



Sefton Suite (AUH)

Responsive Inspection Report

Thu 27th May 2021, 7:20pm



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81.2%

Sefton suite as responsive to all their patients they care for. They provide holistic, individualised care and are proactive in ensuring all patients receive the high standards of care they should. Their handover is detailed and ensures all team members have the information that is required. The safety huddle should reflect this so at a glance vulnerable, high risk patients can easily be identified.

Key findings

3
Resolved

3
New

0
Repeat



Previous issues now resolved

Since 08-10-20

Can staff give any examples of incidents that had occurred in the area? (check recent incidents - it should be taken into consideration if there haven't been any in the last 3 months and N/A recorded) (Ask 50% staff)

Can staff give any examples of lessons learnt or changes in practice following a incidents? (check recent incidents - it should be taken into consideration if there haven't been any in the last 3 months and N/A recorded) (ask 5 staff)

Is there evidence of an estimated discharge date? (check 5 patient records)



New issues

Since 27- 5-21

Using FAIR assessment principles-have all patients had a dementia screen that require one? (check 5 relevant patients)

Are all vulnerable patients identified on the handover and risks escalated appropriately e.g. handover, huddles and white boards

Were call bells answered in a timely manner?

Nurse in Charge	N\A
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Nurse in charge?

Natalie lockett

Caring and Compassionate Care	0.0%
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Has the ward achived 33% discharges before midday?

N\A

Information not available to be sourced at AUH
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Were call bells answered in a timely manner?

No

Call bell noted to be ring for four minutes plus at 0930

Incidents and Continuous Improvements

100.0%

Is there clear information for patients and their families to raise concerns?

Yes



Do staff know how to deal with/signpost anyone who wanted to make a complaint? (ask 50% staff)

Yes

Staff could explain how they would try and deal with the complaint locally if able to. They could also demonstrate when/if they would escalate and so PALS can provide assistance

Do staff know how they explain how they get feedback about complaints? (ask 50% staff)

Yes

Safety and governance meetings and verbally

Can staff give any examples of complaints that had occurred in the area? (check recent complaints - it should be taken into consideration if there haven't been any in the last 3 months and N/A recorded) (ask 50% staff)

N/A

No formal/ PALS complaints in the past three months

Can staff give any examples of lessons learnt or changes in practice following a complaint? (check recent complaints - it should be taken into consideration if there haven't been any in the last 3 months and N/A recorded) (ask 50% staff)

N/A

No complaints in the par three months

Can staff give any examples of incidents that had occurred in the area? (check recent incidents - it should be taken into consideration if there haven't been any in the last 3 months and N/A recorded) (Ask 50% staff)

Yes

Staff could articulate they have had no falls with harm or HAPUs. RN spoken to said there had been a number of medication incidents and explained one regarding TPN. Another RN mentioned a warfarin monitoring incident with INR being inaccurate.

Can staff give any examples of lessons learnt or changes in practice following a incidents? (check recent incidents - it should be taken into consideration if there haven't been any in the last 3 months and N/A recorded) (ask 5 staff)

Yes

Medication Competencies have been revisited and reflections completed

Records

100.0%

Was there evidence of safe discharge planning for patient imminently being discharged-including discharge summary completed and follow up appointment made?

N/A

No discharged noted today

Is there evidence of an estimated discharge date? (check 5 patient records)

Yes

Patient review app

Were discharge plans updated daily? (check SAFER board)

N/A

Not utilised in surgery

Vulnerable Patients - Meeting individual needs

77.8%

Does the Ward/department have a named dementia champion and a dementia resource folder that is accessible

Yes

Does the Ward/department have a dementia resource folder that is accessible

Yes

Is there evidence of anyone who requires it having reasonable adjustment risk assessment completed? (check 5 patients)

N/A

No patients requiring reasonable adjustments noted. EOL patients on Sefton suite and the team are providing holistic care

There is evidence to suggest when a patient has visual, hearing impairment, other disabilities, learning disabilities, autism and neuro-developmental conditions any additional needs are discussed in handover/updated on white boards

Yes

Noted patient with MH documented on handover. Patients noted to have eye sight issues also noted on handover so the team are aware.

Is there evidence of reasonable adjustments being made where needed for patients requiring them? E.g. large print leaflets, flexible visiting for families supporting patients with learning disabilities, autism and neuro-developmental conditions

Yes

Flexible visiting in place for patients who are EOL. Clear handover for information sharing if required

Are staff aware of how to access an interpreter in and out of normal working hours? (Speak to registered practitioners/HCA staff - ask 50% staff at least 3)

Yes

Are all vulnerable patients identified on the handover and risks escalated appropriately e.g. handover, huddles and white boards

No

Patient with dementia not on safety huddle. Patient with MH requirements not on safety huddle.

Are there pictorial signs on wash room doors to support vulnerable patients?

Yes

On all en suite doors

Using FAIR assessment principles-have all patients had a dementia screen that require one? (check 5 relevant patients)

No

Noted 4 eligible patients on the ward have not had dementia screen assessment

Have all patients living with dementia got fully completed 'This is Me'/'all about me' documentation in place?

Yes

Patient in B15 has Shanghai's of dementia but no this is me folder and document. Patient also not identified on the safety huddle

Have all patients living with a learning disability got a 'fully completed Health Passport in place?

N/A

No patients living with LD noted ok the ward today