

Heart of England NHS Foundation Trust Runcorn Road Dialysis Unit

Quality Report

Runcorn Road
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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

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Runcorn Road Dialysis Unit provides dialysis services for Heart of England NHS Foundation Trust adult renal patients. It has a total of 27 dialysis stations. An open-plan clinic area provides 24 stations, two are in isolation rooms and one is a self-care room.

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 across the trust's dialysis services including the Runcorn Road unit.

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 19 October 2016.

We rated Runcorn Road Dialysis Unit as good overall.

- Without exception, patients told us staff provided care that exceeded their expectations. Patients described staff as 'excellent', 'marvellous' and said nothing was ever too much trouble for them.
- Staff and managers were visibly patient-centred, and displayed a genuine caring attitude in every interaction we saw between them and their patients.
- Staff described the unit manager as 'inspirational' and a role model.
- The unit had an exceptionally positive culture, centred on caring for patients and supporting colleagues.
- Staff were happy, and believed their team was the best place to work in the trust.
- 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.
- 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.
- Definitive access (using an arteriovenous fistula, graft or peritoneal catheter) rates were significantly better than the UK Renal Association's clinical practice guidelines recommended.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Medical care

Rating

Good



Why have we given this rating?

- 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. Staff described the unit manager as 'inspiration' and a role model. The unit had a positive culture, centred on caring for patients and supporting colleagues.

Runcorn Road Dialysis Unit

Detailed findings

Services we looked at

Medical care

Detailed findings

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Background to Runcorn Road Dialysis Unit

Runcorn Road Dialysis Unit provides dialysis services for Heart of England NHS Foundation Trust adult renal patients. It has a total of 27 dialysis stations. An open-plan clinic area provides 24 stations, two are in isolation rooms and one is a self-care room.

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 across the trust's dialysis services including the Runcorn Road unit.

We inspected the unit on 19 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 nine patients and relatives. We looked at eight sets of patient records.

Detailed findings

Facts and data about Runcorn Road Dialysis Unit

Runcorn Road Dialysis Unit provides dialysis services for Heart of England NHS Foundation Trust adult renal patients. It has a total of 27 dialysis stations. An open-plan clinic area provides 24 stations, two are in isolation rooms and one is a self-care room.

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Runcorn Road Dialysis 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	Outstanding	Good
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Medical care

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

Information about the service

Runcorn Road Dialysis Unit provides dialysis services for Heart of England NHS Foundation Trust adult renal patients. It has a total of 27 dialysis stations. An open-plan clinic area provides 24 stations, two are in isolation rooms and one is a self-care room.

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

Summary of findings

We rated this service as good, because:

- Without exception, patients told us staff provided care that exceeded their expectations. Patients described staff as 'excellent', 'marvellous' and said nothing was ever too much trouble for them.
- Staff and managers were visibly patient-centred, and displayed a genuine caring attitude in every interaction we saw between them and their patients.
- Staff described the unit manager as 'inspirational' and a role model.
- The unit had an exceptionally positive culture, centred on caring for patients and supporting colleagues.
- Staff were happy, and believed their team was the best place to work in the trust.
- 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.

Medical care

- 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.

However:

- No safety performance data was displayed for patients to read.
- The unit was not participating in the latest national renal patient experience survey.

Are medical care services safe?

Good



Summary

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.
- Compliance with the majority of mandatory training exceeded the trust's target.
- 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:

- Patients' records were stored in an unlocked room.
- Access to the water plant room was not controlled.

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 and, where appropriate, learning points from the incidents.
- 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, patients who were not following their treatment plans,

Medical care

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.
- Although no incidents involving the regulation had occurred at the unit, the manager demonstrated a good understanding of duty of candour. They told us the duty meant being open and honest in the event of an incident causing harm to a patient, apologising, offering support and being transparent about 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. We saw notices displaying performance trends in the patients' waiting area. The notices reported the results of the unit's most recent environmental cleanliness audit (96%) and hand hygiene audit (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 between October 2015 and September 2016.
- The unit had two isolation cubicles, where patients at high risk of or known to be carriers of blood-borne viruses were treated.
- Patients who had returned from foreign holidays underwent regular screening for a period of three months after their return. Screening included tests for micro-organisms such as 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.
- 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 90% every month for infection control. Where issues had been identified these were highlighted to staff to reduce further issues.
- 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.
- 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 all 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 taking portable sharps bins to patients' sides to allow safe disposal of sharps every time they were used.
- 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.

Medical care

- Staff were all 'bare below the elbows', in line with the Department of Health's uniform and work wear 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.
- We found the on-site workshop, where engineers carried out repairs to and servicing of dialysis machines, appeared spotlessly clean and very tidy. We saw signed records evidencing the room had been cleaned daily.

Environment and equipment

- A full-time stores manager looked after equipment and consumables at the unit. The storage area appeared spotlessly clean and tidy. Equipment and consumables were safely stored on shelving or pallets, and the stores manager monitored 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. Waste was segregated into clinical, recycling and non-recycling streams. We checked 15 items of stock in the storeroom at random, and found they were all safely stored with intact packaging, and well within their expiry dates.
- 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 eight items in the trolley at random, and found they were all in date and stored in sealed sterile packaging.
- Access to the premises was controlled by a buzzer and intercom at the front door, and CCTV cameras giving a view of the car park and entrance door. Staff answered the door buzzer from the nurses' station, and were able to unlock the door remotely, allowing authorised persons to enter the building. Images from the CCTV cameras were shown on monitors at the nurses' station and in the staff room.
- At the time of our visit, the unit had six spare dialysis machines. This meant patients' dialysis would not be interrupted or cancelled in the event of equipment failing.
- Clinical waste awaiting collection was stored in an outbuilding in the car park, which we saw was secured with a digital lock. All of the clinical waste skips in the outbuilding were in good order and locked.

- The water plant room was not protected by locked doors, and could be accessed from the clinic area. The door was in full view of staff working in the clinic which reduced opportunity for interference; however the potential for unauthorised access to the plant room was a risk to patient safety.

Medicines

- Doctors prescribed all medicines administered to patients at the unit, other than patients' own medicines, which patients brought with them if needed.
- We found a bag of intravenous fluids unattended in a self-care room, which was not in use at the time. The door to the room had a digital lock, however it was not working properly and the door was not secure. We raised this with the unit manager who immediately removed and discarded the fluids, and told us they would report the faulty lock straight away. Before we left the unit, the manager showed us the email reporting the fault.
- We saw signed records which evidenced staff checked the minimum and maximum temperatures of the medicines storage refrigerator daily, this meant that temperature sensitive medication was stored appropriately and safe to use.
- 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 off the main clinic area; however, there was no lock on the office door. The door was in full view of staff working in the clinic, however there was a possibility unauthorised persons could gain access to patient records. We raised this with the unit manager who told us they would have a lock fitted. Shortly after our inspection visit, we were sent photographs of the door with a digital lock fitted which showed how the trust had responded quickly to our concerns.
- When patients' records were removed from storage for their dialysis sessions they were kept in a locked trolley in the clinic area. However, we also saw patients' records left unattended at treatment stations, and a pile of eight sets of records unsecured on top of the trolley. While all these were in sight of staff working in the unit, there was a chance unauthorised persons could gain access to the records.

Medical care

- We looked at seven 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.
- We saw a poster detailing the safeguarding referral process on a notice board in the staff room.

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 94% compliance among staff at the unit. The only subjects where less than 85% of the unit's staff had completed training were manual handling and 'safer swallowing', both of which stood at 76%. The unit manager told us staff and managers received email prompts when training was overdue, which allowed them to ensure all training was completed before the end of each financial year.
- Staff were given protected time to complete their mandatory training, or could complete it at home in their own time if they preferred to.

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 the same day.
- We saw training records which showed all staff at the unit were trained in basic life support, and three were trained in immediate life support.

Nursing staffing

- The nurse-to-patient ratio at the unit was 1 to 4.5, which was better than the ratio recommended by the British Renal Society's National Renal Workforce Planning Group 2002 staffing guidelines.
- The unit was staffed by one band 7 manager, 12.95 whole time equivalent (WTE) band 5 and 6 nurses and 2.84 WTE band 2 healthcare assistants. In September 2016, the unit was fully staffed and had no vacancies.
- Between April and September 2016, bank staff had covered an average of less than 1% of nursing shifts. No agency nurses worked during this time.
- Between April and September 2016, staff sickness averaged less than 1%.
- The skill mix of 20% unqualified staff to 80% qualified staff at the unit was better than the 37% to 63% ratio 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 care

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

- The unit had contingency plans 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.
- We saw notices displayed on the staff room notice board giving details of action staff should take in the event of water leaks, water supply failure and fire alarm activation during a dialysis session.

Are medical care services effective?

Good



Summary

We rated effective as good because:

- Treatment was provided in line with national guidance.
- 'Definitive access' rates were significantly better than the recommendations of the UK Renal Association's clinical practice guidelines.
- Patients had access to a renal dietitian and were encouraged and supported to monitor their fluid balance and nutrition intake.
- Appraisals were planned in advance and completion rates far 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 and local authorities.
- Staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

However:

The unit was not participating in the latest national renal patient experience survey.

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). The trust did not hold separate figures for each individual dialysis unit, however in September 2016 the trust overall was performing better than the guidance, having achieved over 89% vascular access through arteriovenous fistulas or grafts. The manager at Runcorn Road told us 88 of their 92 patients had definitive access, which equates to 96% and is considerably better than the guideline recommends.
- When appropriate, staff used disposable, single-use pressure area cushions to reduce the risk of patients' acquiring pressure sores during their treatment.

Pain relief

- Staff used a topical anaesthetic gel for patients who were needle-phobic (scared of needles) when they 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 experienced pain during dialysis, staff told us they would speak with a renal consultant and take advice about what treatment

Medical care

should be offered, or consider transferring the patient to Heartlands Hospital for further investigation. Staff also had access to infrared therapy to relieve temporary pain around patients' arteriovenous access sites.

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.
- We saw information about nutrition and diet, and contact details for the renal dietician, displayed on notice boards in the patients' waiting room.

Patient outcomes

- Staff encouraged patients through a 14-step 'shared care' plan, where patients gradually took on more of the tasks involved in their treatment, towards a goal of self-care and dialysis at home.
- 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 specific to this unit.

Competent staff

- We saw records which showed 100% of staff at the unit had received an annual appraisal by April 2016, against a trust target of 85%. The unit manager told us they booked staff in for appraisals a month before they were due, to allow for cancellations due to unforeseen events.
- 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 with a total of 39 competencies which they had to complete. We were shown a copy of the booklet, and saw the competencies included: 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.
- Healthcare assistants told us they were released from shifts to attend study days towards a Regulated Qualifications Framework qualification to help them progress in their careers.
- Each of the nurses at the unit was a link nurse for an area of specialised knowledge, such as transplants, tissue viability, arteriovenous access, 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 they always had feedback on complaints made by their patients. Staff told us they had a good working relationship with the service.
- 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.
- Staff also worked with the trust's renal dietician, renal occupational therapists, renal anaemia link nurses, transplant teams, pre-dialysis nurses and clinical educators.

Seven-day services

Medical care

- 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, including those relating to infection prevention and control, central venous catheters and arteriovenous grafts, 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. They told us they had completed an e-learning course on this subject.
- 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 to patients the treatment they were about to give, including gaining consent before proceeding. Patients told us staff always asked for consent before carrying out any procedure.

Are medical care services caring?

Good



Summary

We rated caring as good because:

- Without exception, patients told us staff provided care that exceeded their expectations. Patients described staff as 'excellent', 'marvellous' and said nothing was ever too much trouble for them.

- 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.

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.
- We saw staff looking after patients who had difficulty mobilising. Staff treated the patients with dignity and respect, while assisting their mobility.
- Patients told us the staff were 'excellent', supported each other and cared for every one of their patients with the same high standards. They said staff were honest with them, friendly and provided "genuine care".
- One patient told us they "wouldn't go anywhere else" and described attending the unit as like "coming home to family". They told us nothing was ever too much trouble for the staff.
- 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.
- 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.
- 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.
- We spoke with a patient who had received a kidney transplant. They described how they had been on

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dialysis at Runcorn Road prior to the transplant. Unfortunately the transplanted kidney failed. They had then asked to come back to the same unit because the staff were so friendly and caring.

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 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.
- Patients' family members were able to stay with them for the duration of their treatment, if patients wished and were equally involved in conversations with staff.

Emotional support

- 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.
- One patient told us staff had been very understanding at the start of their treatment, which was soon after they had suffered a bereavement. They said staff gave them space when they needed it but were there to talk with as well. They said the staff had made them welcome and put their mind at rest about the treatment process.
- One patient described the staff as "marvellous" and told us they did everything the possibly could to make their patients comfortable, physically and emotionally.
- The unit did not have access to a renal psychologist to provide professional emotional support for patients.

Are medical care services responsive?

Good



Summary

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 the unit had not had any complaints from patients, learning from complaints elsewhere in the trust 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 wished to were supported to 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 and monitoring from community staff.
- When patients went on holiday, a holiday co-ordinator at Heartlands Hospital arranged for them to have access to local dialysis units until their return.
- The unit had free Wi-Fi access and free access to televisions for patients.
- There were 19 free parking spaces, including two designated for use by people living with a disability, for patients and staff. This was sufficient for all staff and patients who drove to be able to park their cars.
- We saw leaflets and posters displayed in the patients' waiting room, giving information about the dialysis

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process, transport, how to make a complaint, 'shared care' (where patients carry out some of the parts of their treatment themselves), hand washing, safety performance, named nurses and the CQC.

- Staff did not wear name badges, but displayed trust ID cards. Staff and patients told us they all knew each other's names due to the long-term nature of the treatment provided.

Learning from complaints and concerns

- The unit had not had any complaints from patients between April and September 2016. Staff told us learning from complaints elsewhere in the trust was shared with them at their monthly team meetings. We saw minutes of these meetings which confirmed that complaints were part of the agenda.

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.
- Posters in the patients' waiting room gave dietary advice in several different languages.
- Staff demonstrated a good understanding of the needs of patients with learning disabilities and dementia. Several of their regular patients had learning disabilities, including two who were receiving treatment at the time of our visit. We saw staff speaking with and looking after these patients and, in one instance, their carer, in a sensitive and caring manner. The patients were obviously comfortable and relaxed while at the unit.
- Nurses told us they were provided with an e-learning package about caring for patients with learning disabilities.
- Staff used a formal risk assessment tool and care plan to assess patients who had mobility issues. We were given a copy of the form, which included sections for an initial risk assessment based on the patient's balance, any history of falls, communication issues and an assessment of the patient's mobility before and after dialysis. Risks were graded and appropriate actions were taken to minimise the risk of harm to patients who experienced difficulty.
- 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 had not been instructed to submit data, so their patients were not taking part.

Access and flow

- The unit had 24 dialysis stations, two side rooms and one self-care room, which provided capacity to treat 104 patients per week. At the time of our inspection, the unit was treating 92 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.
- Pre-dialysis nurses from Heartlands Hospital worked with patients to prepare them for their first treatment session, and accompanied them to the unit on their initial visit. Staff told us where possible they booked patients' first visits when the unit was not busy, to maximise the time they could spend with the patient.
- 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, and had done so on several occasions.
- 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

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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.

Are medical care services well-led?

Outstanding



Summary

We rated well-led as outstanding because:

- Staff described the unit manager as 'inspirational' and a role model. The unit manager created a shared purpose and staff were motivated to succeed.
- The unit had an exceptionally positive culture, centred on caring for patients and supporting colleagues.
- Staff were happy, and believed their team was the best place to work in the trust. They were proud to work in the service.
- Staff were familiar with and identified with 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. There was a clear drive for continuous improvement and on raising the standards of best practice.

Leadership of service

- Nurses described the unit manager as an "inspirational leader" and told us they were a role model, and extremely encouraging and supportive.
- Staff told us the renal directorate matron was approachable and visible and staff were happy to talk to them.
- Junior nurses and healthcare assistants also told us they were supported by the unit's band 6 nurses.
- The unit manager had written guidance on arteriovenous fistula and graft access. This demonstrated their knowledge and commitment in supporting staff. The guidance had been taken into use trust wide.

Vision and strategy for this service

- 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 which encouraged them to do the same. Staff told us they felt the vision fitted well with the way they looked after their patients.

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 feedback from governance meetings.
- 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.
- Two risks were recorded for the unit on the directorate's risk register: one relating to on-going 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.
- Staff reported data, anonymised where necessary, about their patients to the UK Renal Registry, a national clinical database which collects, analyses and reports on data from renal centres.
- The unit manager audited named nurse checklists, which detailed the expectations for the nurse during patients' visits and monthly reviews, each month. Results were fed back to each nurse.
- Staff carried out proactive assessments of patients' fistulas and recorded their observations on a national database managed by the Renal Association. This meant the quality of the treatment provided at the unit was monitored and compared at a national level.

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Culture within the service

- All the staff we spoke with were exceptionally friendly and accommodating, approachable and easy to talk to. They took obvious pride in the unit, and in caring for their patients and colleagues. They were keen to know of any improvements they could make to benefit patients.
- 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.
- 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. Many staff told us they worked bank shifts at the other units, and staff from those units did the same at Runcorn Road. They said they felt 'included' in the Foundation Trust.
- Nurses told us all grades of staff would be happy to challenge practice if they felt something was not being done correctly.
- A supervisor from the contract cleaning company had nominated the unit's staff for an award under the trust's 'building healthier lives' scheme. The citation for the award described staff as "caring, passionate, with high standards and professional accountability".
- Four nurses who had worked in other areas of the trust told us the team at Runcorn Road was the best one they had ever been part of.
- Every member of staff we spoke with told us they and all their colleagues and patients were very happy at the unit.
- We saw a sign displayed on a mirror used by staff, which read, "This is the person responsible for your quality today".
- An example of the unit's culture of putting patients first was demonstrated by staff who told us the unit could become very warm in the summer, but they tolerated it because the patients liked it. Dialysis has a cooling effect on the patient's body and while staff might feel uncomfortable the patients did not.

Public engagement

- The unit asked patients to complete a patient experience survey, specifically written for renal patients. The survey asked 12 questions, including about how

patients were made to feel, what infection prevention and control measures they saw staff using, whether they felt involved in their care and whether they were treated with dignity and respect. Results of the survey were included in the trust's patient experience data. Patients had scored the unit at 100% for every month in 2016, apart from July which scored 99%.

Staff engagement

- The unit manager held monthly staff meetings. We were shown minutes of the meetings held from November 2015 to October 2016. The meetings included discussions about 'good news', communication and feedback, quality standards, cleanliness, finance, clinical governance, staffing and updates from previous meetings. The attendance lists showed the renal directorate matron had also attended 45% of the meetings during this period. Staff we spoke with told us about the meetings and said they felt they were useful and kept them informed about the unit and developments in the wider trust. We saw minutes of the most recent staff meeting displayed on the staff room notice board.
- 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.
- We saw a communication book on the nurses' station, containing information such as updates from directorate meetings, staffing issues and changes to shifts. This allowed staff who had been on rest days or leave to keep up to date with anything that happened while they were away.

Innovation, improvement and sustainability

- The unit had exceptionally high rates for definitive arteriovenous access. Staff told us they were aiming for 100% definitive access.
- Staff demonstrated a thorough commitment to the unit's recycling programme. Recyclable waste was segregated immediately after use, and decanted into larger containers in the unit's waste bin room, to await collection. The unit manager carried out monthly audits of the waste management process.

Outstanding practice and areas for improvement

Outstanding practice

- 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.
- Definitive access (using an arteriovenous fistula, graft or peritoneal catheter) rates were significantly better than the UK Renal Association's clinical practice guidelines recommended.

Areas for improvement

Action the hospital SHOULD take to improve

- The trust must ensure patients' records are kept secure at all times.
- 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.
- The trust should display all the unit's key safety performance data where patients can read it.
- The trust should ensure access to the water plant room is controlled.