

# Brighton and Sussex University Hospitals NHS Trust Bexhill Hospital

## Quality Report

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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

Good



Medical care

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

We inspected the satellite haemodialysis unit at Bexhill Hospital, which is run by Brighton and Sussex University Hospitals NHS Trust, on 21 May 2014, as part of our comprehensive inspection of Brighton and Sussex University Hospitals NHS Trust. At our last inspection of the satellite haemodialysis unit, which took place on 27 June 2013, we had concerns about breaches of the regulations in the following areas:

- Regulation 11 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010 – safeguarding people who use services from abuse.
- Regulation 12 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010 – cleanliness and infection control.
- Regulation 22 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010 – staffing.
- Regulation 23 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010 – supporting workers.

At this inspection, we found the satellite haemodialysis unit had taken action and was compliant with the previous areas of concern.

Our key findings were as follows:

- The unit was well-managed locally and had good links with, and was well supported by, the renal service at the Sussex Kidney Unit in Brighton.
- The cleanliness of the unit was checked every morning to ensure the cleaning standards had been maintained. Any failure in standards was reported to the cleaning manager and there was a system in place for this.
- We observed that patients who attended the unit regularly had built relationships with the staff who worked there and there was good humour and gentle banter between patients and staff.
- Patients spoke in glowing terms about the staff and told us, “Nothing was ever too much trouble.”

### **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?

Patients spoke highly of the unit and felt their care and support needs were being met. We found that each patient's needs were assessed and each patient had an individual care plan that met their haemodialysis needs. We found robust mechanisms were in place to ensure a safe and hygienic environment was maintained at all times. All staff had attended safeguarding training. Patients told us, "This is a wonderful unit and I am cared for very well by excellent staff." We observed all infection control guidance had been followed and there were sufficient competent staff to care for patients in the unit. Staff had received regular appraisals and their mandatory training requirements were being met. The unit was well-managed locally and had good links with, and was well supported by, the renal service in the Sussex Kidney Unit.

**Good** 

Bexhill Hospital

## Detailed findings

**Services we looked at**

Medical care - renal dialysis

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# Detailed findings

## Background to Bexhill Hospital

Brighton and Sussex University Hospitals NHS Trust operate a satellite haemodialysis unit within Bexhill Hospital, which is part of East Sussex Healthcare NHS Trust. The unit provides haemodialysis support for people living in the surrounding areas, alleviating the need for travelling to the main renal unit the Sussex Kidney Unit in Brighton.

We have inspected the satellite haemodialysis unit at Bexhill Hospital as part of our comprehensive inspection of the Brighton and Sussex University Hospitals NHS Trust.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Sean O’Kelly, Medical Director, University Hospitals Bristol NHS Foundation Trust

**Head of Hospital Inspections:** Mary Cridge, Care Quality Commission

The trust wide inspection team of 35 included CQC inspectors and a variety of specialists. These included: a consultant cardiologist, a consultant obstetrician, a consultant paediatrician, a consultant orthopaedic surgeon, a consultant in emergency medicine, a junior doctor, a matron, senior nurses, a student nurse, a non-executive director and an expert by experience.

## How we carried out this inspection

We visited the satellite haemodialysis unit at the hospital on 21 May 2014 and spoke with patients receiving treatment on the day of our inspection. We talked to nine people and seven staff, including nurses and support

staff. We observed care and treatment and we looked at treatment records. We received comments from people who contacted us to tell us about their experiences, and we reviewed performance information about the trust.

# Detailed findings

## Facts and data about Bexhill Hospital

The renal dialysis unit operates two shifts per day and accommodates up to 15 patients on each shift. At the time of our inspection, 56 patients were receiving haemodialysis at the unit. The unit is open from Monday to Saturday from 7am to 6pm.

Our ratings for this hospital are:

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

# Medical care (including older people's care)

Safe	Good	
Effective	Good	
Caring	Good	
Responsive	Good	
Well-led	Good	
<b>Overall</b>	<b>Good</b>	

## Information about the service

Brighton and Sussex University Hospitals NHS Trust operate this satellite haemodialysis unit within Bexhill Hospital, which is part of East Sussex Healthcare NHS Trust. The unit provides haemodialysis support for people living in the surrounding areas, alleviating the need for patients to travel into the main renal unit (the Sussex Kidney Unit) in Brighton. The satellite haemodialysis unit operates two shifts per day and accommodates up to 15 patients on each shift. At the time of the inspection, 56 patients were receiving haemodialysis at the unit. There were 29 patients attending the unit when we visited.

We talked to nine people and seven staff, including nurses and support staff. We observed care and treatment and we looked at treatment records. We received comments from people who contacted us to tell us about their experiences, and we reviewed performance information about the trust.

Compliance actions were in place following the last CQC inspection on 27 June 2013:

- Regulation 11 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010 – safeguarding people who use services from abuse.
- Regulation 12 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010 – cleanliness and infection control.
- Regulation 22 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010 – staffing.
- Regulation 23 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010 – supporting workers.

## Summary of findings

Patients spoke highly of the unit and felt that their care and support needs were being met. We found that patients' needs were assessed and each patient had an individual care plan that met their haemodialysis needs. We found robust mechanisms were in place to ensure a safe and hygienic environment was maintained at all times. All staff had attended safeguarding training.

Patients told us, "This is a wonderful unit and I am cared for very well by excellent staff." We observed all infection control guidance had been followed and there were sufficient competent staff to care for patients in the unit. Staff had received regular appraisals and their mandatory training requirements were being met. The unit was well-managed locally and had good links with, and was well supported by, the Sussex Kidney Unit in Brighton.

# Medical care (including older people's care)

## Are medical care services safe?

Good



We spoke to patients using the service and they told us they felt safe while attending the unit and undergoing their treatment. We observed patients were cared for in a clean and hygienic environment. We observed that mechanisms were in place to monitor the effectiveness of cleaning or decontamination of equipment.

All staff had received infection control training and infection control expertise was available in the unit. We saw all staff had received training about safeguarding vulnerable adults and knew the steps to take if they suspected abuse. We noted staff had not received safeguarding awareness training for children.

### Incidents

- Staff in the unit used an online reporting tool – Datix – to record any accidents, incidents or 'near misses' that occurred. Staff had received training in the system and knew how to report an incident to the manager of the unit or the nurse in charge. The level of incident reporting was very low and no 'near misses' had been recorded.
- The reporting system was used for a variety of incidents that included delays in patients' transport and a missing patient. The staff fed back any learning from incidents and accidents to colleagues at their daily morning and afternoon meetings.
- Once a Datix report had been submitted, the person investigating would send an email outlining the investigation outcomes. We saw the actions put in place following the investigation of a vulnerable patient who had gone missing from the unit following their treatment. The patient was supported by a carer from the patient's home, who supported them throughout their haemodialysis treatment. This demonstrated that the provider was learning from incidents and had put appropriate systems in place to protect the patient in the future.

### Cleanliness, infection control and hygiene

- There were systems in place to reduce the risk and spread of infection. Patients told us they felt the

- department was cleaned to a good standard. We observed all the patient treatment and waiting areas, clinic rooms, patient toilets, sluice rooms and corridors were visibly clean and free from unnecessary clutter.
- We observed boxes of dialysis fluid were on the floor outside the clean equipment store. The manager of the unit addressed this at the time of the inspection.
  - There was a lead for infection control in the unit, and we were shown that 92% of staff had received their mandatory annual infection control training. Staff demonstrated an understanding of infection control and their roles in preventing infection.
  - Clinical staff were responsible for cleaning each patient's treatment area and the clinical equipment following their haemodialysis treatment. We were shown check lists as evidence this was being done.
  - A lead nurse for infection control was based in Brighton. We saw that they visited the unit regularly and supported the unit with infection control advice and guidance over the telephone. We saw evidence of monthly hand hygiene audits, in which the unit staff had scored 100% in February March and April.
  - The support services contracted by the East Sussex Healthcare NHS Trust carried out the cleaning in the unit.
  - The standard of cleaning was good and we observed in the monthly cleaning audits the unit scored between 91% and 97%. The cleanliness of the unit was checked every morning to ensure that cleaning standards had been maintained. Any failure in standards was reported to the cleaning manager and there was a system in place for this.

### Environment and equipment

- We found the unit to be safe, accessible, well-maintained and fit for purpose.
- A treatment bay with four chairs had been reduced to three chairs. The manager said, "The bay was too crowded and we responded to feedback from people using the service to address the problem."
- The unit had enough essential equipment. When more equipment was needed, the manager would advise the Sussex Kidney Unit in Brighton of their requirements. When equipment failed, staff followed guidance for decontamination and arranged for the electronics and medical engineering department to collect, repair and return the item.

# Medical care (including older people's care)

## Medicines

- Medicines were stored correctly, for example: in locked cupboards or fridges in the unit. Patients told us they received adequate information regarding new or changed medication and written information was given. Patients also had access to the onsite pharmacist at Bexhill Hospital.
- When nurses were required to administer medicines such as analgesia, these would be prescribed by the clinician and recorded in medical records on the computer and we saw evidence of this.

## Records

- People in the unit had personalised data cards for recording their weight and blood results. The results were monitored regularly and any changes were recorded both electronically and in the patients' daily management notes. We reviewed three sets of treatment notes and found the documentation was clear and concise.
- Each cycle of haemodialysis undertaken, contained detailed information about the needs and requirements of the patient for that day, including how much fluid was to be withdrawn and the supporting rationale for those decisions. This demonstrated that patients were fully involved in making decisions on how their treatment and care was being delivered.
- Each patient's data was uploaded onto the central recording system to enable access by the renal consultants at the Sussex Kidney Unit in Brighton.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had a good understanding of the Mental Capacity Act 2005 and were able to apply its principles.
- For example, staff had highlighted a concern about a patient's capacity to make decisions about their treatment. This had included staff contacting the trust lead in safeguarding for guidance. Specifically, they had considered the least restrictive way of caring for the patient in accordance with the Mental Capacity Act 2005 and with the Deprivation of Liberty Safeguards.

## Safeguarding

- All of the nursing and support staff had attended adult safeguarding training in line with the trust's policy and we saw evidence of this. Staff attendance was 92%.

- The manager told us they were not aware of the requirement for all staff to attend level 1 safeguarding awareness training for children and would contact the trust safeguarding lead for advice.

## Mandatory training

- Most staff in the unit had completed their mandatory training requirements. For example: fire – 85%, resuscitation – 92% and manual handling – 92%.
- A record of training was maintained on the trust's training database and circulated quarterly to the manager. We saw that a dedicated member of the care team had been nominated to ensure all training activities were incorporated into the trust's training database. We reviewed three staff files and saw that training attendances were up-to-date.
- Staff told us that although they were busy, they felt they were supported by the manager to attend mandatory training sessions in their work time.

## Management of deteriorating patients

- If the condition of a patient receiving treatment in the unit deteriorated, they would either be referred to their GP, or a 999 call would be made and a transfer to a local hospital arranged, depending on the patient's condition.
- We saw procedures for staff to follow in an emergency, or if they were concerned about any aspect of the haemodialysis procedure. We saw emergency equipment was in place in the form of oxygen cylinders and a resuscitation trolley. We noted procedural guidance for its use was in place and all equipment had been checked daily.
- This demonstrated that staff were able to respond appropriately in managing the deterioration of a patient's condition in the unit.

## Nursing staffing

- There were enough qualified, skilled and experienced staff to meet patients' needs.
- The unit was, staffed to the assessed number of staff required and we saw copies of the rota to demonstrate this. We observed that there were always two nurses on every shift and the manager and nurse in charge managed the cover arrangements between them.
- We noted that, at times of sickness, staff covered vacant shifts. Bank or agency staff were not used due to the

# Medical care (including older people's care)

specialist skills required within the service. Currently, one member of staff was on maternity leave and we saw that cover was in place for the entire period of the person's maternity leave.

- Staff said, "This is a wonderful place to work and there is always sufficient staff to care for each patient's care and support needs." One staff member said, "I am able to attend training sessions within my work time."
- One patient said, "I have never been concerned about the level of staff at the unit. If I need anything during my haemodialysis treatment, I ring my bell and the staff come straight away."
- The manager told us that, as the unit was fully established, they were able to take a management day each week. This enabled the manager to attend meetings at the Sussex Kidney Unit in Brighton, as well as overseeing the general management tasks and support needs of the staff who worked in the unit.

## Medical staffing

- The unit was nurse-led and supported by consultants from the Sussex Kidney Unit in Brighton.
- A designated renal consultant visited every two weeks to undertake regular reviews of patients receiving haemodialysis at the unit. This ensured that patients received care that met their individual needs and each patient's condition was regularly reviewed. Telephone support and guidance was provided to the unit by the Sussex Kidney Unit in Brighton.
- In order for patients to receive haemodialysis treatment at the unit, strict assessment criteria were in place. This included only treating patients who did not require regular medical input, were fully mobile or who were able to receive haemodialysis in a chair.

## Major incident awareness and training

- There was a major incident plan in place. Staff we spoke to told us they were aware of the plan and knew how to respond in the event of an emergency situation occurring.
- We were shown policies and procedures relating to fire and evacuation processes and saw that staff had received the appropriate training.

## Are medical care services effective?

Good



Patients told us the service they received from the unit had enabled them to live full and active lives within the constraints of their clinical condition. A patient told us, "The unit is wonderful and really effective at ensuring my haemodialysis treatment is prompt and well-managed by competently trained staff."

## Evidence-based care and treatment

- To ensure effective care for patients undergoing haemodialysis treatment at the unit, it was essential to follow the relevant National Institute for Health and Care Excellence (NICE) guidance. For example, for anaemia. The unit also used the Renal Association guidance for the long-term management of renal patients. This ensured patients were equipped and fitted with the appropriate catheters or arterial venous fistula (AVF) into their veins in order to be able to use the haemodialysis equipment. This supported patients to live full and active lives within the constraints of their clinical condition.
- We observed patients' ongoing care and were able to see that they were regularly monitored by the renal team at the Sussex Kidney Unit in Brighton. Only people who were considered to have stable conditions were able to access regular haemodialysis at one of the local haemodialysis satellite units, of which Bexhill Hospital was one.
- One patient said they had received haemodialysis at the unit for four years. The patient said, "The staff really know what they are doing and ensure each time I attend the unit my dialysis site is checked to ensure my haemodialysis is as effective as it can be."

## Pain relief

- Staff were trained using a Renal Haemodialysis Competency Framework to ensure they were able to minimise the level of discomfort and/or pain experienced by patients undergoing haemodialysis. In the three staff files we reviewed, we saw that staff had completed the renal competency training.
- We were told that local anaesthetic was used at the start of each dialysis session to minimise the pain of connecting the patient to the haemodialysis machine.

# Medical care (including older people's care)

- We saw the audit of each patient's haemodialysis sites and any specific treatment concerns or issues that had been identified. This ensured that the patient's condition was continually monitored and reviewed and they were appropriately supported at each haemodialysis session.

## Patient outcomes

- Activity in the unit was measured by electronically logging the number of haemodialysis sessions undertaken in the unit. Currently, activity for the unit was running at 90%. We noted that renal services participated in clinical audits, such as: participation in renal replacement therapy (through the UK Renal Registry) and renal transplantation (through the NHS Blood and Transplant UK registry).

## Competent staff

- We found that patients were cared for by caring and dedicated staff who were supported to acquire further skills and qualifications by their manager. We saw all support staff had a level 3 diploma in health and social care.

They had annual staff appraisals and we saw evidence of this in three staff files we reviewed. We observed that development plans were in place, which had been actioned by the manager. We saw the appraisal rate was 98%.

- We noted staff had the opportunity to share issues and concerns with their manager through formal and informal supervision sessions.
- Staff told us they felt well supported by the manager and that all had recently received an appraisal. One staff member said, "I have been here for four years and have received lots of training in the renal pathway, which I hope to convert to a degree." This demonstrated that staff were supported to develop their knowledge and skills in the unit.

## Multidisciplinary working

- The unit made referrals to the other disciplines, when appropriate. We saw referrals to the learning disabilities nurse specialist, the safeguarding lead nurse, the infection control lead nurse and the dietician for renal services. The manager told us the unit was well supported by the GPs in the local area.

## Seven-day services

- The unit was open from Monday to Saturday from 7am to 6pm to accommodate patients' needs, as patients told us they liked to be able to complete their haemodialysis as early as possible in the day. We were told there were no plans to extend the opening hours at the current time.

## Are medical care services caring?

Good



We saw patients were cared for by staff, who were kind and compassionate and ensured patients' privacy and dignity needs were met. We observed that patients were involved in planning their own care and were supported to make decisions about their future lives in a safe and supportive environment.

## Compassionate care

- We observed staff interactions with patients as being friendly and welcoming. We saw staff stopping to speak to people throughout their haemodialysis treatment, which usually lasted for four hours. We observed patients who attended the unit regularly had built relationships with the staff who worked there. There was good humour and gentle banter between patients and staff.
- Patients spoke in glowing terms about the staff and told us "nothing was ever too much trouble." We observed each patient had a call bell within reach. We observed patients did not have to wait for staff to attend to their needs as staff answered the call bells immediately.
- One patient said, "The staff are so caring, they are more like my friends than staff and they make my visits to the unit as pleasant as they can possibly be."
- We observed that there was limited space between the haemodialysis chairs and machines positioned in the unit. Patients told us their privacy was not compromised in any way and we saw screens were available if people wanted additional privacy. Staff told us that sensitive discussions always took place in a private office in the unit.

## Patient understanding and involvement

- Patients said their care had been discussed with them in detail and in a manner they were able to understand. Patients told us they felt included in decisions made

# Medical care (including older people's care)

about their care and their preferences were taken into account. One patient said, "This is a lovely unit and the staff are so kind and ensure that I am involved in planning everything that is going to happen to me."

- We saw that there was a wide range of information leaflets and clinics held at the unit to support patients using the service. These included: access to pre-haemodialysis advice, dietician, renal consultants, diabetic counselling and iron clinics. One patient said, "It is so helpful to have everything I need on one site, as it means I do not have to travel to Brighton, which is wonderful."

## Emotional support

- The transition to haemodialysis can be very difficult for some patients and both patients and their families often needed emotional support.
- Orientation days were provided to patients and their families when patients first started attending for treatment. Patients already receiving haemodialysis provided additional support to new service users as part of their orientation day.
- The treatment notes of four patients in the unit showed that consultations had been held with the each patient's named nurse, the dietician and counselling staff. Patients' emotional needs would continue to be assessed when they attended each session of haemodialysis.

## Are medical care services responsive?

Good



We observed that the unit was providing a responsive service to the patients using it. We saw evidence that patients were listened to and were involved in making improvements to the haemodialysis service. Patients had expressed concerns about transport and the manager was taking steps to address their concerns.

## Service planning and delivery to meet the needs of local people

- Patients under the care of Brighton and Sussex University Hospitals NHS Trust who needed local haemodialysis facilities, and met the treatment criteria of the satellite unit, were able to receive treatment and care at the unit.

- The criteria required patients to be able to transfer independently and not require oxygen therapy. This was due to the limitations on space at the unit.
- If a patient's condition deteriorated, the unit would support the patient to continue with their haemodialysis treatment for as long as it was possible to do so. We were told that a patient who had received long-standing treatment at the unit now required oxygen therapy. The patient was aware and knew they would not be able to continue to attend the unit if they were unable to transfer independently.
- This demonstrated that the service was responsive to the changing needs of patient who used the service.

## Access and flow

- Patients told us they were delighted to be able to access local haemodialysis services.
- One patient said, "It has changed my life. I used to go to Brighton, which meant I had five hours travel time on top of four hours haemodialysis treatment. I have my life back, which is wonderful." Another patient said, "I had no problem accessing the service and have been coming here for four years."
- A patient's circumstances would be impacted by their individual clinical condition and the complications around their treatment. Although they would like to have haemodialysis nearer to home, this was not always possible. Two people lived locally and wanted to attend the unit at Bexhill, but they did not meet the criteria.
- At the time of our inspection, we were told that the Bexhill Hospital satellite unit had a zero waiting time, which was likely to be the result of another temporary satellite unit being opened in Eastbourne. This had considerably eased the waiting times for patients living to the east of Brighton and to their eastern borders. The Bexhill Hospital's satellite unit had also transferred four patients to Eastbourne, which had allowed for the closure of one treatment area. This had been a necessary adjustment in order to minimise overcrowding at the Bexhill Hospital satellite unit.
- There was a weekly meeting at Main Haemodialysis Unit (MHDU) in Brighton. Patients were reviewed and assessed with regard to their transfer to satellite units with their consultant. We were told there was also considerable patient relocation to MHDU from satellite units. This tended to be managed reactively, due to the

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increasing demand on capacity, complex patients with comorbidities and the lack of a dedicated nurse for satellite units. We were told this would greatly improve the patient flow and improve the patient experience.

- The manager told us the number of transfers to MHDU was low as the majority of their patients clinical conditions were stable and staff in the unit were skilled in managing changes in the status of patients' haemodialysis treatment. This had been enhanced by the introduction of medical equipment (ultra sound) to assess the status of patients' catheters or the AVFs that nurses used, which had reduced the need to transfer patients' to MHDU for assessment of their haemodialysis site.

## Meeting people's individual needs

- The manager told us that the unit had worked closely with patients to help address their individual care and support needs. For example, early morning haemodialysis facilities had been introduced to support patients before they went to work to minimise the disruption to their working day.
- The staff team worked with partner organisations to provide a specific care package for a patient with challenging needs who required regular haemodialysis at the unit.
- One patient told us how they had been supported by the unit's holiday coordinator, who had helped to plan and resource haemodialysis out of area to enable the patient to go on holiday each year.
- This meant that patients could continue to receive care and treatment when away from home.

## Learning from complaints and concerns

- Patients had an opportunity to provide feedback about the unit by completing a Patient's Voice questionnaire.
- 36 questionnaires were sent to patients using the unit and 16 were returned.
- All of the responses mentioned concerns with transport. Patients told us on the day of the inspection, that they were trying to make their own transport arrangements, as this was such a problem to them. One patient said, "There are long waits either to come into the unit or to be taken home. Staff do their best to help you, but it feels like the problems are getting worse."
- Another patient said, "It is the only thing wrong with the unit and however many times you complain to the

transport staff it makes no difference." Staff completed Datix forms and forwarded emails about the transport difficulties. Concerns were raised with the matron for renal services and at unit meetings in Brighton.

- No complaints had been received about the haemodialysis service at Bexhill Hospital.

## Are medical care services well-led?

Good



We observed the unit was well-led as an individual service. The manager in charge provided support for staff and had mechanisms in place to audit various aspects of the service. There were systems in place to ensure staff were trained, supported and appraised and staff were able to give feedback to the line manager. It was evident that the manager and the unit were supported by the wider renal service in Brighton and there appeared to be good communication and an improved understanding of the requirements of the service at Bexhill.

## Vision and strategy for this service

- The manager told us about the vision for the trust and the development of renal services across the organisation. The unit was well supported by the Sussex Kidney Unit and the MHDU.
- Staff knew who some members of the executive team were, the CEO visited Bexhill on 7th May 2014, the Associate Chief Nurse of Specialised Services visited in March 2014. A member of staff told us, "The main site [Brighton] feels a long way away and it is easy to feel isolated out here."
- Staff were not aware of the newsletters produced by the chief executive and the chief nurse, but they attended study days in Brighton when they were available. Staff were proud of the service delivered by the unit and spoke of loyalty to the department.

## Governance, risk management and quality measurement

- The manager attended monthly clinical governance meetings for renal services in Brighton and was able to describe the governance framework to us.
- For example, a strategy to manage the challenging behaviour of a vulnerable patient on the unit had been

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developed and the manager had been supported to implement it successfully. The compliance issues arising from the previous CQC inspection had been discussed at the renal clinical governance meeting.

- In the clinical governance minutes, we saw issues relating to the wider governance matters across the renal service. For example, literature reviews on the use of iron in renal patients and concerns around incomplete documentation of patients who had died. We noted developments were being planned in response to the end of life care audit. We saw that a response was required with regard to how local end of life agreements would be implemented. This was still under discussion across renal services.
- The matron and the clinical governance committee had supported the manager following the last inspection by CQC, which had identified compliance issues in infection control, safeguarding, mandatory training and staff support. The matron had ensured that advice, training and support in infection control were made more available to the unit. The matron had provided enhanced support to ensure that there was sufficient staff allocated to the unit. Where it had not been possible to recruit locally, staff were allocated from renal services in Brighton. This ensured the staff deployed to Bexhill had the appropriate skills to care for patients in the unit.

## Leadership of service

- The manager told us the matron with responsibilities for renal services supported them in their role. The matron visited the unit regularly and was available for telephone advice and support. The manager told us they felt part of the wider renal team across the organisation and said there were never any difficulties in accessing support and guidance if they required it.
- The manager used a number of tools to gather data needed to meet the trust's governance arrangements.

Incidents, accidents and near misses were recorded and investigated using the electronic recording system. We found all the staff we spoke with were aware of this reporting system and were using it.

## Culture within the service

- Staff understood their individual roles and responsibilities. There were competency assessments undertaken by staff to ensure they understood and were able to perform their roles to the required standard.
- Patients who used the service told us they felt well-informed and stated that staff were both friendly and supportive of them. Staff said they felt supported by the manager and were able to raise concerns and issues and know they would be listened to.
- The manager had reviewed the working day in consultation with staff to ensure working practices met the needs of the patients in the unit and promoted a positive work/life balance for staff. We observed a culture of learning and development in the unit.
- The manager told us that concerns about black and minority ethnic representation had never been an issue in the unit.

## Public and staff engagement

- Patients who used the Bexhill Hospital services were at the heart of everything they did, according to staff in the unit, and they were constantly striving to provide the best experience they possibly could. We noted feedback was sought from patients and the public using Patient's Voice questionnaires, the Patient Experience Panel and the NHS Friends and Family Test. We were not aware of any issues or concerns raised about the unit.

## Innovation, improvement and sustainability

- There were limited educational opportunities for staff in the trust, as there were insufficient resources to fund staff to attend external training courses. The only training course the manager was able to access for staff was a mentorship programme, which all the staff on the unit had attended.