Heart of England NHS Foundation Trust

Castle Vale Renal Unit

Quality Report

Unit 8-H1
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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Medical care (including older people's care)	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Castle Vale Renal Unit provides dialysis services for Heart of England NHS Foundation Trust adult renal patients. It has 30 dialysis stations in an open-plan clinic area, two isolation rooms and a two-station side room for patients who are being prepared for home dialysis.

The nurse-led unit is supported by renal consultants based at Heartlands Hospital in Birmingham. The trust's renal directorate matron has overall responsibility for nursing at this unit and other dialysis services provided by the organisation.

We inspected the unit using our comprehensive inspection methodology, as part of our comprehensive inspection of the Heart of England NHS Foundation Trust. We carried out an announced inspection on 20 October 2016.

We rated Castle Vale Renal Unit as good overall.

- Openness and transparency about safety was encouraged and embedded amongst staff.
- The unit was extremely clean, and staff complied with 'bare below the elbows', hand hygiene and personal protective equipment guidelines.
- Staffing numbers met national guidelines.
- Mandatory training compliance exceeded the trust's target level.
- Treatment was provided in line with national guidance.
- Staff appraisal rates exceeded the trust's target.
- Staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Without exception, patients told us staff provided care that exceeded their expectations.
- Staff and managers were visibly patient-centred, and displayed a genuine caring attitude in every interaction we saw between them and their patients.
- The unit's opening hours were appropriate to allow patients to attend for their regular treatment.
- Staff were familiar with and identified with the unit's philosophy and the trust's vision and values.
- Managers were visible, supportive and approachable.
- The unit had a positive culture, centred on caring for patients and supporting colleagues.

We saw several areas of outstanding practice including:

- Infection prevention and control practices at the unit were systematic, thorough and embedded. The unit and its equipment were spotlessly clean.
- Staff displayed an overwhelming enthusiasm for providing the best possible care and support for each and every one of their patients.

Professor Sir Mike Richards

Chief Inspector of Hospitals

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Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Medical care (including older people's care)	Good 	Staff were encouraged to be open and transparent about safety. The unit was extremely clean, and staff complied with infection control guidelines. There were sufficient numbers of appropriately-qualified staff to keep patients safe from avoidable harm Mandatory training compliance and appraisal numbers were high. Treatment was provided in line with national guidance. Without exception, patients told us staff provided care that exceeded their expectations. Staff and managers were visibly patient-centred, and displayed a genuine caring attitude in every interaction we saw between them and their patients. Staff were familiar with and identified with the unit's philosophy and the trust's vision and values. Managers were visible, supportive and approachable. The unit had a positive culture, centred on caring for patients and supporting colleagues.

Castle Vale Renal Unit

Detailed findings

Services we looked at
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Detailed findings

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Background to Castle Vale Renal Unit

Castle Vale Renal Unit provides dialysis services for Heart of England NHS Foundation Trust adult renal patients. It has 30 dialysis stations in an open-plan clinic area, two isolation rooms and a two-station side room for patients who are being prepared for home dialysis.

The nurse-led unit is supported by renal consultants based at Heartlands Hospital in Birmingham. The trust's renal directorate matron has overall responsibility for nursing at this unit and other dialysis services provided by the organisation.

We inspected the service on 20 October 2016 as part of our comprehensive inspection of the Heart of England NHS Foundation trust.

Our inspection team

Our inspection team was led by Donna Sammons, CQC Inspection Manager and included one CQC inspector and one specialist advisor with expertise in renal dialysis.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well led? Where we have a legal duty to do so we rate service performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

During our inspection, we spoke with 11 members of staff and five patients and relatives. We looked at 10 sets of patient records.

Detailed findings

Facts and data about Castle Vale Renal Unit

Castle Vale Renal Unit provides dialysis services for adult renal patients of the Heart of England NHS Foundation Trust. It has 30 dialysis stations in an open-plan clinic area, two isolation rooms and a two-station side room for patients who are being prepared for home dialysis.

The unit is nurse-led, with support from renal consultants based at Heartlands Hospital in Birmingham. The trust's renal directorate matron has overall responsibility for nursing at this unit and other dialysis services provided by the organisation.

The unit is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Good	Good	Good
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

Medical care (including older people's care)

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

Castle Vale Renal Unit provides dialysis services for Heart of England NHS Foundation Trust adult renal patients. It has 30 dialysis stations in an open-plan clinic area, two isolation rooms and a two-station side room for patients who are being prepared for home dialysis.

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During our inspection, we spoke with 11 members of staff and five patients and relatives. We looked at 10 sets of patient records.

Summary of findings

We rated this service as good, because:

- Openness and transparency about safety was encouraged and embedded amongst staff.
- The unit was extremely clean, and staff complied with 'bare below the elbows', hand hygiene and personal protective equipment guidelines.
- Staffing numbers met national guidelines.
- Mandatory training compliance exceeded the trust's target level.
- Treatment was provided in line with national guidance.
- Staff appraisal rates exceeded the trust's target.
- Staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
- Without exception, patients told us staff provided care that exceeded their expectations.
- Staff and managers were visibly patient-centred, and displayed a genuine caring attitude in every interaction we saw between them and their patients.
- The unit's opening hours were appropriate to allow patients to attend for their regular treatment.
- Staff were familiar with and identified with the unit's philosophy and the trust's vision and values.

Medical care (including older people's care)

- Managers were visible, supportive and approachable.
- The unit had a positive culture, centred on caring for patients and supporting colleagues

However:

- Access to the unit was not controlled.
- Clinical waste skips were not stored in a secure location.
- The unit was not participating in the latest national renal patient experience survey.

The unit did not carry out any in-house patient experience surveys.

Are medical care services safe?

Good

We rated safe as good, because:

- Openness and transparency about safety was encouraged and embedded amongst staff.
- Staff were familiar with the incident reporting system. When incidents were reported, staff always had feedback on the outcome of the investigation.
- Staff had an appropriate understanding of duty of candour.
- The unit was extremely clean, and staff complied with 'bare below the elbows', hand hygiene and personal protective equipment guidelines.
- Patients' records were kept secure and could only be accessed by authorised people.
- Compliance with the majority of mandatory training exceeded the trust's target for 10 out of 13 subject areas.
- Nurse staffing numbers met guidelines published by the British Renal Society's National Renal Workforce Planning Group in 2002.
- Nurses had access to advice from renal consultants during the unit's opening hours.
- Robust plans were in place to deal with emergency incidents affecting the unit's ability to function.

However:

- Access to the unit was not controlled.
- Clinical waste skips were not stored in a secure location.
- The lock on the unit's medicines refrigerator was broken and it could not be secured shut.

Incidents

- No 'never events' were reported by the unit between October 2015 and November 2016. Never events are serious incidents that are wholly preventable as

guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

- We were shown copies of the last six incident reports completed by staff at the unit. All of the reports were detailed and included actions to be completed within specified timescales when necessary. We saw learning points from the incidents were documented where appropriate.
- Staff we spoke with were all familiar with the trust's incident reporting system and told us they had used it. They gave us examples of patient falls, pressure ulcers, non-compliant patients, transport delays and infection control issues as incidents they had reported. Staff told us the unit manager always gave them feedback on incidents they reported, including the outcome of any root cause analysis.

Duty of Candour

- The Duty of Candour regulation under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires health service bodies to act in an open and transparent way with people when things go wrong.
- The unit manager demonstrated a solid understanding of duty of candour, and told us about a recent incident where it had been applied. They told us the duty meant explaining the incident to the patient face to face and in writing, being open and honest, apologising, offering support and keeping them updated with the investigation and its conclusions. They told us duty of candour was included in the trust's 'incident reporting and management policy and procedure', and showed us a copy of the policy on the intranet
- When we asked other members of nursing staff about duty of candour, while they were not aware of the specific process involved they all told us it involved being open, honest and transparent with patients if something went wrong, and offering an apology.

Safety thermometer

- The NHS Safety Thermometer does not collect data from renal units, however we saw a 'quality dashboard displayed in the staff office at the unit. The dashboard showed details of the top five incidents reported at the unit, numbers of pressure ulcers (0), compliments (4) and complaints (0), patient survey results (100%) and training compliance (100%).

Cleanliness, infection control and hygiene

- We saw audit results which showed the unit had not had any instances of MRSA or C. Diff. infections from October 2015 to September 2016.
- The unit had two isolation cubicles, where patients from any renal unit in the trust were treated after their return to the UK, if they had visited countries deemed to be a high risk for blood-borne viruses and bacteria. Provided no adverse blood test results were found after three weeks of isolation, patients returned to being treated at their usual clinic.
- For three months after their return from holiday, all patients were regularly screened for micro-organisms including carbapenemase-producing enterobacteriaceae and MRSA, and illnesses including HIV and hepatitis B and C. During this period, patients were allocated an individual dialysis machine which was tagged with their name and not used for any other patient, to eliminate the risk of cross-infection.
- One part-time and one full-time domestic, who were employed by a contractor, provided cleaning services at the unit eight hours a day, six days a week. Each Sunday, while the unit was closed to patients, a contract cleaning team carried out a deep clean of the premises.
- Daily cleaning tasks were listed on a printed cleaning schedule, and included items about the nurses' station, clinical area and tasks allocated to specific nurses to clean individual items of equipment. We were shown signed records which confirmed all the tasks were carried out regularly, we saw staff undertaking a number of the cleaning tasks and staff we spoke with were aware of the process and the printed schedule.
- Managers conducted monthly audits on hand hygiene and infection control measures in the unit. Between April and August 2016, staff had scored 100% every month for hand hygiene, and the unit had scored over 95% every month for infection control.

- We were shown the result of the infection prevention 'structure and process improvement tool' audit of the unit, dated 6 October 2016. The audit considered 185 areas, divided into sections on general management, domestic cleaning, patient care space, general environment, hand hygiene facilities, bathrooms and toilets, clinical treatment rooms, sluice, storeroom, equipment and sharps management. The unit had achieved a score of 96% in this audit.
- The trust's infection prevention and control (IPC) team included a renal specialist nurse, who was able to provide specialist advice on IPC risks specific to patients living with kidney failure.
- Staff told us the IPC team attended the unit unannounced on random days, to swab equipment. Results of the swab tests were fed back to staff through noticeboards, emails and staff meetings.
- The unit used disposable, 'single-patient use' sheets and pillowcases, and had a small stock of disposable blankets if patients needed them, although most patients brought their own blankets with them to their treatment sessions.
- We saw staff cleaning equipment and treatment bays thoroughly and systematically, using personal protective equipment and single-use cleaning materials, before and after each patient was treated.
- We saw staff using appropriate personal protective equipment, such as gloves, disposable aprons and face shields, while caring for patients. Disposable items were removed and discarded in clinical waste bins, immediately after use.
- Staff were all 'bare below the elbows', in line with the Department of Health's uniform and workwear guidelines.
- We saw staff washing their hands before and after every interaction with patients, in accordance with the World Health Organisation's 'Five Moments for Hand Hygiene' guidance.

Environment and equipment

- A full-time stores manager looked after equipment and consumables at the unit. The storage area was spotlessly clean and tidy. Equipment and consumables were safely stored on shelving or pallets, and the stores manager maintained stock levels to ensure two-and-a-half weeks' worth of consumables were held on site. This meant sufficient stock was available in the event of temporary disruptions to the supply.
- The unit had an emergency trolley which held immediate life support equipment. We saw signed records which evidenced the trolley had been checked daily over the three months preceding our inspection. We checked 10 items in the trolley at random, and found they were all in date and stored in intact, sterile packaging.
- One incident report about a potential security breach at the unit in September 2016 included an action that the main access door to the unit should be kept locked at all times, however during our inspection we found the main access door was left unlocked. Staff told us there was a buzzer system to control entry, however they could not always answer it at busy times, and it inconvenienced patients and patient transport drivers, so they left the door unlocked.
- The front door of the unit was covered by a CCTV system. Images from the camera were displayed on monitors on the wall of the clinic area, where they were clearly visible to staff.
- We were shown a copy of the unit's waste management audits, dated 4 August 2016 and 20 October 2016, carried out by an assessor from the trust. The unit had scored 100% against a target of 97% on both.
- Both audits asked the questions "On arrival was the local waste store locked?" and "Are the bins in good working order (no broken locks, damaged lids, faulty wheels or dirty?)". Both questions were answered "yes" on both audits, however, during our inspection, which took place on the same day as the second audit, we found clinical waste skips stored in a fire exit corridor which could not be locked due to its purpose in an evacuation. Some of the clinical waste skips, which were supplied by a contractor, had defective locks and could not be secured shut. We were not reassured the trust's audit had been carried out properly. The corridor could be accessed by patients, although ordinarily there would be no need for patients to use it. The manager told us they were not able to store the

skips outside the unit as there was no suitable outbuilding and their lease did not allow any to be constructed. Staff assured us that the width of the corridor had been assessed and deemed safe to use for storage, as it would not impede an exit from the building. We raised these issues with the unit manager, who said they would look into door locking systems linked to the building's fire alarm, and ensure staff did not accept skips which could not be locked shut from the clinical waste contractor.

- Security staff, from the industrial estate where the unit was located, were on duty 24 hours a day, seven days a week. The security post was visible from the unit and staff saw the security officers daily.

Medicines

- A doctor prescribed all medicines administered to patients at the unit, except for intravenous iron. Intravenous iron, which was given to patients as part of a clinical trial, was administered under a patient group direction (PGD). PGDs provide a legal framework that allows some registered health professionals to supply or administer specified medicine to a pre-defined group of patients, without them having to see a doctor.
- We found the lock on the unit's medicines refrigerator was broken, so it could not be secured. This meant prescription-only medicines, which required refrigeration, could not be stored safely. We raised this with the unit manager who was aware of the defect and told us it had been reported for repair.
- Other medicines, which did not require refrigeration, were kept secure in the unit's locked storeroom, and were controlled by the stores manager.

Records

- Patients' records were paper-based and were kept in an office, secured with a coded lock.
- When patients' records were removed from secure storage for their dialysis sessions, they were kept in a locked trolley in the clinic area. During our inspection we saw staff taking records out of the trolley and replacing them immediately after they had been reviewed. We did not see any patient records left unattended and unsecured.
- We looked at 10 sets of patient records. We did this as we wanted to ensure that records reflected what staff and patients had told us, and that they contained information about individual patients which would enable staff to provide safe and appropriate treatment in line with the patient's wishes. All had a laminated photograph of the patient on the first page. Entries were legible, dated, signed and timed, providing an accurate record of the patient's treatment.

Safeguarding

- The trust had both children's and adults safeguarding policies.
- Safeguarding children and adults levels 1 and 2 formed part of the unit's mandatory training programme. We saw records showing 100% of staff at the unit had completed this training at the time of our inspection.
- Staff told us they could contact the safeguarding link nurse at Heartlands Hospital's renal unit for advice about safeguarding queries. They also told us the safeguarding link nurse would carry out visits to patients' homes if necessary.

Mandatory training

- Mandatory training for staff at the unit covered 13 subjects, including blood sampling and transfusion, resuscitation, infection prevention and control, managing violence and aggression, information governance, manual handling, fire safety, equality and diversity and waste management.
- The trust's target for mandatory training completion was 85%. At the time of our inspection, training records showed an average of 89% compliance among staff at the unit. The only subjects where less than 85% of the unit's staff had completed training were equality and diversity at 70%, fire safety at 83% and waste management at 70%. The unit manager told us staff and managers had email prompts when training was overdue, which allowed managers to ensure all training was completed before the end of the financial year.

Assessing and responding to patient risk

- On their return from holiday abroad, all patients had routine tests for liver function, blood count and urea and electrolytes.
- If a patient became acutely unwell while undergoing dialysis, staff told us they would contact the acute unit at Heartlands Hospital for advice from a doctor or call 999 for an emergency ambulance, depending on the patient's condition. Doctors at the acute unit could prescribe additional medicines for patients based on the unit nurses' observations. If necessary, patients could be transferred to the acute unit to be seen by a consultant on the same day.

Nursing staffing

- The nurse-to-patient ratio at the unit was 1:4, which was better than the ratio recommended by the British Renal Society's staffing guidelines.
- The unit was staffed by one band 7 manager, 18.9 whole time equivalent (WTE) band 5 and 6 nurses and four band 2 healthcare assistants. In September 2016, the unit had vacancies for 1.9 WTE registered nurses and 0.8 WTE healthcare assistants.
- Between April and September 2016, an average of 3% of nursing shifts had been covered by the trust's own bank staff. No agency nurses worked during this time.
- Between April and September 2016, staff sickness averaged 3.8%. Staff told us shift shortfalls were covered by bank staff and sickness had not had any adverse effect on patients or their treatment.
- The skill mix of 20% unqualified staff to 80% qualified staff at the unit was better than that recommended by the British Renal Society.
- Each nurse acted as 'named nurse' for seven patients on average. As the unit's patients attended in four separate groups, no nurse would ever have more than two of their 'named' patients present at any time. We saw records confirming these ratios.
- Nurses provided an out-of-hours 'on-call' service for renal patients. This duty was shared across the trust's three renal units, so each member of staff only covered one night every three or four weeks on average. In the event of an acute incident requiring a renal specialist nurse, the nurse on call attended the renal unit at Heartlands Hospital to provide support and treatment. This meant staff were not expected to work alone at one of the trust's satellite units.

Medical staffing

- Patients treated at the unit were referred by one of two renal consultants from Heart of England NHS Foundation Trust. The consultants each held fortnightly clinics for their patients, at the unit.
- When consultants were not on duty, nursing staff had access to advice and support from doctors at the renal unit at Heartlands Hospital. This facility was available for all of the unit's operational hours. Nurses told us this level of cover was adequate to provide the support they needed to look after their patients.
- No locum consultants worked at the unit.

Major incident awareness and training

- Contingency plans were in place to deal with the most common situations affecting dialysis units, such as floods and water supply failure. The plans were stored on a shared drive on the trust's computer network and had been tested through real activations. Staff we spoke with were aware of the plans and could show us where they were stored. Staff were familiar with the actions they would take in the event of an incident occurring, and how they would support other dialysis units in the event of a similar incident at another site.

Are medical care services effective?

Good

We rated effective as good because:

- Treatment was provided in line with national guidance.
- Patients had access to a renal dietitian and were encouraged and supported to monitor their fluid balance and nutrition intake.
- Appraisal rates exceeded the trust's target.
- New staff at the unit completed a structured induction programme.
- The unit worked in partnership with the acute hospital, patient transport providers, local universities and local authorities.

- Staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

However:

The unit had only achieved 50% of the 85% of the patient participation, which measures how much of the dialysis the patient can do themselves.

Evidence-based care and treatment

- Staff delivered dialysis therapy in line with clinical practice guidelines published by the UK renal Association and accredited by the National Institute for Health and Care Excellence.
- The UK Renal Association's clinical practice guideline on vascular access for haemodialysis recommends 80% of all prevalent long term dialysis patients should receive dialysis treatment via 'definitive access'. Definitive access means using an arteriovenous fistula, graft or peritoneal catheter (a flexible tube inserted into the patient's abdomen). Figures for each individual dialysis unit were not available, however in September 2016 the trust overall was performing better than the guidance, having achieved over 89% vascular access through arteriovenous fistulas or grafts.

Pain relief

- Staff used a topical anaesthetic gel for patients who were needlephobic (scared of needles) attended for treatment. This allowed staff to gain arteriovenous access without the patient experiencing pain.
- Other than the topical gel, pain relief did not form part of normal haemodialysis. If a patient complained of pain, staff told us they would speak with a renal consultant and take advice about what treatment should be offered, or consider transferring the patient to Heartlands Hospital for further investigation.

Nutrition and hydration

- A dietician provided support for patients across all of the trust's renal units. They visited each clinic weekly to see any patients who needed advice.
- Patients weighed themselves on arrival at the unit and on completion of their dialysis, to monitor their fluid balance. We saw staff recorded patients' pre- and post-dialysis weights in their notes.
- Staff offered patients drinks and snacks twice during each dialysis session. Patients could also bring their own food and drink with them. .

Patient outcomes

- Staff were working towards a target of 85% 'patient participation'. Patient participation measures how much of the dialysis process patients do themselves, without help from nursing staff. The higher the score, the more independent patients were, up to complete independence which can allow patients to manage their own dialysis at home. At the time of our inspection they had achieved 50% patient participation overall.
- The trust did not measure key performance indicators for individual dialysis units. Indicators were only measured for the renal directorate as a whole, therefore the trust were not able to provide us with data for this unit on its own.

Competent staff

- We saw records which showed 91% of staff at the unit had had an appraisal by September 2016, against a trust target of 85%.
- On starting work at the unit, nurses underwent an eight-week induction programme followed by two weeks spent with specialty teams such as home dialysis and infection prevention and control. During this time they completed a competency training booklet. We were shown a copy of the booklet, which included sections on universal precautions in the unit, health and safety, the role of renal nurses, the physiology of haemodialysis, biochemistry, haemodialysis machine preparation and patient preparation and assessment. All renal qualified and experienced nurses trained new staff.
- Nurses working on the unit carried out rotations into the acute renal unit at Heartlands Hospital in Birmingham, and nurses from the acute unit rotated into the satellite units. This allowed both groups of staff to understand the different challenges faced by each, and experience the different working environments. Nurses from the satellite units completed an 'acute/high dependency haemodialysis workbook' during their time on the acute unit. We were shown a copy of the workbook, which included sections on risk factors, symptoms, signs, principles of acute kidney injury management, together with others on specific treatment regimes.
- Only nurses who had completed their acute training, and were familiar with the renal unit at Heartlands Hospital covered nights on call.

- Nurses told us the unit manager encouraged them to complete their e-learning, and to attend divisional education forums held at Heartlands Hospital.
- Two band 6 nurses at the unit were undertaking nurse prescriber training. On completion, they would be allowed to prescribe a number of medicines commonly needed by renal patients. This meant patients would not have to wait for a doctor for most prescriptions they needed.
- Each of the nurses at the unit was a link nurse for an area of specialised knowledge, such as transplants, tissue viability, infection prevention and control, anaemia and staphylococcus aureus. This meant that they could support their colleagues with advice and the latest information regarding their speciality.

Multidisciplinary working

- Staff told us the main provider for patient transport was very responsive when issues were reported, and most problems, such as delays, were resolved on the same day as they occurred. They told us the manager of the transport service often attended the unit to address problems in person, and they had a good working relationship with the service.
- Nursing students from a local university undertook placements at the unit. A number of nurses from the unit had completed mentorship training at the university to facilitate the students' training.
- The unit worked with 'renal specific' social workers from the patient's own local authorities, to ensure their needs were met and any necessary adjustments were made in their homes.

Seven-day services

- The unit provided services between 7am and 7.30pm, Monday to Saturday. This was sufficient to allow all of its patients to attend for the required amount of dialysis, three times a week.
- Outside these hours, the renal unit at Heartlands Hospital provided emergency dialysis facilities.

Access to information

- Staff had access to up-to-date policies, procedures and treatment guidelines via the trust's intranet. All the staff we spoke with were familiar with the system and were quickly able to show us how to access the documents when we asked them.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we spoke with all demonstrated a good understanding of the Mental Capacity Act 2005, how to assess patients' capacity to consent to or refuse treatment and what action to take if they believed a patient did not have capacity.
- Although no patients being treated at the unit were subject to a Deprivation of Liberty Safeguards (DoLS) order, staff we spoke with were aware of the process and could explain to us how they would look after a patient subject to a DoLS.
- We heard staff explaining the treatment they were about to patients and gaining consent before proceeding. Patients told us staff always asked for consent before carrying out any procedure.

Are medical care services caring?

Good

We rated caring as good because:

- Without exception, patients told us staff provided care that exceeded their expectations.
- Staff and managers were visibly patient-centred, and displayed a genuine caring attitude in every interaction we saw between them and their patients.
- Staff encouraged patients to be active partners in their care.
- Staff provided holistic support for their patients, taking into account their social, cultural and emotional needs.
- The unit manager had applied to charities for grants on behalf of patients to enable them to go on holiday and told us they aimed to achieve funding for every one of their patients.

However:

- The unit did not have access to support from a renal psychologist.

Compassionate care

- Staff and patients told us staff at the unit were absolutely patient-focused. Patients told us, and we saw

staff spending time with them, ensuring all their needs were met. Patients and nurses told us every member of the team had the same caring attitude towards their patients.
- In every interaction we saw between staff and patients we saw patients being treated with obvious respect and being engaged in conversation. Staff showed genuine interest in their wellbeing, both regarding their kidney condition and in their wider social and family lives.
- Staff told us they liked to see their patients happy and showing visible signs of improvement.
- All the patients we spoke with told us staff at the unit were all friendly and cheerful, looked after them and treated them with respect. They told us the nurses became like friends through the course of their treatment and remembered details about their families and home lives.
- Staff were visibly dedicated to providing kind, supportive care for their patients. Staff we spoke with were overwhelmingly enthusiastic about the care they were able to deliver.

Understanding and involvement of patients and those close to them

- Staff encouraged patients to become partners in their own care, with a goal of being able to carry out their own treatment at home, increasing their confidence and independence.
- Patients told us staff provided holistic care, not just limited to their dialysis. They told us nothing was too much trouble for the staff, who helped them with their health and social needs whenever they were able to.
- Each nurse on the unit was allocated a list of patients, for whom they acted as 'named nurse'. Nurses told us they were actively encouraged to learn about each of their patients' background and social history to improve their understanding of each patient as an individual.

Emotional support

- The unit manager showed us positive replies they had received to grant applications they had made to charities on behalf of patients, to enable them to go on holiday. They told us they had a goal of getting a funded holiday for every one of their patients.
- As part of their induction, nurses completed a module on the psychological and social impact of chronic illness. This helped them to understand patients' emotional needs and equipped them to recognise and assist patients who were experiencing emotional problems.
- Staff told us one of their main priorities was providing treatment which gave patients independence.
- The unit did not have access to a renal psychologist to provide professional emotional support for patients.

Are medical care services responsive?

Good

We rated responsive as good because:

- The unit's opening hours allowed patients to attend for their regular treatment.
- Facilities were provided to make patients' time at the unit comfortable.
- Patients were given information about the unit and their treatment before their first attendance.
- Staff had access to a translation service.
- Although complaint numbers were very low, learning from complaints was shared with staff.

Service planning and delivery to meet the needs of local people

- The unit was open from 7am until 7.30pm, Monday to Saturday. Patients undergoing dialysis attended either a morning or afternoon session, lasting up to four hours, on alternating days, three days a week.
- Patients who wanted to could learn to conduct their own dialysis, with the aim of being able to carry out their treatment at home rather than attending the clinic. Staff at the unit trained patients in each stage of the process, allowing them to become gradually more independent until they could manage the dialysis process unassisted. Once patients were competent and happy to use it, dialysis equipment was installed in their home and they began to control their own treatment with support from community staff.
- The unit had free wi-fi access and free access to televisions for patients.
- There was ample free parking for patients and staff.

Access and flow

- The unit had 36 dialysis stations, which provided capacity to treat 144 patients per week. At the time of our inspection, the unit was treating 125 patients per week. The extra capacity allowed the unit, along with others nearby, to assist if another dialysis centre was unable to operate due to equipment or premises problems.
- We were shown three patient information leaflets, which staff gave to patients before their first attendance at the unit. The leaflets explained the importance of attending for haemodialysis, the processes involved and gave information about the unit, including the staff, their aims and standards, the complaints procedure, safety procedures and transport arrangements.
- On occasions, transport provided by external services brought patients to the unit late or was late arriving to take patients home. Both of these situations meant patients sometimes had to stay at the unit later than its scheduled closing time. All of the staff we spoke with told us they would stay late to look after patients in that situation, and claim the time back at a later date.
- If patients did not attend for their dialysis session without informing the unit in advance, staff attempted to contact the patient or their relatives to confirm they were safe. If they were unable to make contact, staff would ask the police to attend the patient's home address and confirm they were safe and well. In the event that staff and the police were unable to contact the patient, or if the patient refused to attend for dialysis, staff informed the patient's GP and renal consultant. The unit did not have a policy detailing this process; however it was explained to patients in the information leaflet titled 'Why is it important for me to attend my prescribed haemodialysis sessions'. All of the staff we spoke with were aware of the process and told us they could remember occasions when it was used.

Meeting people's individual needs

- Staff had access to a translation service, however they told us the multicultural mix of staff at the unit meant there was always someone on site who spoke the same language as any of the patients attending the unit. The unit manager took languages spoken into account when allocating staff as 'named nurses', to ensure each nurse could communicate effectively with their patients.
- Staff told us they were proud of the way they looked after a patient living with learning disabilities who attended for dialysis. When they were first referred to the unit, staff met with the patient's family, a learning disabilities nurse and the patient's consultant to agree the best way to communicate the details of their treatment to them. With support from the unit's staff, the patient had progressed from having a phobia of needles to undergoing treatment, involving arteriovenous access via their fistula, three times a week without any fear.
- In June 2016, the British Kidney Patient Association launched a national patient experience survey, in partnership with NHS England and the UK Renal Registry, however staff at the unit were not aware of the survey so their patients were not taking part.

Learning from complaints and concerns

- The unit had received one complaint from a patient between April and September 2016. The complaint was not about clinical treatment, but related to communication. After investigation, it had been partly upheld and staff members involved had been informed of the outcome.

Are medical care services well-led?

Good

We rated well-led as good because:

- Staff were familiar with and identified with the unit's philosophy and the trust's vision and values.
- Managers were visible, supportive and approachable.
- Regular governance meetings took place, and information from the meetings was cascaded to staff.
- The unit had a positive culture, centred on caring for patients and supporting colleagues.

However:

- The unit did not carry out any in-house patient experience surveys.

Leadership of service

- All the staff we spoke with described the unit manager as approachable, fair and supportive, and part of the team. They had all met the renal directorate matron who regularly visited the unit. They described the matron as decisive, approachable and friendly, and told us the leadership was not hierarchical, as managers joined in with the daily work as part of the team.

- Junior nurses and healthcare assistants also told us they were supported by the unit's band 6 nurses, who also carried out their appraisals.
- One member of staff told us about a suggestion they had made to change part of the unit's patient record paperwork. The unit manager had supported the suggestion and it had been accepted as a trust wide trial.

Vision and strategy for this service

- The unit manager told us the team had a philosophy saying they 'liked to see a smile on a patient's face'. All of the staff we spoke with had heard this, and told us they liked the impression it gave and they identified with its sentiment in their work.
- The trust's vision statement was 'building healthier lives' and its values were to be 'caring, honest, supportive and accountable'. All of the staff we asked about the vision and values were familiar with both, and told us they and the trust's senior managers applied them to their interactions with patients, families and staff. Staff told us they felt the vision helped them to promote holistic care, and to help their patients maximise their quality of life.

Governance, risk management and quality measurement

- The unit manager, band 6 nurses and the matron attended monthly renal directorate meetings. We were shown the minutes of meetings from April to September 2016. Matters discussed during the meetings included nursing, human resources, finance, premises and equipment issues, staff development and training and audit and governance.
- The renal directorate held monthly governance meetings, which managers and other senior nurses from the service attended. We saw minutes of the meetings held from April to September 2016. The minutes recorded discussions about clinical incidents and resulting learning, policy and guideline changes, the directorate's risk register, equipment, medicines and incident reports.
- Staff recorded the results of monthly care indicator audits on the trust's intranet. Care indicators comprised: medication; infection control; falls; patient observations; patient identification; compliance with data input and monitoring; and the unit's resuscitation trolley. We were shown results for these indicators between November 2015 and August 2016. Overall, the unit had scored an average of over 97% for every month in that period.
- Two risks were recorded for the unit on the directorate's risk register: one relating to ongoing service and spares availability for their dialysis machines, and one relating to the risk of water plant failure at the unit. Both risks were rated as 'moderate'. The risk register showed regular reviews of both risks and plans to reduce them or mitigate the effects. The renal directorate matron was writing a business plan to replace all of their dialysis machines before the current equipment became obsolete.

Culture within the service

- Staff told us they felt they had time to spend with their patients and they were able to provide holistic care.
- Staff told us the emphasis in the unit was on teamwork, a positive culture, and caring for their patients to give them the best experience possible while they were there. They told us they tried to make a positive difference to their patients' day.
- Two nurses told us they had found their specialism induction training daunting, but that the team at the unit had been very supportive and had helped them complete it successfully.
- Staff told us they felt they were part of the wider renal directorate team, together with other satellite units and the renal unit at Heartlands Hospital. They said they felt 'included' in the foundation trust.
- Nurses told us all grades of staff were happy to challenge practice if they felt something was not being done correctly.

Public engagement

- The unit did not carry out any in-house patient experience surveys. Staff told us they constantly gathered feedback through conversations while patients were undergoing treatment.
- Staff told us they encouraged patients to take part in the Heartlands Hospital 'patients forum' to share their views and experiences.

Staff engagement

- The unit manager held staff meetings twice a week; however, these were informal and not minuted. Staff told us the manager updated them from the monthly

directorate meetings during these sessions, together with updates about patients, staffing, equipment, and the premises. Staff told us the directorate matron also attended their staff meetings whenever they could.

- The directorate matron held monthly meetings for renal clinical nurse specialists. We saw minutes of the four meetings prior to our inspection, which included discussions about 'ward to board' issues, the renal units' environment, appraisals, training, risk assessments, clinical practice and development opportunities.
- Staff told us managers and consultants kept them informed about changes and developments in the trust, and that the interim chief executive had visited the unit shortly after they took over the role.

Innovation, improvement and sustainability

- Twenty-six patients were taking part in a randomised controlled study of exercise during dialysis to investigate if this improves quality of life and other outcomes, using exercise bicycles during their treatment.
- Almost 50 patients were involved in a Kidney Research UK-coordinated trial investigating the optimum amount of intravenous iron that can be given to patients on dialysis to treat anaemia effectively and safely.

Outstanding practice and areas for improvement

Outstanding practice

- Infection prevention and control practices were systematic, thorough and embedded. The unit and its equipment were spotlessly clean.
- Staff displayed an overwhelming enthusiasm for providing the best possible care and support for each and every one of their patients.

Areas for improvement

Action the hospital MUST take to improve
Castle Vale Dialysis

- The trust must review and improve security and access arrangements at the unit.
- The trust must review its clinical waste storage at the unit.
- The trust must ensure only clinical waste skips with working locks are accepted and used at the unit.
- The trust must review its waste audit process to ensure audits are carried out properly and are effective.

Action the hospital SHOULD take to improve
Castle Vale Dialysis

- The trust should consider employing a renal psychologist to support patients' emotional needs.
- The trust should ensure its renal service participates in the British Kidney Patient Association's national patient-reported experience measure survey

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment All premises and equipment used by the service provider must be- 1(b) Secure **How the regulations were not being met:** • Security and auditing of clinical waste storage. • Security and access arrangements at the unit.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; **How the regulations were not being met:** The trust must review its waste audit process to ensure audits are carried out properly and are effective.