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Unannounced Inspection Report

Hospital Inspection

Midlothian Community Hospital
NHS Lothian

22–24 September 2020

*This report is embargoed until 10.00am
on Tuesday 1 December 2020*

CONFIDENTIAL – DRAFT REPORT

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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. Midlothian Community Hospital, Bonnyrigg is a 60 bedded hospital. The hospital provides a wide range of services for care of older people. This includes hospital-based complex clinical care, rehabilitation and mental health services.

About our inspection

11. We carried out an unannounced inspection to Midlothian Community Hospital, NHS Lothian from Tuesday 22 – Wednesday 23 September 2020, and we inspected the following areas:
 - Edenvue (elderly rehabilitation), and
 - Loanes (elderly hospital-based complex clinical care).
12. On Thursday 24 September 2020, we held a virtual discussion session with key members of NHS Lothian staff.
13. During the inspection, we:
 - spoke with staff and used additional tools to gather more information. In both wards, we used a mealtime observation tool
 - observed infection control practice of staff at the point of care
 - observed interactions between staff and patients
 - inspected ward environments 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 and control management, food, fluid and nutrition, falls, and pressure ulcer care.
14. We would like to thank NHS Lothian and in particular all staff at Midlothian Community Hospital for their assistance during the inspection.

Key messages

15. We noted areas where NHS Lothian is performing well and where they could do better, including the following:
 - Patients were treated with dignity and respect.
 - There was good verbal communication between the ward teams to ensure safe delivery of care.

- Staff must perform hand hygiene at appropriate opportunities.
- The patient's oral health status should be considered and recorded as part of the nutritional assessment for all patients.

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

16. This inspection resulted in two areas of good practice and seven requirements. A full list of the areas of good practice and requirements can be found in Appendices 1 and 2, respectively on pages 19 and 20.
17. We expect NHS Lothian 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

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 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 nurse call bells were not often heard as staff were attentive to patient needs.
19. Patients were cared for in large, spacious single rooms with ensuite facilities.
20. We were told that patients were able to keep in touch with relatives by telephone and video call.
21. Care plans were in place for communication. These detailed how staff should communicate with family, power of attorneys or legal guardians to provide information if they were not able to visit the hospital. We also saw staff speaking with relatives who were able to visit the ward.
22. We were told that during lockdown, when visiting was restricted, patient's relatives could meet staff outside the hospital to handover items of clothing and many used this opportunity to drop off additional snacks for their relatives.

Screening and assessments

23. We reviewed NHS Lothian's electronic patient health record system, with a member of ward staff, for initial assessments including, falls, food, fluid and nutrition, infection prevention and control and pressure area care.
24. At previous OPAH inspections to NHS Lothian, we reported issues with staff having difficulty accessing information within the electronic system. During this inspection, the majority of staff were able to access information regarding assessment and care planning.

25. We were told that both wards have a 'champion' of the electronic system to support staff who are less experienced using the system and that training is also available.
26. Of the electronic patient health records reviewed, we saw that the majority of patients generally had assessments completed at the point of admission to hospital, and that these were updated on transfer of care. However, we noted that despite there being a place to record the patients' usual weight, it was not recorded in the patient's health record, or if the patient had reported any recent weight loss. This information is required for the accurate completion of Malnutrition Universal Screening Tool (MUST).
27. 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. During our inspection, we saw that the electronic patient health record system does not include an oral health screening tool. Staff told us that they would generate a care plan if the patient required assistance with oral care.
28. The falls and pressure area care reassessments were generally well completed, in line with local policy.

Care planning

29. The assessments contained within the electronic patient health record system will trigger a care plan, where a need is identified. Staff can also add additional care plans, if required.
30. We saw that the majority of care plans in place were linked to assessments such as MUST, falls, pressure area care and infection, prevention and control. Some contained a good level of detail to guide care with evidence of ongoing review. However, we saw that some additional care needs were not reflected in the patient's electronic health record. For example, patients requiring assistance with eating and drinking.
31. As well as care plans linked to assessments, we saw that some additional care plans were in place, for example communication with families because of the restrictions in visiting, due to COVID-19. We also saw some care plans in place for oral care, which detailed the assistance required, and frequency for maintaining oral hygiene.
32. Care rounding is when staff check on individual patients at defined, regular intervals to anticipate any care needs they may have. All patient health records reviewed had a care rounding chart in place. The decision for the frequency of care rounding was informed by the patients' care plans for the management of falls, pressure ulcer prevention and other care needs. Care rounding was generally well completed within the prescribed timeframes.

Food, fluid and nutrition (incl. mealtimes)

33. We observed a mealtime in both wards, and noted that there was no mealtime preparation such as offering hand hygiene to patients. In one ward, physiotherapists used the opportunity of the mealtime to assess the patient for getting out of bed and transferring into a chair.
34. The coordination of the mealtime varied between wards. In one ward, there was no clear process for serving meals, some staff did not know who had received a meal and who had not. Several patients were not well positioned to eat their meal, meaning that the meal was left until staff were able to assist them with repositioning.
35. In one ward, several patients were seen to return their meal as they did not want the meal that had been ordered for them. Staff offered alternative options.
36. Both wards inspected had a nutritional board to communicate information to staff about patients requiring special or modified diets, fluid balance charts, food record charts and oral nutritional supplements. One ward also used this to highlight those patients requiring assistance and their likes/dislikes, however this information was not always up to date.
37. Adaptive aids were available, such as cutlery and plate guards for those patients who required them. Some staff were seated at the patient level whilst assisting patients with their meal so that this was done in a dignified manner. However, two staff members stood over the patient whilst assisting them.
38. Both wards stocked a wide range of snacks to offer patients throughout the day. Additional snacks, such as sandwiches and cakes could be ordered from the kitchen for those patients who required them.
39. Patients had access to drinks such as water and juice which staff refreshed throughout the day. Hot drinks were also offered at various times.
40. We saw that some patients had a fluid balance chart in place, however, we found variable completion of these.
 - The input and output was not always accurately completed.
 - There were no goals or guidance to inform any decision on what should be escalated.
 - It was unclear how the cumulative total over a number days was being monitored to inform future treatment decisions.
41. Food record charts were in place for two of the three patients who needed them. The charts were fully completed for all snacks and mealtimes taken. However, we observed staff removing plates without charts being filled in and

then later asking patients if they could recall what they had eaten. Therefore, we cannot be assured of the accuracy of these charts.

42. Some patients required input from the dietitian or speech and language therapist. Referrals are made by telephone or through the electronic system, if necessary. There was evidence within the patients' health records of ongoing review. Advice given to staff was captured on the wards nutritional board. Staff told us that many patients come to the ward with dietetic input already in place which is then continued on the ward. At the beginning of the COVID-19 pandemic, dietitians contacted the ward to review patients by telephone where possible, but did visit to review patients who needed additional input.
43. One patient required oral nutritional supplements and these were prescribed on the patients medication prescription chart.
44. As no oral health assessments were in use, we were unable to state how many patients required assistance with oral hygiene. The care rounding documents in use contained a section for staff to record when oral care had been given. There was variable completion of this section of the care rounding documents. Some patients had oral care recorded consistently every day, whilst other patients had days with no oral care documented as being given.

Prevention and management of falls

45. The care rounding documents in use contained a section for the prevention of falls. This prompts staff to check that appropriate footwear is being worn, mobility aids, glasses, hearing aids and nurse call bells are within reach, and that the chair and bed height are appropriate for the patient's needs. There is also a section to record if a falls alarm is in use and attached. The guidance notes for staff state they should ensure it is working correctly, however staff told us that they do not routinely check this and would rely on hearing the alarm sounding when activated.
46. Assessment and care planning is essential when considering the use of technology in the management of falls. During the inspection, three patients had a falls alarm in place, however there was no supporting documentation or risk assessment completed to support its use. The falls care plans in use did not detail how the alarm will be monitored, what interventions are expected if the alarm is activated, or when the decision for the need for the alarm will be reviewed.
47. Staff told us that they do not use any risk assessment to guide the decision for the use of falls alarms, and that no guidance document is available to them. Staff told us that if the patient could not consent to the alarm being in place, they would seek permission of relatives or any legal proxy, such as power of attorney.

48. Staff on all wards can access physiotherapy and occupational therapy input, when required, this continued throughout COVID-19. During the inspection, we saw physiotherapists assisting patients and evidence of this in the patients' health records.

Pressure ulcer prevention and management

49. If a patient's Pressure Ulcer Risk Assessment (Waterlow) considers them to be at risk of pressure ulcers, then a SSKIN Bundle (skin, surface, keep moving, incontinence and nutrition) should be implemented.
50. The SSKIN bundle is contained within the care rounding document. All patients who required a SSKIN Bundle had this in place. We found the following.
- The type of mattress was detailed on the front of the monthly care rounding document as well as in the care plan.
 - The SSKIN bundle elements of the care rounding document were generally well completed within the prescribed timeframes. There were some days where the frequency of care was not prescribed.
 - However, there were some entries showing the patient had been in the same position for prolonged periods of time with no explanation for this.
 - We saw some examples of skin damage such as redness being recorded, but it did not state the skin area it was located, despite there being a place for staff to record this.
51. We were provided with evidence that showed there had been no pressure ulcers that had developed in Midlothian Community Hospital in the past 18 months.
52. The tissue viability service can be contacted by phone for advice as well as through the electronic system. Staff told us that the tissue viability nurses are very approachable, supportive and can attend the ward from the acute or community setting.

Access to equipment

53. All wards inspected had access to different types of weighing scales, such as sit on or hoist scales and all were calibrated.
54. A range of equipment for the management of falls and pressure ulcer care was available to staff in all wards. This included high and low beds, pressure relieving mattresses and cushions, heel protectors and falls alarms.

Area of good practice

- Good availability and range of snacks for patients.

Requirements

1. NHS Lothian must ensure that all older people who are admitted to hospital are accurately assessed in line with the national standards. This includes nutritional screening and assessment including oral health assessment. There must be evidence of accurate reassessment, where required
2. NHS Lothian 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.
3. NHS Lothian must ensure that food record and fluid balance charts are commenced and accurately completed for patients who require them, and appropriate action is taken in relation to intake or output, as required.
4. NHS Lothian must ensure that where falls alarms are in use that consideration is given to the Mental Welfare Commissions Decisions about technology (Good Practice Guide, September 2015) to ensure that the individual's human rights are met. They must also ensure that systems are in place to ensure the correct maintenance and use of the falls alarms.

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

55. All staff observed physical distancing, where possible and staff in clinical areas wore surgical face masks at all times. Physical distancing was promoted with posters throughout the hospital, including guidance on how many people could be in staff rooms and kitchens at the same time.

Standard infection prevention and control precautions

56. Compliance with standard infection control precautions such as linen, waste and sharps management was good.
57. Hand hygiene facilities, including alcohol-based hand rub were readily available throughout the clinical areas and were easily accessible.
58. Most staff were bare below the elbows, in line with the Health Protection Scotland's *National Infection Prevention and Control Manual* in order to effectively perform hand hygiene. Any exceptions were raised at the time of inspection.
59. The majority of staff wore personal protective equipment appropriately, however some staffs' over used gloves during mealtimes which prevented them from performing hand hygiene at the correct times. We also saw most staff involved in the serving of meals also wore disposable single-use gloves and these were rarely changed. We were told by the infection control team that staff are expected to wear a fluid resistant surgical face mask and a disposable apron during mealtimes, and perform hand hygiene in line with the World Health Organization's 5 moments for Hand Hygiene.
60. We saw sufficient stocks of personal protective equipment for staff and visitors on the wards.
61. Staff we spoke with told us that they had sufficient uniforms for each shift. They told us they laundered these at home separately from other items, and at the correct temperature, in line with national guidance.
62. All staff spoken with were able to correctly describe the process for cleaning blood or body fluid spillages. Chlorine-based detergents used by domestic staff were appropriate and within expiry date.

Transmission based precautions

63. At the time of our inspection, visitors were allowed in the hospital as per the national COVID-19 guidance for visiting. Each ward had a system in place to reduce the risks to patients, staff and visitors. Staff had communicated these arrangements to patients and their visitors.
64. We saw that an appointment system was used and no more than two visitors were allowed in the ward at one time. Visiting slots were booked for one hour at a time.
65. At the time of our inspection, there were no patients with suspected or confirmed COVID-19. There are processes in place for the regular testing for COVID-19 of patients, including prior to transfer to another care facility. There are also arrangements for testing of staff, if required.
66. In line with Scottish Government guidance at the time of our inspection, patients aged over 70 were tested for COVID-19 on admission to the ward, and

every fourth day thereafter. Other patients are tested if symptomatic. Patients would require two negative results within 24 hours before being discharged to a care home.

67. One ward, that had previously had an outbreak of COVID-19, told us that the infection prevention and control team were fully involved in the outbreak. This included visiting the ward daily to assess the outbreak and provide specialist advice.
68. Where patients were isolated for other reasons, appropriate transmission based precautions were in place. There was signage on the door to highlight that precautions were in place and personal protective equipment was available. Isolation room doors should be kept closed, however we saw many patients in isolation had their doors open for safety reasons. These were stated on the failure to isolate risk assessments that were in place for these patients.
69. Staff were able to describe the correct precautions that should be in place for a patient in isolation, however this knowledge was not always put into practice. For example, we saw that staff did not always remove single-use personal protective equipment after attending a patient in isolation. This was raised at the time of inspection.

Audits, policies, procedures and guidelines

70. We were provided with evidence of audit activity carried out by ward staff, and by the infection prevention and control team. Staff told us that the electronic system that generates the action plan for ward level audits was not working at the time of inspection. We saw that the data was still being collected and we were told that it would be put into the system retrospectively.
71. All ward staff were aware of audit activity with results of audits including areas for improvement being shared with staff during the safety brief.

Patient equipment

72. The majority of patient equipment was found to be clean. Any exceptions were raised at the time of inspection.

Environment

73. The ward areas were clean and mostly well maintained. Appropriate chlorine-based cleaning solution was used for all surface areas. Frequently touched surfaces such as, handrails and door handles were cleaned in line with national guidance.

74. Staff told us they have sufficient equipment, and domestic staff were able to demonstrate the correct process and products for cleaning. We saw daily and weekly cleaning schedules in place for all rooms and communal areas. There was also schedules for cleaning of frequently touched areas.

Estates

75. Midlothian Community Hospital is a Private Finance Initiative (PFI) building with the estates team managed by an external contractor. Staff told us that any estates issues are picked up on the senior charge nurse's walkround assurance tool and the domestic supervisors monitoring tool. Staff can also report any issues by telephone and this is recorded in a ward log book. Staff told us that reported issues are usually fixed the same day. If there are any delays, this is communicated to staff with an estimated timeframe.
76. We were provided with evidence that all infrequently used water outlets were flushed by the maintenance team. We also saw records to demonstrate that showerheads were cleaned appropriately.

Requirements

5. NHS Lothian must ensure that all staff perform hand hygiene at appropriate opportunities, as per the World Health Organisation's Five Moments for Hand Hygiene guidelines.
6. NHS Lothian must ensure that all staff use Personal Protective equipment in line with the Health Protection Scotland National Infection Prevention and control manual.

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

77. Senior charge nurses told us that they value their domestic staff and the work they do. We were told that domestic resource is good and they do not usually have any issues with domestic cleaning. They told us that if they had any concerns they can escalate these to the domestic supervisor, if necessary.

78. Senior charge nurses told us they had adequate staffing and they are able to use the nurse bank, if required. Systems were in place to escalate any concerns.
79. When wards were reconfigured due to COVID-19, staff from other areas were moved to provide a good skill mix across all wards, to ensure patient safety.
80. In one ward, staff told us that as the ward was allocated as a COVID-19 rehab ward during the height of the pandemic. This meant that additional support was provided by a palliative care consultant, and Marie Curie nurses to ensure that specialist care was given to any patient who was at the end of their life.
81. Domestic staff told us they usually always have enough time to complete their duties. If they feel they need help or when deep cleans are needed, the domestic supervisor will send an additional domestic staff member to help.

Communication

82. There was good verbal communication between the ward teams to ensure safe delivery of care. Staff used handovers, safety briefs and alert signs to communicate risks such as infection or falls risks.
83. In both wards, we saw a whiteboard in the ward corridor which was visible to visitors. The whiteboards showed a range of information about named individual patients such as discharge destination, infection, occupational and physiotherapy input and alerts for falls and wounds. This does not maintain patients' privacy because of their placement in a public area of the ward.
84. As stated previously, NHS Lothian use an electronic patient health record. In one ward, we saw some entries detailing what care had been given that day. Staff in another ward told us that they will not routinely make an entry every day and will report by exception where care has changed from the care plan. We were told that this reflects a local decision in NHS Lothian, allowing staff autonomy with the frequency of evaluation, and updating of care plans determined on an individual's needs. Particularly in areas where due to a lengthy stay and more stable health issues, elements of the individuals care plan will require less frequent assessment.
85. Staff told us the infection prevention and control team are supportive and can be contacted by telephone. Posters are displayed on the wards with the infection prevention and control teams contact details and where to access infection control information.

Leadership, education and training

86. Wards appeared calm and organised with evidence of good team working. It was clear who was in charge of the ward.

87. Senior charge nurses were aware of the mandatory requirements for staff completion of infection prevention and control education. We were provided with compliance rates of completion for mandatory training for the wards inspected, which were good.
88. During the discussion session, we were told that mandatory face to face training sessions had been paused due to COVID-19 and the need for physical distancing. We were told that some sessions had recently been recommenced virtually.
89. We saw evidence of education provided to domestic staff on how to safely put on and take off personal protective equipment.
90. Ward staff we spoke with showed us that NHS Lothian had provided staff with online COVID-19 information that was available on the intranet and updated daily. This included links to the most recent Scottish Government guidance for work places, such as how to wear a face mask correctly and car sharing guidance. Guidance for use at home included, the rule of six, the Protect Scotland app, and where staff can access mental health support.
91. Staff could also access training specific to food, fluid and nutrition, falls and pressure ulcer prevention and management. Training could be accessed online. We also saw monthly toolbox talks available for staff that covered various topics including infection prevention and control, falls and patient confidentiality.
92. The wards had link nurses/champions for a range of topics including: falls, food, fluid and nutrition, tissue viability and infection prevention and control. They are available for advice and support and will share information from any meetings or training they have attended.
93. Staff told us they felt supported by senior management throughout the pandemic and stated they always felt safe at work with no supply issues for personal protective equipment.

Area of good practice

- Good support and resources for staff during COVID-19.

Requirement

7. NHS Lothian should ensure that patient identifiable information, such as risk alerts and care needs details, are not on public display. This will ensure that patient privacy is respected.

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 13).

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

- 2** Good support and resources for staff during COVID-19 (see page 18).

Appendix 2 – Requirements

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

- 1** NHS Lothian must ensure that all older people who are admitted to hospital are accurately assessed in line with the national standards. This includes nutritional screening and assessment including oral health assessment. There must be evidence of accurate reassessment, where required (see page 13).

This is to comply with Food, Fluid and Nutritional Care Standards (2014) criteria 2.1, 2.2 2.3 and 2.4.

- 2** NHS Lothian 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 13).

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

- 3** NHS Lothian must ensure that food record and fluid balance charts are commenced and accurately completed for patients who require them, and appropriate action is taken in relation to intake or output, as required (see page 13).

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

- 4** NHS Lothian must ensure that where falls alarms are in use that consideration is given to the Mental Welfare Commissions Decisions about technology (Good Practice Guide, September 2015) to ensure that the individual's human rights are met. They must also ensure that systems are in place to ensure the correct maintenance and use of the falls alarms (see page 13).

This is to comply with Section 1.5.3 of the Human Rights Act, 1998 and the Mental Welfare Commission for Scotland's Decisions about technology (Good Practice Guide, September 2015).

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

- 5** NHS Lothian must ensure that all staff perform hand hygiene at appropriate opportunities, as per the World Health Organisation's Five Moments for Hand Hygiene guidelines (see page 16).

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

- 6** NHS Lothian must ensure that all staff adhere to the guidance for use of PPE when moving between isolation rooms and the appropriate use of gloves (see page 16).

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

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

- 7** NHS Lothian should ensure that patient identifiable information, such as risk alerts and care needs details, are not on public display. This will ensure that patient privacy is respected (see page 18).

Appendix 3 – List of national guidance

The following national standards, guidance and best practice are relevant to the inspection of the care of older people in acute hospitals.

- **COVID-19: infection prevention and control guidance** (Public Health England, June 2020)
- **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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