

Renal Dialysis Unit - Churchill Hospital

Enter and View Report



March 2023

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Acknowledgements

Healthwatch Oxfordshire would like to thank all the people we spoke to and heard from, and all staff at the Dialysis Unit for their support and contribution to the Enter and View visit.

1. Visit details

1.1 Details of Visit

Service Address	Renal Dialysis Unit, Churchill Hospital, Old Road, Oxford, OX3 7LE
Service Provider	Oxford University Hospitals NHS Foundation Trust
Date and Time	December 7 th 2022 10am to 2pm
Authorised Representatives	Veronica Barry, Emma Teasdale, Tania Wickham
Contact details	01865 520520 Healthwatch Oxfordshire

1.2 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

2. What is Enter and View?

The Health and Social Care Act 2012 legislation allows Enter and View activity to be undertaken on premises where health and social care is publicly funded such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. We visit:

- To gather the views of health and social care service users, families and carers.
- To report what we see and hear to improve the quality of health and care services.

2.1 Purpose of the visit

- To observe how the facility operates and provides its services.
- To collect views from patients, volunteers, and staff on services.
- To identify 'Best Practice' and highlight any areas of concern.

2.2 Strategic drivers

- Healthwatch Oxfordshire's Enter and View visit to the Renal Main Dialysis and Renal Tarver Dialysis Units is part of a number of visits to a range of services within Oxford University Hospitals NHS Foundation Trust (OUH).
 - These visits were planned and implemented in 2022 - 2023 with full support from OUH.
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3. Summary of findings

Please note these findings represent a portrayal of what we observed and heard about the experiences of the service users and staff on the day that we visited:

- The renal unit is a busy, well led, patient centred service, providing excellent care with a highly skilled, caring and committed staff team, in a learning environment.
- Patient choice is supported, and patients are encouraged to manage their care, and given the skills and knowledge to do so when they choose.
- Patients generally feel able to raise concerns with the staff team about their treatment and care.
- Patients had praise for the staff and valued the care and support they received.
- External and internal directional signage was not always clear, making navigation to and within the unit difficult for some.
- Information provided on displays in the wards was comprehensive but some was out of date, and overwhelming in quantity. There was not clear information on how to give comment and feedback or offering an interpreter.
- Wards and corridors are used for storage of equipment and other items giving a slightly cluttered feel.
- Waiting areas at changeover times become crowded and sometimes noisy which can be overwhelming for some patients.
- Some patients commented that they were cold on the wards, or that heating was inconsistent, making long hours in treatment uncomfortable.
- Patient transport provided by South Central Ambulance Service (SCAS) was noted as a source of frustration for both patients and staff. Transport was not always reliable impacting both on patient ability to plan and taking up valuable staff time.

4. Recommendations

- Rationalise, simplify, or reorganise information on display on boards across the wards and ensure it is up to date, clear and patient facing. Group information clearly in areas so that patient facing information is together, and additional information required by regulation is displayed separately.
- Clearly display the way in which patients can give feedback and comments including information on how to comment, and with feedback from service provider to suggestions.
- Appraise signage from carpark and within unit to ensure clear directions for patients.
- Provide patient facing information highlighting access to interpreter.
- Provide better signage on water coolers to ensure visitors and carers can access.
- Review items in wards and corridors with scope to 'declutter'.
- Review ward temperatures and monitor patient comfort and ways to alleviate cold.
- Raise inconsistency and reliability of patient transport service with South Central Ambulance Service (SCAS) to improve support to patients and remove stress to staff. Healthwatch Oxfordshire will send this report to them.

5. Service response to recommendations

Thank you for your visit. We are grateful for your feedback. We do recognise the signage can be unclear however we will make sure this will improve to make the patient experience even better.

The boards across the wards are being updated and will look clearer and neater, making it easier for the patients to follow.

We often find our patients give us verbal feedback as they attend the units three times a week. However, going forward, we will ensure that ways to raise a concern is made clearer to patients and carers; ensuring pens and paper are more readily available for written comments.

The interpreter's information will be displayed in the unit, and we will make sure this is patient faced.

Lack of suitable storage has been a longstanding issue alongside other limitations of our estate. Whilst we recognise the corridors can look cluttered, we ensure there

is adequate space for patients and staff to work safely, utilising areas at the rear of the unit so as not to interfere with patient care or treatment.

The temperature was unfortunately an issue, but this has now been sorted. Patient comfort is always monitored. Blankets are always offered should they wish to have more.

We have regular meetings with SCAS, and this is raised quarterly. KPI and patients experience are not always the same.

Response received by email from:

Angela Pietrafesa, Deputy Matron Renal Medicine

6. Report: Visit to the Renal Dialysis Unit on 7th December 2022

Methodology

We follow Healthwatch England guidelines for Enter and View visits. The steps below summarise the process:

- **Plan:**
 - Appoint an Enter and View lead for the visit
- **Communicate:**
 - Inform the provider of the visit, and relevant details including the purpose, date, time, estimation of how long it will take, how many people will be carrying out the visit, and the name of the lead person
 - Prepare visit posters including the purpose of the visit, time and date, and dispatch these to the provider for display, so that people using the service are clear why the visit is taking place.
 - Include information about how members of the public can contact Healthwatch Oxfordshire if they are not able to when the visit is taking place.
- **Prepare:**
 - Prepare resources such as surveys and questionnaires.
 - Identify any requirements for special support necessary to facilitate the visit such as access or security. This must be done before the visit, as you may be refused entry.
 - Meet with the service provider before the visit.

- **Report:**
 - On completion of the visit a draft report is shared with the service provider requesting comments on factual accuracy and responses to any recommendations within 20 working days.
- **Follow up:**

The final report is published on Healthwatch Oxfordshire website and shared with the Care Quality Commission (CQC) and service provider.

The visit took place from 10am to 2pm on December 7th 2022 with three trained Enter and View representatives, including one lay member.

During the visit, the team were able to spend time observing the daily work of the units, noting the general environment such as cleanliness, comfort and information displays, and to speak to both patients and staff.

Additional question sheets, with FREEPOST envelopes for return were left with staff and patients for comment and feedback.

Service background

The Renal Main Dialysis Unit and the Renal Tarver Dialysis Unit at the Churchill Hospital form part of the range of support services offered to patients under the overarching Oxford Kidney Unit. The service is provided by Oxford University Hospitals NHS Foundation Trust. The unit works closely with the Renal Transplant Ward within the Churchill Hospital, as well as with the John Radcliffe Hospital and satellite Renal Medicine units located at Banbury Horton, High Wycombe, Milton Keynes, Aylesbury, and Swindon.

The Renal Dialysis wards provide patients with both renal hemodialysis and peritoneal dialysis. Wards provide dialysis sessions six days a week in morning and afternoon slots, along with additional 'twilight' slots offered in the evenings until midnight on Mondays, Wednesdays, and Fridays. The Tarver ward has a capacity of fifteen patients at one time (30 a day), and the main ward has capacity for twenty-four patients at one time, split into three bays (48 a day). There is additional capacity for specialist cases within side rooms.

Patients are drawn from Oxfordshire and beyond via satellite areas and will attend the units for dialysis three times a week, remaining up to four hours for each dialysis session. Younger patients may be referred also for example via links with Birmingham Pediatric Unit. The service runs a six-monthly survey to patients to gain feedback and to support service improvement.

The unit is nurse led, with a diverse multi-disciplinary team of nurse specialists, consultants in nursing, renal support and palliative care, admin, domiciliary, support, reception teams and security staff. Nurses providing support for patients in their dialysis will be responsible for up to four patients at a time.

A team of technicians provide technical support across the dialysis services, including at the John Radcliffe and at patient's homes. They are on hand for advice, for troubleshooting, and ensuring smooth functioning and maintenance of machines. Staff may be relocated as and when across the service to support to patients in John Radcliffe and satellite units where required.

The unit is innovative, and staff are engaged in ongoing learning and the development of new ways of working. The unit takes part in clinical trials and research and takes student placements. It has pioneered 'shared care' through offering home-based dialysis to encourage greater patient independence and self-care. Patients are also given training and empowered within the units to manage their own treatment, including setting up dialysis, cleaning machines and preparing beds for the next person.

Staff told us that Language Line and BSL interpreters are provided where a patient has need for interpreting support.

Patients travel to the units via public transport, their own transport or booked journeys with Patient Transport provided by South Central Ambulance Service (SCAS).

Access and signage

The ward has wheelchair access via a long ramp and is close to the car park and drop-off area. The electronic doors were not opening properly when we arrived but were working later on.

External signage from the car park guiding patients to the main entrance could be clearer. For a newcomer, finding the dialysis unit within the Churchill Hospital complex is not straightforward, even though it is indicated on the map provided online.

Internally, again signage to navigate within and through the units could be clearer. First impressions of a newcomer can be confusing, and overwhelming, navigating the different rooms and corridors, and in particular finding way back to the renal outpatient reception from the Tarver Unit – this is not well directed.

The Tarver Unit had a welcoming display with staff photos. A similar board was being redone for the main unit.

The ward environment

The wards operate a busy schedule, with times of intensive activity as patients arrive for morning and afternoon dialysis slots, and as changeover of dialysis takes place mid-morning.

Patients arriving can check into the main reception and wait in the waiting room at the entrance before being shown to their bed within the units. The waiting areas

within the main dialysis unit are functional with comfortable chairs of different sizes and heights. The waiting area in the Traver Unit is small, with limited seating.

Water and ice coolers are provided, but restricted due to patients' treatments. However, it would be useful to have better signage so that family members and carers can see how they can access water if waiting. Food is provided to patients, including regular refreshments, and lunch. Carers are not offered food.

The atmosphere of the wards was calm and quiet, albeit busy and full of activity, especially at changeover times. Staff were welcoming and staff patient interactions were friendly.

Ward changeover time around midday was extremely busy, and the waiting rooms at these times became crowded and noisy as patients waited for their transport. We witnessed some incidence of verbal aggression from patients under stress, which the staff were able to handle calmly and professionally, demonstrating good communication.

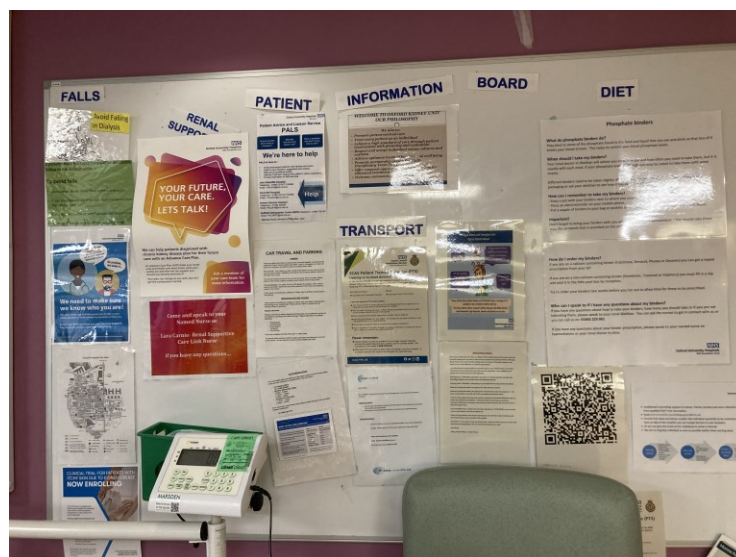
The wards, corridors and waiting areas are quite crowded with spare and in-use equipment, and other items - giving a slightly cluttered feel in places. This may contribute to a sense of crowdedness experienced at busy times.

We visited around Christmas and efforts had been made by staff to make the wards look welcoming and festive, with tree and decorations.

Information on display

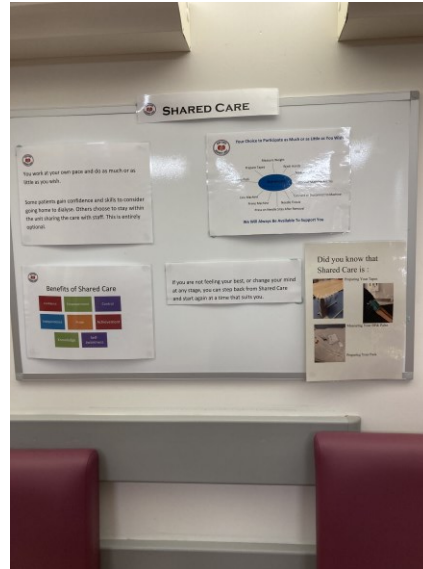
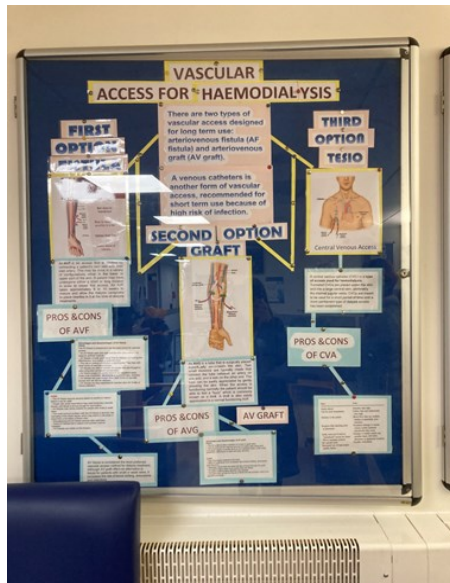
The main dialysis has information displayed at reception and in the unit waiting area, and wards. The Tarver unit has information displayed in the small waiting area.

The units had a huge range of information on display, within waiting areas, corridors, and wards.



Patient information board main unit

It was clear a lot of effort and time had been made by staff to prepare and provide bespoke and official information. However, notice boards across the wards could be rationalized and reorganized so as to be clearer for patients, as some information is outdated, somewhat overwhelming in quantity or sometimes unclear who it is aimed at. Information provided included both regulatory and patient facing sometimes in the same area, and included cleaning rota, cleanliness score, zero tolerance, shared care, medical, dietary, and other technical advice, clinical trials, advance care planning among others.



Haemodialysis and shared care information board - main unit

We did not see information displayed on the complaints process. A 'suggestions box' was provided, but there was no paper to provide written feedback, and information about what the feedback was for. A QR code on the patient information board had no explanation of how to use and what it was for. These could be grouped and clearly explained in an accompanying notice encouraging patients to comment, along with feedback from the service provider in response.



Opportunities for patient feedback

Similarly, it was unclear in Tarver Unit waiting area what a posting box on a trolley labelled 'Supporting fluid restriction and quality of life on dialysis' was for.

There were no signs for patients on display promoting the right to an interpreter.

Patient feedback

In all we heard from nine patients – seven we spoke to directly in the visit, and two via postal feedback. We spoke to seven women and two men, representing a range of ages, and ethnicities. Patients travelled in for treatment both from within Oxfordshire and from wider including Milton Keynes area, and Wiltshire.

Overall, patients were hugely **appreciative of the support and care** they received at the unit. Many had been coming to the renal unit for many years and had built up strong relationships with the staff team and with other patients they saw on a regular basis. There was a sense of patients supporting one another. They praised and thanked the staff team.

“Couldn’t be more helpful, nothing but praise for all – wonderful”

“fantastic”

“like a family”

Patients who spoke to us felt that the **information and support** they received about their treatment and care was good, and those who wanted to were able to take control of their own care with training and support via the staff team and technicians. The patient booklet provided was useful and patients were able to refer to it for information about managing their condition.

“Nurses look after me, told me what was going to happen. I feel in control and they have shown me how to prepare my own machine and manage my care. Feel in control. I clean machine, changing needles, all training given...supported well to do things if anything goes wrong”

However, a patient who was newer to the service commented that they would like to have more information from a health professional to help them understand their treatment plan and care, and were feeling uncertain about this.

Four patients we spoke to told us that the **temperature of the wards** was cold, and that they were cold and uncomfortable during their treatments particularly in the Tarver Unit. Although blankets were provided and patients were encouraged to bring in extra, some commented that this was affecting their wellbeing.

“I’ve sat here shivering for four hours”

Patients valued the information provided on notice boards, but some commented that there was rather too much and felt overloaded, and that it was out of date, noting there was no ward clerk to update displays.

“Yes, an awful lot of it. Too much for me”

Patients told us that they received six monthly surveys, for feedback on treatment and care. One patient noted that they would like a user group to be able to

support patient care. Not all patients knew how to give formal and informal feedback and comments about the unit and their care, although most felt able to speak with staff.

One patient commented on cleanliness and clutter and noted that a toilet seat had been broken for some time and not mended for some weeks.

Some patient comments highlighted the sense of stress in the waiting areas at changeover time when the atmosphere could be noisy and crowded. Room for more space and privacy, as well as a quiet area to wait was suggested by one.

Four patients were unhappy with the reliability and consistency of the patient transport provided by South Central Ambulance Service (SCAS). Patients have to get ready two hours in advance for collection, and often face long waits to be picked up after treatment. Two patients told us that they had had a few occasions that the transport had not turned up at all, and one patient had paid for an expensive taxi themselves as a result. This had an impact on patient ability to plan and provide childcare etc. and caused considerable stress.

Staff feedback

We received feedback and comments from five staff on the day, representing a cross section of roles within the unit.

Staff we spoke to were positive about their work in the renal ward, and especially valued the patient, family and carer interactions and care.

They noted that the unit gave autonomy and an opportunity to learn. The management received praise in creating and supporting a learning environment, both via formal and on the job training. One staff noted improvements in training support and competency packs over the years.

Staff told us that the present management are open to suggestion and feedback. Staff commented that they felt listened to and able to make suggestions on the unit. They felt that their concerns would be taken seriously. However, one comment highlighted that this ethos needs to be embedded organisationally and not dependent on personality.

Staff valued the sense of team ethos, and that meetings and daily team 'huddles' supported this.

What are the challenges staff raised?

We asked staff to tell us about any frustrations or challenges with their work. Comments included challenge of staff recruitment and sickness cover, and desire for better financial reimbursement in recognition of the specific expertise and additional training undertaken to become a renal expert.

One commented on the huge amount of additional care and support staff had been asked to undertake during COVID - with huge uptake in need for patient support, across a number of sites.

One comment indicated the cover of one renal doctor across the entire unit could mean that there was a time delay reaching patients if called by nursing staff.

The quality of cleanliness in overnight cleaning sessions was raised.

Other comments included the lack of natural light in the main ward and its impact on sense of wellbeing.

We also heard that considerable amounts of staff time were taken up chasing Patient Transport (provided via South Central Ambulance Service), when transport was delayed or failed. Staff felt this was stressful, time consuming and that it took them away from patient facing care and could cause patients to be angry and frustrated.

We heard about the increase in anti-social or aggressive behaviour from some patients, and the impact this can have on staff wellbeing. However, this was acknowledged and being addressed across the management and trust, with practical interventions. Nursing staff valued the support of the security team in creating a 'zero tolerance' environment, and positive patient interactions to help deescalate where needed.

What suggestions did staff make?

Staff suggestions included:

- Need for more storage within the unit to avoid cluttering and things being left in corridors and around the unit.
- More space between beds to give more privacy.



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