



Sefton Suite (AUH)

Effective Inspection Report

Thu 27th May 2021, 1:04pm



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Engagement
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94.3%

A lovely environment to assess with friendly staff who were approachable and willing to answer questions. The staff are organised and carry out their tasks in a calm and professional manner. Lots of guidance around for staff using the new electronic records.

Key findings

0
Resolved

3
New

1
Repeat



New issues

Since 27- 5-21

Are fluid balance charts completed accurately? (check 5 patients records)

Are food charts completed for patients requiring one? (check 5 patients)

Have patients been provided the opportunity to commence smoking cessation whilst in hospital? (ask 5 patients)



Repeat issues

Since 08-10-20

Where a patient has had an NG inserted- Is the NGT(naso gastric tube) placement sticker in the notes and fully completed?

Nurse in charge

N/A

Nurse in charge?

Natalie Lockett

Pain Management

100.0%

Are all local anaesthetic solutions for infusion including epidural and continuous nerve infusion solutions clearly labelled and stored in a designated cupboard separately from other IV solutions?

N/A

Trainer was off shielding during COVID so the department stopped accepting epidural and PCAs until they can restart training. There is a plan in place for training.

Are stock levels for PCA and epidural solutions maintained at appropriate levels? (may be recorded in the CD book)

N/A

Areas where epidurals and continuous nerve infusions are permitted should have intralipid available

N/A

Staff document actions taken to ensure patients pain is as minimal as possible, this may be through analgesia, positioning, use of soft pillows

Yes

Are patients, family and relatives involved in planning/treatment of pain management? (Ask 5 patients/relatives)

Yes

Pain assessments must be made and documented as well as the effectiveness of the analgesia in accordance with policy. This must be 4 hourly when patient on PCA, continuous nerve infusion or epidural (ask 5 patients)

Yes

Are patients observations and NEWS2 score recorded 4 hourly if patient is having continuous nerve infusion, PCA or epidural? (ask 5 patients)

Yes

When patients have reported pain has this been addressed? (especially if moderate or severe) (ask 5 patients)

Yes

Is there evidence staff have been trained appropriately in pain management and have pain device competencies i.e. PCAS, syringe drivers

Yes

End of Life

100.0%

Are staff able to identify patients in their care recognised to be dying and understand when to commence the End of Life Care Planning document? (ask 50% staff)

Yes

Is it clearly documented in patients notes that doctor have made clear plan including whether patient had capacity when to participate in end of life discussions? (check 5 patients)

Yes

Is there a clear plan for nutrition and hydration documented by doctor and MDT for patients at end of life (check 5 patients)

Yes

Is a clear treatment plan and investigation plan documented for patients at end of life (check 5 patients)

Yes

When caring for a person at the end of life-Is there evidence that the plan for care, treatment, investigation and nutrition/hydration has been discussed with family members? (Check 5 patients)

Yes

Can staff demonstrate an understanding of provisions of facilities for family/carers in end of life situations e.g. car parking, facilities for showering, toileting, sleeping over? (ask 50% staff)

Yes

Have anticipatory medications been prescribed on a PRN basis for patients recognised to be dying (check 5 patients)

N/A

Can staff identify patients with DNACPR status in place? (ask 50% staff)

N/A

Does the DNACRP form include rationale for decision, identify who the decision was discussed with i.e. patient/family and has been validated by a Consultant within 24 hours of completion? (Check 5 patients)

Yes

Room 15 requires validation by consultant - admitted with DNACPR from community

Are staff aware of the information leaflets that need to be given to family/carers before and after person dies- relative/carer information sheet and bereavement booklet? (ask 50% staff)

Yes

Are staff aware of the SAFE TRANSFER checklist when discharging patients believed to be in last 3 months of life (ask 50% staff)

Yes

Can staff locate necessary documents for patients requiring end of life care? (ask 50% staff)

Yes

Are staff able to demonstrate how they provide mouthcare and can discuss the risks associated (ask 50% staff)

Yes

Do patients with a syringe driver have a valid prescription chart? (check 5 patients)

Yes

Is there evidence that 4 hourly checks are being made of the syringe driver in line with guidance? (check 5 patients)

Yes

Are staff aware how to obtain a syringe driver in and out of hours (ask 50% staff)

Yes

Are Staff aware how to refer to palliative care services in and out of hours (ask 50% staff)

Yes

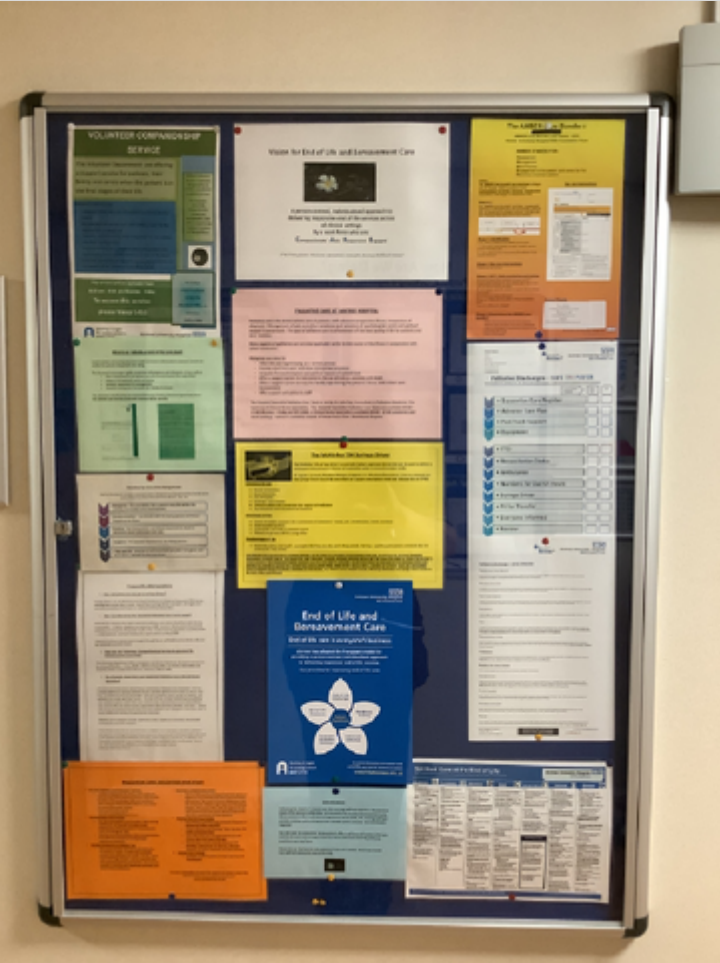
Are Staff aware of how to access medication in and out of hours which may be required at the end of life (ask 50% staff)

Yes

Is there an end of life noticeboard on display on the ward visible to staff, patients and family/carers

Yes

Board on main corridor



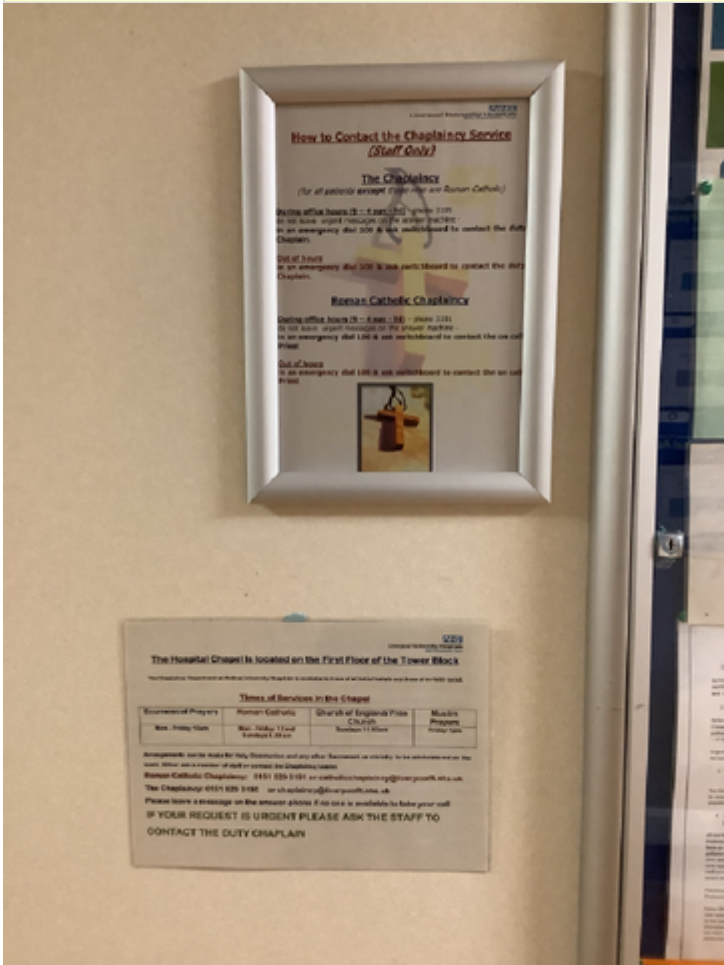
Are Staff aware of the volunteer end of life service and can describe how to access this-AUH only

Yes

Are Staff aware of how to access religious or spiritual support for patients in end of life-in hours and out of hours (ask 50% staff)

Yes

Information clearly displayed on the ward



Ward Manager has an allocated end of life champion appointed for the ward

Yes

Evidence Based Care and Treatment / Health Promotion **80.0%**

Can the Ward Manager describe what clinical guidelines are applicable to their area?

N/A

Can staff describe how to access clinical guidelines applicable to their practice? (ask 50% staff min of 2 RN's if possible)

Yes

Is there evidence that early discharge is discussed with patients and that Expected Dates of Discharge and Discharge Plans are in place

Yes

Are staff able to demonstrate an understanding of the elements included in the SAFER care bundle? (ask 50% staff)

Yes

Have patients been provided the opportunity to commence smoking cessation whilst in hospital? (ask 5 patients)

No

5 outstanding when reviewed on PENS

Check a sample of patient information leaflets- are they the correct version?

Yes

Nutrition

83.3%

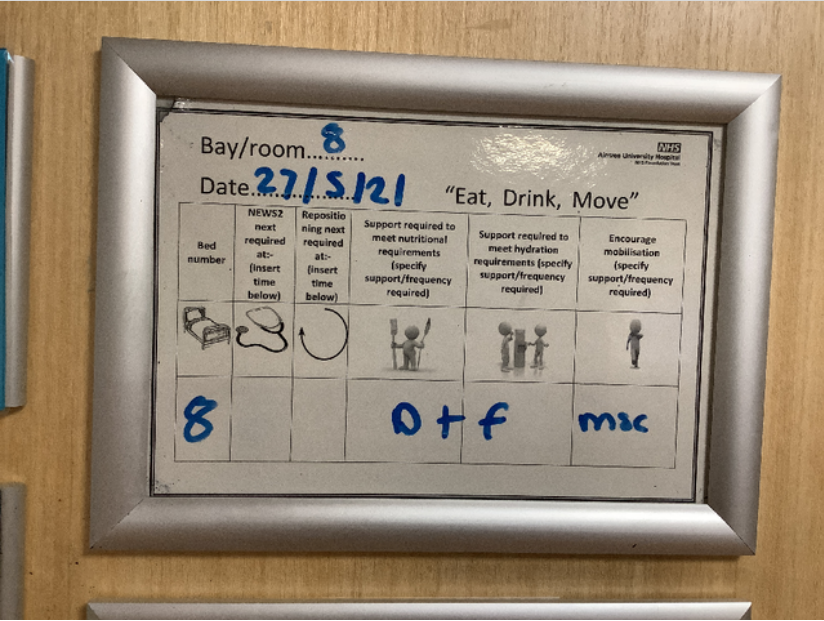
Is capillary blood glucose monitored appropriately where required and documented? (check 5 patients)

Yes

Are patients nutritional requirements identified and this information is given to the catering team and communication? e.g. white board, handover

Yes

Boards outside each room well completed



Are patients who need assistance identified on the handover/safety huddle?

Yes

Are patients who need assistance identified with a Red Tray/Jug?

Yes

Red trays in use

Are patients who need assistance to eat/drink given it?

Yes

Are food charts completed for patients requiring one? (check 5 patients)

No

Some gaps noted

Were patients provided the opportunity to wash/gel their hands before eating their meal? (if applicable in recovery)

Yes

Wipes put on trays, patients and encouraged to use

Was food left in reach for patients?

Yes

Have patients a completed MUST? (within 6 hours of admission if relevant) (check 5 patient records)

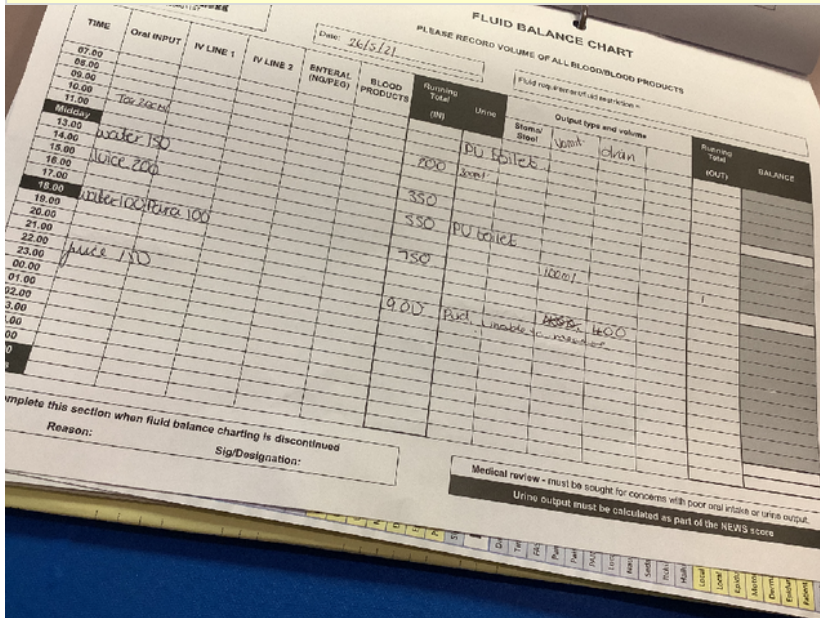
Yes

5 patients checked and all completed

Are fluid balance charts completed accurately? (check 5 patients records)

No

Charts generally completed well but no running totals or cumulative balances recorded.



Where a patient has had an NG inserted- Is the NGT(naso gastric tube) placement sticker in the notes and fully completed?

N/A

Room 15

Are staff aware of the correct pH (<5.5) which indicates when an NG Tube is safe to use? (ask 50% staff)

Yes

Where a patient requires an NG-Is the NGT checklist in the bed end chart and fully completed? (check 5 patients records)

N/A

Do staff have access to fully calibrated, working scales? (12 monthly calibration)

Yes

Safe and Competent Staff

100.0%

Is there evidence that staff have had a timely appraisal completed?

Yes

Plan in place for 100% by end of June

Does the area have an agreed set of speciality specific competencies?

Yes

Epidural training to restart. Staff all being nominated to undertake AIMs course and plan in place for this.

Does the ward/department manager have an overview of staff position against speciality specific competencies?

Yes

Does the Ward Manager have oversight of staff training specific to their area of practice and ensures staff receive this training?

Yes

Is there evidence that medical trainees have local induction?

N/A

Is there evidence that bank and agency staff or staff moved to the area to work have local induction?

Yes

Safeguarding

100.0%

Are all patients on a Deprivation of Liberty Safeguarding (DoLS) identified on the handover? (Check 5 patients)

N/A

Do staff understand that DoLS expire and have oversight of expiry dates for patients in their care on a DoLS? (ask 50% staff)

N/A

Do patients on a DoLS have the paperwork printed and in their case notes? (check 5 patient records)

N/A

Do patients on a DoLS have evidence of a mental capacity assessment before the DoLS application? (5 patient records)

N/A

Are staff aware that a DoLS means a patient is unable to leave and is under constant care and or supervision

Yes

Are all patients that lack capacity to consent to hospital admission on a DoLS? (check 5 patients)

N/A

Is there evidence that the special observation/enhanced observation policy is followed for any patient who is subject to enhanced observations.

N/A

Nursing/HCA team can identify which of their cohort of patients are under a DOLs (ask 50% staff)

N/A

No DoLS patients

Are Staff able to describe how to complete a mental capacity assessment or escalate how they would get one completed (ask 50% staff)

Yes

Are registered nursing staff aware of how to access specialist mental health advice and support (ask 50% staff)

Yes

Are staff aware of when to complete a Best Interest Decision and the need to involve relatives and friends when making a best interest decision? (ask 50% staff)

Yes

Culture & Leadership

100.0%

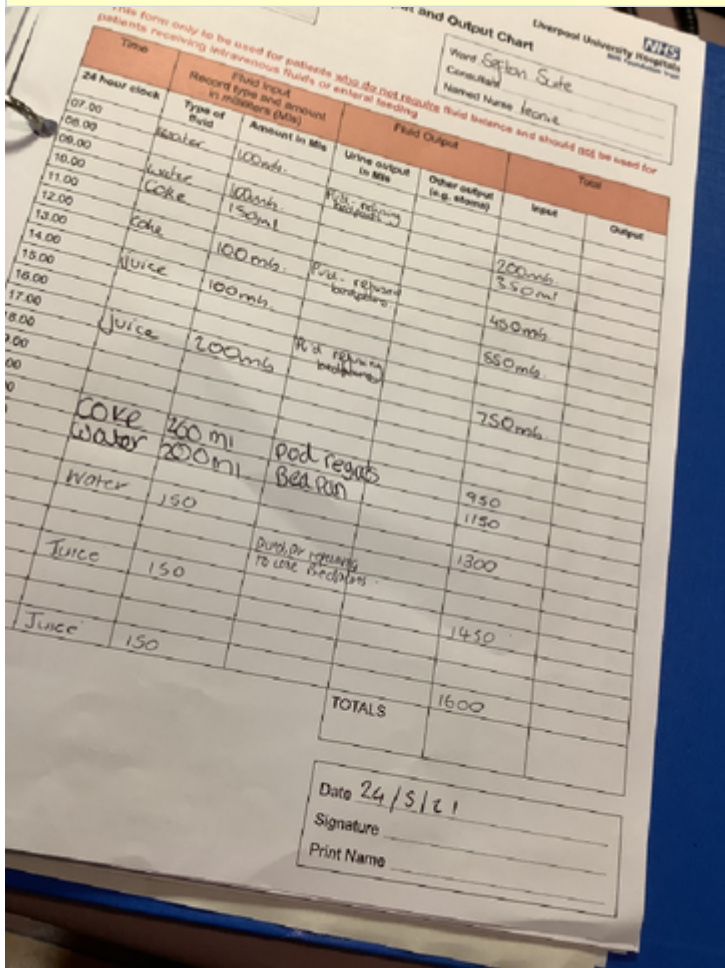
Does a Registered Nurse take part in Senior Doctor (Registrar or above) Ward Rounds/Board Rounds?

Yes

Consultants come and review patients but doesn't appear to be at set times. If nurses unable to attend, they meet before the medics leave and document in

Final reflections

Input output charts well completed



How are we doing board

