

## Borders NHS Board



Meeting Date: 24 June 2021

<b>Approved by:</b>	Sarah Horan, Director of Nursing, Midwifery & AHPs
<b>Author:</b>	Sarah Horan, Director of Nursing, Midwifery & AHPs
<b>HEALTHCARE IMPROVEMENT SCOTLAND UNANNOUNCED INSPECTION REPORT</b>	
<b>Purpose of Report:</b>	
The purpose of this report is to advise the Board of the outcome and action plan from the HIS Unannounced Inspection of Hay Lodge Community Hospital held on 8 and 9 December 2020.	
<b>Recommendations:</b>	
The Board is asked to <b>note</b> the Action Plan.	
<b>Approval Pathways:</b>	
This report has been discussed at the Board Executive Team meeting held on 15 June 2021.	
<b>Executive Summary:</b>	
<p>A Healthcare Improvement Scotland (HIS) unannounced hospital inspection of Hay Lodge Community Hospital took place on 8 and 9 December 2020.</p> <p>A report was produced which identified 4 areas of good practice and 8 requirements following the inspection (Annex A).</p> <p>An action plan was formulated against the 8 requirements and progress has been made (Annex B).</p> <p>The Report and Improvement Plan have been published on the HIS website.</p>	
<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	Announced and Unannounced Hospital Inspections are carried out by HIS as required by the Scottish Government.
<b>Patient Safety/Clinical Impact</b>	As identified in the report and contained within the action plan.
<b>Staffing/Workforce</b>	As contained within the action plan.
<b>Finance/Resources</b>	-
<b>Risk Implications</b>	As contained within the action plan.
<b>Equality and Diversity</b>	-

<b>Consultation</b>	-
<b>Glossary</b>	-



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# Unannounced Inspection Report

## Hospital Inspection

Hay Lodge Community Hospital  
NHS Borders

8-9 December 2020

*This report is embargoed until 10.00am  
on Tuesday 2 March 2021*

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

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First published March 2021

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# Contents

About our Hospital inspections	4
<hr/>	
A summary of our inspection	6
<hr/>	
What we found during this inspection	8
<hr/>	
Appendix 1 – Areas of good practice	17
Appendix 2 – Requirements	18
Appendix 3 – List of national guidance	20
Appendix 4 – Inspection process flow chart	21
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# About our Hospital inspections

## Background

1. Prior to March 2020, Healthcare Improvement Scotland inspection activity included:
  - Safety and Cleanliness inspections carried out against Healthcare Associated Infection (HAI) standards, in both acute and community hospitals, and
  - Care of Older People in Acute Hospital (OPAH) inspections carried out in acute hospitals (inpatient ward areas) caring for older people.
2. During the COVID-19 pandemic, in March 2020, a letter was issued from Healthcare Improvement Scotland to all NHS Board Chief Executives and Integrated Joint Boards (IJB) Chief Officers to advise that the inspections of NHS facilities in Scotland would be paused until further notice.
3. In May 2020, Healthcare Improvement Scotland received a letter from the Chief Nursing Officer (CNO) Directorate of Scottish Government requesting that hospital inspections be reinstated due to the number of COVID-19 related outbreaks in hospital sites. As COVID-19 outbreaks appear to affect older people, our inspections will have a combined focus on Safety and Cleanliness and Care of Older People in Hospital.
4. We have adapted our current inspection methodology for safety and cleanliness, and care of older people as a result of this combined focus. We will measure NHS boards against a range of standards, best practice statements and other national documents, including the Care of Older People in Hospital Standards (2015) and Healthcare Associated Infection (HAI) standards (2015). A list of relevant national standards, guidance and best practice can be found in Appendix 3.
5. During our inspection, we identify areas where NHS boards are to take actions and these, are called requirements.
6. A requirement sets out what action is required from an NHS board to comply with national standards, other national guidance and best practice in healthcare. A requirement means the hospital or service has not met the standards, and we are concerned about the impact this has on patients using the hospital or service. We expect that all requirements are addressed and the necessary improvements are made.

## Our focus

7. Given the impact of COVID-19, our inspections will focus on ensuring that older people in hospital receive care that:
  - meets their care needs in relation to food, fluid and nutrition, falls and the prevention and management of pressure ulcers
  - manages risks specifically for standard infection prevention and control precautions, falls, and the prevention and management of pressure ulcers, and
  - is safe and effective, and in line with current standards, best practice and delivered with local systems and policies in place to effectively manage the care provided.
8. The flow chart in Appendix 4 summarises our inspection process.
9. We will report our findings under three key outcomes:
  - people's health and wellbeing are supported and safeguarded during the COVID-19 pandemic
  - infection control practices support a safe environment for both people experiencing care and staff, and
  - staffing arrangements are responsive to the changing needs of people experiencing care.

# A summary of our inspection

## About the hospital we inspected

10. Hay Lodge Community Hospital has 23 inpatient beds and provides medical care, palliative care and rehabilitation. The hospital also has GP treatment rooms which also provide triage and manage minor injuries.

## About our inspection

11. We carried out an unannounced inspection to Hay Lodge Community Hospital in ward 1 on Tuesday 8 December 2020.
12. On Wednesday 9 December 2020, we held a virtual discussion session with key members of NHS Borders staff.
13. During the inspection, we:
  - spoke with staff and used additional tools to gather more information. In the ward, we used a mealtime observation tool
  - observed infection control practice of staff at the point of care
  - observed interactions between staff and patients
  - inspected the ward environment and patient equipment, and
  - reviewed patient health records to check the care we observed was as described in the care plans. We reviewed all patient health records for infection prevention management and control, food, fluid and nutrition, falls, and pressure ulcer care.
14. We would like to thank NHS Borders and, in particular, all staff at Hay Lodge Community Hospital for their assistance during the inspection.

## Key messages

15. We noted areas where NHS Borders is performing well and where they could do better, including the following:
  - Evidence of learning from falls reviews which have driven quality improvement work to reduce the number of falls.
  - Equipment and environmental cleanliness were good.
  - The nursing staff told us they were well supported and kept up to date during the pandemic.



- Person centred care plans should be in place for all identified care needs and
- Mealtime management must be improved to ensure that a consistent approach to mealtimes is implemented.

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

16. This inspection resulted in four areas of good practice and eight requirements. A full list of the areas of good practice and requirements can be found in Appendix 1 and 2, respectively, on pages 17 and 18.
17. We expect NHS Borders to address the requirements. The NHS board must prioritise the requirements to meet a national standard. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website:  
[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

# What we found during this inspection

## People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

Key areas include the extent to which:

- people's rights are respected, and they are treated with dignity and respect
- people are enabled and supported to stay connected
- people's physical, mental and emotional health is promoted.

### Treating older people with compassion, dignity and respect

18. We saw that all patients were treated with dignity and respect; staff addressed patients in a respectful manner, and all interactions seen were positive. Patients appeared well cared for, and personal items such as glasses and walking aids were within reach. Nurse call bells were generally answered promptly; however, we noted that this was not always the case in the afternoon as less staff were available due to various meetings taking place.
19. Patients were cared for in single rooms or single-sex bays with ensuite toilet facilities. The ward had one shower and one working bathroom available for patient use.
20. There were six patient beds in each bay. Concerns were identified regarding the patient's safety and privacy, due to the lack of space between beds. There was limited space for staff when moving and handling patients. Bed spacing is also discussed in relation to infection prevention and control later in the report.
21. We saw evidence of the ward staff communicating with relatives to ensure that they were kept up-to-date with information.
22. Patients were supported to keep in touch with relatives and friends via telephone and electronic tablets and have designated visitors in line with current COVID-19 guidance.

## Screening and assessments

23. We reviewed patient health records and looked at assessments relating to infection prevention and control, food, fluid and nutrition, falls and pressure area care. Where patients were transferred from the Borders General Hospital, staff continued to use the existing documentation.
24. The Adult Inpatient Record contains assessments for oral health and nutritional care. The record includes the risk of malnutrition, falls, the Waterlow pressure area risk assessment and infection screening. Of the patient health records reviewed, we saw that the Adult Inpatient Record's safety assessments were not always fully completed on admission to Borders General Hospital or reviewed on transfer to Hay Lodge Community Hospital.
25. We noted that the Malnutrition Universal Screening Tool (MUST) does not contain a space for staff to record the patient's usual weight or if they have reported any weight loss in the past 3-6 months. We cannot, therefore, be assured of the accuracy of the MUST score.
26. In both of the patient health records reviewed, infection screening was completed for all patients. However, we cannot be assured that they were completed within the required timeframes as not all assessments were signed or dated.
27. We saw evidence of reassessment for the risk of falls and the use of bedrails. However, rescreening of MUST and reassessment of the Waterlow pressure area risk assessment was not always carried out in line with local policy.

## Care planning

28. NHS Borders care plans are contained within the Adult Inpatient Record booklet.
29. One patient had a care plan in place for mobilising safely with a plaster cast in place. However, all other care plans for identified care needs were blank.

## Food, fluid and nutrition (incl. mealtimes)

30. There was a good provision of food, fluid and nutrition for patients; however, the mealtime service observed was not well managed. Patients were not prepared for their meal as they were not offered hand hygiene or positioned to eat their meal.
31. Meal service was un-coordinated, resulting in patients in bays receiving their meals at different times and meals being left in the trolley for up to 20 minutes after meal service began. Staff were not available to provide a prompt or encouragement in a timely manner for those who required it. We also saw

some staff leaving the ward for their break before all patients had received a meal.

32. Patients were given sufficient time to eat their meal, and they were offered a choice of drinks with their meal.
33. Adaptive aids were available, such as cutlery and plate guards for those patients who required them.
34. The ward stocked a range of snacks to offer to patients throughout the day, including toast, yoghurt, custard pots and cereal. Patients could also order snacks such as sandwiches, crackers and cheese, cake or fruit from the supper snacks menu. Patients had access to drinks such as water and juice, which staff refreshed throughout the day. Hot drinks were offered at various times.
35. The ward inspected had a nutritional board to communicate to staff information about patients requiring special or texture modified diets or any assistance needed with eating and drinking. We could not be assured that the information was up to date as we saw that the board had not been updated since 19 November 2020.
36. None of the patients' required referral to the dietitian or speech and language therapist of the health records that were reviewed. Fluid balance and food record charts were not required for these patients.

## **Prevention and management of falls**

37. Within NHS Borders, if a patient's risk assessment considers them at risk of falls, then a Person-Centred Falls Bundle should be commenced. We saw that these were in place for all patients who required them and were reviewed as per the NHS board's policy.
38. Of the patients health records reviewed, we saw that one patient had fallen whilst in hospital. A post-fall record was completed, and the falls assessment was updated.
39. Falls were recorded on the electronic incident reporting system. We saw evidence of investigation of falls to identify learning and action plans to improve falls care. The ward is currently undertaking some improvement work to reduce the number of falls occurring. We were told that some quality improvement work had been delayed due to the falls co-ordinator being redeployed to other work during COVID-19.
40. Assessment and care planning is essential when considering the use of technology in the management of falls. During the inspection, two patients had chair and bed sensor equipment in place to alert staff to when they were attempting to mobilise or get out of bed. However, no supporting

documentation or risk assessment was completed to support their use, and no detailed falls care plans were in use.

41. The person-centred falls bundle did not detail how the sensor equipment would be monitored and what interventions are expected if the sensor is activated, or when the decision for the need for the sensor equipment would be reviewed.
42. Staff told us that they do not use any risk assessment to guide the decision for the use of sensor equipment and that no guidance document is available to them.
43. Physiotherapy and occupational therapy input are provided daily, Monday to Friday. We saw evidence of their input within the health records viewed.

## Pressure ulcer prevention and management

44. If a patient's Waterlow score considers them to be at risk of pressure ulcers, then a SSKIN Bundle (skin, surface, keep moving, incontinence and nutrition) should be implemented.
45. Of the patient health records viewed, all patients who required a SSKIN Bundle had this in place. The level of risk identified on the Waterlow risk assessment informs the frequency of care. We found that a number of charts were well completed; however, this was not consistent for all charts. We saw that some charts had gaps of up to 7 hours when care was prescribed four hourly with no explanation documented for this.
46. One patient required a wound assessment chart and had this in place. The chart was well completed describing each wound, including grading of a pressure ulcer, the plan of treatment and evidence of ongoing evaluation.

## Access to equipment

47. The ward inspected had access to different types of weighing scales such as sit on or hoist scales, and all were calibrated. The ward had access to a range of slings for use with the hoist scales.
48. A range of equipment for managing falls and pressure ulcer care was available to staff in the ward. The equipment included high low beds, pressure-relieving mattresses and cushions, and sensor equipment.

### Areas of good practice

- Good availability and range of snacks available for patients.

- Evidence of learning from falls reviews has driven quality improvement work to reduce the number of falls.

## Requirements

1. NHS Borders must ensure that all older people admitted to hospital are accurately assessed in line with the national standards. This assessment includes nutritional screening and assessment, including oral health assessment, falls assessment and pressure ulcer risk assessment. There must be evidence of accurate reassessment, where required.
2. NHS Borders must ensure that patients have person-centred care plans in place for all identified care needs. These should be regularly evaluated and updated to reflect changes in the patient's condition or needs. The care plans should also reflect that patients are involved in care and treatment decisions.
3. NHS Borders must ensure that mealtimes are managed consistently in a way that ensures that patients are prepared for meals, including hand hygiene. The NHS board should also ensure that the principles of Making Meals Matter are implemented.
4. NHS Borders must ensure that the SSKIN bundles are consistently and accurately completed to ensure that the frequency of repositioning is carried out within the prescribed timeframes.

## Infection control practices support a safe environment for both people experiencing care and staff

Key areas include the extent to which:

- people are protected as staff take all necessary precautions to prevent the spread of infection.

## Physical distancing

49. There were six beds in each bay and limited space in the bays between patient beds. We raised this as an area of concern, mainly because not all patients could physically distance from other patients, notably when a patient used their chair. This lack of physical distancing is further compromised when a staff member or a visitor is at the bay. Additionally, domestic staff told us that cleaning the area was difficult.

50. We were provided with details of an assessment document, prepared by the infection prevention and control team, of the inpatient social distancing situation, which was presented to NHS Borders Gold Command. The assessment was produced after consulting the Scottish Government and Health Facilities Scotland.
51. The document states that the national requirements for bed spacing and physical distancing cannot be made; however, additional control measures are in place, such as COVID-19 testing of all admissions.
52. The majority of staff observed physical distancing during breaks and meetings. However, this was not always maintained, especially during the meal service or ward rounds.

### **Standard infection prevention and control precautions**

53. Compliance with standard infection control precautions such as linen, waste and sharps management was good. We were assured that there was sufficient personal protective equipment (PPE) available for staff and visitors. Staff wore surgical face masks in the clinical areas at all times.
54. Some staff were seen not to decontaminate their hands at appropriate opportunities, for example, before donning (putting on) and after doffing (taking off) gloves. Gloves were worn inappropriately, and therefore hand hygiene was not carried out. PPE should only be used for individual care episodes or tasks and should be donned immediately before the tasks and removed immediately after. Staff were seen going between rooms and patients wearing the same gloves. For example, nursing, domestic, and medical staff wore gloves when not required, such as when distributing drinks, during the drug round, and writing inpatient notes.
55. There was only one clinical hand wash basin in each bay of six beds; however, this was detailed on the risk register. Alcohol-based hand rub was available throughout the ward, and some staff also carried personal dispensers.
56. Staff told us they had sufficient uniforms and were aware of how they should be laundered to avoid the risk of cross-infection.

### **Transmission based precautions**

57. Due to current local COVID-19 restrictions, only essential visiting and one designated visitor per patient was allowed into the ward. Measures were in place for visiting, such as signage, an appointment system and contact details were recorded for track and trace.
58. There were no patients isolated with suspected or confirmed COVID-19 or for other reasons at the time of inspection. However, staff could describe

transmission-based precautions that would be required for a patient in isolation.

59. As an additional control measure, all patients admitted from home to Hay Lodge Community Hospital are tested for COVID-19. In line with national guidance, patients are being tested if transferred to or from another healthcare facility or care home.

## **Audits, policies, procedures and guidelines**

60. We were provided with evidence of audit activity carried out at ward level and by the infection prevention and control team and corresponding action plans. Findings and results of audits are shared with the ward team verbally, by email, and displayed on a noticeboard.
61. Clinical nurse managers and senior charge nurses have access to audit data which is discussed at the monthly senior charge nurse meetings.

## **Patient equipment**

62. We looked at a variety of equipment such as beds, patient observations equipment and intravenous pumps. Patient equipment was found to be clean.

## **Environment**

63. The cleanliness of the environment was good. We were told that increased cleaning frequency of the general environment was being carried out, including frequently touched surfaces. Domestic staff told us that they have sufficient cleaning equipment to perform their duties and confirmed that a combined disinfectant and detergent product is being used for all cleaning.
64. Some duties were unable to be carried out, for example, due to access issues, but this had not been identified by domestic services line management.

## **Estates**

65. The environment appeared well maintained; however, reported jobs do not always have a timely response. The reasons for delays are not relayed to the ward staff.
66. During the inspection, external contractors were on site. A risk assessment method statement had been carried out for the works; however, the contractors were not adhering to control measures such as closing the doors to prevent dust and fumes. The ward staff were unaware of the control measures that should be in place as this had not been communicated to them to ensure compliance by the contractors.



67. During the discussion session, NHS borders acknowledged that they were already aware that communication could be improved between the estates department and ward staff. We were advised that an improvement group has been set up to address this. They also stated that there are staff shortages in the estates department at present, which has impacted on communication.

#### Area of good practice

- Equipment and the environmental cleanliness was good.

#### Requirements

5. NHS Borders must ensure that personal protective equipment is worn appropriately by all staff groups.
6. NHS Borders must ensure that staff perform hand hygiene at the appropriate opportunities as per the World Health Organization (WHO) five moments for hand hygiene guidance.
7. NHS Borders must ensure improved communication between the estates team and ward staff.

### Staffing arrangements are responsive to the changing needs of people experiencing care

Key areas include the extent to which:

- staffing arrangements are right and are responsive and flexible
- staff are well supported and confident
- staff knowledge and skills improve outcomes for people.

#### Staffing resource

68. Domestic staff reported that they are under pressure, especially as they have many duties to complete in addition to cleaning, such as collecting the meals, tea rounds and portering. We acknowledge that whilst there are staff shortages at present, vacancies have been advertised. We were advised that NHS Borders are undertaking a review of the domestic resource provision to ensure correct staffing levels.

## Communication

69. There was good verbal communication between the ward teams to ensure the safe delivery of care. Staff used handovers, safety briefs and alert signs to communicate risks such as infection or falls risks.
70. The patient health records were well organised with section dividers making it easy to locate specific documents. We saw that not all assessments were signed and dated where there was a place to record this. Within one patient health record, the hip fracture inpatient record comprised of multiple loose pages held together by a staple. There was no patient identifier on each page despite there being a place to record this; therefore, if they became separated, it would not be known which patient they belonged to.
71. We were told referrals for advice and support to the infection prevention and control team, dietitians, speech and language, and tissue viability would either be by telephone or online. Access to these services is unaffected by the COVID-19 pandemic.

## Leadership, education and training

72. The ward appeared calm and organised with evidence of good team working. It was clear who was in charge of the ward.
73. We viewed the training records for the ward staff which showed good compliance with mandatory training for infection prevention and control.
74. All nursing staff have been provided with PPE training during the COVID-19 pandemic. They told us they had been well supported and kept up to date with COVID-19 guidance and updates.

### Area of good practice

- The nursing staff told us they had been well supported and kept updated during the pandemic.

### Requirement

8. NHS Borders must ensure that all assessments are signed and dated. They must also ensure that loose-leaf documentation has patient identifiable details recorded. This should be, at a minimum, the patient's full name and date of birth or Community Health Index (CHI) number.

## Appendix 1 – Areas of good practice

### People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

- 1 Good availability and range of snacks for patients (see page 11).
- 2 Evidence of learning from falls incident reports has driven quality improvement work to reduce the number of falls (see page 11).

### Infection control practices support a safe environment for both people experiencing care and staff.

- 3 Equipment and the environmental cleanliness was good (see page 15).

### Staffing arrangements are responsive to the changing needs of people experiencing care.

- 4 The nursing staff told us they had been well supported and kept updated during the pandemic (see page 16).

## Appendix 2 – Requirements

### People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

- 1** NHS Borders must ensure that all older people who are admitted to hospital are accurately assessed in line with the national standards. This assessment includes nutritional screening and assessment, including oral health assessment, falls assessment and pressure ulcer risk assessment. There must be evidence of accurate reassessment, where required (see page 12).

This is to comply with Older People in Hospital Standards (2015) criterion 11.1, Food, Fluid and Nutritional Care Standards (2014) criteria 2.1, 2.2 2.3 and 2.4, and Prevention and Management of Pressure Ulcers (2020) standard 4.

- 2** NHS Borders must ensure that patients have person-centred care plans in place for all identified care needs. These should be regularly evaluated and updated to reflect changes in the patient's condition or needs. The care plans should also reflect that patients are involved in care and treatment decisions (see page 12).

This is to comply with The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing & Midwifery Council, 2015); Care of Older People in Hospital Standards (2015) criteria 1.1, 1.4, and 11.2a; Food, Fluid and Nutritional Care Standards (2014) criterion 2.9a and Prevention and Management of Pressure Ulcers (2020) standard 6.

- 3** NHS Borders must ensure that mealtimes are managed consistently in a way that ensures that patients are prepared for meals, including hand hygiene. The NHS board should also ensure that the principles of Making Meals Matter are implemented (see page 12).

This is to comply with the Food, Fluid and Nutritional Care Standards (2014) criteria 4.7 and 4.8.

- 4** NHS Borders must ensure that the SSKIN bundles are consistently and accurately completed to ensure that the frequency of repositioning is carried out within the prescribed timeframes (see page 12).

This is to comply with Prevention and Management of Pressure Ulcers (2020) criterion 6.1.

### **Infection control practices support a safe environment for both people experiencing care and staff.**

- 5** NHS Borders must ensure that personal protective equipment is worn appropriately by all staff groups (see page 15).

This is to comply with Healthcare Associated Infection (HAI) standards (2015) criterion 6.1.

- 6** NHS Borders must ensure that staff perform hand hygiene at the appropriate opportunities as per the World Health Organization (WHO) five moments for hand hygiene guidance (see page 15).

This is to comply with Healthcare Associated Infection (HAI) standards (2015) criterion 6.1.

- 7** NHS Borders must ensure improved communication between the estates team and the ward staff (see page 15).

This is to comply with Healthcare Associated Infection (HAI) standards (2015) criterion 8.4

### **Staffing arrangements are responsive to the changing needs of people experiencing care.**

- 8** NHS Borders must ensure that all assessments are signed and dated. They must also ensure that loose-leaf documentation has patient identifiable details recorded. This should be, at a minimum, the patient's full name and date of birth or Community Health Index number (see page 16).

This is to comply with The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2015); and Generic Medical Record Keeping Guidelines (2009).

## Appendix 3 – List of national guidance

The following national standards, guidance and best practice are relevant to hospital inspections.

- **COVID-19: Guidance for maintaining services within health and care settings Infection prevention and control recommendations** (Public Health England, January 2021)
- **Publication of COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus** (Scottish Government, DL (2020)
- **Healthcare Associated Infection (HAI) standards** (Healthcare Improvement Scotland, February 2015)
- **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)
- **Prevention and Management of Pressure Ulcers Standards** (Healthcare Improvement Scotland, October 2020)
- **Food, Fluid and Nutritional Care Standards** (Healthcare Improvement Scotland, October 2014)
- **Complex Nutritional Care Standards** (Healthcare Improvement Scotland, December 2015)
- **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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# Improvement Action Plan

## Healthcare Improvement Scotland: unannounced hospital inspection

Hay Lodge Hospital, NHS Borders


Tuesday 8 December 2020

### Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

**NHS board Chair**

**NHS board Chief Executive**

Signature 	Signature 
Name Karen Hamilton	Name Ralph Roberts
Date 16.02.2021	Date 16.02.2021

File Name: 20200908 Impr Action Plan HLH NHS Borders V0.1	Version: 0.1
Produced by: HIS //NHS Borders	Page: Page 1 of 8
Circulation type (internal/external): Internal & External	

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	<u>NHS Borders must ensure that all older people who are admitted to hospital are accurately assessed in line with the national standards. This assessment includes nutritional screening and assessment, including oral health assessment, falls assessment and pressure ulcer risk assessment. There must be evidence of accurate reassessment, where required(see page 11).</u>				
2	<u>NHS Borders must ensure that patients have person-centred care plans in place for all identified care needs. These should be regularly evaluated and updated to reflect changes in the patient's condition or needs. The care plans should also reflect that patients are involved in care and treatment decisions (see page 12).</u>				
4	<u>NHS Borders must ensure that the SSKIN bundles are consistently and accurately completed to ensure that the frequency of repositioning is carried out within the prescribed timeframes.</u>				
8	<u>NHS Borders must ensure that all assessments are signed and dated. They must also ensure that loose-leaf documentation has patient identifiable details recorded. This should be at a minimum, the patient's full name, and date of birth or Community Health Index number.</u>				

	<p><b>NHS Borders Action:-</b></p> <p>a) NHS Borders will review the admission and transfer process including the completion of patient risk assessments to ensure consistency.</p>	<p>May 2021</p>	<p>Director of Nursing, Midwifery and Operations</p>	<p><u>December 2020</u> A review of the assessment documents identified an older version was in use at the time of the inspection. The new version is now in use facilitating recording of baseline weight assessments.</p> <p><u>April 2021</u> A new patient transfer document to improve communication for safe transfer has been developed, implemented and is now being tested with ongoing monitoring of compliance.</p>	<p>April 2021</p>
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	<p>b) NHS Borders will support and coach staff to identify and address learning needs and ensure accurate completion of documentation.</p>	<p>October 2021</p>	<p>Associate Directors of Nursing</p>	<p><u>April 2021</u> 73% of staff have had a training needs analysis completed through 1:1 meetings with the SCN. A training plan will be formulated once process has been completed.</p>	
	<p>c) Completion of patient risk assessments and care bundles with adherence to the NMC Code in relation to record keeping will be included in a programme of ward based audits. These will be reviewed at Clinical Board Governance Groups and NHS Borders Clinical Governance Committee.</p>	<p>May 2021</p>	<p>Associate Directors of Nursing</p>	<p><u>February 2021</u> An audit tool has been developed and piloted in the acute areas, this will be used to guide improvements at Hay Lodge</p> <p><u>April 2021</u> Ward quality audits of risk assessments and care bundles are now incorporated onto Trakcare with reporting through governance groups and committees.</p> <p>A weekly completion Log has been created and an SOP and audit Log are included in the RN training.</p>	<p>April 2021</p>

3	<p>d) NHS Borders will develop and deliver an education programme in relation to Person Centered Care Planning.</p> <p>NHS Borders must ensure that mealtimes are managed consistently in a way that ensures that patients are prepared for meals, including hand hygiene. The NHS board should also ensure that the principles of Making Meals Matter are implemented (see page 12).</p>	October 2021	Excellence in Care Lead and Associate Directors of Nursing	<p>Recent audit outcome demonstrates compliance with SSKIN completion at the prescribed frequency according to the Waterlow score.</p> <p>Completion of MUST within 24 hours of admission has improved with the most recent data showing 100% compliance.</p> <p><u>February 2021</u> An education template for person centred care planning has been developed and used in acute wards. This will be utilised to deliver education at Hay Lodge Community Hospital</p>	
File Name: 20200908 Impr Action Plan HLH NHS Borders V0.1				Version: 0.1	
Produced by: HIS //NHS Borders				Page: Page 5 of 8	
Circulation type (internal/external): Internal & External					

	<p><b>NHS Borders Action:-</b></p> <p>e) NHS Borders will ensure that patients are prepared and supported appropriately prior to and during meal times.</p> <p>f) NHS Borders will re-educate staff on the principles of Making Meals Matter and ensure this is integral to the ward routines.</p> <p>g) NHS Borders will re-establish the role of meal time coordinator at Hay Lodge Community Hospital.</p>		<p>Associate Director of Nursing , Primary and Community Services</p> <p>Associate Director of Nursing , Primary and Community Services</p>	<p>Staff breaks are now allocated to ensure staff are present to prioritise and support patient meals.</p> <p>Making Meals Matter principles are visible in the ward area and included on the ward Safety Brief.</p> <p>Mealtime coordinator role re-established.</p> <p><u>April 2021</u> Weekly audits of the mealtime process are undertaken. An observational audit will also be completed every month to ensure compliance with the SOP.</p>	<p>December 2020</p> <p>February 2021</p> <p>February 2021</p>
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5	<u>NHS Borders must ensure that personal protective equipment is worn appropriately by all staff groups (see page 15).</u>				
6	<u>NHS Borders must ensure that staff perform hand hygiene at the appropriate opportunities as per the World Health Organization (WHO) five moments for hand hygiene guidance (see page 15).</u>				
<b>NHS Borders Action:-</b>					
	h) NHS Borders has an established PPE Committee and a programme of refresher training that will be delivered in Hay Lodge Community Hospital.	February 2021	Head of Work and Wellbeing	<u>April 2021</u> PPE refresher training has been provided to staff at Hay Lodge Community hospital.	April 2021
	i) NHS Borders will conduct regular reviews of infection control practice including use of PPE and hand hygiene.	March 2021	Clinical Nurse Manager	Monthly hand hygiene audits are already conducted and an infection control spot check tool has been shared for use by the ward and Clinical Nurse Manager.  A full SICPs audit was completed by the IPCT in March 2021 which identified 92% PPE compliance.	April 2021

7	<p><u>NHS Borders must ensure improved communication between the estates team and ward staff (see page 15).</u></p> <p><b>NHS Borders Action:-</b></p> <p>j) NHS Borders will produce a Standard Operating Procedure and educate Hay Lodge ward staff on using electronic reporting system for estates issues.</p> <p>k) Estates to attend regular team meetings with ward staff to discuss ad hoc and planned works.</p>	April 2021	Clinical Nurse Manager	<u>April 2021</u> A SOP has been developed and implemented	April 2021
		April 2021	Head of Estates and Facilities	<u>April 2021</u> Joint Estates and ward meetings are scheduled to commence in May 2021.	