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**Kent and Medway NHS and Social  
Care Partnership Trust (KMPT)**

**North Kent Quality & Safety Team  
CQC 3<sup>rd</sup> Line of Assurance visit**

**to**

**Frank Lloyd Unit  
3<sup>rd</sup> February 2016**

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## **CCG ASSURANCE**

Whilst there were two wards located within Frank Lloyd it was evident they had different areas of good practice and areas for improvement. There did not appear to be consistency in sharing of good practice between the two wards.

The visiting team felt there was more stability on Woodstock than Hearts Delight however, the number of vacancies on both wards currently has an impact. Commitment by staff on both wards was evident and whilst extra shifts were being filled by substantive staff, the trust needs to consider the impact on staff in regards to the number of shifts and extra work they are taking on.

Staff were proud of the service and care they provided with many citing they 'loved their job'. Interactions between staff, patients and family were noted as positive with care, compassion and patience clearly demonstrated during interactions. However, the trust need to recognise that staff morale is currently low amongst both wards and need to ensure they invest in the staff currently in post.

The 'daily sparkle' newspaper is a really good initiative, which is in place on Woodstock ward. It is unclear if this has been replicated on Hearts Delight but recommended this is considered.

Both wards were clean, bright and had clearly made efforts to make the wards homely. The implementation of a hairdressing salon and 'pub' were real assets to the wards.

Infection Prevention and Control measures were well maintained and monitored, with appropriate actions taken following a D&V outbreak on Hearts Delight ensuring it was contained.

Incidents and Risk management systems appear clearly embedded with all staff demonstrating a good understanding of the importance of reporting and learning from incidents.

There appears to be a significant difference in the safeguarding provision between both of the wards. The safeguarding agenda seems to be better addressed and practices embedded on Woodstock ward than on Hearts Delight.

Good safeguarding practice was evident in the systems and processes established on the ward by the ward manager which could be replicated on Hearts Delight ward. Knowledge, learning and good practice could be shared across the unit by the development of a peer support system locally (initially facilitated by one of the safeguarding team) in addition to the Link Nurse Forum that is already established across the trust. This would also provide much needed support for the ward manager on Woodstock as well as developing junior staff.

It is evident from the relative feedback that further support from the trust's safeguarding team is needed on Hearts Delight ward to improve all staffs knowledge and understanding of safety concerns, MCA and Deprivation of Liberty Safeguards (DoLS) and in particular the emotional needs of relatives and friends of patients with

Dementia and Dementia Care Mapping. This is especially important when a patient with dementia is first admitted to the unit as their carer may experience a range of conflicting emotions, including relief, sadness and guilt. In order that care of the patient is holistic, and patient centred the family need to know that they are able to continue to play an active part in their relatives care.

Whilst there were no areas raised for immediate escalation and it was felt there were no immediate risks to patient safety there were many areas of inconsistency noted and recorded within this report that require addressing. The visiting team identified and reported a number of recommendations which include:

### **Hearts Delight**

- To re-familiarise staff with the National Guidance on MSA and ensure zoning and MSA compliance is considered and implemented following appropriate risk assessments for residents.
- To reinforce the importance of accurate spelling within patient records and care plans
- Adjustments required to the CD register documenting processes so that errors are clearly documented, initialled against and dated.
- A clearer and concise way needs to be adapted to document running totals within the CD register
- Reinforce the requirement that drug trolleys must be attached to the wall when not in use
- To ensure repeat prescriptions are locked away
- To review temperature monitoring systems are reviewed in the clinical room to take action when temperatures reach over 25°C
- Review expiry date checking systems and destroy any out of date medications
- Review the repeat prescription ordering system to ensure that only medications required are ordered
- To clearly define continuity of waste in bins and ensure sharps are disposed in the appropriate manner.
- To reinforce with all staff that there should be no communal use of medications
- To ensure physical health systems are fully embedded. Monitoring and systems to ensure signs of deterioration are acted upon need to be implemented
- To obtain further support from the trust's safeguarding team
- to improve all staffs knowledge and understanding of safety concerns, MCA and Deprivation of Liberty Safeguards (DoLS) and in particular the emotional needs of relatives and friends of patients with Dementia and Dementia Care Mapping

### **Woodstock**

- Inconsistencies documented in relation to inclusion of patient views and cognitive impairment limiting views included in care plans and patient notes
- Invest in a lock for the fridge cupboard
- Consider displaying the resus box in a more visible area
- Archive of old CD request books
- To review CD recording procedures and ensure all staff are made aware of the requirement to accurately calculate totals in the CD register

- Ensure the most up to date policies are displayed and ensure all staff are sited on the correct versions
- To review MAR chart recording systems and implement a system for accurate and clear recordings
- To ensure all physical health risk assessments are fully completed and to review systems for reassessment requirements, when risk is identified. An easy glance document may support staff in correlating risk scores/outcomes and timeframe required for reassessment.
- To ensure appropriate actions are taken when fluid intake is low and documented clearly within the patient record, shared at handover etc.
- To engage discussions with the GP to ensure VTE Risk Assessments are reassessed, when appropriate
- To ensure DNACPR forms are fully completed and include details of discussions with family members.
- To agree a consistent format for completing food charts, and ensure all staff are aware and completing the forms in line with policy.
- To ensure all staff groups are provided with appropriate support, especially those working within isolated roles
- To ensure all staff are fully aware and understand the Duty of Candour and how it applies to them

### **Both Wards**

- To support recruitment to posts by ensuring the recruitment process is not significantly delayed in arranging start dates for appointed staff
- To keep staff informed of recruitment and appointment to posts
- To ensure staffs efforts and areas of good work are recognised and acknowledged.
- To establish systems to learn from areas of good practice and not just when things go wrong
- Consistency of recording within care plans – this varied between and across the wards and there were some good areas of practice that could be shared to obtain a consistent approach throughout
- To ensure keys are separated, it is recommended they are held by different staff members, identified at the beginning of each shift to reduce the risk of access. If this is not possible they should at least be separated onto separate key rings.
- Consideration of developing a peer support system locally to share knowledge, learning and good practice
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It is requested that updates on progress will be provided and monitored at the bi-monthly quality meetings

The visiting team would like to thank all staff for their engagement, commitment and co-operation during the visit.