screening activity recorded; vii) if food and fluid charts in place to be accurately completed and viii) for patients requiring oral nutritional supplements this is accurately recorded.

## Recommendations

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The Integration Joint Board is asked to:

6. Note the report findings and the areas of good practice identified from the inspection visit where it was found that patients were treated with compassion, dignity and respect; that there was evidence of positive patient and staff interaction and patients were complimentary about the standards of care. Note the eight areas for improvement and the attached Improvement Action Plan and timescales for implementation.
7. The board is asked to note that the Actions within the Improvement Action plan will be implemented across the NHS Board and Health & Social Care Partnerships. The board should be assured by the overarching findings of quality care delivery in the report and be assured that the areas for improvement identified are being addressed and continuously monitored to ensure the highest standards of safe, effective and person-centred care are provided.
8. agree the IJB Clinical and Care Governance Committee will monitor progress with the HIS improvement action plan.

## Background

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9. Over the last 12 months NHS Forth Valley has been engaged with the 'responding to concerns team' within Healthcare Improvement Scotland and providing them with progress updates in relation to a programme of improvement within Falkirk Community Hospital. The inspection was carried out to provide independent public assurance on the current quality and safety of care within Falkirk Community Hospital.

## Main Body of the Report

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10. NHS Forth Valley has been engaged with the responding to concerns team within Healthcare Improvement Scotland and providing them with progress updates in relation to a programme of improvement within Falkirk Community Hospital. This inspection was carried out to provide independent public assurance on the current quality and safety of care within Falkirk Community Hospital. Healthcare Improvement Scotland (HIS) undertook an unannounced Inspection of three wards / units within Falkirk Community Hospital from Tuesday 3<sup>rd</sup> to Thursday 5<sup>th</sup> December 2019. Falkirk Community Hospital is a 96-bedded community hospital with four in-patient wards caring for frail older patients requiring rehabilitation and patients with dementia.
11. The inspection team was made up of three inspectors and a public partner, with support from a project officer. The inspection process begins before the actual inspection date and this includes the Inspection Team reviewing a range of information including a report provided by the HIS data measurement and business intelligence team. The team also review previous inspection reports and action plans. During the inspection the team use a range of inspection tools to assess the standard of care for older people in hospital. The team also have discussions with senior staff and/or operational staff, patients and their family or carers. They also give verbal feedback to hospital senior staff at the end of each day of the inspection visit. If the team had identified significant concerns they would have undertaken a further inspection and NHS Forth Valley is reassured that this was not required. After the inspection HIS publish a report for patients and the public based on the findings during the inspection.
12. The Inspection Team inspected the three rehabilitation wards – Units 1, 2 and 3 and focussed their inspection on eight outcomes identified below:
  - Treating older people with compassion, dignity and respect
  - Screening and initial assessment
  - Person-centred care planning
  - Cognitive impairment
  - Food, fluid and nutrition
  - Falls
  - Pressure area care, and
  - Communication.
13. The report produced which was made public on the 21<sup>st</sup> February 2020 sets out the findings from the unannounced inspection and highlighted three areas of good practice and where NHS Forth Valley is performing well. The report also identified eight areas for improvement. The areas of good practice include the following:
  - Hydration assessments were well completed for all patients. This ensures patients receive appropriate fluid management. There was also good completion of oral assessments, bedrail assessments, skin assessments and Pressure Ulcer risk assessments (Braden)

- All patients the inspection team spoke with were very complimentary about the standard of their care and felt that their needs were being met and were complimentary about the quality of the food provided and the range of snacks available.
14. The team found that patients were treated with compassion, dignity and respect, with patients appearing comfortable and staff maintaining privacy at all times. The general environment was also inspected and the wards were found to be clean and welcoming. The report included extensive positive patient and carer feedback gleaned through discussions between the public partner and patients which included 18 patients and five relatives and carers. The team also received 23 completed patient questionnaires which included responses to preset statements i.e. 22 patients agreed or strongly agreed that: "Staff check on me regularly to ask if I need anything", 22 patients agreed or strongly agreed that: "I get help with washing, dressing and personal care if I need it" and 19 patients agreed or strongly agreed that "Staff explain my care and treatment in a way I understand". The team also received eight completed questionnaires from carers and visitors – responding to preset statements i.e. all eight agreed or strongly agreed that: "I have the option of being able to continue to provide care for the person I am visiting (e.g. assisting at mealtimes) if I wish to do so."
  15. The eight areas for improvement relate to three Outcome areas, relevant to all members of the multidisciplinary team and primarily relate to adherence to timeframes and record keeping/documentation. Outcome 1: 'Screening and initial assessment' – i) to ensure assessment is carried out within recommended timescales and that there is evidence of re-assessment. ii) Do not attempt Cardio-pulmonary resuscitation (DNACPR) certificates are fully completed; Outcome 2 – 'Person-centred care planning' – iii) decisions about care and treatment must be documented; iv) person-centred care plans must be regularly evaluated and updated; v) care and comfort rounding documentation to be fully completed and Outcome 6: 'Food, fluid and nutrition' – referral to specialist services to be made in line with national timeframes and assessment and screening activity recorded; vii) if food and fluid charts in place to be accurately completed and viii) for patients requiring oral nutritional supplements this is accurately recorded.
  16. Patient feedback also captured areas for improvement and this included responses such as: "I've done a few surveys now but nothing has changed", "not enough staff to help patients. It can take some time to respond to buzzers for the toilet and then it can be too late, this means you take more time having to change people. Cleaners should take care when putting belongings back e.g. slippers, washing etc, to the right people." Carers and visitors also commented: "the approachability of staff is highly variable, as is the consideration given to patients' needs. Care and treatment discussions invariably have to be prompted by me, rather than proactively by staff."

17. NHS Forth Valley has submitted its Improvement Action Plan to HIS to address the eight areas for improvement identified through the inspection process. Prior to submission it was agreed by the Chair and Chief Executive of NHS Forth Valley Board and was published on the 21<sup>st</sup> February 2020 along with the inspection report (See Appendix 1). Many of the improvement actions are already underway as part of existing continuous improvement programmes of work. Responsible Leads and timescales have been identified to ensure delivery of the improvements required.

## Conclusions

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18. In keeping with previous improvement plans it is proposed that the IJB Clinical and Care Governance Committee has a monitoring role to ensure progress with the HIS Improvement Plan.
19. The findings from this unannounced inspection visit to Falkirk Community Hospital, Units 1,2 and 3 have identified areas of good practice where it was found that patients were treated with compassion, dignity and respect; that there was evidence of positive patient and staff interaction and patients were complimentary about the standards of care.
20. The inspection also identified eight areas for improvement and the resulting Improvement Action Plan will be implemented not only within Falkirk Community Hospital but across the NHS Board and Health & Social Care Partnerships. The board should be assured by the overarching findings of quality care delivery in the report and be assured that the areas for improvement identified are being addressed and continuously monitored to ensure the highest standards of safe, effective and person-centred care are provided.

### Resource Implications

There are no resource implications arising from this unannounced inspection report or in the implementation of the Improvement Action Plan for the IJB.

### Impact on IJB Outcomes and Priorities

Supports achievement of the core aims of integration to improve the quality and consistency of services for patients, carers, service users and their families. Also supports delivery of one of the key priorities of the Falkirk HSCP Strategic Plan 2019 – 22 to deliver local health and social care services, including Primary Care, through enabled communities and workforce.

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### Legal & Risk Implications

There are no legal issues or risk arising from this unannounced inspection report or in the implementation of the Improvement Action Plan for the IJB.

### Consultation

No consultation is necessary.

## Equalities Assessment

Equalities implications have been considered and there is no requirement for an equalities impact assessment to be completed.

## Report Author

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Approved for submission by Patricia Cassidy, Chief Officer Falkirk HSCP

### Authors of report

Professor Angela Wallace, Executive Nurse Director, NHS Forth Valley  
Ellen Hudson, Deputy Nurse Director, NHS Forth Valley

## List of Background Papers

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- Healthcare Improvement Scotland (HIS) Unannounced Inspection Report – Care of Older People in Hospital; Falkirk Community Hospital, NHS Forth Valley 3-5 December 2019. Published 21<sup>st</sup> February 2020.
- Healthcare Improvement Scotland Unannounced Inspection Improvement Action Plan – Care of Older People in Hospital, Falkirk Community Hospital, NHS Forth Valley 3-5 December 2019.

## Appendices

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### Appendix 1

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- **Healthcare Improvement Scotland, Unannounced Inspection Improvement Action Plan – Care of Older People in Hospital, Falkirk Community Hospital, NHS Forth Valley 3-5 December 2019.**

# Unannounced Inspection Report – Care of Older People in Hospital

Falkirk Community Hospital  
NHS Forth Valley

3-5 December 2019

*This report is embargoed until 10.00am  
on Friday 21 February 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 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 hospital, 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 Falkirk Community Hospital, NHS Forth Valley. The report highlights three areas of good practice and eight areas for improvement.
5. The team was made up of three inspectors and a public partner, with support from a project officer. An inspector led the team and was responsible for guiding them and ensuring the team members agreed about the findings reached.
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](http://www.healthcareimprovementscotland.org/OPAH).

## A summary of our inspection

7. Falkirk Community Hospital is a 96-bedded community hospital with four inpatient wards caring for frail elderly patients requiring rehabilitation and patients with dementia.
8. NHS Forth Valley has been engaged with the responding to concerns team within Healthcare Improvement Scotland and providing them with progress updates in relation to a programme of improvement within Falkirk Community Hospital. This inspection was carried out to provide independent public assurance on the current quality and safety of care within Falkirk Community Hospital.
9. We carried out an unannounced inspection to Falkirk Community Hospital from Tuesday 3 to Thursday 5 December 2019, and we inspected the following areas:
  - unit 1 (rehabilitation),
  - unit 2 (rehabilitation), and
  - unit 3 (rehabilitation).
10. Before the inspection, we gathered information about Falkirk Community Hospital from other sources. This included Scotland's Patient Experience Programme, and other data that relate to the care of older people. Based on our review of this information, we focused the inspection on the following outcomes:
  - treating older people with compassion, dignity and respect
  - screening and initial assessment
  - person-centred care planning
  - cognitive impairment
  - food, fluid and nutrition
  - falls
  - 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 and observed interactions between patients and staff.

- 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 18 patients and five relatives/carers during this inspection. We received completed questionnaires from 23 patients and eight family members, carers or friends.
  - reviewed 15 patient health records to check the care we observed was as described in the care plans. We reviewed all patient health records for cognitive impairment, food, fluid and nutrition, falls, and pressure ulcer care. We also reviewed the patient health records for do not attempt cardiopulmonary resuscitation forms.
12. We would like to thank NHS Forth Valley, and in particular all staff at the Falkirk Community Hospital for their assistance during the inspection.

### Key messages

13. We noted areas where NHS Forth Valley is performing well, and also areas for improvement, including the following:
- Hydration assessments were well completed for all patients. This ensures patients receive appropriate fluid management.
  - All patients we spoke with were very complimentary about the standard of their care and quality of the food provided.
  - Poor completion of Adults with Incapacity (AWI) certificates and accompanying treatment plans.
  - A lack of person-centred care plans to provide sufficient information to guide care.

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

14. This inspection resulted in three areas of good practice and eight areas for improvement. A full list of the areas of good practice and areas for improvement can be found in Appendices 1 and 2 (pages 27 and 28). We expect NHS Forth Valley 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](http://www.healthcareimprovementscotland.org/OPAH)) and the NHS board website for 16 weeks. After this time, the action plan can be requested from Healthcare Improvement Scotland.

# What we found during this inspection

## Treating older people with compassion, dignity and respect

16. During our inspection, we saw that patients were treated with dignity and respect. All patients appeared comfortable and were dressed appropriately. We saw that patients' call bells, fluids and personal items, such as glasses, were within reach. When call bells were heard, they were answered promptly.
17. We saw staff maintained patients' privacy at all times by closing the bedside curtains when delivering care.

## Patient and staff interactions

18. Staff were friendly and approachable. Staff addressed patients by their preferred name and interactions between patients and staff were positive. We did not hear any inappropriate or negative language.

## General environment

19. Falkirk Community Hospital refer to wards as units. The units appeared clean and welcoming despite being busy. Corridors were wide enough to ensure a clear walkway, and equipment was stored to one side to reduce hazards for falls.
20. Patients were cared for in single sex bays or single rooms. All bays and rooms had ensuite facilities, and patients had access to additional shower facilities within the units.
21. Some units were being redecorated at the time of our inspection. This meant that information usually displayed for the public was not in place.
22. In the units inspected, there had been some dementia-friendly design features used, for example we saw that there was some picture and word signage on doors of bedrooms, toilets and showers. However, there was no directional signage in place to guide patients on how to reach these rooms. All rooms had clocks that showed the date and time to aid orientation, however there was no information visible to help orientate patients as to the place or season. This is important as many patients may be in hospital for a lengthy period of time.

## Display of patient information

23. Information displayed above patient's bedside was minimal and risk-based. This included the patient's preferred name, relevant patient safety information and 'what matters to me'.
24. We saw that symbols are used to indicate where a patient may require extra support or supervision, for example due to cognitive impairment or at risk of

falls. We noted that these symbols were not always in place or visible for patients who may have required them.

25. All units had various whiteboards in use to aide communication between the multidisciplinary team. They highlighted identified risks, any specific care requirements, such as wound care and other information such as plans for discharge. The boards were not in areas that were visible to the public ensuring that patient confidentiality was maintained.

### Meaningful activity

26. Two of the units had small sitting rooms with a TV, books and games for patients to use if they wished. However, we saw there was limited space to provide the opportunity for social interaction such as during mealtimes.
27. We were told that entertainments do take place from time to time, and also that there are plans in unit 1 for cinema nights to be organised.
28. A number of patients we spoke with commented on the shortage of things to do to pass the day. For example:
  - 'I would like to have more to do', and
  - 'I like to make things, but there are no opportunities in here.'
29. Members of the Royal Voluntary Service are regularly in the units; they come to chat to patients, read newspapers and books, play table games, and take patients to the cafe. They also assist with some events, for example a local choir visit to the hospital.

### Patient and carer feedback

30. During our inspection, we spoke with 18 patients and five 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 were very complimentary about the standard of their care, and felt that their needs were being met.
  - All patients told us they were always treated with dignity and respect, that they were afforded privacy where appropriate, and that staff were both friendly and approachable. Staff across all the units mostly knew their patients individually, and were familiar with their interests and preferences.
  - Some patients we spoke with could recall being asked for their opinion about their care, or how things could be done differently. One patient however, who had been there a while, commented: 'I've done a few surveys now, but nothing has changed.'

31. Patients also commented that:
- 'I'm being looked after very well. I know what is going on, and am very content with my care. Staff are very willing to help.'
  - 'I'm getting individual care. All my questions are being answered, taking time when needed.'
  - 'I feel I'm allowed to express myself.'
  - 'I can't emphasise enough how good the staff are, but sometimes there are not enough of them.'
32. We received 23 completed patient questionnaires that included the following responses to the preset statements:
- 22 patients agreed or strongly agreed that: 'Staff check on me regularly to ask if I need anything.'
  - 22 patients agreed or strongly agreed that: 'I get help with washing, dressing and personal care if I need it.'
  - 21 patients agreed or strongly agreed that: 'Staff treat me and my belongings with consideration and respect.'
  - 19 patients agreed or strongly agreed that: 'Staff explain my care and treatment in a way I understand.'
33. Patients also commented that:
- 'All staff are extremely caring and helping in everything they do for me. Physio Department are extremely competent in improving my mobility.'
  - 'I enjoy being here and looked after.'
  - 'Not enough staff to help patients. It can take some time for to respond to buzzers for the toilet and then it can be too late, this means you take more time having to change people. Cleaners should take care when putting belongings back e.g. slippers, washing etc, to the right people. Should have a cup of tea etc, later at night, too big a gap between dinner and breakfast in morning especially if diabetic.'
34. We received eight completed questionnaires from carers and visitors that included the following responses to the preset statements:
- All 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.'



- Seven visitors agreed or strongly agreed that: 'The ward is a welcoming place.'
- Seven visitors agreed or strongly agreed that: 'Staff are friendly and approachable.'

35. Carers and visitors also commented that:

- 'The level of care my dad receives is outstanding. The nurses are friendly, efficient and helpful. They explain things well to my Dad. I also hear the way they talk to other patients, and they treat everyone with kindness and compassion. I honestly cannot praise them enough. The food is also excellent. Thank you.'
- 'Staff always helpful and take time to answer all questions if they can. Meals are always good. Room is always clean and tidy.'
- 'The approachability of staff is highly variable, as is the consideration given to patients' needs. Care and treatment discussions invariably have to be prompted by me, rather than proactively by staff.'

#### 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.

36. All older people admitted to hospital should have assessments carried out to identify any risks and care needs. This should include assessments of cognition, nutritional state, risk of falls and risk of developing pressure ulcers. Information gathered to complete the assessments should be accurately recorded, and should indicate the date and time these assessments were undertaken. The accuracy of assessments and, where appropriate, the source of information is important as this can impact on other assessments and aspects of care. For example, accurate height and weight are required for both nutrition and pressure ulcer risk assessments.
37. The patient journey for patients in Falkirk Community Hospital begins at Forth Valley Royal Hospital. Prior to transfer to Falkirk Community Hospital, patients are assessed by the discharge hub team to identify what their ongoing care needs are, to ensure that these can be met in an appropriate setting.

38. We were told that on transfer it is expected that ward staff complete the community hospital assessment and care plan booklet to ensure that all assessments are up to date.
39. During this inspection, we reviewed the patient health records from the point of transfer to Falkirk Community Hospital rather than from the date of admission into Forth Valley Royal Hospital. We saw that all units had a first 15 admission sheet for staff to record that key assessments and actions had been carried out.

### Dementia and cognitive impairment

40. NHS Forth Valley use the 4AT cognitive assessment tool. We saw that the majority of patients had this completed within 24 hours of admission. We saw that some of the patients had their 4AT repeated, for example after a patient had fallen.
41. Where patients had a known cognitive impairment, we saw that the majority of them had their usual level of cognitive function recorded. This is important to know as it alerts staff to any changes which may indicate a delirium.

### Nutritional care and hydration

42. 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.
43. The MUST screening tool is contained within the community assessment and care plan booklet. Staff complete screening on commencement of a new booklet and there is a place to record the date of initial hospital admission, initial weight on admission to Forth Valley Royal Hospital, and the last entry from the previous booklet.
44. Of the 15 patient health records reviewed, the majority of patients had a MUST assessment completed. However, they were not always accurately completed within 24 hours of admission, and there was some confusion regarding where the recording of this should be within the screening tool. For example, in one patient health record reviewed, what was thought to be screening on admission to Falkirk Community Hospital was actually the admission screening from Forth Valley Royal Hospital.

45. In one patient health record, the patient's MUST was incorrectly scored on admission due to weight loss element wrongly calculated. This would have changed the level of risk of malnutrition to high risk.

### MUST rescreening

46. MUST rescreening should take place weekly while the patient remains in hospital. It is important that rescreening takes place so that any weight loss is identified and appropriate action taken such as referral to a dietitian.
47. NHS Forth Valley's policy states that patients' MUST rescreening is completed weekly for patients at high risk of malnutrition, and monthly for patients who are at low or medium risk of malnutrition, and the patient's weight has been stable for four weeks or more.
48. We saw that MUST rescreening was being carried out, however this was not always accurately completed within the required timeframes. Some patients did not have a usual weight or unplanned weight loss recorded.
49. We found the following.
- When patients had moved to monthly rescreening, it was difficult to determine why, as there was no decision for this documented in the patients' health records.
  - Some patients who required weekly MUST rescreening did not have this done. We raised this with unit staff, who told us that patients are weighed based on what room they are in, rather than the date recorded. We were concerned that if patients moved rooms they could miss being weighed for a period of time.

### Nutritional assessment

50. 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.
51. 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.
52. The nutritional assessment is contained within the MUST nutrition care plan. We saw that all patients had a nutritional assessment in place and made reference to any special diets, if the patient required assistance, and if the patient was able to make their own dietary choices. However, we found that they were not always updated to reflect a change in the patient's needs.

### Oral healthcare assessment/screening

53. 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.
54. The community assessment and care plan booklet contains an oral health assessment to determine the condition of the mouth and the frequency of mouth care required. There is then a section to determine the frequency of assessment required, based on eating, physical and mental ability, nutritional screening and any additional risk factors.
55. All patients had an oral health assessment completed within the required timeframe.
56. Dependent on the level of risk, patients should have a reassessment of oral health daily, weekly or monthly. With the exception of one patient, all patients who required reassessment had this carried out.

### Hydration assessment

57. NHS Forth Valley use a hydration assessment within the community assessment and care plan booklet to identify patients who should have fluid balance monitoring charts in place. This should be completed within four hours of admission and then a daily assessment is completed based on patient risk, and a care plan is developed if required,
58. Of the patient 15 health records reviewed, we saw that the majority of patients had a hydration assessment completed daily. As a result of this assessment being completed, we did not see any inappropriate fluid balance charts in place.

### Falls assessment/screening

59. NHS Forth Valley use a falls trigger tool that contains 5 questions that require a 'yes' or 'no' response. If a 'yes' response is entered for more than one question the falls care plan should be completed. This includes an assessment of various risk factors that contribute to falls risk.
60. We saw that the majority of patients had the falls trigger questions fully completed within 24 hours of admission.

### Falls reassessment

61. A review of falls interventions should take place weekly, after the patient has fallen, or when there are changes to the patient's condition. Of the 15 patient health records reviewed, nine patients had accurate completed falls reassessment. We found the following.

- Five patients' had a falls reassessment completed outwith the required timeframe.
- One patient's falls reassessment was only partially completed.

### Bedrail assessment

62. Of the 15 patient health records reviewed, all patients had an accurately completed bed rail assessment. We saw that some bedrails were stated as being in place at the request of the patient rather than due to any identified risk.

### Patient handling assessment

63. Of the 15 patients health records reviewed, all patients had a handling assessment carried out. However, these were not always accurately updated as their ability or condition changed, especially for those patients receiving physiotherapy input.

### Preventing and managing pressure ulcers

64. NHS Forth Valley uses a skin assessment tool and the Braden risk assessment tool for predicting pressure ulcer risk. These assessments should be carried out within 8 hours of patient admission.
65. Of the 15 patient health records reviewed, all patients had a skin assessment completed daily. We saw that the Braden risk assessment was completed for all patients within 8 hours of admission.

### Braden reassessments

66. The risk assessment chart in use states that staff should reassess if there is a change in the patient's condition and be repeated regularly according to local protocol.
67. Although we saw evidence of reassessment taking place, we cannot state that this was within the required timeframe, as it was unclear what the local protocol is for reassessment. We raised this at our discussion session and were told that Braden reassessments should be done either weekly or monthly.

### Do not attempt cardiopulmonary resuscitation

68. Do not attempt cardiopulmonary resuscitation (DNACPR) relates to the emergency treatment given when a patient's heart stops or they stop breathing. Sometimes medical staff will make a decision that they will not attempt to resuscitate a patient. This is because they are as sure as they can be that resuscitation will not benefit the patient. For example, this could be when a patient has an underlying disease or condition and death is expected. When this decision is made, opportunities should be taken to have honest and open communication to ensure patients and their families are made aware of

the patient's condition. However, in some cases, clinical staff may decide not to share this information as they feel it may cause too much distress for the patient and their families. This decision should be clearly documented in the patient's health records.

69. Of the 15 patient health records reviewed, eight patients had a DNACPR form in place. We found the following.
- Where it was known that there was an existing DNACPR form in place prior to the patients' admission, and the form had not been brought into hospital; a duplicate form was put in place.
  - Where forms were transferred with the patient, they were not all reviewed on transfer of care from one setting to another.
  - The majority of forms did not have the section for the decision for future review completed.

### Recommended Summary Plan for Emergency Treatment and Care

70. Recommended Summary Plan for Emergency Treatment and Care (ReSPECT) is a two-sided form, which allows clinicians to record a summary of discussions with patients about how they want to be treated in an emergency. Crucially, it allows patients to indicate the extent to which they want to prioritise sustaining their life, or prioritise being comfortable and pain-free. We saw four ReSPECT documents in place. All documents were very well completed.
71. We were told at the discussion session that NHS Forth Valley is going to be a pilot site for the electronic version of this document.

### Area of good practice

- Good completion of hydration assessments, oral assessments, bedrail assessments, skin assessments and Braden risk assessments on transfer of care to Falkirk Community Hospital.

### Areas for improvement

1. NHS Forth Valley must ensure that all older people who are admitted to hospital are accurately assessed within the national standard recommended timescales. This includes nutritional screening, falls screening, safe moving and handling assessment. There must be evidence of reassessment, including for pressure ulcer risk assessments.
2. NHS Forth Valley must ensure that do not attempt cardiopulmonary resuscitation (DNACPR) certificates are fully and accurately completed.

## 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.

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

### Decision-making, consent and capacity

73. The Adults with Incapacity (AWI) section 47 certificate is used to authorise treatment for patients who are unable to consent to treatment themselves. When people who have lost the capacity to make decisions about their welfare are admitted to hospital, it is important to know if they have an appointed power of attorney or guardian. A power of attorney, or guardian, is someone who is appointed to make decisions on another person's behalf when they are unable to do so themselves.

### Adults with incapacity documentation

74. An assessment of capacity to consent to treatment should be carried out where there are concerns regarding a person's mental state (such as a cognitive impairment), or their ability to communicate due to a physical disorder. This will inform the decision of whether an AWI section 47 certificate is required.
75. The AWI document used in NHS Forth Valley contains the AWI section 47 certificate, an accompanying treatment plan, an assessment of capacity to consent to treatment, and details of whether a power of attorney or guardian has been appointed.
76. Where AWI certificates were in place, all patients had an assessment of capacity to consent to treatment documented.
77. During our inspection, we saw that seven patients had AWI certificates in place. The certificates were not well completed as none referred to the accompanying treatment plan. We also saw that it was not always recorded who the AWI certificate had been discussed with, or the length of time the certificate was valid for.
78. The accompanying treatment plan includes three pre-printed interventions such as fundamental healthcare needs, allied healthcare professional (AHP) interventions and treatment of long-term conditions. None were accurately completed to reflect all of the proposed interventions, or specified the existing long-term conditions being covered.



79. We saw three patients who were identified as having a power of attorney in place. In two patient health records, there was supporting documentation from the office of the public guardian which confirmed that the appropriate powers were held by the power of attorney.

### Care planning

80. 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 person's best interests, such as a power of attorney or guardian.
81. The assessment and care plan booklet contains care plans to accompany the majority of the risk assessments within the booklet. These were not always person-centred or contained sufficient information to guide care. There was some evidence of evaluation and review but this was not consistent for all patients. We saw that:
- One patient's care plan was only partially completed, and did not reflect the advice given by the dietitian regarding type of diet and additional nutritional needs.
  - They were not always updated as the patient's needs or condition changed.
82. In two of the units inspected, patients we spoke with were unsure about what was happening in terms of progress in their care journey. Some patients were measuring themselves, largely from any improvements resulting from the physiotherapy input, which they very much appreciated. In the other unit, patients we spoke with had more of a sense of where they were on their personal journey, and several mentioned multidisciplinary meetings which had taken place.

### Care and comfort rounding

83. 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.
84. The prevention of pressure injury assessment instructs staff to complete the care and comfort round chart. We saw that this was in place for all patients.
85. We noted that the frequency of intervention was the same for all patients, regardless of condition or level of risk. We saw that the documentation was not always completed within the required timeframe, for example one chart had gaps of up to four hours between entries during the day, with no explanation as to why this was. We also saw that the entries did not always reflect the specific intervention offered. For example 'offer toilet' and 'offer



fluids'. This did not specify if the patient had gone or been assisted to the toilet, and 'offer fluids' did not specify what fluids had been offered or if the patient had taken any.

### Areas for improvement

3. NHS Forth Valley must ensure that older people in hospital are involved in decisions about their care and treatment. Capacity for decision-making must be assessed in line with the Adults with Incapacity (Scotland) Act 2000. When legislation is used, it must be fully and appropriately implemented. This includes consulting with any appointed power of attorney or guardian. The decision must be fully documented in the patient's health record, including any discussions with the patient or family.
4. NHS Forth Valley must ensure that person-centred care plans for patients are 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.
5. NHS Forth Valley should ensure that care and comfort rounding documentation is fully and accurately completed to reflect the care delivered and that the implementation of care rounding is supported by adequate individualised care planning and evaluation of the patient's care.

### Outcome 5: Cognitive impairment

The patient, with dementia (or cognitive impairment), experiences care that is tailored to meet their individual needs and promotes their mental wellbeing.

Ensuring that:

- care for older people with dementia (or cognitive impairment) meets the Scottish Government Standards of Care for Dementia in Scotland, and
- guidelines on use of medication for the behavioural and psychological symptoms of people with dementia and/or delirium are available to all staff.

### Delirium

86. Delirium (sometimes called acute confusional state) is a common, serious condition for older people and is the most common complication of hospitalisation in the elderly population. This medical emergency is often under-recognised and poorly managed. The incidence is also higher in those with a pre-existing cognitive impairment.

87. NHS Forth Valley told us that they use the TIME bundle when possible delirium is identified using the 4AT. The TIME bundle is a series of interventions used to manage delirium by helping to plan ongoing care and assessment to ensure safe, effective, person-centred delivery of care for older people every time.
88. During our inspection, we saw one patient that had a resolving delirium. We saw that they had the TIME bundle implemented earlier in their patient journey and had been reviewed by the psychiatric liaison team.

### Management of stressed and distressed behaviour

89. During our inspection, we saw several examples of caring and positive interactions between staff and patients who had stressed behaviour. This included different members of staff providing reassurance whilst walking with one patient round the ward.

### Getting to Know Me document

90. The 'Getting to Know Me' document enables the patient, their family, friends and carers to record what is important to the patient, and guides person-centred care.
91. In the patient healthcare records reviewed, three patients had completed 'Getting to Know Me' documents in place.
92. One patient's 'Getting to Know Me' document had this kept at the end of the bed for staff to easily access. We saw that some of the information from this document was reflected in the information on the patient's bedside board.

## 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

93. On the units inspected, staff had access to a range of weighing equipment including sitting and hoist scales. We noted that some of the weighing equipment was due to be recalibrated in November 2019, and this had not yet been carried out. Unit staff told us that they would raise this with the appropriate department.

### Dietetic and speech and language therapy cover and referrals

94. The care plan for patients identified as being at high risk of malnutrition states that they should be referred to the dietitian. We were told that referrals are made by telephone.

95. From the 15 patient health records reviewed, we saw that three patients were identified as being at high risk of malnutrition. All were referred to and seen by the dietitian and there was evidence of a plan of care and review dates documented.
96. We identified a further two patients who should have been referred to the dietitian but were not. One patient's MUST screening had been incorrectly calculated, and was scored as medium risk rather than high risk of malnutrition. The other patient's MUST was scored correctly, however there was no evidence of any referral being made. We raised this with ward staff at the time of inspection.
97. We saw one patient who had previously been seen in Forth Valley Royal Hospital by the dietetic team and there was documented evidence of follow up at Falkirk Community Hospital. We were told at the discussion session that there was a process in place to ensure patients are tracked by the dietetic team to ensure that there is ongoing follow-up if required, when patients are transferred to a community hospital setting. We saw evidence of this tracking sheet.
98. Staff can refer a patient to a speech and language therapist by phone, if required. During our inspection, we saw one patient had been referred. There was good documentation of when they were seen, the advice given and the plan for follow-up.

### Identifying individual patient nutritional needs

99. We were told that ward handovers and safety briefs are used to communicate individual nutritional needs. We also saw that symbols were used on bedside boards to highlight information to staff.

### Protected mealtimes

100. 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.
101. We were told that meals are supplied as a bulk order from Forth Valley Royal Hospital. This means that patients are given a choice of meal from the options available at mealtime. The wards had picture menus available to help staff communicate the options to patients at the point of service. Staff told us that they would contact other wards if they did not have sufficient meals to provide patients with their choice for that day, or they offer an alternative such as a sandwich.
102. During our inspection, we observed a mealtime in two wards. Mealtime co-ordinators were in place in both wards to ensure that mealtimes were well managed. We found the following.

- All staff were engaged in the mealtime process to ensure patients received their meal in a timely manner.
  - Soup was served separately to the main meal and dessert to ensure that food remained hot.
  - We observed assistance being given in a dignified manner. Staff engaged with the patient throughout the mealtime assistance. We also saw relatives assisting patients with their meal where appropriate.
  - All patients were offered a choice of drink with their meal.
  - The majority of patients were offered hand hygiene, and were positioned to eat their meal.
103. The majority of patients we spoke with told us they thought their food was very good, with adequate portions, and sufficient choice. Patients told us that they received what they asked for most of the time, and cooked meals were served hot. There was a choice of drinks, water was regularly replenished, and no one said they felt hungry or thirsty.
104. Patients also commented that:
- ‘Food is really good. You get enough, and there is a choice.’
  - ‘The food is lovely, brilliant, especially the porridge and the soup.’
  - ‘The food is magic!’

### Provision of fluids and snacks

105. All wards had a supply of snacks available including bread, cereal, biscuits, yogurt, and custard. We were told that some wards offer sandwiches and fresh fruit, and cakes are available in the evening.
106. A range of drinks were also available such as tea, coffee, juice and milk.

### Food record and fluid balance charts

107. Food and fluid balance charts are used to record how much patients are eating and, 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

108. During our inspection, we saw two patients with food record charts in place. Although main meals offered and amounts eaten were documented, any snacks offered or taken were not recorded.

109. Two patients should have had food record charts in place as they were at high risk of malnutrition, however none were found in the patient's health records. This was raised with staff at the time of inspection.

### Fluid balance charts

110. NHS Forth Valley has a hydration assessment in their care plan and assessment booklet. A daily assessment is completed based on patient risk and a care plan is developed if required. The daily assessments we saw were well completed for the patients we reviewed, which indicated they were low risk and therefore did not require a fluid balance chart.
111. During our inspection, we saw one patient with fluid balance charts in place and they were poorly completed. Although there were running totals, there was no fluid goal, no overall total for intake or output, and no overall fluid balance to inform the next day's care.

### Oral nutritional supplements

112. 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.
113. During the inspection, we were told three patients were prescribed oral nutritional supplements. They were recorded on the electronic inpatient prescription chart as being given, however we noted that the amount consumed was not recorded anywhere within the patient health records.
114. We were told at the discussion session that there is nowhere for staff to record volume of oral nutritional supplements taken by the patient.

### Areas of good practice

- Mealtimes were well managed with an appointed mealtime coordinator and individual courses served separately to ensure food remained hot.
- Good availability and range of snacks for patients.

### Areas for improvement

6. NHS Forth Valley 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. All assessments and screening activity should be recorded and documented in line with local organisational policy.

7. NHS Forth Valley must ensure that food record charts are commenced for patients who require them. Where food and fluid charts in place they should be accurately completed and appropriate action is taken in relation to intake or output as required.
8. NHS Forth Valley must ensure that oral nutritional supplements are accurately recorded for patients who require them and appropriate action taken in relation to intake as required.

## Outcome 7: Falls

Where avoidable, the patient does not fall during their stay in hospital.

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

115. NHS Forth Valley falls trigger tool instructs staff to complete a fall care plan if there is a 'yes' response to more than one of the questions. The care plan includes risk factors contributing to falls risk and prompts staff of actions to take. The interventions should be reviewed weekly, after a fall, or if there is a change in the patient's condition.

### Falls risk management

116. Where falls risks were identified all patients had the falls care plan in place. These were generally well completed for all interventions although they were not always updated when the patient condition changed.
117. We saw that a leaf symbol is used in Falkirk Community Hospital to highlight to staff the patients at risk of falls. This should be visible on the patient's bedside board, however this was not always in place.

### Post falls management

118. Of the 15 patient health records reviewed, we identified six patients who had fallen during their stay in hospital. The majority had evidence of a post falls review being carried out and documented within the patient's health record on the falls sticker. There was also evidence of the falls being reported on the electronic incident reporting system.

### Falls equipment

119. Staff in all wards inspected told us they had access to slipper socks, high low beds and falls sensor alarms. We were told that staff do not complete any risk assessment to ensure that a falls alarm was an appropriate measure for those patients who lacked capacity to consent to treatment. We raised this during our discussion session and were told that NHS Forth Valley have been piloting

a falls technology assessment in another hospital along with accompanying guidance for staff. This aims to ensure that technology is used appropriately in line with the Mental Welfare Commission guidance on rights, risks and limits to freedom.

### 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

120. 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.
121. We are aware that NHS Forth Valley does not use a SSKIN chart but elements of this are included in the care rounding, skin assessment and the Braden tool.
122. As stated in outcome 2, care and comfort rounding was in place, however the frequency was seen to be the same for all patients regardless of condition or level of risk. We also saw that they were not always accurately completed. We saw one patient with a wound and who was on a pressure relieving mattress. The care round document stated that the skin was intact and that no intervention or action was needed.

### Wound assessment charts

123. Wound assessment charts should be in place for all patients who have a pressure ulcer or any other type of wound. By completing wound assessment charts, staff can assess the progression of the wound and develop a plan to promote wound healing.
124. Of the 15 patient health records reviewed, we saw one patient who was recorded as having pressure damage. However, there was no wound chart in place and no evidence that the pressure damage was graded or that it had been reported on the electronic incident reporting system. There were entries within the health record to evidence that dressings were being changed.

125. Another patient with skin damage had a wound chart in place that was well completed.

### Specialist pressure relieving equipment

126. We saw a range of pressure relieving equipment in use. Staff told us that they could obtain additional equipment if needed and stated that it was generally available in a timely manner.

### Tissue viability service

127. Staff knew how to contact the tissue viability service for advice and told us that they respond in a timely manner.
128. Staff are required to report all grades of pressure damage on the electronic incident reporting system. All incident reports are sent to the senior charge nurse and the tissue viability nurse who will investigate the incident to identify any learning and opportunities for improvement.

## Outcome 12: Communication

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

### Communication with patients and relatives

129. Falkirk Community Hospital has recently introduced very comprehensive admission packs across all of the units, including a specific pack for patients with dementia. These packs include a welcome to the unit leaflet, consent documentation, information for carers, guardianship and power of attorney documentation, information on food and nutrition, and how to provide feedback. However, some of the patients and family members we spoke with could not recall having received a pack.

### Staff/ward communication

130. There was good communication between the ward team. There was also good communication between the multidisciplinary teams.
131. In one of the units inspected, we observed a staff huddle. The staff were asked about any outstanding issues from the morning and if any support was required. At this time the mealtime coordinator was identified, and patients who potentially would require assistance with their meals were discussed.

### Documentation



132. All notes were easily located, with dividers in place. We saw some loose leaf documents did not contain the patient's name, date or CHI number. The majority of entries were generally legible, dated and signed.
133. We saw various documents in use to highlight important or relevant information, for example the transfer document and multidisciplinary team document. Some documents were on coloured paper to make them easily identifiable for staff. All patient health records had a family dialogue sheet in place, but we found variable completion of these.

# Appendix 1 – Areas of good practice

## NHS Forth Valley

### Outcome 1: Screening and initial assessment

- 1** Good completion of hydration assessments, oral assessments, bedrail assessments, skin assessments and Braden risk assessments on transfer of care to Falkirk Community Hospital (see page 15).

### Outcome 6: Food, fluid and nutrition

- 2** Mealtimes were well managed with an appointed mealtime coordinator and individual courses served separately to ensure food remained hot (see page 22).
- 3** Good availability and range of snacks for patients (see page 22).

## 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 Forth Valley must ensure that all older people who are admitted to hospital are accurately assessed within the national standard recommended timescales. This includes nutritional screening, falls screening, safe moving and handling assessment. There must be evidence of reassessment, including for pressure ulcer risk assessments (see page 15).

This is to comply with Food, Fluid and Nutritional Care Standards (2014) criteria 2.1a, 2.2a-h, 2.3 and 2.4; the Health and Safety at Work Act (1974); and Manual Handling Operations Regulations (1992) and the Prevention and Management of Pressure Ulcers Standards (2016) Standard 3.

- 2** NHS Forth Valley must ensure that do not attempt cardiopulmonary resuscitation (DNACPR) certificates are fully and accurately completed (see page 15).

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

### Outcome 2: Person-centred care planning

- 3** NHS Forth Valley must ensure that older people in hospital are involved in decisions about their care and treatment. Capacity for decision-making must be assessed in line with the Adults with Incapacity (Scotland) Act 2000. When legislation is used, it must be fully and appropriately implemented. This includes consulting with any appointed power of attorney or guardian. The decision must be fully documented in the patient's health record, including any discussions with the patient or family (see page 18).

	This is to comply with the Adults with Incapacity (Scotland) Act 2000 part 5 – Medical Treatment and Research; and Care of Older People in Hospital Standards (2015) criteria 3.4 and 3.5.
<b>4</b>	<p>NHS Forth Valley must ensure that person-centred care plans for patients are 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 18).</p> <p>This is to comply with The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing &amp; 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.</p>
<b>5</b>	NHS Forth Valley should ensure that care and comfort rounding documentation is fully and accurately completed to reflect the care delivered and that the implementation of care rounding is supported by adequate individualised care planning and evaluation of the patient’s care (see page 18).

## Outcome 6: Food, fluid and nutrition

<b>6</b>	<p>NHS Forth Valley 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. All assessments and screening activity should be recorded and documented in line with local organisational policy (see page 22).</p> <p>This is to comply with Food, Fluid and Nutritional Care Standards (2014), Criterion 2.6.</p>
<b>7</b>	<p>NHS Forth Valley must ensure that food record charts are commenced for patients who require them. Where food and fluid charts in place they should be accurately completed and appropriate action is taken in relation to intake or output as required (see page 23).</p> <p>This is to comply with Food, Fluid and Nutritional Care Standards (2014) Criterion 4.1(g).</p>
<b>8</b>	<p>NHS Forth Valley must ensure that oral nutritional supplements are accurately recorded for patients who require them and appropriate action taken in relation to intake as required (see page 23).</p> <p>This is to comply with Food, Fluid and Nutritional Care Standards (2014), criteria 3.6(a) and 4.1(g).</p>

## 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 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)
- **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR): Integrated Adult Policy – Decision Making and Communication** (Scottish Government, August 2016)
- **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



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