Perfect Ward

Sefton Suite (AUH)
Safe Inspection Report
Thu 27th May 2021, 1:26pm

MG

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91.9%

A pleasant ward with staff willing to engage in assessment process . DWN very welcoming and engaging with team

Key findings

✓ **10**
Resolved

⚠ **4**
New

⊖ **5**
Repeat

✓
Previous issues now resolved

Since 08-10-20

Is there evidence that appropriate action has been taken when a patient has been identified as being at risk of falling?

Was signage completed to show when antichlor was made up and was it in date?

Is all signage laminated/wipeable?

Is there evidence that daily fridge temperature check is performed on medication fridge?

Are medication fridge temperatures being recorded correctly and if the temp goes out of range, is there evidence that action has been taken as required?

If the patient is requiring oxygen is this prescribed?

Have CD checks been completed (at least once daily) in the last calendar month?

Have any errors in the CD book in the last calendar month been corrected and signed by 2 x RN - Registered Practitioners?

Do medication PODs only contain medication for the patient in that bed space?

Check at least 5 lockers per team

Have all patients had a VTE assessment? (All patients)

⊕ New issues

Since 27- 5-21

Are all staff trained to the expected standard of BLS/ILS?

Are all liquid medication in cupboards that are open have a date of first use recorded?

If the patient is at risk of falls is there a relevant care plan in place?

Are oxygen cylinders stored securely in a holder/ not free standing?

⊖ Repeat issues

Since 08-10-20

Were COSHH substances stored safely within a secure area not accessible to the general public when not in use?

Have patients at risk of falls had lying and standing blood pressure taken?

Is all catheter insertion documentation present and updated?

Are all PIVC care plans complete, up to date and match visual check of patients device?

Are staff compliant with Blood Transfusion Competency Assessment (85% compliance)

Nurse in charge	N\A

Nurse in charge?

Natalie Locket

Essential Equipment Safety Checks	75.0%

Review all monitoring sheets stored on the resus trolley at the time - Have there been documented daily checks every day on emergency (resus) equipment?

Yes

If there are gaps in the daily checks, is there evidence of a datix being completed?

N\A

Has a full resus trolley check-including medication expiry dates- been undertaken at least every 7 calendar days in the last month?

Yes

Review the resus trolley seal recording - Is the last seal put on consistently the last one taken off?

Yes

If there are discrepancies with the seal records, is there evidence of a datix being completed?

N\A

Review all monitoring checklists on other specialist equipment - e.g. difficult airway trolley or tracheostomy trolley/ box for example - Have there been documented daily checks every day?

N\A

Are oxygen cylinders stored securely in a holder/ not free standing?

No

Unsecured cylinders

Has the blood glucose monitoring device been calibrated and is in good working order?

Yes

Have maintenance issues identified been reported and actioned in a timely manner?

Yes

Were COSHH substances stored safely within a secure
area not accessible to the general public when not in use?

No

Chlorine Tablets in unlocked cupboard Actichlor in bottle on sink in sluice

Is clinical waste handled in accordance with the Trust
policy?

Yes

Falls	**60.0%**

Is there evidence that appropriate action has been taken
when a patient has been identified as being at risk of
falling?

Yes

Have all eligible patients had falls risk assessments completed?

Yes

If the patient is at risk of falls is there a relevant care plan in place?

No

2 patients from 5 checked have no care plan completed

Can Staff explain when bed rails should and should not be used? (ask 50% staff)

Yes

Staff able to articulate risk in use of bed rails and when not to use

Have patients at risk of falls had lying and standing blood pressure taken?

No

1 patient from 5 had lying and standing BP recorded

Do tagged bays have a member of staff present at all times?

N\A

Is there appropriate signage displayed for tagged bays?

Falls

N\A

Incidents and Continuous Improvement

100.0%

Speak to 3 members of staff - Do they know how to report an incident?

Yes

Speak to 3 (or all if less than 3) members of registered staff - Do they know what duty of candour is?

Yes

RN and HCA aware of duty

Is the Unit Manager aware of requirements under Duty of Candour?

Yes

Does the area have a major incident folder for staff that contains policies, procedures or action cards?

Yes

Do RN's know which is the EPMA disaster recovery computer and the process to follow in the event of power failure? (ask 50% of RNs or 3 RN's if in theatres)

Yes

Yes

Does the area have a designated fire warden?

Yes

Has the area conducted a fire drill?

Yes

IPC, Cleanliness and Hygiene

94.7%

Commodes are visibly clean

Yes

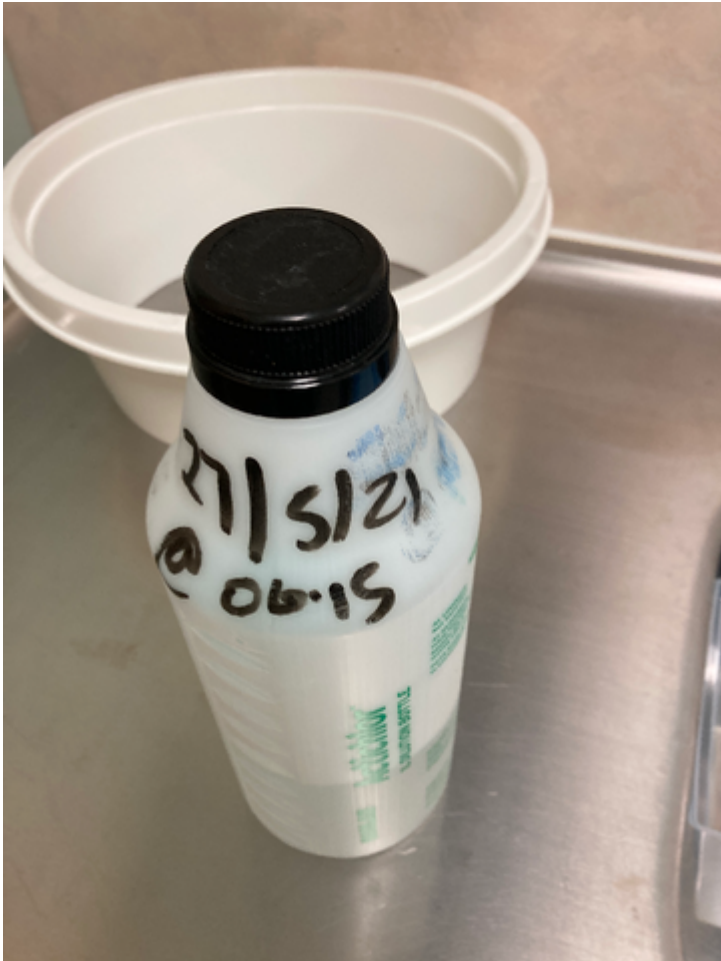Shared equipment is visibly clean e.g. obs machine, pumps etc

Yes

Are ANTT trays visibly clean and stored appropriately?

Yes

Was signage completed to show when antichlor was made up and was it in date?

Yes

Is all signage laminated/wipeable?

Yes

Staff can describe appropriate considerations and actions if a patient has Type 6-7 stool. (SIGHT) Ask 50% staff

Yes

Are sharps bins used, labelled and disposed of correctly?

Yes

Is uniform policy adhered to in terms of bare below elbow, hair tied up etc?

Yes

Are hand wash basins clean, scale free, accessible and are used for handwashing only?

Yes

Are all gel dispensers in good working order at entrance to ward and gel is also available at point of care?

Yes

Is all catheter insertion documentation present and updated?

N\A

Are all PIVC care plans complete, up to date and match visual check of patients device?

No

Gaps in documentation on 5 records checked

Is patient bedside furniture/trollies clean and in state of good repair?

Yes

Are detergent wipes available for cleaning observation machines between patients?

Yes

Linen is stored and disposed of according to Trust policy

Yes

Is the patient's kitchen clean?

Yes

Are toilets, washrooms and shower rooms clean?

Yes

Do isolation rooms have the correct precautions poster displayed?

Yes

Is the Domestic/Healthcare Cleaner room clean and mop and bucket stored as per Trust policy?

Yes

Is the domestic/healthcare cleaner trolley clean?

Yes

Medicines Safety and Management	**96.8%**

Is treatment room/Clean Utility room secure?

Yes

Is treatment room/Clean Utility room visibly clean and tidy?

Yes

Are all medication cupboards in treatment/clean utility room locked?

Yes

Is all medication locked away? (Please check any medication storage rooms, mobile carts, desks, nurses station and patient areas)

Yes

Are fridges containing medications in a secure area?

Yes

Is the medication fridge visibly clean and tidy?

Yes

Is there evidence that daily fridge temperature check is performed on medication fridge?

Yes

Are medication fridge temperatures being recorded correctly and if the temp goes out of range, is there evidence that action has been taken as required?

Yes

If the patient is requiring oxygen is this prescribed?

Yes

Have CD checks been completed (at least once daily) in the last calendar month?

Yes

Are CD stock balances documented as accurate (Inc. Patient's own)? (if significant numbers, check a sample of 5 or more if errors identified)

Yes

Have any errors in the CD book in the last calendar month been corrected and signed by 2 x RN - Registered Practitioners?

Yes

Are there any CDs in the cupboard for patients that have gone home?

No

Are CD keys separate from all other keys?

Yes

Does the CD cupboard only contains CDs and no other medication or staff or patient items (e.g. money)

Yes

Are IV fluids stored in a secure area?

Yes

Are IV fluids in date (check a sample of 5 of each type of fluid)?

Yes

Are IV fluids containing potassium stored in a locked room but are completely separately to other IV fluids?

Yes
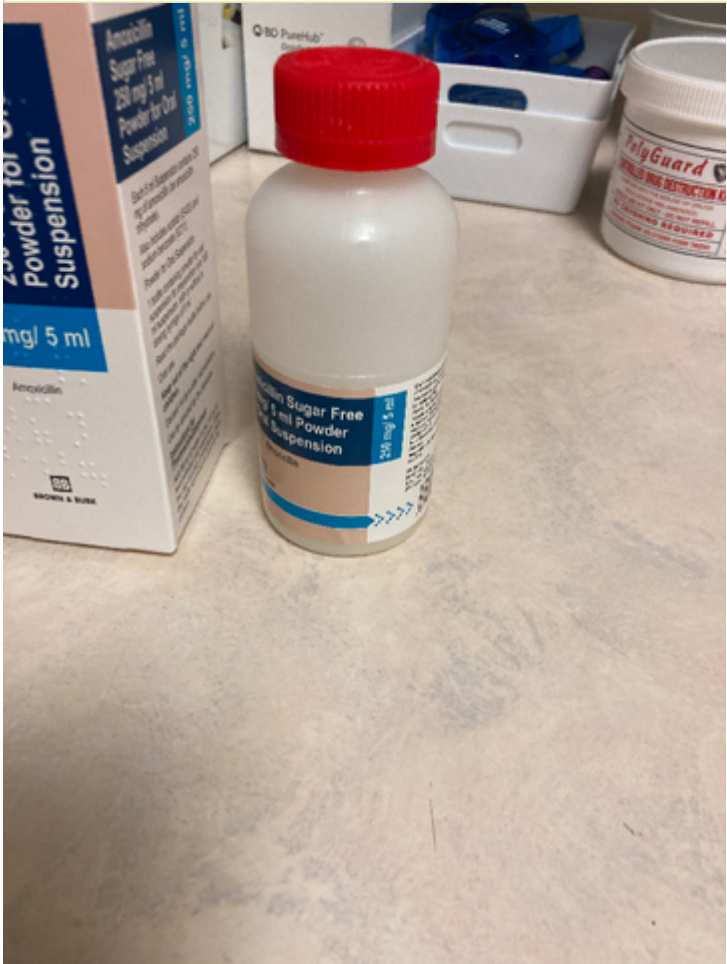
Locked in cupboard in locked room

Are IV fluids stored off the floor?

Yes

Are all liquid medication in cupboards that are open have
a date of first use recorded?

No

No opening date on one opened bottle

All medication/insulin vials in the fridge have a patient
label and date of opening recorded?

Yes

In areas that have a sepsis box-has the sepsis box been
checked at least every 7 days in the last calendar month
as required?

Yes

In areas that have sepsis box-Does sepsis box contain everything required and is everything in date?

Yes

Is all treatment for hypoglycaemia in date and staff are aware of where to find it?

Yes

Do medication PODs only contain medication for the patient in that bed space? Check at least 5 lockers per team

Yes

Only for areas with stock medication in bay lockers - Do bay stock cupboards contain only stock medication?

N\A

Can Staff describe how to safely dispose of medicines and liquid controlled drugs (ask 3 RNs where possible)

Yes

Is the medicine return box overfilled?

No

When administering medication staff are observing the patient actually take and no medication is left on patient's bedside, table etc

Yes

Is there evidence of advanced preparation of IV medications?

No

Have all registered nurses/ODP's completed controlled drug competencies within expected time frame?

Yes

100% compliance

Can the Ward Manager can describe the process of the missed critical medicines report and how they use this to manage administration error and reduce inappropriate omissions?

Yes

NEWS & Sepsis

100.0%

Are patient observations up to date in the Department?

Yes

Is there evidence NEWS2 scores calculated correctly and revisited in the right frequency?

Yes

Can staff state when they would record a patient's blood pressure manually? (ask 50% staff)

Yes

Do staff understand the NEWS scoring system/escalation required? (Ask 50% staff of all disciplines of staff who take obs)

Yes

Staff (HNA/RN)aware of escalation process

Are staff aware of the MET Calling Criteria and their roles when a patient deteriorates and the MET are in attendance? (ask 50% staff)

Yes

Staff have accurate vision of when to call met team

If a patient is suspected to have sepsis is the appropriate screening takes place immediately and the sepsis 6 pathway is followed?

N\A

generated on 27/5/2021

Are all sepsis pathways in the last calendar month completed, abandoned or in active use (recent sepsis identification)?

N\A

Pressure Ulcer Prevention

100.0%

Are staff able to identify risk factors for developing pressure ulcers and understand how to minimise these risks? (ask 50% staff)

Yes

Do the patients have a waterlow risk assessment within 6 hours of admission? (check 5 patients)

Pressure Ulcer Prevention

Yes

Is there evidence of Waterlow being reassessed every 7 days (minimum)? (check 5 patients)

Yes

Is there documented evidence that a Registered Nurse has checked the patient's pressure areas each shift? (check 5 patients records)

N\A

Can staff explain 'react to red' principles (ask 50% staff)

Yes

Can staff discuss the rationale for requiring pressure relieving equipment and know how to obtain it (ask 50% staff)

Yes

Is there evidence that correct moving and handling equipment is being used to reduce risk of friction and shear? e.g. slide sheets (check 5 'at risk' patients)

Yes

When a patient has been identified at risk of developing a pressure ulcer do they have measures in place to reduce risk?

Yes

When patients have been identified as being at risk of developing pressure ulcers is there evidence of repositioning and actively reducing risk factors? (check 5 patient records)

Yes

Are staff aware when and how to report a pressure ulcer including when to flag as safeguarding concern (ask 50% staff)

Yes

Can staff recognise categories of pressure ulcer and deep tissue injuries (ask 50% staff)

Yes

Records	**100.0%**

Was confidential information secure including patient case notes, handovers and computer screens?

Yes

Do all patients have a clean and accurate wristband in place? (ALL patients)

Yes

Are patient at a Glance Boards (behind the bed) up to date and accurately reflect the needs of the patient? (check 5 patients)

Yes

Have all patients had a VTE assessment? (All patients)

Yes

generated on 27/5/2021

Ward score >80% overall compliance of documentation audit

Yes

Safe and Competent Staff

60.0%

Are all staff trained to the expected standard of BLS/ILS?

No

L2 - 71%. L3 - 78%

Is the ward attaining 85% overall for all mandatory training?

Yes

98% compliance

Are staff compliant with Blood Transfusion Competency Assessment (85% compliance)

No

57% compliance

Has the staffing board been updated for that day and are the right numbers of staff recorded?

Yes

Ask nursing staff - do they know how to raise the red flag/what it's for? (50% of staff)

Yes

Safeguarding

100.0%

Are staff aware of the Prevent Duty?

Yes

RN x3 aware of prevent

Speak to 3 Staff Members of Staff - Can staff name three types of abuse?

Yes

Speak to three members of staff - Can they tell you how to report a safeguarding concern for adults both in and outside of normal working hours?

Yes

Speak to three members of Staff - Can they tell you how to report a safeguarding concern for children both in and outside of normal working hours?

Yes

Final reflections

Stored in cupboard in locked room but cupboard not locked

CKED AWAY
AFTER USE

THANK YOU

And ensure this room

is left clean and tidy.

Many thanks.

C.O.S.S.H
THIS CUPBOARD
MUST BE KEPT
LOCKED AT ALL TIMES

PLEASE ENSURE YOU
HAVE DATE AND
TIMED YOUR
ACTICLOR TUBS
BEFOR USE.