**STAR Accreditation Visit Report**

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| **Date:** | 17th May 2023 | **Specialty** | Workforce and Education |
| **Area:** | Lancashire Clinical Research Facility | **Deputy Director of Nursing, Midwifery & AHP** | Catherine Silcock |
| **Department Manager:** | Jacqueline Bramley | **Matron** | Mark Verlander |
| **Visit Team:** | **Job Role / Designation** | **STAR Assessment Element** | |
| Lisa Duxbury | Quality Assurance Facilitator | Environment | |
| Deborah Wolstenholme | Quality Assurance Administrator | Patient feedback (via telephone call) | |
| Lucy Bully | Quality Assurance Facilitator | Staff Feedback | |
| Michael Dudley | Quality Assurance Facilitator | Documentation and 15 steps | |

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| **Feedback Attendees:** |  |
| Mark Verlander | Clinical Research Team Matron |
| Paul Brown | Deputy directory of Research and Innovatation |

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| **Report Written by** | Lisa Duxbury |
| **Report Issued on** | 17th May 2023 |
| **Serious Incident/Concerns**  **Re-visit due:** | Nil identified at time of Visit  Full STAR accreditation re-visit in 6 months |

**Visit Scoring**

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| **Red** | **An overall score of less than 80%** | **Inadequate** |
| **Amber** | **An overall score of between 80 to 89%** | **Requires improvement** |
| **Green** | **An overall score of 90 to 100%** | **Good**  **111/118= 94%** |

**Visit Scores *(including all previous visits*)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date of Visit** | **Score**  **(% plus RAG)** | **Documentation** | **Environment** | **Staff** | **Patient** | **15 Steps** |
| 17.05.23 | 94% | 93% | 98% | 92% | 90% | A |
| 25.08.22 | 92% | 86% | 91% | 98% | 83% | A |
| 24.03.21 | 97% | 79% | 98% | 100% | 100% | A |
| 24.08.20 | 95% | 93% | 93% | 96% | 100% | A |
| 15.11.19 | 100% | 100% | 100% | 100% | 100% | A |

**Are Action plans from previous visits completed?**

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| **Number completed** | **Number not completed** | **Number in progress** |
| 8 | 1 |  |



**Data and Reporting**

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| **All reported Datix Incidents for previous six months: Themes and trends: 11** incidents recorded |
| * Record Management – Electronic records unavailable/incomplete * Environment – Exposure to bodily fluids/Incorrect disposal of sharps * Information Governance – Confidentiality breaches * Medication – Supply/Dispensing error/Admin error * Diagnostic – Path lab investigations |

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| **Risk Register –** 2 active risks and 4 controlled risks |
| * **1503-** Research income (active) * **1244**- access to health records (active) * **995-** controlled) * **423-**(controlled) * **422-** (controlled) * **412**- (controlled) |

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| **Formal Complaints in previous six months:** No complaints recorded |
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| **Safeguarding incidents in previous six months:** No incidents recorded |
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| **STAR monthly audit results for previous three months:** |



**Areas of good practice:**

* Staff interaction with STAR team and STAR process
* Bright, spacious and clean unit
* All assessment rooms well maintained and ready for purpose
* Literature for patients and relatives available
* Evidence of actioning ‘you said, We did’ feedback- noted patients had mentioned pervious cups were not disposable and the unit has actioned this and now offer disposable cups
* Hydration station offering hot and cold drinks
* Staff feedback they feel supported and proud and positive to work within Lancashire Clinical Research Facility
* Staff report information is well communicated with them in the form of huddles and department meetings, huddle and meeting minutes evidenced
* Positive patient feedback
* Overall good documentation, all notes legible and fully completed
* Displays of ‘You said, We did’ information and ‘How are we doing posters throughout the department
* Adequate seating available in the waiting room
* Activities for children in waiting room
* All daily checks completed- medication, fridge and resus trolly
* Visible leadership and unit appears organised and well led

**Areas of concerns**

**Immediate Risk:**

None

**Serious Concerns:**

None

**Concerns:**

* Patient awareness of friends and family test
* Raise staff understanding and awareness of- Risk register, advanced decisions to refuse treatment, alternative communication aids (e.g. learning disability communication book), where to locate emergency door disc opener
* Order emergency disc door opener
* Complete all elements of mandatory training, compliance records displaying fraud as 87.75%- contact training and compliance if these records are for staff on maternity leave, recently left the department or off with long term sickness
* One previous STAR audit action in progress- unit matron to chase update and amend AMaT to reflect progress

**Areas for improvement outside the ward/department control:**

* No MDLO data- department currently in discussion with Paul Osbourne to correct issue

**15 Step challenge:**



**Patient Experience/Feedback**

Telephone call feedback performed as no patients in the department at time of visit.

(After STAR and unit feed back, one patient called back and added further comment see comment 4)

1. Very privileged to be part of the research, excellent care and cannot fault anything.

2. All was good.

3. Nothing to add

4. Really brilliant, good quality care, they really care about patients.  Everything runs smoothly during treatment and alleviates stress.

**Any other supporting evidence:**

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| **Date revisited** | **Incidents/Concerns** | **Resolution/Evidence** |
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Please access AMaT for full details of your visit, each element scores and comments.

This should be referred to when developing any improvement plans and these should be completed within two weeks.

Thank you.

Version 11 January 2021