Stockport NHS Dialysis Unit

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Stockport NHS Dialysis Clinic is operated by Fresenius Medical Care Renal Services. Nephrocare is the service brand of Fresenius Medical Care. Stockport NHS Dialysis Clinic has been operating since July 2013. Patients attending the clinic are referred by their local trust to the specialist renal and dialysis services provided by the service's commissioning NHS trust . The clinic functions as a satellite clinic for the dialysis services provided by the commissioning trust, and treats patients in the Stockport area. Stockport NHS Dialysis Clinic is purpose built and is located close to Stockport centre. The clinic is a nurse led clinic, comprising of a manager, deputy manager, a team leader, 6.2 registered nurses (a further registered nurse was undergoing pre employment checks), 3.1 dialysis assistants and one clinic secretary 0.53 whole time equivalent (wte). The manager, deputy manager and team leader also provide clinical care. The clinic has 20 haemodialysis stations and provides two treatment sessions per station per day, Monday to Saturday (240 appointments per week). The service provides dialysis services for adults aged 18 years of age and over. At the time of our inspection the unit

Summary of findings

facilitated treatment for 80 patients per week. There are no services provided to children and young people. Facilities include a patient waiting area with two disabled access toilets, two consultation rooms, a patient resource room, technicians workshop, linen room, reception office, centre managers office, patient treatment and weighing area, two single rooms that could be used as isolation rooms, one double room for patients to self dialyse, a consultation room, office, clean utility room, waste utility, staff changing room, staff rest, kitchen, storeroom, water treatment plant and a seminar/meeting room.

We last inspected this service on 22 June and 3 July 2017 but did not have a regulatory duty to rate the service at that time. However, we told the provider the actions that they need to undertake to improve the service.

Action the provider MUST take to improve

• The provider must implement a system that ensures in the event of a patient death, notifications are routinely notified to CQC in accordance with Regulation 16 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

• The provider must take action to ensure mortality reviews are undertaken to review whether there are any lessons to be learned or any omissions in the care and treatment of that patient.

• The provider should take action to provide staff with procedures and training with regards to the identification, process, and management of patients with sepsis.

Action the provider SHOULD take to improve

• The provider should undertake reviewing its compliance with the Workforce Race Equality Standard evaluation in accordance with the NHS standard contract.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 28 November 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We rated Stockport NHS Dialysis Unit as **Good** overall.

We found examples of practice that had improved since our last inspection such as:

- Since the last inspection we had seen an improvement in the reporting of statutory notifications to the CQC in accordance with the legislation.
- We saw evidence that mortality reviews were being undertaken to review whether there were any lessons to be learned or any omissions in the care and treatment of patients.
- We saw that all staff had been trained in the identification, process, and management of patients with sepsis.
- We saw evidence that the provider was complying with the Workforce Race Equality Standard evaluation in accordance with the NHS standard contract.

We found the following areas of good practice:

- All staff had completed mandatory training and knew how to protect patients from harm or abuse.
- Staff understood their roles and responsibilities in relation to consent and the mental health act.
- Staff treated patients with care and compassion.
- There were high patient satisfaction scores.
- Staff supported and met the needs of individuals.
- There was a positive culture and staff engagement was good.
- There was a clear governance structure.
- We saw evidence of a comprehensive audit programme that was used to drive improvements and provide assurance.

However, we also found the following issues that the service provider needs to improve:

Summary of findings

- We were not assured that the procedure for dispensing and administering Tinzaparin sodium intravenously was robust enough to prevent medication errors.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North region).

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis Services	Good	Incidents were reviewed appropriately and we saw evidence of learning from these. The clinical equipment was visibly clean and clinical equipment had been serviced. We observed and were told of good multi-disciplinary team working. Staff also provided evidence-based care and treatment, and there was a comprehensive audit programme to ensure compliance with relevant policies and guidelines. Patients we spoke with were happy with the care provided and this was supported by positive patient satisfaction scores. The service met patients' needs in a timely manner. Staff told us about the positive culture within the organisation. There was a clear governance structure within the organisation. There were sufficient staff to provide safe care and treatment and all staff had completed mandatory training and responded well to patient risk. Care and treatment was evidenced-based, and staff understood their responsibilities around consent and capacity. Staff were caring and compassionate, and responded well to the individual needs of patients.

Summary of findings

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Services we looked at
Dialysis Services;

Summary of this inspection

Background to Stockport NHS Dialysis Unit

Stockport NHS Dialysis Unit was operated by Fresenius Medical Care Renal Services Limited. The service opened in 2013. It was a private clinic in Stockport. The clinic primarily served the communities of Stockport. It also accepted patient referrals from outside this area.

The services current registered manager had been in post since 2015.

We had inspected this service in 2017, however at that time we were not required to rate it. Therefore, this is the first time that we have rated this service.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector and a specialist advisor with expertise in dialysis. The inspection team was overseen by Nicholas Smith, Head of Hospital Inspection.

Information about Stockport NHS Dialysis Unit

Stockport Dialysis Clinic is operated by Fresenius Medical Care Renal Service Limited. It is an 20 'station' mixed gender dialysis treatment clinic and is registered to provide the following regulated activity to patients over the age of 18 years:

• Treatment of disease, disorder, or injury.

The service opened in July 2013 and the registered manager had been in post since December 2015. The commissioning trust provided the multidisciplinary team who supported the clinic in providing the dialysis service. The clinic primarily served communities in and around Stockport. Stockport Dialysis Clinic was situated in a standalone building in Stockport. Dialysis is provided for patients six days a week from Monday to Saturday. There were no overnight facilities. Two dialysis sessions ran each day starting at 7am and 12:30pm. The clinic had 20 treatment stations offering haemodialysis and hemodiafiltration but not peritoneal dialysis. Home dialysis services were not provided by staff at this clinic.

Access to the clinic was via secured doors. Outside there was free car parking for several cars. Entry to the clinic's reception and waiting area was via a secure door bell.

The main referring clinic was the specialist renal centre based at the commissioning trust, which provided an associate specialist (doctor) who visited each week. From time to time, patients who are on holiday in the area are treated by the clinic (if there was an available dialysis session). There were 6.2 whole time equivalent registered nurses (two of which held renal dialysis qualifications) employed by the clinic and 3.1 dialysis assistants.

Between November 2017 and October 2018, the clinic delivered 11,590 treatment sessions. All of these treatments were NHS funded. At the time of our inspection, 80 patients were receiving dialysis treatment at the clinic, 71 had hemodiafiltration and nine had haemodialysis. Services were not provided to children or young people under the age of 18 years.

During the inspection, we spoke with eight staff including; the Regional Business Manager, the area head nurse, the clinic manager, the deputy clinic manager, the team leader and two registered nurses. We spoke with four patients and we reviewed five sets of patient paper and electronic records.

Track record on safety in the previous year:

- The clinic reported no never events in the reporting period from January 2018 and October 2018.
- The clinic reported three clinical incidents in the reporting period from January 2018 to October 2018.

Summary of this inspection

- The clinic had received 10 complaints in the reporting period from January 2018 to October 2018.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service had been inspected previously in June and July 2017 which was the services first inspection since registration with CQC. However, we were not required to rate the service at that time.

Activity (November 2017 to October 2018)

- In the reporting period there were 11,590 day case episodes of care recorded at the clinic; of these 100% were NHS.

Services accredited by a national body:

- ISO 9001 accreditation for the integrated management systems.
- OHSAS 18001 accreditation for the health and safety management system.

Services provided at the clinic under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Fire safety
- Water Supply
- Building maintenance

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **Good** because:

- All staff had completed mandatory training.
- Staff had the skills and experience to protect patients from harm or abuse.
- Staff followed infection control policies and the areas we visited were visibly clean and tidy.
- There were systems in place to identify and respond to patient risk.

However:

- We were not assured that the procedure for dispensing and administering tinziparin sodium
- Intravenously was robust enough to prevent medication errors.

Are services effective?

Good

We rated effective as **Good** because:

- Staff provided evidenced-based care and treatment.
- Staff had had their annual appraisals and up to date competency files.
- Staff understood their roles and responsibilities around consent and mental capacity.
- We saw evidence of multidisciplinary team working.

Are services caring?

Good

We rated caring as **Good** because:

- Staff treated patients with care and compassion.
- Staff were proud of the work they did and committed to providing a quality service.
- Patients felt supported by staff and there were high patient satisfaction scores.

Are services responsive?

Good

We rated responsive as **Good** because:

- Stockport NHS Dialysis Unit met the needs of individuals, supporting patients to make decisions about their care and treatment.
- There were no patients waiting to commence dialysis at the unit.
- We saw evidence of learning from complaints and incidents.

Summary of this inspection

- Staff within the clinic had access to language line (a telephone translation service) to enable communication between patients and carers.

Are services well-led?

Good

We rated it as **Good** because:

- There was positive staff engagement and culture within the service.
- The service sought a full and diverse range of people's views and used these to shape the service.
- The leadership was visible and accessible.
- There was a clear governance structure with distinct reporting lines.
- Staff felt supported and there was evidence of staff development.
- Stockport NHS Dialysis Unit had systems in place to ensure that clinical staff had the rights skills, experience and qualifications to provide a safe service.
- The service had developed a robust and comprehensive audit programme to help provide assurance to the leadership team.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Dialysis Services

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

Are dialysis services safe?

Good

We rated safe as **good.**

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. All staff had completed their mandatory training in line with intercollegiate guidance.
- All dialysis staff had a contemporaneous training record on following standard operating procedures relevant to their roles. This included minimising the risk of infection, electrolyte imbalance and symptomatic dialysis related hypertension.
- Mandatory training was delivered through a mix of classroom and online training. A training matrix was held that highlighted which groups of staff required training for each module. The training matrix was reviewed each month, and was overseen by the area head nurse.
- Mandatory training for staff included a range of subjects mandated by legislation and by the provider. These included information governance, the mental capacity act, equality, diversity and human rights, conflict resolution and dialysis specific training.
- Additional staff were supplied from the provider's in-house flexibank directorate. Mandatory training for additional staff was monitored by the flexibank administrators who held the training records centrally. Where training had lapsed, additional staff were suspended from shift allocation until proof of mandatory training completion was provided. This assured senior managers at the clinic that additional staff had completed all relevant mandatory training prior to commencing their shift.

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- At the time of the inspection, all staff had completed safeguarding adults level two training and safeguarding children level two training.
- The unit manager and some of the other members of the senior team in the parent company had completed level four safeguarding training. All staff could seek further guidance from these nominated individuals.
- The clinic had clear systems and processes in place to keep patients safe from potential and avoidable harm.
- Staff were aware of their roles and responsibilities for escalating safeguarding concerns. Staff were knowledgeable about how to deal with and raise safeguarding issues and were able to give us examples of when it would be appropriate to do so.
- There was a Fresenius Medical Care policy on safeguarding adults and children. This policy was easily accessible and there were also quick reference guides for key safeguarding contacts displayed prominently in the clinic's offices.

- The clinic had not reported any issues of a safeguarding nature in the 12 months prior to the inspection.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- We observed staff carrying out their duties in line with the infection prevention and control requirements set out in the provider's hygiene policy.
- Staff wore appropriate personal protective equipment, such as aprons, gloves and visors when cleaning the equipment, and when undertaking the insertion and removal of dialysis needles. This reduced the risk of cross contamination between patients.
- We observed staff following hand hygiene protocols, including 'bare below the elbows', in line with the organisation's standard hygiene and infection control policy.
- Posters explaining the World Health Organisation's five moments of hand hygiene were also displayed which helped make patients, staff and visitors aware of effective hand washing techniques.
- Audit highlighted that between 1 January 2018 and 27 November 2018, the clinic achieved an average of 99.3% compliance with hand hygiene procedures.
- Wall mounted antibacterial gel dispensers were located in appropriate places throughout the unit.
- Hand washing facilities were also located throughout the unit in appropriate places with clear instructions displayed on the correct hand washing techniques.
- We observed that patients were given gloves to wear during the process of removing the needles, which reduced the risk of infection at the exit site.
- A full infection prevention and control audit was carried out each month. This looked at a range of risks in all areas of the clinic, including the treatment area, staff areas, toilets, staff practice, and cleaning staff duties. Between 1 January 2018 and 27 November 2018, the clinic achieved an average of 98.8% compliance.
- Dialysis needles and lines were single use only and were appropriately disposed of as clinical waste after use.
- Each machine underwent a heat disinfection cycle at the end of each treatment session, which was confirmed by a machine self-test at the end of the cycle. We observed staff cleaning the treatment chairs and associated equipment, and decontaminating each dialysis machine between patient treatments. On Saturdays, the machines were all programmed to carry out a de-grease chlorine disinfection process that needed to be carried out once a week with a 24 hour resting period before the next dialysis patient used the machine.
- There were procedures in place to assess and treat carriers of blood borne viruses such as hepatitis B and C. Staff were knowledgeable about and understood the procedures and policies which managed and reduced the risks related to the infections.
- There were segregated bay areas/ individual stations which could also be used to ensure patients who presented with conditions such as flu could be dialysed whilst protecting other patients.
- There was clear guidance available to staff to guide them in deciding when patients required isolation and how this should be carried out.
- The clinic reported no cases of methicillin resistant staphylococcus aureus (MRSA) in the 12 months prior to the inspection. There were no reported cases of methicillin sensitive staphylococcus aureus (MSSA) and Clostridium difficile (C.difficile).
- The clinic followed best practice guidelines in relation to the water treatment systems, dialysis water and fluid quality. The Fresenius Medical Care team also had an internal water team who could provide guidance and advice on any issues relating to water treatment and quality.

- We also found that regular quality checks were performed in relation to water and dialysis fluid. These checks were processed by Fresenius microbiology services and checked for infections such as legionella. This was in line with guidance
- The clinic had an infection control and prevention link nurse. This nurse had undertaken additional training and other staff were aware of who this nurse was.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- The unit appeared clean and well organised throughout.
- The maintenance of dialysis machines and chairs was scheduled and monitored using the dialysis machine maintenance and calibration plan, which detailed the dialysis machines by model type and serial number along with the scheduled date of maintenance.
- The clinic also had a similar plan for dialysis chairs, beds and other clinical equipment including patient thermometers, blood pressure monitors and patient scales.
- The dialysis machines, chairs, beds and water treatment plant were all maintained by Fresenius Medical Care technicians.
- The majority of additional dialysis related equipment was calibrated and maintained under contract by the manufacturers of the equipment or by specialist maintenance and calibration service providers. This was arranged by the corporate and clinic management staff.
- We found that records relating to the maintenance of equipment were comprehensive, clear and up to date.
- The water treatment room was secure and procedures were in place to ensure the safety of patients should any failure occur. There had been no incidents in the last 12 months involving the water treatment. We were shown a copy of the water treatment calibration plan upon which all of the dates for planned servicing for 2018 were highlighted.
- The service benefitted from a dedicated facilities management team. Staff told us that this system was helpful to them in their work and that they had not encountered any issues relating to the maintenance of the equipment they used.
- There had been no reported incidents relating to equipment in the 12 months prior to the inspection.
- We found that equipment such as the resuscitation trolley and defibrillator were checked on a daily/ weekly basis. We reviewed three months of checks for these trolleys and found that they were all completed and up to date.
- Annual electrical safety testing is part of the clinics planned and preventative maintenance schedule which was managed by the facilities management team.
- The unit had a spare set of weighing scales and three spare dialysis machines that could be used in the event of equipment breakdown. These were also checked appropriately and cleaned ready for use.
- We saw evidence that all staff had been trained on the use of specific medical devices.
- There was sufficient space around each dialysis station to permit rapid access in the event of an emergency.

Assessing and responding to patient risk

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff undertook a detailed assessment of patients prior to commencement of their treatment at the clinic. This action facilitated a review of each patient's admission form which included their clinical details, primary and renal diagnoses and vascular access type, past medical history, their existing medicines and current prescription and medicine administration chart, special needs or mobility requirements, information relating to activities in daily life, and the patient's emotional and religious needs.
- Patients were already established on dialysis before attending the clinic. However, new patients were given

an appointment to see the associate specialist in renal medicine at the next scheduled outpatients' clinic usually within two weeks of starting treatment at the clinic.

- Nurses used clinical observations to determine how well patients were. We saw that these were entered into patient records we reviewed. Additionally, each dialysis machine allowed staff to pre-programme the frequency of observations to ensure they were completed as regularly as required. Patients also used call bells to alert staff if they were feeling unwell and we saw this process working during our inspection. Staff knew what to to in the event that a patients condition deteriorated, was unwell or there was an emergency. The clinic had a clear process in place that staff were aware of.
- Prior to commencement of dialysis treatment, staff inserted the patient's identification card into the dialysis machine. The machine automatically required the staff member to confirm the name of the patient by pressing the relevant on-screen button. Staff then cross referenced the electronic information record on the machine with the patient's paper session treatment record. In many cases, staff had known their patients for a long time; however, the process followed meant the risk of mis-identifying patients was reduced.
- We saw evidence that patients were appropriately assessed throughout their visit for their treatment. Vital observations were automatically recorded on the clinic's electronic patient record. Staff assured themselves that patients were fit to leave before they left the clinic.
- We saw clinical risk assessments were completed in the patient files. These included the risk of developing a pressure ulcer and a moving and handling risk assessment.
- The clinic had a formalised admission and exclusion criteria to screen patients before they were accepted to the clinic. This criteria helped ensure only patients who were clinically stable attended the clinic. Individual patients risk was assessed minimally on a monthly basis through multidisciplinary team meetings.
- We also saw that all staff did a ward round on each dialysis session. This meant that staff were aware of all patients' current conditions. The ward round also facilitated learning for staff.
- We found that patients had up to date, comprehensive risk assessments completed for areas such as pressure damage and falls.
- Blood tests were carried out on a monthly basis. This allowed staff to make informed decisions about the risks associated with dialysing patients.
- Dialysis machines flagged up possible causes for the alarm going off and suggestions as to what needed to be checked. Staff were responsive to alarms.
- Following our last inspection we told the provider that they should take action to provide staff with procedures and training with regards to the identification, process, and management of patients with sepsis. During this inspection, we found that all staff had been trained in this aspect and that there was a robust pathway for staff to follow. Sepsis is a life-threatening illness caused by the body's response to an infection.
- If a patient did not attend an appointment, staff followed this up with the patient, their relatives and notified the associate specialist. If the patient could not be contacted the service also informed the referring trust.

Staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The clinic was nurse led and employed 12.3 whole time equivalent clinical staff and one administrative staff member. These comprised of one clinic manager, one deputy clinic manager, one registered nurse team leaders, 6.2 registered nurses (a further one was undergoing pre employment checks), 3.1 dialysis assistants and one clinic secretary. There were 1.8 whole time equivalent nurse vacancies at the time of our inspection, one of which had been recruited to,

meaning that in the longer term they would be 0.8 whole time equivalent short. To mitigate the risk that this may cause the unit had increased the dialysis assistant by one whole time equivalent.

- The clinic worked to a ratio of one nurse to four patients and 70% registered nurses to 30% dialysis technicians and there was a minimum requirement of two registered nurses to initiate patient treatment.
- Staff told that they had sufficient time to care for patients. Rotas we reviewed, for the three months prior to inspection, all confirmed that the clinic had been appropriately staffed.
- The clinic manager used a bespoke electronic rostering system to schedule staff shift attendance, taking account of annual leave, six to eight weeks in advance. The schedule was approved by the regional business manager. This ensured that all shifts complied with the clinic's contracted staffing levels and skill mix.
- Two staff within the clinic had completed the qualification in renal nursing and a further one was due to commence this training.
- The clinic manager reviewed the staff rota daily to ensure adequate staffing based on the number of patients attending dialysis and this was further overseen by the regional business manager.
- The service had a flexibank which was able to provide Fresenius trained staff to fill any short term or long term staffing deficits.
- Staff were supported by the clinical manager who was expected to have 84% supernumerary management time. When the clinic manager was on leave, the deputy clinic manager worked 40% supernumerary management time.
- There was one team leader who had responsibility for supervising less experienced staff.
- The clinic was supported by a renal associate specialist from the NHS Trust. The associate specialist was on site at the clinic at least three days per week and they attended the monthly review meetings for their patients. However they were always available by phone and pager. Staff told us that they did not encounter any issues with accessing medical advice when required.

Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The clinic used a mixture of electronic and paper records. Paper records were stored in a locked cupboard located in the main clinic area, and only moved from the cupboard when treatment was being provided.
- Patient's clinical measurements, vital observations and treatment variations before, during and after treatment were recorded and held within the clinic's electronic system. This automatically transferred treatment data to the patient's main electronic hospital record at the commissioning trust. Pre dialysis, post connection, mid dialysis and post dialysis observations were also recorded within the patient's paper records. We reviewed five sets of patient paper and electronic records. All five included records of the observation readings for each patient treatment session. Patient files were in line with the expectations of what should be in a patient file, set out in the Fresenius clinical record keeping policy.
- Patient blood results were held within the commissioning trust's electronic system which nursing and medical staff at the clinic had access to. This meant that the renal associate specialist were able to access the patient's blood results when required. Staff in the clinic highlighted any abnormal results for review by the associated specialist.
- All the paper files we viewed were structured and labelled on each page with the patient's identification details. Handwriting was clear and legible and there were no loose sheets.
- Documentation audits are undertaken monthly and are also reviewed as part of the lead nurses inspections.
- Each patient had an individual identification card for use with the clinic's equipment. Each card was labelled with the patient's name and was inserted to

the relevant equipment to identify the patient, for example on the weighing scales and the dialysis machine. Any measurements or other patient information collected by each piece of equipment was stored on the service's computer system and not on the card. This meant that if the card was lost or misplaced, there was a small risk that patient's names could be read from the card itself. However, the cards were kept in the clinic at all times and without access to the specialist card reader, the information would be inaccessible.

Medicines

- The clinic had a medicines management policy, which was supported by staff training in the prevention of medicines errors. The clinic manager was responsible for the safe and secure handling of medicines within the clinic.
- There was one medication incident reported at the clinic in the period 1 January 2018 to 28 November 2018.
- The clinic did not administer or store any controlled drugs. Medicines used in the clinic that were not required to be refrigerated, were stored in a locked medicines cabinet. The cabinet was located within the temperature controlled store room. The range of the room temperature was checked and recorded daily. We reviewed the logs, which confirmed that daily temperature checks had been carried out.
- Medicines that required refrigeration were held in a locked fridge. The fridge's temperature range was appropriately recorded and logged daily on the records that we checked. The medicines held were within the manufacturers' recommended expiry dates, and were stored to ensure that the oldest medicines was used first. The nurses used pre-filled syringes so they did not have to draw up any medication.
- Keys for the medicines cabinet were held by a suitably trained and responsible person at all times.
- Staff collected relevant medication for each patient from the medicines room.
- A lockable fridge for the storage of patient blood samples awaiting collection was located within the utility room. The fridge maximum and minimum temperatures were recorded. We reviewed the log and there were no instances when these temperatures were exceeded.
- However, during our inspection we observed that tinziparin sodium, a medication administered to prevent a patients blood from clotting, was checked by the two registered nurses on duty for each of the 20 patients and then left in the respective patients folder next to the patient. The named nurse, or dialysis assistant, would then administer this medication intravenously, one at a time for the four patients they were caring for. We were not assured that this medication could not be tampered with between the time that it was placed unattended in the respective patients folders to the time of administration.

Incidents

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff that we spoke to were aware of their incident policy requirements and the escalation process.
- Clinical incidents that were reported were forwarded to the centrally based clinical incident team at Fresenius and also the commissioning NHS trusts governance team.
- All incidents were reported via the incident reporting system and, as part of the incident review process, all incidents are investigated. The clinical incident team determine whether an incident should be referred to the clinical governance committee.
- The provider had followed the correct procedures of notifying the CQC of the deaths of service users whilst receiving dialysis. This was one of the actions that we told the provider to take following our last inspection.
- At our last inspection we told the service they must take action to ensure mortality reviews were undertaken to identify whether there were any lessons to be learned or any omissions in the care and

treatment of that patient. During this inspection we were shown evidence that meetings with the commissioning trust to remedy this had already taken place.

- There had been no incidences of pressure ulcers, urinary tract infections or clinical acquired venous thrombo-embolisms in the 12 month period preceding our inspection.
- Since our last inspection the unit had invested in a recognised electronic incident reporting system.
- There was also a reporting process for non clinical incidents.
- The unit sent learning bulletins and utilised a clinic awareness folder to alert staff to lessons learnt and changes in practice.
- When a serious incident occurred a serious incident learning memo was sent to all clinics from the head office which all staff must read, complete actions if needed, complete training summary. Clinical and non clinical incidents are discussed at staff meetings which are held monthly.
- The clinic had no never events in the 12 months immediately preceding our inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Duty of candour is a regulatory duty which requires that every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care and causes, or has the potential to cause, harm or distress. They must apologise to the patient (or, where appropriate, the patient's advocate, carer or family).
- Staff that we spoke to during our inspection were aware of their requirements regarding duty of candour.
- The clinic reported no incidents in the 12 months preceding our inspection that triggered the duty of candour.

Are dialysis services effective?
(for example, treatment is effective)

Good

We rated effective as **good.**

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Care and treatment was delivered to patients in line with the National Institute for Health and Care Excellence guidelines.
- The clinical benchmarked their care and treatment provision against national guidance twice per year to ensure they are providing the latest recommended care and treatment. The provider had developed standard good dialysis care guidance. This outlined the pathway and process for their staff to follow to achieve safe and effective dialysis care.
- The clinic audited their care provision via the lead nurse monitoring visits whereby all aspects of care provision was assessed during unannounced visits to the clinic and where 60 differing aspects of care were assessed and, where appropriate, suitable action plans were implemented to rectify issues. The scoring system highlighted that the unit was 92.4% compliant. One aspect had reduced this figure from 100% compliance and this was in regards to management training. We observed that a robust action plan had been implemented to rectify this issue.
- Treatment for patients was provided by staff as documented and prescribed within their individual treatment plans and prescriptions. As a minimum prescriptions were reviewed by the multidisciplinary team following monthly revision of patients respective blood results.
- Patient's weight and routine observations were checked prior to the commencement of their dialysis

treatment and their observations were repeated during and following the treatment as per national recommendations and more frequently if clinically indicated.

- The department carried out 23 annual audits, stipulated by head office, 11 of which were carried out monthly. The remainder were clinical, non-clinical and corporate audits. The results provided information for the clinic scorecard.

  There were systems in place to monitor key performance indicators in the clinic. These included a monthly balance scorecard and a clinic review process carried out every three months, produced from records on the electronic database which ultimately improved patient care and outcomes.

Nutrition and hydration

- Staff gave patients enough food and drink to meet their needs. The service made adjustments for patients' religious, cultural and other preferences.
- A dietitian attended the unit most days of the week from the commissioning trust to advise on the nutritional and dietary needs of the patients.
- All patients received a comprehensive review once per month by the dietitian, providing tailored nutritional and dietary advice to each individual patient.
- The clinic staff were able to contact the dietitian when they were not on site should they require advice or assistance.
- The clinic had a communication file for visiting dieticians.

Pain relief

- Staff assessed and monitored patients regularly to see if they were in pain.
- Patients were not routinely prescribed pain relief in the clinic. If a patient required pain relief this would be prescribed by a doctor.
- Patients told us that staff did ask them regularly if they were experiencing any discomfort.
- Topical pain relief, cream that was applied to the patients skin to numb the area before inserting needles, could be prescribed by the patient's own GP if the patient wished.

Patient outcomes

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Information about the outcome of patients' care and treatment was collected and monitored by the service to ensure good quality care outcomes were achieved for all patients. The data was monitored via a clinic review report and shared with the area head nurse who monitored this information to assess performance.
- Quality assurance meetings were held on a monthly basis where reviews of all patients' blood results, progress and general condition were led by the associate specialist in renal medicine, dietitian and clinic manager or deputy clinic manager. All changes to treatment parameters or referrals to other services were coordinated by the clinic manager and reported to the clinical staff for further action. Outcomes and changes were discussed with all patients by the named nurses and dietician and documented accordingly. The clinic was included in the provider's monthly benchmarking audit of performance against other clinics. This looked at effective weekly treatment time, infusion blood volume, the adequacy of the dialysis vascular access, albumin levels, haemoglobin and phosphate levels by each clinic in the group. It also calculated each clinic's percentage change over a six month period.
- The clinic audited achievement of quality standards (Renal Association Guidelines); patient observations; dialysis access specific data; treatment variances and infection prevention and controls. Data we were shown from the infection prevention and control audit highlighted that between March 2018 and October 2018 the unit achieved 99 or 100% with one exception of 93% in May 2018.
- A monthly report summarising each dialysis clinic was produced for all clinics by the Fresenius Data Manager

and Medical Director. Within Fresenius, the dataset was shared monthly with the Area Head Nurse who worked with the Clinic manager to address improvement areas.

- The unit held monthly quality audit meetings to ensure the quality of patient care and to monitor the patient treatment outcomes.

Competent staff

- The service made sure staff were competent for their roles. Managers annually appraised staff's work performance and held supervision meetings as and when required to provide support and monitor the effectiveness of the service.
- All new staff members were given a 12 week induction programme working with a mentor experienced in dialysis. This was a new initiative for 2018.
- Staff underwent annual competency checks, which were signed off by the clinic manager. A number of the checks were undertaken through self-assessment.
- Self-assessments for competencies were signed off by a staff member of at least one grade higher.
- All staff have an individual training file. We reviewed four staff training files which included fully completed competency records and annual staff reassessment record, infection prevention and control annual assessment, individual training and education plan, and employee notification of risks.
- All staff had an up-to-date disclosure and barring service certificate. These were held centrally by the provider's human resources department.
- Existing staff were supported in maintaining their professional development and in revalidation with their professional body. All qualified nurses were registered with the Nursing Midwifery Council.
- The clinic was notified of any updated policies and procedures by the corporate training team. The clinic manager reviewed each new policy and, using the training matrix, identified which staff members were required to read the updated document. Staff signed to confirm when they had done so.
- Additional staff were informed of any updates through a different system where the corporate training team notified the relevant organisations. The clinic manager told us it was expected that additional staff had received all updates before arriving at the clinic.
- We observed that all staff had received an appraisal in 2017 and that their appraisal for 2018 was scheduled on the appraisal matrix. Staff that we spoke with during our inspection told us that had had their appraisal within the last 12 months and that they were beneficial to them.
- Following our last inspection we told the provider that they should take action to provide staff with procedures and training with regards to the identification, process, and management of patients with sepsis. We saw evidence that this had been addressed fully during this inspection.

Multidisciplinary working

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The multidisciplinary team was made up of an associate specialist nephrologist, specialist vascular access nurses, transplant co-ordinator, the manager and deputy managers of the unit, nursing staff and dialysis assistants.
- As a minimum the multidisciplinary team reviewed all patient's treatment records and care plan. Any changes to patient's care and prescriptions were recorded and subsequently entered into a diary for each named nurse to initiate the agreed actions. Outcomes and changes were discussed with all patients by the named nurses and dietitian, and we saw evidence that written information relating to blood results were provided to each patient to help them understand their care.
- A multidisciplinary team meeting was held monthly, as a minimum, to review each patient's blood results, progress and general condition. This meeting included the associate renal specialist, a dietitian and the clinic manager.
- Additional psychological and social work support could be accessed by the team multidisciplinary team

if needed, although these individuals did not routinely attend multidisciplinary team meetings. We saw evidence that there was good communication between the team and with the commissioning trust.

- Reports from the multidisciplinary team meetings were sent to the commissioning trust each month. These included the details of any treatment variances and reasons for the variance.
- A communication book was used to enhance communication between the renal specialist and the named nurses for the patients.
- Clinic letters were copied to patients' GPs and a copy of letters was kept within each patient's paper records. Staff were able to contact patients' GPs separately as and when necessary, for example to enquire if a patient had been admitted to hospital if they failed to attend their dialysis session.
- Transplant meetings were held monthly with a designated transplant co-ordinator. The transplant link nurse at the dialysis clinic liaised with the co-ordinator at the trust and on occasion, referred the patient to the psychologist at the trust if they did not want to go on the transplant list. This was to ensure that they were able to make an informed choice about their options.

Consent and Mental Capacity Act

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- All staff received mandatory on line training in the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards, and an introduction to dementia for health and care professionals. At the time of the inspection all staff had completed, and were up to date, on this training and were able to describe the general principles of it.
- Consent forms were held within all five paper records we reviewed. The form detailed the type of treatment including the risks and benefits, confirmation of any advance directives or "do not attempt cardiopulmonary resuscitation" orders, confirmation of agreement to data protection and research analysis, and any requirement for interpretation. The name of the professional taking the patients consent and the patient's signature were recorded.
- The clinic does care for patients who patients who lack capacity, providing all of their needs could be met safely. If staff had concerns around their mental capacity then the clinic would phone the associate specialist immediately for advice and, if required, a best interest meeting would be convened to make a decision about whether treatment should continue.
- In order to ensure patients gave valid consent, the clinic were able to access language line or to assist with translation if a person's first language was not English.

Are dialysis services caring?

Good

We rated caring as **good.**

Compassionate care

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- We observed staff interacting with patients in a compassionate and caring manner.
- Privacy curtains were available around each patient treatment chair and we saw these used to protect patient's dignity.
- We observed patient feedback from 67 service users praising staff. Twenty four comments specifically stated that the staff were caring.
- Staff treated patients with kindness and respect. They spoke to them in a friendly and informal but professional manner.
- In the 2018 staff survey, 100% of staff agreed that care of their patients was their organisations top priority.

Emotional support

- Staff provided emotional support to patients to minimise their distress.

- The clinic operated a named nurse system so that each patient had a named nurse. This helped to ensure continuity of care for each patient.
- Staff understood the importance of building a strong and friendly rapport with the patients in their care, a number of whom had received care at the clinic for many years. Staff were aware of the impact of chronic kidney disease on their patients and how long-term dialysis affected their individual needs.
- The staff were able to access advice from the renal social worker and a renal psychologist at the trust should this be required.

Understanding and involvement of patients and those close to them

- Staff involved patients and those close to them in decisions about their care and treatment.
- The clinic provided new patients with a patient guide. The guide included information on how to use the electronic patient record card, health and safety information, safeguarding information, hygiene and infection control advice, understanding dialysis including the various types of venous access, diet information, holiday information, how to complain, and other sources of information.
- Staff encouraged 'self-care' with all patients in the clinic, and took opportunities to discuss this with patients and their families. However, most patients chose not to self-care. The clinic had two self-care patients and two partial self-care patients. It did not have any patients who provided self-care at home.
- Staff explained blood results to patients. Each patient was also provided with a 'your monthly bloods' information leaflet. This helped patients to understand what each blood test result meant.

Are dialysis services responsive to people's needs?

(for example, to feedback?)

Good

We rated responsive as **good.**

Service delivery to meet the needs of local people

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The dialysis clinic was situated in close proximity to Stockport centre. The clinic was a modern purpose built dialysis clinic. There was free parking outside and space for patient transport vehicles to park close to the clinic doors. The clinic was located on the ground floor of the building enabling access for all. The front door was secured with a remote locking system and patients and visitors had to be let into the clinic.
- There was adequate space around each dialysis chair for the equipment so that treatment could be delivered safely. The water treatment room met the building note requirements and there was a separate maintenance room where the dialysis machines were service, calibrated and repaired.
- Some patients accessed the service using ambulance transport. If there was a problem with the transport, patients would mention it to staff and they would escalate it to the commissioning trust, who had responsibility for transport.
- If any patient using the transport service was suffering from an infection, the clinic would arrange a separate pick up for them to ensure that there was no contact with other patients and minimise the risk of infection. There was no patient transport user group or transport survey.
- The clinic offered two treatment sessions per day and tried to accommodate patient's requests to move session where possible.
- Televisions and headphones were available for all patients to use.

Meeting people's individual needs

- Toilets, including accessible facilities, were available throughout the clinic for patients use.
- The service was planned to encourage patients to participate in their own care. Patients measured their own weight both before and after treatment. This was automatically transferred to their computer record.

- Patients and staff told us how treatment days and times would be changed to meet individual preferences.
- There was equipment available to accommodate patients with complex needs such as a hoist for those who were not mobile.
- Staff within the clinic had access to language line (a telephone translation service). Some staff were also bilingual so could assist with translation for patients and those close to them.
- There was a poster in the waiting area, which provided details of how to access patient information in a wide range of other languages. The patient guide was available in Punjabi, Urdu and Hindi as well as English.

Access and flow

- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Stockport NHS Dialysis clinic has 20 haemodialysis stations and provides two treatment sessions per station per day (240 sessions per week). The service was open from 7am to 6:30pm, Monday to Saturday. Two dialysis sessions ran each day starting at 7am and 12:30pm.
- The service provides dialysis services for adults aged18 and over.
- All referrals to the clinic came from the same local NHS hospital trust. Patients had been seen in the hospital's renal clinic, on the renal ward, or by the chronic kidney disease team and were referred by the NHS hospital trust's associate specialist nephrologists.
- The service did not provide regulated activities related to dialysis services at any other place (for example, a satellite clinic or in the homes of patients) outside of the dialysis clinic.
- The service offered a staggered appointment system to improve timeliness and minimise delays. Staff made sure each treatment area was prepared with all the equipment they would need prior to the session starting. This meant when patients arrived their waiting time was kept to a minimum.
- The clinic was able to accept patients on holiday if there was capacity. This was subject to receipt of fully completed documentation, and medical approval and acceptance. This included consideration of any risk posed by the incoming patient on the resident patient cohort, for example isolation requirements.
- Staff would assist patients to identify dialysis treatment in another area should this be required for them to have a holiday. This included sharing appropriate information.
- If patients did not attend appointments, the clinic would try to contact them. They would also contact the patient's next of kin if they could not contact the patient. If the clinic could not obtain a response, the staff would contact the associate specialist to inform them.
- In the 12 months prior to the inspection, no dialysis sessions were cancelled or delayed for non-clinical reasons.
- We observed that staff at the clinic tried to facilitate a flexible approach to patient's dialysis session by changing days and times when possible.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- A policy set out the process and staff responsibilities for handling compliments, comments, concerns and complaints. Feedback from patients was received verbally, in writing, through the patient satisfaction survey, or through the clinic's 'Tell us what you think' leaflet. The policy and the clinic's statement of purpose were displayed within the clinic's waiting area.
- The clinic had received ten complaints in the 11 months prior to our inspection. Five complaints were regarding staff attitude and the actions included "all staff being reminded to take patients to the toilet when they need to" and all staff to "ensure that all patients are treated fairly". The other five complaints were regarding patient transport. The unit was limited in the actions it was able to undertake as regards transport as this was not facilitated by them. However, the actions from these latter five complaints include

"upgraded patient's transport to ensure patient's needs are met" and three were "all staff to ensure that patient's transport are booked correctly". Furthermore, we observed evidence that the service worked with the providers of the patient transport to resolve any issues highlighted.

- The complaints policy set out a 20 working day timescale for complaints and concerns to be responded to, and included a risk assessment to determine the severity of the concern. The assessment level identified which staff needed to be made aware of, investigate, and subsequently approve the response to the complaint. The clinic manager was responsible for ensuring complaints were responded to within the policy's timescales. All complaints were responded to and closed within their target timescale.
- Staff told us they aimed to identify and respond to patient concerns face to face. This meant that concerns were dealt with before they escalated to formal complaints or required formal investigation. This was a positive and proactive approach. There was a patient concern log kept on the clinic so that low level concerns could be discussed by staff and with the patient and acted upon accordingly.
- There was a poster on display in the waiting area with details for patients on how to make a complaint.

Are dialysis services well-led?

Good

We rated well led as **good.**

Leadership

- Managers that we interviewed during our inspection had the right skills and abilities to run a service providing high-quality sustainable care.
- Nationally, the Fresenius clinics were organised into three geographical regions, each led by a regional business manager and supported by an area head nurse, clinical teacher and hr business partner.
- Staff said they felt well supported at a local level, and that the clinic manager and area head nurse were available and approachable. The clinic manager supported by a deputy clinic manager and a team leader led the clinic. The clinic manager also undertook clinical duties. The clinic manager felt well supported by the area nurse.
- Other corporate teams supported the staff in the clinic including a clinical incident team and regional training centres.
- The clinic manager had significant experience in dialysis treatment in a range of settings. As a result the manager had the capacity, capability and experience to lead staff effectively.
- The manager also had an understanding of the challenges to providing good quality care and was able to tell us how these were being addressed.

Vision and strategy

- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.
- The provider's strategy was "to provide safe, effective quality care for adults with end stage renal disease." This was supported by a mission statement, which was set out in the employee handbook and detailed its "commitment to providing high quality products and services and bringing the optimal sustainable medical and professional practices to patient care. We are committed to honesty, integrity, respect and dignity in our working and business relations with our employees and business partners."
- The provider had three core values of quality, honesty, and integrity; innovation and improvement; and, respect and dignity. The provider's had four objectives focused on patients, employees, shareholders and the community: to improve life expectancy and quality of life for patients; to promote staff professional development; to ensure continuous development of the company; and to reflect social responsibilities, legal and safety standards and contribute to maintaining the environment. The provider's strategy and vision was clearly displayed within the clinic's waiting area.
- Staff we spoke with were aware the provider had a strategy and values. Staff were unable to discuss these

in detail; however, they were able to describe the objective of improvement in life expectancy and quality of life for their patients. Staff were aware of how their roles contributed to achieving this objective.

Culture

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff that we spoke with during our inspection felt that the culture within the unit was good.
- Staff told us that it was a good place to work and that they felt that they could speak up to any of the managers if they had any concerns or issues.
- In the 2018 staff survey, no staff said that they had personally experienced discrimination, harassment, bullying or abuse at work from managers or carers.
- **Governance**
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- The clinic had a clear staffing structure which supported them at work. This included the clinic manager, deputy manager, team leader and nursing staff. Other corporate teams supported the clinic such as a clinical incident team.
- The clinic had a clinical governance strategy document, which supported the organisation's strategic aims and a statement of purpose which was displayed for patients attending the clinic.
- The strategy document set out the roles and responsibilities of the Clinical Governance Committee; its membership including the medical director, director of clinical services, and regional manager; its five objectives; and the clinical governance reporting structure from the NHS nephrologists through to the board.
- The statement of purpose listed aims and objectives for a range of stakeholders including patents, employees, shareholders and the local community. These included aims to increase life expectancy, professionally develop staff, provide good financial returns for stakeholders and adhere to legal and safety standards which could affect the community.
- The director of clinical services retained overall responsibility and accountability for clinical governance. Individual clinic managers had responsibility to ensure their clinic established and implemented the clinical governance plan to improve the quality of care provided; facilitate the delivery of the clinical governance plan, and to submit monthly clinical governance reports.
- The clinic manager was the lead for governance in the clinic, and was responsible for collating and submitting governance data, reviewing updates in policies and ensuring these were disseminated to staff.
- In August 2018 the first joint monthly meeting with the commissioning trust and the unit took place.
- Staff we spoke with were clear about their roles in providing care and treatment for patients, and in supporting the clinic in their additional lead roles, for example the holiday co-ordinator.
- There was a close working relationship between the clinic and its NHS stakeholders. The clinic functioned as a satellite clinic for, and under contract to, the commissioning trust. Monitoring meetings were in place with the trusts to review performance against the clinic's contract.
- The clinic was included in the provider's monthly benchmarking audit of performance against other clinics.
- The provider had achieved ISO 9001 accreditation for its Integrated Management Systems (IMS). The IMS system, which all staff had access to, held current and previous versions of all the organisation's policies and procedures. This meant staff were able to access the most up to date policies. The system also included a document version control facility, which tracked the review of documents including previous versions. Staff had the ability with the system to highlight any errors or issues with documents to the relevant document owner.

- During our last inspection, it had been noted that not all deaths of service users had been notified to the Care Quality Commission in line with their statutory obligation. We noted that since their last inspection that the service had complied with this requirement.
- Following our last inspection we told the provider that they should undertake a review of its compliance with the Workforce Race Equality Standard evaluation in accordance with the NHS standard contract. We saw evidence that Fresenius Medical Care Renal Services Limited were now collecting, collating and reporting this data as required.

Managing risks, issues and performance

- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The department had a risk register that we viewed. Risks were categorised into three different categories, namely technical which had 25 risks listed, operational which had 13 risks listed and clinical which had 19 risks listed. We observed evidence of robust plans for each of the identified risks, that mitigated the risks as much as possible, such as a policy and training for all staff in regards to the risk of a venous needle becoming dislodged, daily water pressure gauge checks and referral to technical services if identified and maintaining their CQC registration being a fixed agenda item on their governance agenda to ensure compliance.
- The clinic had a book in place, which contained all updates for staff. Staff had to sign to say they had read the updates.
- The clinic had achieved OHSAS 18001 accreditation for its health and safety management systems.

Managing information

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- During our inspection we observed that the data collected about how the service was performing was displayed around the unit for staff and patients to see.

Engagement

- The service engaged well with patients, staff and the commissioning trust to plan and manage appropriate services effectively.
- In the 2018 patient survey, 88% said they had complete confidence in the nurses and 93% thought the treatment rooms were well maintained and clean. It also found, 84% of patients thought the clinic was well run and 100% of patients felt the atmosphere in the clinic was happy and friendly. Results of the survey were shared with the NHS hospital trust and displayed in the patient waiting area, with the actions taken. The clinic had an action plan in place to address the surveys findings. All of these results were an improvement since the previous survey.
- Patients were able to provide anonymous feedback through the provider's free-post 'Tell us what you think' leaflet system. Completed forms were sent directly to the clinic services director for review.
- The clinic did not have any patient user groups; however, the commissioning trust had an active kidney patients association of which all of the clinics service users were invited to join.
- Staff we spoke with appeared to be engaged with the clinic and the service as a whole. They had the opportunity to meet with staff from the provider's other clinics at staff meetings and conferences.
- The staff survey in 2018 highlighted that all of staff would **r**ecommend the clinic to family and friends and all also said they would recommend the organisation as a place to work. However, 40% of staff felt that in the last three months they had felt pressured to come to work despite not feeling well enough to. We saw robust actions plans documented in an attempt to address this issue.
- The clinic also collected feedback through a 'Tell us what you think' anonymous leaflet system which allowed patients to comment on the service using Freepost direct to the Head Office. This feedback was shared with the Regional Business Managers who shared any actions required to improve patient care.

Learning, continuous improvement and innovation

- The service was committed to improving services by learning from when things went well or wrong, promoting training and innovation.

- Improvements were implemented when issues were highlighted. For example, the clinic manager was aware of recommendations following an audit of similar clinics by Public Health England. As a result, documentation had been updated to provide assurance and evidence that patients had weighed themselves as part of the pre and post dialysis assessment.
- Incident reporting at the unit had been made more efficient by the purchasing of an incident management system whereby incidents could be reported electronically to a company wide system. This enabled better analysis of incidents and subsequently learning from incidents and widespread issues could be more easily identified.
- Fresenius followed a “green nephrology” ethos with the aim of minimising waste produced by dialysis treatment. The company had targets for contaminated waste per treatment; electricity consumption per treatment and water consumption per treatment.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service should review their procedures for the administration of tinziparin sodium to ensure that these medications are not left unattended and therefore cannot be tampered with at any time.