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Unannounced Inspection Report

Hospital Inspection

Cowal Community Hospital
NHS Highland

27 October 2020

CONFIDENTIAL – DRAFT REPORT

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First published January 2021

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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. Cowal Community Hospital, Dunoon provides healthcare services to the Argyll area. The hospital has a nine-bedded general ward, accident and emergency department, maternity unit and a dental surgery suite.

About our inspection

11. We carried out an unannounced inspection to Cowal Community Hospital on Tuesday 27 October 2020, and we inspected the general ward.
12. 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 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.
13. We would like to thank NHS Highland and in particular all staff at Cowal Community Hospital for their assistance during the inspection.

Key messages

14. We noted areas where NHS Highland is performing well and where they could do better, including the following.
 - Mealtimes were well managed and coordinated.
 - Very good standard of hospital environmental cleaning and patient equipment cleanliness.
 - Assessments for food, fluid, and nutrition should be accurately completed in line with national guidance.

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

15. This inspection resulted in three areas of good practice and four requirements. A full list of the areas of good practice and requirements can be found in Appendices 1 and 2, respectively on pages 17 and 18.
16. We expect NHS Highland 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

17. 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 the majority of patients' had nurse call bells within reach. Call bells were not often heard, as staff were always nearby to respond to patients' needs.
18. Patients were cared for in single rooms or single sex bays. The layout of the ward allowed for good bed spacing and the ability for physical distancing between patients.
19. We saw evidence of ward staff communicating with relatives to ensure that they were kept up-to-date with information. Patients were able to keep in touch with relatives by telephone. Immediately following our inspection, we were told an issue with connecting to the internet had been resolved, and the ward now had access to a web-based platform that offers video call access to patients.

Screening and assessments

20. We reviewed patient health records and looked at assessments relating to infection control, food, fluid, and nutrition, falls and pressure area care.
21. Patients would either be admitted directly to the hospital or transferred from another NHS board. If transferred from another NHS board, then all documentation would be completed as a new admission. The majority of patient assessments are contained in the mandatory nursing assessment booklet with some additional loose-leaf assessments. The majority of assessments were accurately completed on admission for infection prevention and control, falls and pressure area care. However, these were not always accurately completed for food, fluid, and nutrition. We found the following:

- None of the patient health records reviewed had it documented if they had any weight loss prior to admission. This information is required for an accurate completion of the Malnutrition Universal Screening Tool (MUST). Where the patient was unable to be weighed on admission, this was not always done at the earliest possible opportunity.
 - When patients were unable to be weighed on admission due to clinical reasons, the alternative measurement was not used to calculate the MUST score.
 - The nutritional assessment did not have a place to document the date or time of completion. It also did not contain all required information, such as food allergies or specific dietary requirements.
 - In two patient health records reviewed, the oral health assessment was blank.
22. Along with the Pressure Ulcer Risk Assessment (Waterlow), patients should have a foot assessment completed. This is a check, protect, and refer assessment ensuring patients have the correct equipment and are referred to appropriate service if required. We saw that for the majority of patients the foot assessment was not fully completed.
23. With the exception of MUST, the majority of reassessments were accurately completed within the required timeframes in line with NHS Highland's policies. Where the MUST assessment did not document the patient's weight loss on admission, this information was not updated on reassessment.

Care planning

24. NHS Highland care plans are contained within the About Me and My Long Term Plan of Care sections, are completed along with the patient, and should be specific to them. The care plan consists of the patient's goals, date of evaluation and evaluation comments.
25. All patient health records reviewed had care plans in place, but they were not always well completed. We found the following.
- Although the care plans had dates of evaluation, it was unclear what had changed with the patient's care and they did not provide sufficient detail to guide patient care.
 - The MUST assessment stated a care plan should be implemented and this was ticked for all patients. However, on discussion with staff there was no MUST care plan to complete.

26. We were told these care plans were introduced in April 2020. There was some virtual education sessions on the introduction of this document, but there was nothing else planned in the near future. The senior charge nurse is aware the care plans require some further work and will therefore address this issue.

Food, fluid and nutrition (incl. mealtimes)

27. There was good provision of food, fluid, and nutrition for patients. We observed a mealtime on the ward and it was well managed. All patients remained within their rooms for their meal, as dining rooms were not in use in order to maintain safety measures during COVID-19.
28. There was an allocated mealtime co-ordinator who managed the mealtime service. Each course was served separately to ensure that the meal received was hot. If a patient did not want their ordered meal, we saw staff organising alternative food options. Patients were given sufficient time to eat each course and they were offered a choice of drinks with their meal.
29. Adaptive aids, such as cutlery and plate guards were available for those patients who required them. Where appropriate, patients were given encouragement or assistance with eating and drinking, and this was done in a dignified manner.
30. The ward had a nutritional board to communicate to staff information about patients requiring special or texture modified diets or any assistance required with eating and drinking.
31. The ward stocked a range of snacks to offer to patients throughout the day. Additional snacks, such as sandwiches and cakes could also be ordered from the kitchen for those patients who required them.
32. Patients had access to drinks such as water and juice that staff refreshed throughout the day. Hot drinks were offered at various times.
33. For one patient, on two previous occasions, the patient's MUST score was scored incorrectly. The most recent assessment was scored correctly, and this should have prompted a referral to the dietician for further assessment, but this was not done. There was no documentation as to why the referral had not been done. We raised this with staff who were going to refer the patient to the dietitian for review.

Prevention and management of falls

34. If a patient's risk assessment considers them at risk of falls, then a falls bundle and falls safety bundle should be completed.
35. The falls bundle contains information such as appropriate footwear and aids provided, such as hearing aid or walking frame. The falls bundle also included

interventions such as bedrail risk assessment, intensity of observation, such as care rounding or one to one observations. The majority of these were fully and accurately completed.

36. In the patient health records reviewed, no patients had fallen during their stay in hospital. We were told if patients required a review following a fall, staff would contact the ward doctor and if out of hours it would be the accident and emergency medic.
37. We saw good input from physiotherapy service during the inspection with good documentation of their input throughout the patient health records. Staff told us there is no falls nurse at present, but physiotherapists are available in the ward to give staff falls management advice.

Pressure ulcer prevention and management

38. 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.
39. The two patients who required a SSKIN Bundle had this in place. However, they were not accurately completed. We found the following:
 - The prescribed frequency of care delivery was not documented; therefore it was difficult to know how often this should happen.
 - There could be long gaps in care, for example between 7-23 hours with no explanation documented.
 - The patient could also be in the same position for a long period of time, with no documentation as to why, such as this was the patient choice.
40. One patient had a wound assessment chart in place for two wounds. The wound assessment in place was only a partial document. This meant it was unclear where the wounds were, what type of wounds they were, or what wound dressings were applied. There was some documentation within the patient health record regarding the wounds, but this did not correspond with the details on the wound assessment chart. We discussed this with staff, and the patient's wounds were reassessed and a new wound assessment chart put in place.
41. We were told that pressure ulcers reported on the electronic system are discussed at the professional and practice standards meetings. We saw minutes of this meeting, which showed a report compiled by the tissue viability improvement group for sharing learning, and escalating concerns, which is completed quarterly.

Access to equipment

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

Area of good practice

- Mealtimes were well managed and coordinated and individual courses were served separately to ensure food remained hot.

Requirements

1. NHS Highland must ensure that all older people who are admitted to hospital are accurately assessed in line with the national standards. This includes nutritional assessment including MUST screening and oral health assessment. There must be evidence of reassessment, where required.
2. NHS Highland 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 Highland must ensure that the SKIN bundles are consistently and accurately completed to ensure that the frequency of repositioning is indicated and the results of skin inspection are documented.

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

44. All staff observed physical distancing where possible and staff in clinical areas wore surgical face masks at all times. There was a system in place to inform staff which patients were able to wear a face mask while moving around the ward. There was signage at the entrance to the hospital and throughout the ward advising staff and visitors on physical distancing and hand hygiene.

Standard infection prevention and control precautions

45. Compliance with standard infection control precautions such as linen, waste and sharps management was good.
46. Hand hygiene facilities of clinical wash hand basins and alcohol-based hand rub were appropriately located and staff compliance with hand hygiene was good. We also saw staff offering patients hand wipes prior to mealtime.
47. We were told that there was a sufficient stock of personal protective equipment (PPE) for staff and visitors and this is maintained by monthly monitoring of stock levels. PPE dispensers were in appropriate locations. Gloves and aprons were generally worn appropriately. Any exceptions were raised at the time of inspection.
48. Staff told us that they have sufficient uniform and were aware of how to safely launder uniform at home. We were told that when there were COVID-19 positive patients in the hospital, staff wore scrubs which were laundered by the on-site laundry.

Transmission based precautions

49. Due to COVID-19 restrictions in place at the time of inspection, patients had one designated visitor. We were told of the safe system that was in place to allow safe hospital visiting, such as taking contact details for the track and trace process and keeping an appointment booking system. The guidelines are displayed in the entrance corridor to inform visitors.
50. At the time of inspection, there were no patients with suspected or confirmed COVID-19 and no patients were isolated for other reasons. Staff were however able to describe the transmission based precautions that would be required. We saw that single rooms were set up in case they are needed for an isolated patient with dedicated patient equipment in the room.
51. In line with national guidance at the time of the inspection, patients over the age of 70 are tested for COVID-19 on admission. A patient would require two negative results within 48 hours before being transferred to Cowal Community Hospital or discharged out of the hospital to a care home. Admissions from the

accident and emergency department and any patient with symptoms would be tested for COVID-19.

Audits, policies, procedures, and guidelines

52. We saw evidence of audit activity at ward level and by the infection prevention and control team with resulting action plans which were complete or in progress. In line with NHS Highland's policy, ward staff audit hand hygiene compliance and one other standard infection control precaution monthly on a rolling programme. Staff spoken with were aware of the audits that take place in their ward and told as that results are fed back during the safety brief and are displayed on the noticeboard.
53. The senior charge nurse produces a monthly report on audits that have taken place which is sent to the lead nurse. The audit information is collated with the other community hospitals within the Argyll and Bute area, and this data is reviewed for trends to identify where improvements can be made and learning shared.

Patient equipment

54. We inspected a range of patient equipment. We found that all patient equipment was clean.

Environment

55. The standard of environmental cleaning appeared very good. The environment was well organised and uncluttered to allow for effective cleaning.
56. Domestic staff confirmed that a chlorine-releasing disinfectant and detergent product is being used for twice daily cleaning of the environment including cleaning of sanitary fittings. We were told that frequently touched surfaces were being cleaned three times a day.

Estates

57. We were told that estates issues are reported through an electronic estates reporting system. Staff told us response times from the estates team was good.
58. Although the ward environment was generally well maintained, there was some wear and tear of the fabric due to the age of the building. We saw that some estates issues had been identified on previous audits carried out by the infection prevention and control team, but that a recent facilities monitoring audit scored estates as 100%. We acknowledge that some works are on hold at present during COVID-19 and future restructuring of wards may be required.

However, the ward should be maintained to ensure that effective decontamination can be carried out.

Area of good practice

- Very good standard of domestic cleaning and patient equipment cleanliness.

Requirement

4. NHS Highland must ensure that audit activity is robust and findings acted upon to provide assurance that the environment is being well managed.

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

59. Whilst current staffing levels were adequate, we were told that staffing was challenging at the height of COVID-19, as an additional ward was open. However, extra resource was provided by community staff and additional medical cover was put in place.
60. Staff told us that they were happy with the service provided by the domestic team and domestic resource was felt to be adequate with sufficient hours for tasks to be covered.

Communication

61. 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. There was also good communication between ward staff and domestic staff to ensure safe management and decontamination of the environment.

62. Patient information boards were located in the nurses' room, which displayed information such as mobility, diet, and fluids for each patient.
63. Within the patient health records reviewed, we saw some entries were not dated or signed. In addition, some loose-leaf documents did not have a place to record this information.
64. We were told referrals for advice and support dietician, speech, and language are made by paper referral but all services are in the process of changing to electronic referrals. Tissue viability referrals are already made electronically or by email. Staff are also able to contact by telephone for advice. Physiotherapists and occupational therapists are in the ward daily therefore staff are able to verbally refer patients.

Leadership, education, and training

65. Wards appeared calm and organised with evidence of good team working. It was clear who was in charge of the ward.
66. We were told that compliance reports of mandatory staff education can be generated and we have seen evidence that these are discussed at the quality, professional and practice standards meetings. The compliance report is broken down into staff groups at the hospital, and the majority of which have good compliance rates. However, only one of the 10 medical staff at the hospital have completed the mandatory infection prevention and control education. Senior staff had already identified this as an area for improvement and discussions have started with the local clinical lead to improve compliance. We will follow this up at future inspections.
67. Nursing and domestic staff said they had been well supported during COVID-19 by immediate line management and the infection control nurse who visits the ward monthly. As well as carrying out audits, the infection control nurse provides advice and face to face training, which can include updated COVID-19 guidance or any infection control issue that the staff request support with.

Area of good practice

- Nursing and domestic staff felt supported during COVID-19 by senior staff and the infection control nurse.

Appendix 1 – Areas of good practice

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

- 1 Mealtimes were well managed and coordinated and individual courses were served separately to ensure food remained hot (see page 12).

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

- 2 Very good standard of hospital environmental cleaning and patient equipment cleanliness (see page 14).

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

- 3 Nursing and domestic staff felt supported during COVID-19 by hospital management and the infection control nurse (see page 16).

Appendix 2 – Requirements

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

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

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

- 2** NHS Highland 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 (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 standards (2020) Standard 6.

- 3** NHS Highland must ensure that the SKIN bundles are consistently and accurately completed to ensure that the frequency of repositioning (see page 12).

This is to comply with Prevention and management of Pressure Ulcers standards (2020) Standard 6.

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

- 4 NHS Highland must ensure that audit activity is robust and findings acted upon to provide assurance that the environment is being well managed (see page 15).

This is to comply with This is to comply with Healthcare Associated Infection (HAI) standards (2015) Criteria 6.4.

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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