East and North Hertfordshire NHS Trust

Harlow Renal Unit

Quality Report

Harlow Renal Unit
Princess Alexandra Hospital
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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

Overall rating for this hospital

Medical care

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out an announced inspection visit of Harlow Renal Unit on 21 October 2015.

This was part of a comprehensive inspection.

This service was inspected but not rated.

Our key findings were as follows:

Staff reported and learnt from incidents. The unit was clean and infection prevention measures used kept patients safe. There were appropriate arrangements to assess and respond to patients at risk. Nurse staffing levels and nurse to patient ratios were closely managed and shortages responded to effectively to ensure safe care.

Feedback and concerns from patients were responded to and measures taken to improve the service. A strategy had been developed for the service to ensure the needs of the local population were met. There was good multi-disciplinary team working. A cohesive team at local and trust wide level worked to facilitate shared learning and effective use of resources.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Medical care		The service was inspected but not rated. Staff reported and learnt from incidents. The unit was clean and infection prevention measures used kept patients safe. There were appropriate arrangements to assess and respond to patients at risk. Nurse staffing levels and nurse to patient ratios were closely managed and shortages responded to effectively to ensure safe care. Feedback and concerns from patients were responded to and measures taken to improve the service. A strategy had been developed for the service to ensure the needs of the local population were met. There was good multi-disciplinary team working. A cohesive team at local and trust wide level worked to facilitate shared learning and effective use of resources.

Harlow Renal Unit

Detailed findings

Services we looked at:
Medical care

Detailed findings

Contents

Background to Harlow Renal Unit

East and North Hertfordshire NHS Trust provides secondary care services for a population of around 600,000 in East and North Hertfordshire as well as parts of South Bedfordshire and tertiary cancer services for a population of approximately 2,000,000 people in Hertfordshire, Bedfordshire, north-west London and parts of the Thames Valley. There are approximately 696 beds at the Lister Hospital Site and at the Mount Vernon Cancer Centre there are 45 beds and a 12 bedded hospice. The trust has a turnover of approximately £375m and 5,290 staff are employed by the trust, representing around 4,540 whole time equivalent posts.

The area served by the trust for acute hospital care covers a population of around 600,000 people and includes south, east and north Hertfordshire, as well as parts of Bedfordshire.

The trust's main catchment is a mixture of urban and rural areas in close proximity to London. The

population is generally healthy and affluent compared to England averages, although there are some pockets of deprivation most notably in Stevenage, Hatfield, Welwyn Garden City and Cheshunt. Over the past ten years, rates of death from all causes, early deaths from cancer and early deaths from heart disease and stroke have all improved and are generally similar to, or better than, the England average.

The trust concluded its "Our Changing Hospital" programme in October 2014, having invested £150m to enable the consolidation of inpatient and complex services on the Lister Hospital site, delivering a reduction from two to one District General Hospitals. Additional £30m investment enabled the development of the New QEII, to provide outpatient, diagnostic and antenatal services and a 24/7 urgent care centre; which opened in June 2015.

Hertford County Hospital provides outpatient and diagnostic services. The Mount Vernon Cancer Centre provides tertiary radiotherapy and local chemotherapy services. The trust owns the freehold for each of the Lister, QEII and Hertford County. The cancer centre operates out of facilities leased from Hillingdon Hospitals NHS Foundation Trust. The trust is also a sub-regional service in renal medicine and urology and a provider of children's community services.

The trust has five clinical divisions: Medical, Surgical, Cancer, Women's and Children's and Clinical Support Services, each led by Divisional Director and Divisional Chair. These are supported by a corporate infrastructure. Therapy Services, Outpatient Pharmacy Services and Pathology Services are provided by different organisations.

The trust is not a foundation trust.

From information provided by the trust, the total number of beds across all trust sites (excluding Michael Sobel House, the trust's hospice) was 741 with:

- 629 General and acute beds
- 48 maternity beds (excluding assessment and delivery)
- 19 Critical care beds
- 45 Cancer centre

Detailed findings

The trust employees 5,340 staff with:

- 760 Medical staff
- 1806 Nursing staff
- 2,779 Other staff.

The trust's revenue was £376 million with a deficit of £ 3 million.

Our inspection team

Our inspection team was led by:

Chair: Professor Sir Norman Williams, MS, FRCS, FMed Sci, PPRCS.

Head of Hospital Inspections: Helen Richardson, Head of Hospital Inspections, Care Quality Commission

The team included a CQC inspector and a specialist advisor.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive of people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we held about Harlow Renal Unit and asked other organisations to share what they knew about the hospitals. These included the Trust Development Authority, Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

We held listening events in Stevenage and Welwyn Garden City before the inspection, where people shared their views and experiences of services provided by East and North Herts NHS Trust. Some people also shared their experiences by email or telephone.

We carried out this inspection as part of our comprehensive inspection programme, which took place on other trust sites during 20 to 23 October 2015. We carried out an announced inspection visit on 21 October 2015. During the visit we spoke with three patients and eight nursing and medical staff. We observed the care and treatment provided in clinical areas and viewed two patients' records with their consent.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Harlow Renal Unit.

Facts and data about Harlow Renal Unit

Harlow Renal Unit is one of five satellite haemodialysis units provided by East and North Herts NHS Trust. The unit is situated within the Princess Alexandra Hospital and consists of 12 beds. The service provides dialysis treatment for adult patients plus a nurse led nephrology clinic and a consultant led clinic.

The Harlow Renal Unit has 12 stations incorporating four isolation rooms and is one of five specialist referrals centres serving Hertfordshire and Essex. The unit is open Monday to Saturday and dialysis treatment is carried out between 07:15 and 22:30.

The unit is equipped with a waiting room and outpatient consultation rooms. There is a TV at every station.

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

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

Notes

Medical care

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Harlow Renal unit at the time of the inspection had the capacity and staff to treat12 patients at any one time and capacity to provide 71 sessions of dialysis per week.

As part of our inspection we spoke with 2 patients and four nursing staff. We observed the care and treatment patients were receiving and viewed two care records with the patient's agreement.

Summary of findings

Staff reported and learnt from incidents. The unit was clean and infection prevention measures used kept patients safe. There were appropriate arrangements to assess and respond to patients at risk. Nurse staffing levels and nurse to patient ratios were closely managed and shortages responded to effectively to ensure safe care.

Feedback and concerns from patients were responded to and measures taken to improve the service. A strategy had been developed for the service to ensure the needs of the local population were met. There was good multi-disciplinary team working. A cohesive team at local and trust wide level worked to facilitate shared learning and effective use of resources.

Medical care

Are medical care services safe?

We inspected but did not rate the service for safety.

There were arrangements in place to report and learn from incidents.

The unit was visibly clean and we observed staff following appropriate protocols for infection control.

The environment was suitable to meet the needs of patients and equipment was well maintained.

Patient records and medication were appropriately stored and records accurately maintained.

Safeguarding arrangements were in place and staff had a good understanding of the procedures to follow or who to contact if they had concerns.

Staff had access to mandatory training.

Nursing staffing arrangements were adequate to meet the needs of patients.

Incidents

- There were no reported never events.
- There had been no reported incidents of pressure ulcers.
- The trust's incident reporting system was understood by staff and reporting of incidents was well managed. Staff received feedback through ward meetings. We saw samples of minutes of ward meetings, and that incidents were routinely discussed with evidence of actions being taken to address areas of risk.
- We saw evidence of learning from incidents. For example there had been a serious incident (SI) in January 2015 relating to Hepatitis C. A root cause analysis had been completed and although no actual root cause was determined an action plan had been developed and introduced which included the introduction of a revised cleaning programme. All staff were also reassessed in the use of aseptic technique.
- The senior nursing staff were aware of and able to discuss the items on their local risk register which were transport and patient falls. We saw there had been four incidents of falls since April 2015. An action plan had been implemented to address the transport concerns.
- Mortality and Morbidity were reviewed at the monthly consultant led Directorate Clinical Governance meetings.
- There was promotion of duty of candour to relatives and visitors through the use of large posters displayed in public areas. The posters explained what communication from staff patients and their families should expect when incidents or potential incidents involving them occurred. Staff received training about duty of candour as part of customer care program and the Accelerate, Refocus & Consolidate (ARC) training, the latter was provided for senior managers.
- We spoke with nursing and medical staff about duty of candour. They had a good understanding of this and that it now went beyond professional guidance about being open and honest and that it was now a regulatory requirement. Staff described how duty of candour had been applied as part of their response to the SI relating to Hepatitis C in that all patients were notified on a one to one basis about the incident and the measures the staff were taking to minimise the risk to patients.

Safety thermometer

- Information displayed in the unit showed there had been no Methicillin Resistant Staphylococcus Aureus (MRSA) incidents and compliance with hand hygiene audits was 100%.

Cleanliness, infection control and hygiene

- All areas were clean, spacious and well lit. Cleaning schedules were signed and completed.
- Staff had received training about infection prevention and control at induction and during annual mandatory training.
- We observed that staff followed the trust's policy regarding infection prevention and control. This included being 'bare below the elbow', hand washing and the correct wearing of disposable gloves.
- Hand-washing facilities and hand wash gels were readily available for patients, staff and visitors in all areas and were being used consistently.
- All patients were routinely reviewed for MRSA. If any patients were identified as MRSA positive they were treated and re swabbed to ensure they were clear of infection.

- Peer audits were carried out to review issues such as good hand hygiene practice, management of Central Venous catheter lines and environment. If any aspects had a score under 95% an action plan to address areas of non-compliance was implemented.
- Hand Hygiene was promoted to visitors and relatives through the use of posters and leaflets displayed in public areas.

Environment and equipment

- The clinical and storage areas were tidy, well-lit and corridors were free from obstruction to allow prompt access to patients.
- There was safe secure and appropriate storage of equipment.
- There was a rolling programme of servicing of equipment to ensure equipment was safe and ready for use. Some servicing of machines was a month overdue for servicing these had been risk rated to identify their status and ensure they were prioritised for servicing.
- We saw Portable Appliance Tests (PAT) had been completed for a range of equipment and was in date.
- The Resuscitation trolley was well maintained. There was a clear record of daily checks. Checks were completed by two staff one being a registered nurse in accordance with policy.
- Clinical waste and dirty linen storage arrangements were checked and we saw these were managed safely and correctly.
- Electric chairs were used at each treatment station which meant patients could raise or lower the chairs to a safe height when getting in and out of chairs to prevent falls and this also helped promote their independence.

Medicines

- Storage of fluids and medicines were checked. All fluids were stored correctly in a dedicated secure room.
- Medicines were stored in a secure temperature controlled room.
- There was a named nurse responsible for the day to day management of medicines to ensure adequate supplies were available and stock was rotated correctly.
- Drug fridges were locked, clean and used appropriately.
- Temperatures were checked and recorded daily. There was guidance about what action staff should take if the fridge temperature was found to be out of the specified range.
- The unit did not stock Controlled Drugs on site as there was no requirement for these.
- There was a visit from the Pharmacist every 6 months to review and audit medicines management.
- We did not witness any administration of medicines during the inspection.
- Prescription drug charts were clear and complete. Medicines were signed for appropriately; if medicines were discontinued, the charts were signed and dated on the date of discontinuation and crossed through.

Records

- The service used an electronic patient records system (EPR) called Renal Plus which we observed staff were familiar with.
- We observed there was minimal use of paper records. For example, the only patient paper records we saw in use were the safety check list stored at the patient's bedside. The checklist included checks such as the call bell was in reach, baseline observations prior to treatment had been completed and the prescribed haemodialysis treatment for that day.
- We looked at samples of records which were fully completed, legible with entries timed dated and signed for.
- The records included information such as the patients past medical history when put on and off dialysis, which nurse managed the episode of treatment, patient observations including weight and what type of access for dialysis was used plus handover messages major concerns and actions taken.

Safeguarding

- Staff explained there was a dedicated safeguarding team based at the Lister Hospital to whom they could escalate concerns.
- Nursing and medical staff had been trained to recognise and respond to safeguarding concerns in order to protect vulnerable patients. We spoke with three nursing staff regarding their role in ensuring patients were safeguarded from abuse. All were clear about their responsibilities, as well as how to escalate concerns both internally and externally
- The senior sister advised training was provided for safeguarding of adults and children to all staff as part of their on-going mandatory training and that there had not been any safeguarding issues in the past year.

Medical care

Mandatory training

- During the inspection, the senior sister advised staff were mostly up to date with training with staff compliance at 72% which was below the trust target of 90%. The trust provided additional information to show that for September 2015, training compliance was at 88%. Senior staff had set time aside to allow staff to complete their training.
- Nursing and administrative staff described the mandatory training they attended. This included for example safeguarding training for adults, information governance, fire safety and infection control.
- A monthly Education Advisory Group was held to review compliance with mandatory and internal training and discuss planned future training needs and how these could be met. Mandatory training was also discussed at the Renal Nurse Management Group.

Assessing and responding to patient risk

- The observational tool National Early Warning Score (NEWS) was used to identify deteriorating patients.
- There was a documented care pathway for staff to use when a patient score indicated they needed to be escalated. If a patient score indicated escalation was required staff explained they contact a member of the medical staff to review the patient and they notified the consultant. When indicated, patients were then fast tracked for treatment in A&E at PAH.
- There was access to on line training for the correct use of NEWS. Training compliance was reported as 100%.
- The dialysis orders were reviewed monthly by the consultant or more frequently if required. Similarly dieticians reviewed patients monthly or more frequently as indicated.
- There were specific Hypoglycaemic kits which included an algorithm of treatment plus anaphylaxis shock kits available. All of these had been checked daily to ensure they were fit for use.

Nursing staffing

- The staffing matrix was reviewed twice a day to ensure agreed staffing levels were met.
- Unplanned absences were escalated to matron and a replacement was provided or the matron worked on site to ensure safe staffing levels.
- There were 10 contracted RGNs employed at the time of the inspection of these, five had a post graduate renal nurse training qualification. The other staff received training and their competencies to provide haemodialysis were assessed. There were two Band 2 and two Band 3 Care Support Worker (CSW) vacancies currently being recruited to.
- To cover vacancies, the units used their own staff to work extra shifts or a small pool (four) of agency nurses who had completed the relevant renal competencies required to provide safe care for renal patients.
- We saw evidence of induction provided and competency assessments completed for agency staff such as skills to put patients on and take them off dialysis treatment safely.
- The renal service held monthly meetings within the trust for work force planning.

Medical staffing

- We did not gather evidence for this key line of enquiry.

Major incident awareness and training

- We did not gather evidence for this key line of enquiry.

Are medical care services effective?

We inspected but did not rate the service for effectiveness.

The service ran six days per week with an on-call service on Sundays. The unit worked in accordance with national guidance and provided pain relief to patients if required.

Food was not provided to patients at the unit, other than a simple snack. Patients were provided with advice on good nutrition.

Staff were competent and had a good understanding of the mental capacity act and gained consent from patients as required.

Evidence-based care and treatment

- The unit worked in accordance with the national framework and National Institute for Health and care Excellence (NICE) guidance regarding renal dialysis treatment. For example depending on a patient's degree of kidney function and urine residual all patients were dialysed for a minimum of four hours three days a week in accordance with NICE guidance.

Pain relief

Medical care

- Staff reported there was minimal requirement for pain relief. A stock of paracetamol was available if required.

Nutrition

- Fluid balance educational information was clearly displayed. Such as measures of fluid and importance of adhering to fluid balance regime and side effects of non-compliance.
- No food was provided during treatment other than tea and biscuits. Patients were allowed to bring their own food if they wished.
- A dietician was available to see patients as required and routinely assessed patients on a monthly basis.

Patient outcomes

- We did not gather evidence for this key line of enquiry.

Staff competence

- The senior sister had been in post one year and had 14 years' experience of working at other renal sites within the trust and therefore familiar with the renal service within the region.
- The senior nurses explained trust's Human Resource team provided a list of when appraisals were due to help managers ensure they were provided in a timely manner.
- Staff were trained as mentors although there were no student placements at the time of the inspection.
- There was an education training sister who coordinated the renal training programme which comprised of 10 sessions parts 1 and 2 which all nursing staff had to attend.
- Staff received training and assessment to correctly use the electronic patient record (Renal Plus) as part of renal competencies.
- New staff participated in a six month rotation programme. This meant staff were familiar with each site and competent to provide support when required.
- During the inspection, the sisters told us all appraisals due had been completed, though the evidence we were provided with at speciality level indicated 64% of staff had received an appraisal, which was below the trust's target of 90%. The trust provided additional information for October 2015, which showed appraisal compliance rates of 100%.
- To maintain awareness of new developments and share experience the senior staff attended the Renal Eastern region network meetings and attended the annual conference.

Multi-Disciplinary working

- The electronic patient record was used by all members of the multi- disciplinary team.
- Locally and through attendance at trust wide meetings there was good multidisciplinary working. We saw information from these meetings was fed back and shared with the nursing team.
- The renal service had a dedicated renal counselling service, dietician and physician assistant.
- There weekly ward rounds and relevant disciplines attended as required.
- Through speaking with nursing staff it was apparent there was a strong promotion of shared care. Shared care is where the patient agrees to learn and participate in managing their own dialysis.

Seven day services

- A six day service was provided between 6am and11pm.
- Seven day on call services were provided by medical, nursing and technicians.

Access to information

- Policies were accessed via the Knowledge Centre on the trust's intranet.
- We observed staff were able to easily access information online when asked.
- Staff had access to up to date medicines information such as British National Formularies. These were managed by the pharmacy team to ensure staff only used the most recent version of the formulary to ensure patient safety.
- We saw information and the contact details for the Safeguardinglead displayed
- Staff described one of the benefits of the electronic patient record was that they could easily trace patient information when they were based at another unit in the trust if they needed to.

- A folder containing information from recent meetings and the executive team memorandums was provided in the unit.

Consent, Mental Capacity Act and deprivation of Liberty Safeguards

- Patient's agreement to care and treatment was mostly obtained verbally through explanation and discussion. For example the frequency of treatment and the implications of the treatment.
- The senior sister advised some of the mandatory Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training was overdue for some staff members but plans were in place to address this.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005.

Staff explained if they had a concern or required advice regarding an application for DoLS they could contact the senior nurse on duty. They also were able to name the renal team's safeguarding lead.

Are medical care services caring?

We inspected but did not rate the service for caring.

Staff working at Harlow provided good care to patients. Patients were supported and told us that they were involved in their care and decision making.

There was a good level of support, including counselling arrangements for patients who needed this.

There was also a patient association, run by patients, to offer support to those new to treatment.

Compassionate care

- Patients told us they felt staff were well trained. There were a few minor problems when the unit first opened but these issues were quickly resolved. One patient told us they had previously used the patient transport service and felt at times some of the transport drivers were unprofessional but this had been overcome as they were now able to arrange their own transport.
- Patients told us they found the staff to be professional. A patient told us they had been treated at three other sites and found Harlow was the best.

Understanding and involvement of patients and those close to them

- Patients told described how they and their families were involved in making decisions about their care.
- Lister renal patient association was run by patients and used to assist and support patient's new to haemodialysis. Patients described how activities and holidays were provided which were tailored to meet their care needs.

Emotional support

- The unit had a dedicated renal counsellor who they had regular contact with. Patients on home dialysis were also supported by the counsellor through the use of telemedicine.
- There was access to a chaplaincy service if required.
- Help and advice was available to patients via the National Kidney Association including an advocacy service.

Are medical care services responsive?

We inspected but did not rate the service for responsiveness.

There were plans in place to expand the unit to meet the increase in demand.

Patients' individual needs were met and there were arrangements in place to deal with complaints.

Service planning and delivery to meet the needs of local people

- There were approved plans for the expansion of the Harlow unit to accommodate a further six patients commencing in November 2015. Recruitment to meet the demands of the service had already commenced. Two RGNs already appointed and recruitment for an additional 4 care support workers was on-going.

Access and flow

- We did not gather evidence for this key line of enquiry.

Meeting peoples individual needs

- Patients described how they had been involved in discussions about their treatment and future arrangements such as having home dialysis or a kidney transplant.

Medical care

Learning from complaints and concerns

- Feedback from patients was displayed in the reception areas. Two concerns had been reported. Transport and provision of tea and biscuits. Both had been responded to and transport had been added to the risk register. The service now has a contract in place. If a patient has to wait over one hour for hospital transport a taxi is provided.
- Staff understood and described how they would respond to a patient concern.
- Patients had the use of a hand held device to facilitate automatic patient feedback (PETRACK).

Are medical care services well-led?

We inspected but did not rate the service for being well led.

The unit had plans to expand and improve patient care, staff were aware of the trust's values and these were linked to their appraisals.

There were governance arrangements in place to ensure audits were undertaken.

Staff felt well supported and enjoyed working at the unit.

Vision and strategy for this service

- The service aimed to allow patients whose homes were unsuitable or who chose not to dialyse at home, to carry out haemodialysis at their convenience and preferred frequency within a nearby unit. The development of similar satellite units to those of Bedford which were not on hospital sites was planned plus increased availability of home dialysis as this gave patients a better experience and reduced transport costs. Adequate transport and parking facilities was important to patients in that it plays a vital role in the formation of patient views and attitudes towards dialysis.
- Shared care was promoted with a long term aim of patients being able to manage their treatment cycles and be more independent.
- Plans had been approved and recruitment commenced for Harlow site to expand the capacity from 12 treatment stations to 18 and work was due to commence November 2015.
- The trust's values were linked to appraisal and staff told us they were also used in the training programmes provided.

Governance, risk management and quality measurement

- A dedicated half day each month was used to present audit results and undertake mortality reviews at the Directorate Clinical Governance meetings which were consultant led.
- Feedback to local teams was provided at ward meetings plus there was a Staff Engagement Folder (to be read and signed) which included the latest bulletins from the senior management team.
- The unit participated in national audits via UK renal register.

Culture within the service

- Senior nurses found the meetings they attended with their peers from other units to be beneficial. They described these meetings as helpful and were able to discuss concerns and arrange staffing across the trust to ensure safety.
- Nurses felt there was a good level of communication from the trust. Staff were able to give examples of information they received such as planning for winter pressures and the additional capacity being created.
- Nursing and medical staff were proud of the service and that they worked as one multidisciplinary team. Agency staff told us they felt valued and travelled long distances to work in the units because the atmosphere in the units and standards were go good.

Public engagement

- We did not gather evidence for this key line of enquiry.

Staff engagement

- We did not gather evidence for this key line of enquiry.

Innovation, improvement and sustainability

- We saw a storage area where each patient receiving treatment had a labelled box containing equipment specific to them including an identity badge and their own blood pressure cuff which meant the risk of cross infection was minimised. This had been developed in response to an earlier incident.

Outstanding practice and areas for improvement

Outstanding practice

The service was developing a patient training and support programme to enable patients to undertake "shared care" using a self-management approach in the dialysis unit.