Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Dialysis Unit

Quality Report

Broadfield Park, Broadfield Close, Sheffield, South Yorkshire, S8 0XN
Tel: 0114 2290970
Website: http://www.sth.nhs.uk/

Date of inspection visit: 09 December 2015
Date of publication: 09/06/2016

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 Sheffield Dialysis Unit as part of the inspection of Sheffield Teaching Hospitals NHS Foundation Trust from 7 to 11 December 2015. We carried out this inspection as part of the Care Quality Commission (CQC) comprehensive inspection programme.

Overall, we rated the Sheffield Dialysis Unit as good. We rated safe, effective, caring and responsive and well-led as good.

Our key findings were as follows:

- The unit was visibly clean and well maintained. There was evidence of when equipment had been cleaned. Records were fully completed and medicines were stored appropriately.
- We found that the service was effective because the renal pathway and other documentation were in line with current national guidance.
- We saw that staff involved and treated people with compassion, kindness, dignity and respect. The patients we spoke with gave consistently positive feedback about the care and treatment they received at the unit. The unit had not received any complaints from January 2015 up until the time of our inspection.
- The service was organised so that it met the needs of local people. Dialysis was available six days per week on a morning and afternoon.
- There was a vision and strategy based on the trust values. The leadership, management and governance of the organisation ensured high-quality person-centred care and supported learning and innovation.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating
Medical care	Good

Why have we given this rating?

We rated the Sheffield dialysis unit as good overall because we found that the unit delivered safe, effective, caring, responsive and well led healthcare.

We found that people were protected from avoidable harm and abuse. The unit used a recognised electronic reporting system. All staff we spoke with were aware of the system and told us they used it to report incidents and near misses. Staff were aware of the Duty of Candour. All staff of all grades we spoke to were aware of their responsibilities and felt confident and competent to raise a safeguarding alert. The unit was visibly clean and well maintained. There was evidence of when equipment had been cleaned. Records were fully completed and medicines were stored appropriately. All staff were up to date with mandatory training and staffing levels were consistent with recommended guidelines.

We found that the service was effective because the renal pathway and other documentation were in line with current national guidance. All trust policies and procedures reflected current guidelines and staff told us they were easily accessible via the hospital's intranet. There was a comprehensive induction for new staff and all staff had an up to date appraisal. Staff development including renal-based competencies and postgraduate education was seen as a priority by senior staff. There was evidence of good multidisciplinary working however, some essential services e.g. dietetic support was limited. We saw documented and verbal consent being sought from patients.

We rated caring as good because we saw that staff involved and treated people with compassion, kindness, dignity and respect. The patients we spoke with gave consistently positive feedback about the care and treatment they received at the unit. There was a good range of patient and carer information available and we found that patients were supported psychologically and emotionally.

We found that the unit was good in terms of responsiveness because the service was organised so that it met the needs of local people. Dialysis was available six days per week on a morning and afternoon. A bespoke taxi service brought patients to the unit and

Summary of findings

the drivers transporting the patients to the unit undertook a basic first aid and a moving and handling course. Staff were responsive to the needs of vulnerable patients and told us about a number of situations when they had successfully supported these patients. The unit had not received any complaints from January 2015 up until the time of our inspection.

We rated well led as good because there was a vision and strategy based on the trust values. The leadership, management and governance of the organisation ensured high-quality person-centred care and supported learning and innovation. The senior staff promoted an open and fair culture. Senior staff had actively shaped the culture through effective engagement with staff, people who use services and their representatives and stakeholders. The unit identified their own issues and ensured these were assessed to mitigate the risk as far as they were able to. They also had close working relationships with other units at the trust and positive networks had been developed with wider organisations. There was a strong focus on continuous learning and improvement for all staff grades.

Sheffield Dialysis Unit

Detailed findings

Services we looked a
Medical care

Detailed findings

Contents

Background to Sheffield Dialysis Unit

The renal team provided haemodialysis care for approximately 580 patients in South Yorkshire and North Trent. There were two dialysis units at the Northern General Hospital site and four satellite units in Sheffield, Barnsley, Chesterfield and Rotherham.

During this inspection we visited the satellite unit in Sheffield. The unit was located on an industrial and leisure type complex in Sheffield. The unit had eighteen dialysis stations including four side rooms. Two of the stations could accommodate bariatric patients. There were also clinic rooms available where medical and nursing staff saw patients. A private company maintained the unit; they provided equipment, but staff working in the unit were employed by the trust.

We looked at the environment including the main dialysis suite, the side rooms and the clinic rooms. We spoke with seven members of staff including the renal consultant, the matron, the senior sister, a band 6 registered nurse, two band 5 registered nurses and a care support worker. We also spoke with five patients who were having dialysis and looked at the care records of six patients.

Our inspection team

Our inspection team was led by:

Chair: Professor Stephen Powis , Medical Director

Head of Hospital Inspections: Amanda Stanford, Head of Inspection

The team included CQC inspectors and a variety of specialists: including consultants, specialist nurses, student nurses, community nurses, therapists, medical directors, nurse directors and experts by experience.

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 to people's needs?
- Is it well-led?

Before the announced inspection, we reviewed a range of information that we held and asked other

organisations to share what they knew about the hospitals. These included the clinical commissioning

group (CCG), Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), royal colleges and the local Healthwatch.

Detailed findings

We held a listening event on 1 December 2015 at St Mary's Church and Conference Centre and attended focus groups in Sheffield for people with learning disabilities and older people to hear people's views about care and treatment received at the hospital and in community services. We used this information to help us decide what aspects of care and treatment to look at as part of the inspection. The team would like to thank all those who attended the listening events.

Focus groups and drop-in sessions were held with a range of staff in the hospital, including nurses and midwives, junior doctors, consultants, allied health professionals, including physiotherapists and occupational therapists. We also spoke with staff individually as requested. We talked with patients, families and staff from all the ward areas. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' personal care and treatment records.

We carried out an announced inspection on 7 to 11 December 2015 and an unannounced inspection at the trust on 23 December 2015.

Our ratings for this hospital

Our ratings for this hospital are:

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

Medical care

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

Information about the service

The renal team provided haemodialysis care for approximately 580 patients in South Yorkshire and North Trent. There were two dialysis units at the Northern General Hospital site and four satellite units in Sheffield, Barnsley, Chesterfield and Rotherham.

During this inspection we visited the satellite unit in Sheffield. The unit was located on an industrial and leisure type complex in Sheffield. The unit had eighteen dialysis stations including four side rooms. Two of the stations could accommodate bariatric patients. There were also clinic rooms available where medical and nursing staff saw patients. A private company maintained the unit; they provided equipment, but staff working in the unit were employed by the trust.

We looked at the environment including the main dialysis suite, the side rooms and the clinic rooms. We spoke with seven members of staff including the renal consultant, the matron, the senior sister, a band 6 registered nurse, two band 5 registered nurses and a care support worker. We also spoke with five patients who were having dialysis and looked at the care records of six patients.

Summary of findings

We rated the Sheffield dialysis unit as good overall because we found that the unit delivered safe, effective, caring, responsive and well led healthcare.

We found that people were protected from avoidable harm and abuse. The unit used a recognised electronic reporting system. All staff we spoke with were aware of the system and told us they used it to report incidents and near misses. Staff were aware of the Duty of Candour. All staff of all grades we spoke to were aware of their responsibilities and felt confident and competent to raise a safeguarding alert. The unit was visibly clean and well maintained. There was evidence of when equipment had been cleaned. Records were fully completed and medicines were stored appropriately. All staff were up to date with mandatory training and staffing levels were consistent with recommended guidelines.

We found that the service was effective because the renal pathway and other documentation were in line with current national guidance. All trust policies and procedures reflected current guidelines and staff told us they were easily accessible via the hospital's intranet. There was a comprehensive induction for new staff and all staff had an up to date appraisal. Staff development including renal-based competencies and postgraduate education was seen as a priority by senior staff. There

Medical care

was evidence of good multidisciplinary working however, some essential services e.g. dietetic support was limited. We saw documented and verbal consent being sought from patients.

We rated caring as good because we saw that staff involved and treated people with compassion, kindness, dignity and respect. The patients we spoke with gave consistently positive feedback about the care and treatment they received at the unit. There was a good range of patient and carer information available and we found that patients were supported psychologically and emotionally.

We found that the unit was good in terms of responsiveness because the service was organised so that it met the needs of local people. Dialysis was available six days per week on a morning and afternoon. A bespoke taxi service brought patients to the unit and the drivers transporting the patients to the unit undertook a basic first aid and a moving and handling course. Staff were responsive to the needs of vulnerable patients and told us about a number of situations when they had successfully supported these patients. The unit had not received any complaints from January 2015 up until the time of our inspection.

We rated well led as good because there was a vision and strategy based on the trust values. The leadership, management and governance of the organisation ensured high-quality person-centred care and supported learning and innovation. The senior staff promoted an open and fair culture. Senior staff had actively shaped the culture through effective engagement with staff, people who use services and their representatives and stakeholders. The unit identified their own issues and ensured these were assessed to mitigate the risk as far as they were able to. They also had close working relationships with other units at the trust and positive networks had been developed with wider organisations. There was a strong focus on continuous learning and improvement for all staff grades.

Are medical care services safe?

Good

Summary

We rated safe as good because:

- We found that people were protected from avoidable harm and abuse.
- The unit used a recognised electronic reporting system. All staff we spoke with were aware of the system and told us they used it to report incidents and near misses. Staff were aware of the Duty of Candour.
- All staff of all grades we spoke to were aware of their responsibilities and felt confident and competent to raise a safeguarding alert. All staff on the unit had undertaken safeguarding training.
- The unit was visibly clean and well maintained. There was evidence of when equipment had been cleaned.
- Records were fully completed and medicines were stored appropriately.
- All staff were up to date with mandatory training and staffing levels were consistent with recommended guidelines.

Detailed findings

Incident reporting, learning and improvement

- This service had no reported never events. 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 be implemented by all healthcare providers.
- The unit used an electronic reporting system. All staff we spoke with were aware of the system and told us they used it to report incidents and near misses.
- Eighteen incidents had been reported via the trusts electronic reporting system between January and December 2015. All of these incidents were graded as low or no harm. The most common type of incident report (seven) related to patients not attending for their planned dialysis.

Medical care

- The incident reporting system used by the unit had a Duty of Candour prompt field, which staff had to complete when reporting incidents. It was also possible to attach a copy of any letters written to patients or their families in relation to Duty of Candour.
- Team meeting minutes provided by the unit showed that incidents were discussed to ensure that all staff aware of incidents that had occurred on the unit.
- The matron and all other staff of all grades we spoke with were aware of the Duty of Candour. In November 2014, the Duty of Candour statutory requirement was introduced and applied to all NHS Trusts. The regulation sets out specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Safeguarding

- The executive lead for safeguarding both adults and children was the trust chief nurse. The deputy chief nurse had operational responsibility for safeguarding. There was also a lead nurse for safeguarding adults. The trust was recruiting to a named doctor for safeguarding along with further posts in the adult safeguarding team.
- Nursing staff, we spoke to said that they could access relevant safeguarding policies on the trust intranet and that they would seek advice from the matron.
- All staff of all grades we spoke to were aware of their responsibilities and felt confident and competent to raise a safeguarding alert.
- Information provided by the trust showed that 100% of the staff on the unit had completed adult level 2 safeguarding training.
- Safeguarding adults and children information was communicated to staff through the South Yorkshire Regional Services newsletter.

Medicines

- Medical and nursing staff told us that there was no clinical pharmacy input at the unit. However the trust pharmacy provided a 'top-up' service for stock medicines. There were no controlled drugs kept at the unit.
- We saw that all medications at the unit were stored securely. We saw completed quarterly and yearly medicines assurance checklists that had been completed for the unit.
- Most patients used a home delivery service from a local chemist for their routine medications, however, if there were any changes or new medications prescribed,the hospital pharmacy would supply these. A taxi service provided a 'round robin' delivery service to the four satellite units for these medications.
- Staff on the unit completed a weekly stock order. The unit could also arrange urgent medications. These were sent electronically to the pharmacy and then delivered to the unit by taxi.
- The trust had appropriate medication policies in place. The trust medication policies allowed staff to administer oxygen in an emergency e.g. cardiac arrest.
- We saw that medication risks were discussed at the units team meeting for example staff were reminded in one team meeting about the importance of checking expiry dates and stock rotation of medications when receiving new orders.
- In addition information relating to medicines incidents were shared through the South Yorkshire Regional Services newsletter which was distributed to all staff. An example of this was in relation to high risk injectable medications. In the newsletter staff were informed that at the Safety and Risk Management Board Meeting a discussion took place over two recent serious drug errors which occurred in medicine. One related to an incorrect dose of IV Phenytoin and one to an incorrect dose of IV Digoxin.

Environment and equipment

- The unit was located on an industrial and leisure type complex in Sheffield.
- An independent property owner owned the unit. The equipment within the unit was maintained by an independent medical care company, which specialised in the production of medical supplies, primarily to facilitate or aid renal dialysis.
- The unit had its own water treatment unit. Two dialysis technicians, employed by the independent medical care company, supported the unit. One took responsibility for the chairs and one for the water system.
- The sister and matron told us that the building and equipment was well maintained.
- The unit was getting twenty new dialysis machines in January 2016. A band 6 and two band 5 members of staff had completed 'train the trainer' training in the use of this equipment and this would be cascaded to all

staff. All staff were completing competency training prior to the unit installing and using the equipment. We saw that details relating to this initiative were communicated to staff through team meeting minutes.
- The unit had 18 dialysis stations including four side rooms. There were two bariatric stations available. There were also clinic rooms available where medical and nursing staff saw patients.
- During our inspection, the unit looked visibly clean and well maintained.
- Resuscitation equipment was available and records showed that staff checked this daily.
- Storage areas within the unit were not cluttered and were well maintained. We saw labels on all equipment showing that the items had been cleaned. All equipment was stored appropriately.
- We saw that single use equipment including dialysis sets were in use. A member of staff told us that a stores person ensured that there was always an adequate supply
- The trust provided us with documentation logs which showed that all electrical equipment and medical devices were serviced and maintained in line with manufacturers recommendations.
- We also saw monthly fire safety, health and safety and water safety checklists completed for the unit.

Quality of records

- We looked at the medical and nursing notes of six patients found these fully completed for all patients. This meant that record keeping was in line with registered bodies' guidelines.
- All documentation included a renal pathway. This was fully complete in all of the records.
- All patients had a full set of risk assessments completed. These included pressure area, falls, malnutrition and moving and handling risk assessments. The guidance on these documents indicated that they should be completed weekly. We found that these had been completed monthly. We discussed this with the unit sister who showed us a document 'Guidance for the completion of nursing documentation outpatient haemodialysis' produced by the Trust in October 2015, which stated that risk assessments could be completed every six weeks.

Cleanliness, infection control and hygiene

- The unit reported no cases of Methicillin-resistant Staphylococcus Aureus (MRSA) or Clostridium difficile (C.difficile) in 2014 or 2015.
- We saw evidence that all patients were routinely screened for MRSA and methicillin-susceptible staphylococcus aureus (MSSA) on alternate months.
- Monitoring of blood borne viruses (BBV) was in place for patients and staff. Patients were routinely screened every four months. Occupational health was responsible for monitoring staff. There was a file on the unit containing these details and staff were updated on any developments or cases of BBV at the haemodialysis meeting.
- The department of Health (DoH) advises that there is an increased risk of the acquisition of BBV infection associated with dialysis abroad. The unit had four side rooms, which were routinely used to isolate patients for three months following them taking a holiday abroad, which is in line with best practice, which states that patients should be isolated to reduce the risk of cross infection for a minimum of six weeks. The trust employed a holiday coordinator and also had advice leaflets available for patients. Updates relating to patients taking holidays were discussed at the haemodialysis meeting which was attended by the unit manager.
- All areas of the unit were visibly clean. The unit had dedicated domestic support for thirty-six hours per week.
- Senior staff told us that there was no routine deep cleaning and that this was on the risk register. The matron was working with the independent medical care company to address this.
- We saw a copy of the units aseptic non touch technique competency which we were told all staff completed. In addition to this we saw completed audits relating to aseptic technique.
- The unit had infection prevention and control accreditation. The trust undertook an infection control accreditation programme which sets standards for infection prevention and control practice. The aim was to optimise and assess infection prevention and control practices in clinical teams throughout the hospital in order to reduce infection rates.

Medical care

- The last three infection prevention and control audits were above 95% compliant. We were provided with details of the matrons checks and infection control and cleanliness audits completed for the unit. These showed full compliance in all areas of the audit.
- Personal protective equipment (PPE) such as gloves and aprons and alcohol hand gels were available in the unit and we saw staff using this appropriately when they were providing care and treatment.
- Infection Control was also highlighted through the South Yorkshire Regional Services governance newsletter. We saw a copy of this which highlighted to staff that fitness trackers, which can be worn on the wrist were deemed to be non-compliant with bare below the elbow. Staff were advised of this in the newsletter and advice was given about the use of these.

Mandatory training

- The trust target for completion of mandatory training compliance 90%. The unit sister told us that all staff were 100% compliant with all aspects of mandatory training and we saw evidence of this.
- We saw information about mandatory training displayed in the staff office on the unit. This informed staff of what courses they needed to attend.
- All RN's on the unit attended Intermediate life support courses. All other staff on the unit attended the trusts mandatory resuscitation training.

Assessing and responding to patient risk

- The unit sister highlighted safety alerts to staff. Patient safety alerts are crucial to rapidly alert the healthcare system to risks and provide guidance on preventing potential incidents that may lead to harm or death.
- The National Early Warning Score tool (NEWS) to enable staff to recognise and respond to a deteriorating patient. Staff we spoke with told us that there was not a written protocol for unwell patients, but that they assessed patients using the Sheffield Units Early Warning Score (SHEWS).In addition to this information about the use of a situation, background, assessment and recommendation (SBAR) tool was communicated to staff in the South Yorkshire Regional Services governance newsletter.
- If staff felt that patients needed reviewing, they liaised or made appointments with the patient's own general practitioner. Patients needing intravenous antibiotics would be referred back to the acute hospital.
- If patients deteriorated in the unit, they could be referred to the renal assessment unit at the acute site. Staff told us that they would inform a renal registrar when sending a patient for assessment.
- Staff we spoke with told us that they used a sepsis management tool.
- In the event of emergencies, staff used 999 to call an ambulance to transfer the patient to Accident and Emergency.
- Taxis brought patients to the unit. Staff we spoke with told us that, where possible, the same drivers were used for each patient. Staff told us that if a patient did not attend the drivers would speak to staff and advise them if they thought the patient looked unwell. Likewise, if the driver had not been able to contact the patient they informed the staff on the unit. Staff would then arrange appropriate follow up for the patient either by contacting the patients general practitioner or if necessary phoning for an ambulance.

Staffing levels and caseload

- The renal team consisted of ten consultants, three of which were part time. A consultant and a staff grade doctor visited the unit every week.
- The nurse staffing on the unit was in line with national guidance with a 1:4 registered nurse (RN) to patient ratio. We looked at four weeks of rosters, which confirmed that these levels were maintained every day. In addition to the four registered nurses there was always a band 3 Health Care Assistant on duty. The unit also employed one band 2 HCA who worked three long days each week.
- Staff we spoke with told us that they had handovers twice a day and that the afternoon 'huddle' included any patient safety issues.

Managing anticipated risks

- We saw evidence that plans in relation to patients accessing the unit during adverse weather conditions were discussed at the units team meetings.
- In addition to this we also saw action plans specific to the unit in the event of failure of the electricity, telephone, heating or water supply.
- The unit also had a security lockdown plan.

Medical care

- In addition to this the junior doctor's strike was highlighted in the South Yorkshire Regional Services governance newsletter. This gave details of when the strike action was proposed and the medical cover available during any industrial action.

Are medical care services effective?

Good

Summary.

We rated effective as good because:

- People's care, treatment and support achieves good outcomes, promotes a good quality of life and was based on the best available evidence.
- Staff used a renal pathway and other documentation that was in line with current national guidance.
- Trust policies and procedures reflected current guidelines and staff told us they were easily accessible via the hospital's intranet.
- There was a comprehensive induction for new staff and all staff had an up to date appraisal. Dialysis based competencies and postgraduate education was seen as a priority by senior staff.
- There was good evidence of multidisciplinary working however, some essential services e.g. dietetic support was limited.
- We saw documented and verbal consent being sought from patients.

Detailed findings

Evidence based care and treatment

- Patients received care according to national guidelines including National Institute for Health and Clinical Excellence (NICE), The British Kidney Patient Association (BKPA) and the British Renal Society. Staff used a renal pathway that was in line with current national guidance.
- The matron had completed a gap analysis of the units' documentation and policies against NICE guidance. We saw this piece of work which highlighted that there were no outstanding amendments needed to the units' documentation.
- Trust policies and procedures reflected current guidelines and staff told us they were easily accessible via the hospital's intranet.
- Details about new policies were shared via the South Yorkshire Regional Services governance newsletter.
- The matron and senior sister we spoke with told us that the unit completed line ratio, blood pressure management and transplant audits. They also said that that they contributed to a six monthly audit relating to shared care which was a requirement for the renal registry. In addition to this we saw evidence of a renal dialysis catheter care bundle audit which was completed for two patients each month.
- During our inspection we saw evidence of the trusts hydration and nutrition assurance toolkit (HANAT). This was an audit tool used by the trust. The dialysis unit did not complete the trust HANAT audit but senior staff said that they felt this would assist in identifying the lack of dietetic support to the unit and may be beneficial for patients, so they were looking at introducing this.

Nutrition and hydration

- Patients only attended the unit for a four hour dialysis session however, sandwiches were provided. An external company supplied these.
- Patients we spoke with told us they enjoyed the food provided.
- All patients had malnutrition risk assessments completed as part of their care.
- We were told by the unit sister that face to face dietetic support for patients was limited but they did offer a telephone service for advice. Dieticians were also able to review patients records and give advice on nutrition and hydration.

Technology and telemedicine

- Staff were able to order and review patient tests e.g. blood tests via a secure IT system.
- Patients were able to access an on line resource where they could review their blood results.

Patient outcomes

- Staff referred patients with vascular access problems to the renal assessment unit at the acute site.
- The consultant, and senior staff, we spoke with confirmed that all patients' blood tests were reviewed monthly.
- We saw evidence of an audit of patient vascular access lines which was 100% compliant. This meant that patients were receiving appropriate care.

Medical care

Competent staff

- All staff on the unit had an up to date appraisal. We saw evidence of this provided by the trust and staff we spoke with confirmed this.
- Staff told us that there was an induction programme for all staff. We saw a comprehensive trust induction checklist in use for all new staff.
- We spoke to a member of staff who had returned to work following maternity leave. This member of staff told us that she had 'keeping in touch' days throughout her leave, an induction on return and had input from renal education team.
- HCA's on the unit were completing renal competencies to enhance their role.
- Two registered nurses were completing an advanced renal course; two further staff were due to complete this in the future.
- The unit manager had completed three renal university modules and the sister had completed masters level management of renal failure as long-term health condition, the advanced renal course at degree level, mentorship at degree level and management of nurse led satellite unit at degree level.
- The unit sister told us that the Yorkshire and Humber renal network were looking at putting together a bespoke renal course, which she hoped staff from the unit would attend.

Multi-disciplinary working and coordinated care pathways

- A renal consultant and registrar visited the unit each week.
- A Multi-disciplinary team (MDT) meeting to discuss each patient took place every two weeks. At these meetings patients' blood results and medications were reviewed with medical staff and outcomes were documented on line. We saw evidence of this in patients care records.
- Staff we spoke with told us that face to face dietetic and diabetic specialist support was limited but that a telephone service was available and that dieticians reviewed patients' blood results monthly.
- Staff told us that general practitioners provided good diabetic support for renal patients. Diabetic patients had support at their general diabetic review appointments at the acute trust.
- The unit had a renal social worker. This member of staff came to the unit and did home visits.
- The unit was part of the Yorkshire and Humber Renal network, which covered the Sheffield, Leeds, Bradford and Humber areas.

Referral, transfer, discharge and transition

- Patients had their first two sessions of dialysis at the acute renal unit before being referred to the satellite unit by the trust dialysis coordinator.
- Patients were referred for dialysis at the satellite unit once they were medically stable.

Access to information

- Staff were able to access the trust intranet from the unit. In addition, unit specific guidelines, for example 'managing patients with a blood borne virus' were stored in a folder so that staff could access these quickly.
- Patients had an electronic care record which was accessible to all members of the MDT.
- Staff were able to access the trusts electronic IT system to view patients blood and other test results.

Consent, Mental Capacity act (MCA) and Deprivation of Liberty Safeguards (DoLs)

- Information provided by the unit showed that all staff had completed consent, mental capacity act and deprivation of liberty training via e-learning. Staff we spoke with told us that they had completed this training.
- The trust employed a mental capacity act facilitator who was available to offer support and advice to staff if needed.
- Patients signed their care records to consent to share information as required. We saw this in all records we reviewed.
- We saw staff seeking consent from patients prior to providing care and treatment.

Are medical care services caring?

Good

Summary

We rated caring as good because:

- Staff involved and treated people with compassion, kindness, dignity and respect.

Medical care

- Patients gave consistently positive feedback about the care and treatment they received at the unit.
- There was a good range of patient and carer information available. Staff were introducing new patient centred initiatives.
- Patients were supported emotionally and psychologically.

Detailed findings

Compassionate care

- During our inspection we saw staff treating patients with compassion.
- One patient told us that the staff were like his second family.
- Another patient said that staff 'look after him really well and everyone is very nice'
- We saw patient experience data which showed consistently positive feedback from patients. We saw data from 818 questions asked of patients which was 100% positive. The questions included:
  - Would you recommend this care setting to your family and friends?
  - When you use the call button do you get the help you need in an acceptable time?
  - Were you able to choose your appointment time ?
  - If you raised a concern about your care do you feel staff would take action?
  - If you have additional care needs, are these being met, e.g. interpreter, equipment, etc.?

Understanding and involvement of patients and those close to them

- We saw up to date relevant patient information leaflets throughout the unit.
- A patient told us that he liked the unit because it was not as hectic as the acute site and he has got to know other patients with the same condition.
- Staff we spoke with told us that carers and relatives could attend dialysis with patients.
- The unit was due to introduce 'getting to know you' and had an action plan to implement this initiative. The aim of this was for staff to be responsible for a group of patients and to then feedback relevant patient history, social circumstances etc. to other members of the team.
- Included within the action plan was an initiative to devise a poster display for all patients and staff about 'getting to know you' goals.

Emotional support

- A renal psychologist was funded by the British Kidney Patient Association [BKPA] to provide psychological support for patients undergoing dialysis. There was a flow chart that staff could use when they or a patient recognised that a patient needed psychological support.
- We saw an information leaflet about the renal psychology service which was available for patients and their relatives.
- We also saw a leaflet for bereaved relatives. This included details of the availability of bereavement advisors and details of the processes that bereaved relatives need to follow after a death.

Are medical care services responsive?

Good

Summary

We rated responsive as good because:

- Services were organised so that they meet people's needs. Patients were offered dialysis at a time and location that was convenient for them
- The unit provided dialysis for patients six days per week on a morning and afternoon.
- A bespoke taxi service brought patients to the unit. The drivers transporting the patients to the unit undertook a basic first aid and a moving and handling course.
- The unit offered flexibility in relation to the needs of individuals and respected their patients cultural and spiritual needs.
- Staff told us about a number of situations when they had successfully supported vulnerable patients including patients living with dementia or a learning disability.
- The unit had not received any complaints from January 2015 up until the time of our inspection.

Detailed findings

Planning and delivering services which meet people's needs

- The unit provided dialysis for patients six days per week on a morning and afternoon. Evening sessions were stopped as the patient population did not require these. Although this had caused concerns for some patients and meant that they may need to take time off work to attend during the day, the majority of patients were unaffected as they were between 70 and 80 years old.Patient age group ranged from 20 to 94 years old. The majority of patients were 70-80 years old.
- A bespoke taxi service brought patients to the unit. The drivers transporting the patients to the unit undertook a basic first aid and a moving and handling course.

Equality and diversity

- Information about translation services were available on the unit and staff we spoke to knew how to access the service when needed.
- The unit offered a selection of snacks to patients during their treatment. We were told that if the sandwiches on offer were not appropriate for an individual alternative options could be sourced. Patients were also able to bring in their own food or snacks.
- Patients attend for 3- 4 hours of treatment at a specific time. Therefore whilst the dialysis unit did not have a prayer room, due to the nature of the treatment provided, flexibility to provide specific dialysis times to fit around prayer times was provided for individuals wherever this was possible.

Meeting the needs of people in vulnerable circumstances

- The consultant spoke to us about the unit successfully dialysing a patient who was pregnant. Pregnancy is uncommon in women with chronic kidney disease (CKD) and foetal outcomes tend to be poor, with high rates of prematurity and mortality.
- The consultant we spoke with told us that the unit was involved in providing end of life care for renal patients. We were told that if a patient had a 'Do not attempt Cardiopulmonary Resuscitation' order in place, the original is carried by the patient and a copy is sent to the patients general practitioner and a copy is held in their care records on the unit.
- The trust were routinely provided with information from the Sheffield Case Register which identified adults with a Learning Disability (LD). This information was used by the Trust to put on an alert on an electronic system which flags individuals with a LD with their consent. This assisted the trust to make reasonable adjustments including pre admission telephone calls, longer out-patient appointments etc. and is also used to support improvements in services. For example, thee trust told us they used the data to look at individuals who had multiple attendances at A&E and we worked with Sheffield Health and Social Care Trust (SHCT) to support individual care packages.
- The Trust also advocated the use of 'Hospital Passport' which helps support individual care and reasonable adjustments. The SHCT and Mencap also have a list of link individuals who support the care of adults with Learning Disabilities.
- The Trust also had a dedicated Intranet site which had a library of patient information written in "easy read" along with other resources.
- An LD E learning package was available for staff.
- A patient survey with people who have an LD had recently been undertaken. The report for this was received in December 2015. Undertaking this optional patient survey gave the trust the opportunity for benchmarking.
- The unit sister gave us an example of when a patient with learning disabilities (LD) was planned to attend for dialysis and how this had been managed to ensure that the patient was prepared to attend the unit. This included using an LD passport and allowing the patient to spend time on the unit with a relative so that they were used to the equipment and processes that would take place.
- The unit cared for some patients with dementia. They had a link nurse and staff completed dementia awareness training. In addition to this, we saw evidence that some staff were attending an accredited dementia course.

Access to the right care at the right time

- Patients were referred to have dialysis in the unit once they were deemed medically stable.
- Dialysis was available Sunday to Friday. There was a morning and afternoon sessions each day.
- The unit did not have a waiting list and staff told us that they had could increase their current capacity.

Learning from complaints and concerns

- We saw that the learning from complaints was shared with staff through the South Yorkshire Regional Servicesgovernance newsletter.

Medical care

- The unit had not received any complaints between January 2015 and the time of our inspection.
- The unit manager and matron were able to describe to us how they would deal with a complaint. This included meeting with the individuals concerned including the complainant and sharing any learning from a complaint with the team.

Are medical care services well-led?

Good

Summary

We rated well led as good because:

- We saw a business plan for the unit which evidenced the vision and strategy for the unit. This included actions to deliver the best clinical outcomes for the patients, to provide patient centred services, to employ caring and cared for staff, to spend public money wisely and to deliver excellent research, education and innovation
- The leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.
- The unit sister attended the trust governance meetings and fed back information to staff.
- The unit highlighted their own issues and ensured these were assessed to mitigate the risk as far as they were able to. They also had close working relationships with other units at the trust and positive networks had been developed with wider organisations.
- Senior staff had actively shaped the culture through effective engagement with staff, people who use services and their representatives and stakeholders.
- There was a strong focus on continuous learning and improvement for all staff grades.

Detailed findings

Service vision and strategy

- The trust strategy had five key aims:
  - To deliver the best clinical outcomes
  - To provide patient centred services
  - To employ caring and cared for staff
  - To spend public money wisely and
  - To deliver excellence research, education and innovation.
- We saw that the unit had developed it's own business plan based on the trust strategies and that achievements were being monitored on the unit.
- All staff were aware of and could describe the trusts PROUD values. We saw the values displayed on the unit.

Governance, risk management and quality measurement

- The unit sister told us that she attended the trust clinical governance meetings quarterly in rotation with the senior staff from the other three satellite units.
- There was a monthly renal division senior nurse meeting. The agenda for this meeting covered governance issues, which related to the unit.
- The risk register showed that risks relating to the unit had been identified and that action were in place to minimise and mitigate the risks so far as was possible. We were told whilst on site that dietetic input was on the risk register however we did not see this on the copy provided by the trust following our inspection.
- There was a file in the office, containing the units risk assessments, which staff could access.
- The trust provided us with a copy of the South Yorkshire Regional Services governance newsletter which was shared with all staff. This contained information for staff about the learning from incident reporting and complaints.
- Staff said that the greatest risks to the unit were patients not attending (DNA's) and needle stick injuries. Staff reported all DNA's as an incident and the senior staff were identifying trends and planned to create an action plan to address this wherever possible.

Leadership of this service

- The sister of the unit was 70% clinical and 30% managerial.
- The consultant we spoke to told us that this unit was six months ahead of some units in terms of IT and that this was due to the work of the unit sister.
- Senior staff we spoke with said that they receive support from trust senior managers.
- All staff we spoke with told us that the senior staff on the unit were visible, supportive and approachable.

Culture within this service

Medical care

- The consultant we spoke with said the unit had a very happy atmosphere and that the team was good.
- All staff we spoke with including the sister and other registered nurses said that they felt part of the trust renal team, staff networked and benchmarked with the team at the other satellite centres and also those at the acute site.
- Further evidence in the form of a staff survey showed that 100% of staff on the would recommend the unit as a place to work and that they would be happy for a family member to be treated in the unit.
- The sister also told us about being involved with wider organisations such as the Yorkshire and Humber renal network.

Public engagement

- Patient forums took place but the last one had been over a year ago. Staff told us that if patients wanted to they would arrange further forums.
- The unit sister told us that she speaks to every patient in the unit every day. Patients we spoke with confirmed this.
- We saw that patient experience data was collated for the unit this showed consistently positive feedback from patients.
- The unit sister was also looking to introduce 'getting to know you' paperwork in to all patients care records so that staff could use the information about patients likes and dislikes and plan their dialysis sessions with this information in mind.
- Patients were able to access 'Patient View' which was an on line resource which showed blood results and provides an explanation about the results.
- In addition patient experience and friends and family test results were communicated to staff through the South Yorkshire Regional Services governance newsletter.

Staff engagement

- The matron told us that she meets with the band 6 staff and band 7 sister regularly. The unit sister confirmed this and told us that she felt supported by the matron.
- We saw minutes of the senior nurse meeting and the clinical governance meetings on display.
- Staff on the unit were encouraged to attend national conferences related to renal conditions. In addition to this all staff of all grades were actively encouraged to professionally develop.
- Staff Engagement and Friends and Family Test results were shared through the South Yorkshire Regional Services governance newsletter. This showed that staff had recently been engaged in discussions about visiting times.
- The unit completed a staff survery during the course of the year. In a staff survey completed in 2015, 89% of staff said that communication between senior managers and staff is effective.

Innovation, improvement and sustainability

- Senior staff we spoke with said that recruitment to renal posts was challenging. They told us that they would like to introduce a renal practitioner role for the unit to make the role more attractive.
- Senior staff were looking at DNA rates and trends because they felt that these could affect the units' sustainability.
- We saw details of new patient centred initiatives such as 'getting to know you'
- Staff development was seen as a priority to improve the competency of staff working in the unit.