Epsom 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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Epsom Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited (FMC). The unit is contracted by Epsom and St Helier University Hospitals to provide haemodialysis to adult patients.

The unit is a nurse led unit, comprising of a clinic manager, deputy clinic manager, two team leaders, a registered nurse and two dialysis assistants. The clinic manager, deputy manager and team leaders also provided clinical care. The unit has 20 haemodialysis stations, including four isolation rooms.

Dialysis units offer services, which replicate the functions of the kidneys for patients with advanced chronic kidney disease. Dialysis provides an artificial replacement for lost kidney function.

The unit provides haemodialysis treatment to adults aged 18 years and over, who have non-complex needs. The unit does not provide home treatment. At the time of our inspection, Epsom dialysis unit catered for nine patients aged 18 to 65 years old and 43 patients aged over 65 years old.

There are two 'treatment sessions', one in the morning and one in the afternoon, for patients dialysed on Monday, Wednesday and Friday. There is one 'treatment session' in the morning for patients dialysed on Tuesday, Thursday and Saturday. The unit delivers appropriately 560 treatments per month.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 21 June 2017, along with an unannounced visit to the unit on 7 July 2017.

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 do not rate

We regulate this service but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- There was a clear governance strategy and staff knew their role and responsibilities in reporting risks and incidents. Incidents were investigated and actions taken in response to share learning.
- The service had enough staff, with the appropriate training, they had regular supervision and managers supported them.
- Staff were trained to the correct safeguarding levels for adults and children in accordance with national guidance.
- The unit and equipment were visibly clean, with evidence of effective cleaning regimes and schedules in place. Staff were observed using effective precautions to maintain patient safety and reduce the risks of infection.
- Equipment was maintained according to the manufacturer's guidance, with an adequate supply to cover maintenance or breakages.
- Staff escalated deteriorating patients appropriately. They had access to medical advice at the local NHS hospital and there was effective multidisciplinary team working.

Summary of findings

- Patients care and treatment was planned, recorded and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- Epsom dialysis unit had met all its key performance indicators between January and March 2017. The unit measured patients' outcomes and used them to make improvements.
- There were effective processes in place for gaining patient consent for treatment.
- People were treated with dignity, respect and kindness. Staff encouraged patients to be partners in their care and in making decisions.
- Staff supported patients' changing dialysis days and or times and made arrangements when the patient went on holiday.
- Facilities and premises were appropriate for the services being delivered.
- A link nurse monitored vascular access and supported discussions with the referring NHS hospital.
- There were monthly quality assurance meetings to assess and monitor the effectiveness of treatment and tailor individual patient's dialysis plans.

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

- Although the service had systems in place to grade the severity of clinical incidents we found that the grading system was not consistently used by staff.
- The waste room and commercial waste bin were unlocked.
- There were illegible labels on the sharp bins.
- There was not a standardised way of identifying clean and ready to use dialysis stations.
- There were omissions in the recording and actions taken following out of range room and fridge temperatures.
- Staff did not always follow the Fresenius Medical Care Renal Services Limited medicines management policy.
- FMC did not have a sepsis toolkit or care pathway.
- Only the clinic manager had completed training in how to use the evacuation chair.
- The FMC policies we reviewed did not contain a review date.
- The unit failed to comply with the Accessible Information Standard (2016).
- The service did not monitor patient wait times for treatment and ambulance response times.
- The timeliness of the unit's response to complaints was not clear.
- The provider had not implemented the Workforce Race Equality Standards (WRES).
- Staff did not know the organisation's visions and strategy.
- The risk register did not show risks specifically encountered at Epsom dialysis unit.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements to help the service improve. We also issued the provider with two requirement notices. Details are at the end of the report.

Professor Edward Baker

Chief Inspector of Hospitals

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Background to Epsom Dialysis Unit

Epsom Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited (FMC). It is a privately operated satellite unit for haemodialysis (dialysis) services run in partnership with Epsom and St Helier University Hospitals since April 2011.

The service is to provide the following regulated activity to patients over the age of 18 years:

- Treatment of disease, disorder, or injury.

The unit's current registered manager has been in post since June 2014.

Our inspection team

The team that inspected the service comprised of a lead inspector, an inspector and an assistant inspector. The inspection team was overseen by Vanessa Ward, Inspection Manager.

Information about Epsom Dialysis Unit

The unit was built in April 2011 following the increased demand for dialysis in the Epsom area. The main referring renal unit is St Helier Hospital, which is part of Epsom and St Helier University Hospitals. The hospital provides the multi-disciplinary team who support the unit in providing the dialysis service. It primarily serves communities in and around Epsom, Ewell and Kingston. It will accept holidaying patients when capacity permits.

The unit is situated in a standalone building in Epsom Business Park. Dialysis is provided for patients six days a week from Monday to Saturday. There are no overnight facilities. Dialysis sessions run each day starting at 6.45am and 11.45am, except on Tuesday, Thursday and Saturday when there is only one session starting at 6.45am.

The unit is a 20 'station' mixed gender dialysis treatment unit. It has 16 treatment stations configured in three bays and four isolation rooms offering haemodialysis but not peritoneal dialysis. The unit did not provide home dialysis services.

The facilities cover two floors. The ground floor consists of a reception, patient waiting area including a disabled access toilet and weighing area, renal technician's office, clean utility, dirty utility, clinical waste room, cleaner's room, water treatment plant, a storeroom, a lift and the dialysis treatment area. The first floor consists of two consultation rooms, a waiting area, staff toilets, staff changing room and kitchen.

A Consultant Nephrologist visits the dialysis unit four times per month. There are five registered nurses (two of which are specially trained in dialysis) and two dialysis assistants employed by the unit.

During the inspection, we spoke with six staff including; the clinic manager, the deputy clinic manager, a registered nurse, a dialysis assistant, the renal consultant and the renal technician. We spoke with three patients. We also received 27 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed seven sets of patients' paper and electronic records.

There were no special reviews or investigations of the unit on going by the CQC at any time during the 12 months before this inspection. The most recent inspection of the unit took place in March 2013 under previous methodology, which found that the unit was meeting all standards of quality and safety it was inspected against.

Activity (March 2016 to February 2017)

Summary of this inspection

- In the reporting period March 2016 to February 2017 there were 7,488 haemodialysis treatment sessions at the unit; of these 100% were NHS-funded.
- Fifty-two NHS funded patients receive dialysis treatment at the unit.
- The unit provides an average of 560 dialysis treatment sessions per month.

Track record on safety from March 2016 to February 2017:

- No never events
- No serious injuries reportable to the National Reporting and Learning System (NRLS)
- No incidences of healthcare associated Methicillin-resistant Staphylococcus aureus (MRSA)
- No incidences of healthcare associated Methicillin-sensitive staphylococcus aureus (MSSA)
- No incidences of healthcare associated Clostridium difficile (C.diff)
- No incidences of healthcare associated E-Coli
- Two complaints

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 unit under service level agreement:

Clinical and or non-clinical waste removal

- Water Supply
- Interpreting services
- Laundry
- Maintenance of medical equipment
- Domestic services
- Pathology and histology
- Fire safety

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?

We do not currently have a legal duty to rate dialysis services.

We found the following areas of good practice:

- Staff reported incidents and these were fully investigated. There was evidence of shared learning from incidents.
- Staff were up to date with mandatory training requirements to fulfil their roles.
- Staff were trained to the correct safeguarding levels for adults. However, although all staff had completed safeguarding children training level one intercollegiate guidance states that all non-clinical and clinical staff that have any contact with children, young people and/or parents and/or carers should undertake safeguarding children level two training.
- All staff were observed using effective precautions to maintain patient safety and reduce the risks of infection.
- The environment was designed and maintained to keep people safe. Equipment was serviced and fit for purpose.
- Records were detailed and included risk assessments for each patient.
- Staff escalated deteriorating patients appropriately and had access to medical advice at the local NHS hospital.
- Staff levels and skill mix were planned, implemented and reviewed to keep people safe at all times.
- Plans were in place to respond to emergencies and major situations.

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

- Although the service had systems in place to grade the severity of clinical incidents, we found that staff did not consistently use the grading system. There was no severity rating recorded for 26% of reported clinical incidents.
- The waste disposal room door and a commercial waste bin were both unlocked.
- The labelling of sharp bins was illegible.
- There were omissions in the recording and actions taken following out of range room and fridge temperatures.
- There was no standard way of identifying clean and ready to use dialysis stations.
- FMC did not have a sepsis toolkit or care pathway.
- Staff did not always follow the Fresenius Medical Care Renal Services Limited medicines management policy.

Summary of this inspection

- There was an out of date copy of the British National Formulary (BNF).

Are services effective?

Are services effective?

We do not currently have a legal duty to rate dialysis services.

We found the following areas of good practice:

- Patients care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- The unit measured patients' outcomes and used them to make improvements.
- Epsom dialysis unit had met all its key performance indicators between January and March 2017.
- New starters completed a detailed competency assessment and were reassessed annually.
- There were effective processes in place for gaining patient consent for treatment.
- Staff referred patients to a social worker or a psychologist if required.
- Effective multidisciplinary team working was evident between staff on the unit and the local NHS hospital.

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

- FMC policies we reviewed did not contain a review date.
- Not all staff were up to date with their mandatory training.
- The use of family members for interpreting and lack of easy read leaflets was not in line with the Accessible Information Standard (2016).

Are services caring?

We do not currently have a legal duty to rate dialysis services.

We found the following areas of good practice:

- The 27 comment cards we received contained extremely positive feedback about the unit and its staff.
- People were treated with dignity, respect and kindness during all interactions with staff.
- People were involved and encouraged to be partners in their care and in making decisions.

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

Summary of this inspection

- Not all patients knew who their named nurse was.

Are services responsive?

We do not currently have a legal duty to rate dialysis services.

We found the following areas of good practice:

- Patients who required dialysis were assessed by the local NHS renal unit for suitability to dialysis in a satellite unit, and then referred to the unit.
- Staff supported patients' changing dialysis days and or times as far as possible to accommodate external commitments, appointments or social events.
- Facilities and premises were appropriate for the services being delivered.
- A link nurse monitored vascular access and supported discussions with referring NHS hospital.
- The service made arrangements for patients to continue their dialysis treatment when they went on holiday.

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

- The service did not monitor patient wait times for treatment and ambulance response times.
- The complaints log did not always contain information regarding the response time to complaints.

Are services well-led?

We do not currently have a legal duty to rate dialysis services.

We found the following areas of good practice:

- There was a clear governance strategy and staff knew their role and responsibilities in reporting risks.
- Local leadership was effective and staff felt very well supported.
- The unit worked closely with the referring NHS hospital.
- There were monthly quality assurance meetings to assess and monitor the effectiveness of treatment and tailor individual patient's dialysis plans.

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

- Staff were unable to describe the organisation's vision and strategy.
- The risk register did not show risks specifically encountered at Epsom dialysis unit.
- The Workforce Race Equality Standards (WRES) 2015 had not been implemented by the provider.

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are dialysis services safe?

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Incidents

- Staff knew about their duty to report clinical incidents and the process for doing this. The clinic had a clinical incident reporting policy (dated June 2016) which described the responsibilities of staff, definitions of clinical incidents, reporting requirements and escalation processes. The policy also advised staff on whom to contact and notify externally for different types of clinical incidents.
- Between March 2016 and February 2017, there were 788 reported clinical incidents. Of these two resulted in death within the local NHS hospital, 8% resulted in serious harm, 39% resulted in non-serious harm, and 27% resulted in no harm. Incidents categorised as resulting in serious harm included patients arriving late to dialysis, increased confusion during dialysis, extreme fluid overload and infected vascular access.
- We saw 26% of reported clinical incidents had not been given a severity rating by the senior nursing team. This meant the unit did not have a clear understanding of the seriousness of these clinical incidents.
- There were five non-clinical incidents reported between January 2016 and July 2017. These were patient falls (3) and needle stick injuries (2).
- Staff completed an incident form electronically and emailed this to the health and safety team, the unit manager and the area head nurse. Staff we spoke with demonstrated a good understanding of how to escalate and report incidents.
- All incidents were stored on the unit's computer system, which all staff could access. The unit discussed feedback from incidents at handover and at monthly staff meetings. We saw the meeting minutes dated April and June 2017, which confirmed this. Staff we spoke with were able to provide examples of incidents that had been reported.
- The unit reported three patient falls between March 2016 and February 2017. The falls were categorised as non-clinical incidents. The unit carried out a root cause analysis for each patient fall. This process identifies root causes for failure and areas for improvement to deliver safer care to patients. We saw two completed root cause analysis (RCA) reports showing the severity of the incident and actions the unit had taken to reduce reoccurrence of the incident, which included referral to the falls clinic and patient education.
- We reviewed a RCA report for a needle stick injury. This showed the unit's immediate actions were in line with their needle stick injury policy. The member of staff involved received direct feedback from the clinic manager, had their competencies in cannulation reassessed and had clinical supervision for one month afterwards. This demonstrated the unit implemented action plans from RCAs to minimise the risk of reoccurrence.
- The clinic manager reported they had received training in incident reporting, root cause analysis and clinical risk management. Evidence provided by the unit confirmed this.

- There were no never events reported between March 2016 and February 2017. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. Each never event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a never event.
- There were no serious injuries reportable to the National Reporting and Learning System (NRLS) between March 2016 and February 2017.
- There were no patient deaths within the dialysis unit between March 2016 and February 2017.
- The unit reported no duty of candour notifications between March 2016 and February 2017. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- Staff knew about the duty of candour and gave examples of being open and honest with their patients when things went wrong. For example, staff informed a patient they required additional blood tests due to a needle stick injury sustained by a staff member during their treatment. We saw patients could review incident reports kept in the patient folder at any time.

Mandatory training

- FMC had a mandatory training programme. All staff were required to complete a programme of mandatory training appropriate to their role. Staff received training in a variety of ways including face to face, virtual classroom, simulation and through an electronic learning programme.
- Mandatory training available for all staff groups included; induction study day, basic life support, anaphylaxis, moving and handling, safeguarding adults and children, infection prevention and control, fire safety, information governance, deprivation of liberty safeguards, dementia, mental capacity act and ethnics.
- We saw the FMC training and education manual, dated February 2016. This manual provided information on staff inductions, assessment of competence, mandatory training, study days, how to use the FMC e-learning system and how to book training.
- All staff had access to the electronic e-learning platform called Fresenius Learning Centre (FLC). The FLC allowed staff to book onto classroom training and they can see on their homepage what training has or is due to expire. The FLC sent automatic reminders to staff and the clinic manager when training has expired.
- We saw FMC had a colour coded training matrix, which clearly showed the list of available training modules and a list of staff groups. The matrix identified which training modules were mandatory for each staff group.
- The unit used a 'live' training monitoring tool to monitor real time staff compliance against mandatory training. The document listed each staff member and the date of which training was completed. The tool was colour coded, for example showing red where training was overdue, amber if the training was due soon, and green if the training was within date. This enabled to manager to have single oversight on the unit's compliance with mandatory training.
- The unit provided us with the 2017 monitoring tool for mandatory training. This showed that most staff had completed mandatory training within the required timeframe.
- We reviewed four staff training folders, which the unit kept in the staff room. The folders were organised and comprehensive. Each folder contained a signed and completed integrated competency document and a completed annual reassessment where appropriate.
- In addition to the basic dialysis induction training, there were mandatory fundamental nursing skills as well as advanced nursing skills training for staff who wanted to extend their skillset.
- All bank or agency staff completed an infection, prevention and control (IPC) annual assessment, a site induction and signed to declare they had read the necessary policies. The clinic had a bank/agency

training folder at the nurse's station which we saw contained completed assessments. This meant the nurse in charge could gain assurances of their skills and competence.

- All internal bank staff had a scheduled training shift to complete the competency document, which the head office kept. Only when this document was complete, could the staff commence employment.
- FMC technicians undertook mandatory training upon employment then had three yearly refresher training. The technician told us they were supplied with a service card to access the dialysis machines, however if their mandatory training relapses the access card becomes void. This ensured only a trained technician serviced and maintained the dialysis machines.

Safeguarding

- FMC had a safeguarding adults and children policy, dated May 2015. However, this policy referred to out of date government guidelines such as the 2010 publication 'Working together to safeguard children' which was updated in 2014. The policy outlines responsibilities, different types of abuse, how to escalate concerns and separate flowcharts for safeguarding adults and children.
- The clinic manager was the safeguarding co-ordinator. It was the clinic manager's responsibility to report safeguarding concerns to the local safeguarding board. The clinic manager also ensured appropriate escalation to senior clinic management. We requested information about the level of safeguarding training the clinic manager had undertaken but this information was not provided.
- The unit reported no safeguarding notifications to CQC between March 2016 and February 2017.
- All staff groups were required to complete separate e-learning training every three years for safeguarding adults and safeguarding children.
- The units training records showed 100% of staff had completed safeguarding adults training.
- Although the unit did not treat patients under the age of 18, staff were required to complete safeguarding children training. This enabled staff to recognise child safety and welfare issues when interacting with parents, carers or significant adult relatives.
- The units training records showed two out of seven 100% of staff had completed safeguarding children training level one. This meant intercollegiate guidance wasn't met which states, all non-clinical and clinical staff that have any contact with children, young people and/or parents and/or carers should undertake safeguarding children level two training.
- Staff told us they would escalate any safeguarding concerns to their clinic manager or area head nurse in the first instance.

Cleanliness, infection control and hygiene

- FMC had policies and procedures for specific infection prevention and control (IPC) issues such as blood borne virus management and waste management. We reviewed two of the 17 documents available, which outlined standard precautions, precautions for specific infections such as chickenpox and cleaning/ disinfection standards.
- Staff completed classroom and e-learning for IPC as part of their mandatory training. IPC teaching modules included blood-borne virus, hand hygiene, MRSA, Hepatitis B immunisation and standard hygiene and infection control.
- All staff completed a yearly assessment of their IPC competencies. We saw completed assessments within the staff training folders, which included hand hygiene, equipment management, isolation, cleaning disinfection. It also included practical assessments such as handwashing, station cleaning and sharps disposal.
- All the areas we visited in the unit, including reception, the stock and utility rooms were visibly clean and tidy and we saw there were good infection control practices in place. For example, there were no products stored on the floor in the storeroom. In the linen room, staff kept the linen in polybags until point of use and stored linen on racks.

- All seating used within the patient areas including reception was covered in a material that was impermeable, easy to clean and compatible with detergents and disinfectants.
- The unit did not have carpets in clinical rooms. The flooring was seamless and smooth, slip resistant, easily cleaned and appropriately wear-resistant.
- The unit reported no cases of healthcare associated infections between March 2016 and February 2017. This included blood borne virus, bacteraemia, methicillin resistant staphylococcus aureus (MRSA), methicillin sensitive staphylococcus aureus (MSSA) and Clostridium difficile (C.Difficile).
- Staff screened patients every three months to monitor virology bloods, MRSA, MSSA and any other healthcare associated infection according to national guidelines.
- We saw the unit had an isolation procedure in place, which staff adhered to. Four side rooms were available for patients identified as being at risk or those with potential infectious conditions. All side rooms were observable from the main nurse's station. This is in line with the Health Building Note 04-01 Supplement A – Isolation facilities in acute settings.
- Staff could explain when a patient would require isolation, which included when they had returned from dialysing at another unit outside of the UK. Staff treated all tests as potentially positive until they received confirmation of the result. This was in line with national guidance.
- Patients identified as high risk used the same equipment and rooms for each session to prevent risks of cross infection.
- Handwashing and sanitising facilities were in place for staff and visitors in the unit. There was a hand-washing sink in each bay with soap and disposable hand towels. Above each sink were posters demonstrating the five moments of hand hygiene.
- Gel hand sanitisers were available at all dialysis stations. Personal protective equipment (PPE) such as gloves and aprons were available within each bay. Staff were compliant with the bare below the elbows principle, hand hygiene and personnel protective equipment standards including the use of face visors.
- In the sluice, there was clear identification of the hand washing sink and other sink used for making up disinfectant. We saw the unit kept chemical substances in a locked, yellow cupboard, marked with the appropriate Control of Substances Hazardous to Health (COSHH) symbols.
- The unit completed monthly hand hygiene audits. We saw the audits for January to June 2017. The overall compliance for these six months was 92% for all staff. We saw action plans for non-complaint staff, which included completing online hygiene and infection control training and the clinic manager demonstrating correct techniques with the use of corporate guidelines.
- The unit completed monthly environmental audits. We saw the audits for January to June 2017. The overall compliance for these six months was 94%. We saw action plans for non-compliant areas, which included visibly dirty visors and sharps bins.
- The clinic manager provided feedback from the audits immediately afterwards and at handovers to capture all staff.
- The senior managers from FMC undertook unannounced infection control audits to measure the extent that the clinic complied in relation to all aspects of IPC and to support the continual improvement process. The latest unannounced inspection, in September 2016 showed 94% overall IPC compliance. This was below the provider's target of 100%. Senior management told us all actions identified in the audit were completed.
- We observed four members of staff disconnecting patients with a central venous catheter (CVC) and arteriovenous fistula (AVF) from the dialysis machine. A CVC is a flexible, man-made tube that is usually placed in a large vein, typically in the groin or the neck to provide access for dialysis. An AVF is a connection, made by a vascular surgeon, of an artery to a vein to provide peripheral access for dialysis. Staff used suitable aseptic techniques to reduce the risk of contamination or infection. We saw staff wore PPE, correctly disposed of sharps immediately after use and were compliant with hand hygiene standards.

- The unit used disposable curtains to separate the dialysis stations. The curtains appeared visibly clean and staff dated the curtains with the last change date which was 1 February 2017.
- Staff disposed of pillow, sheets and chair covers between patients. A member of staff told us they knew when a station was ready for use when the sheets and pillows were on the chair. However, there was no standardised way of indicating when a station was clean and ready for use.
- Water used for dialysis needs to be specially treated to prevent risks to patients. Staff carried out daily water tests to monitor the presence of chlorine and bacteria in the water in line with the UK Renal Association clinical practice guidelines. The daily checks carried between January and July 2017 were all within safe ranges.
- The water engineer completed quarterly water testing to look for contaminants. We saw the water testing reports, which recorded the date of testing and the results. We looked at the reports for January and April 2017 and saw there had been no reported incidents of contamination.
- We saw a legionella risk assessment and evidence of flushing infrequently used sinks three times weekly such as those in the consultant rooms. Legionella is bacteria that naturally occurs in water environments and can cause breathing problems if inhaled. We saw completed records between April and June 2017.
- The unit had a local IPC link nurse and a central lead IPC nurse. Staff could name the two nurses and their roles. The IPC link nurse received additional IPC classroom training and completed advanced IPC competencies.
- There were two part time cleaners employed by a third party who attended the unit once a day. We saw the hygiene plan for the cleaning of the unit. The unit used a national colour coded system for cleaning for example different colour mop for different areas. Cleaning staff cleaned the unit daily using checklists. This ensured consistent cleaning to the expected standard. The cleaning supervisor carried out observational audits of the cleanliness of the unit. The audit in May 2017 showed 96% compliance.
- We had concerns in relation to some aspects of food storage and safety. The fridge in the kitchen, used to store patients food is required to have temperatures recorded daily when the unit was open. We reviewed records between January and June 2017 and found significant omissions. For example, in June 2017 there were no recordings for week commencing 5 June, then no recordings for three days of the following week and out of range temperatures recorded for week commencing 19 June with only one action recorded.

Environment and equipment

- Patients and visitors gained entrance through an intercom system to the reception. Reception staff asked the CQC inspectors to sign the visitor's books upon arrival to the unit.
- There was a large waiting room on the ground floor with space for wheelchairs. This consisted of adequate seating, a disabled toilet and a patient changing room.
- We saw the clinic had a set of patient weighing scales in the waiting area and a spare set kept at reception.
- There was a patient lift to the first floor where the consulting rooms were. Access to the staff changing rooms, toilets, kitchen and offices was through keypad entry.
- Access to the treatment area was secure and controlled by keypad entry except for a short period before sessions to allow patients unhindered access to treatment area. This supported patient safety as we observed a patient re-entering the unit to access medical attention due to blood loss from their AVF.
- The treatment area accommodated three bays; two bays of six stations and one bay of four stations and four side rooms. The stations contained a reclining chair, dialysis machine, table and nurse call bell.
- There was ample space surrounding each station to ensure compliance with Health Renal care Health Building Note 07-01: Satellite dialysis unit.
- Access to all staff restricted areas such as the dirty utility room, clean utility room, storage room and technician's office was by keypad entry.
- The emergency trolley was located in the treatment area behind the nursing station. It contained all the

required equipment such as a defibrillator, mouth masks, suctioning and antiseptic wipes. We saw the oxygen, emergency box, anaphylaxis box and the cardiac arrest box were within date.

- Staff signed to confirm they checked the emergency trolley daily and after each use. We looked at the checks for May and June 2017 and saw fully completed records with no omissions.
- Disposables such as dialysers and associated devices are classified as medical devices. The unit used single use dialysis sets, marked with CE. CE marking is a visible sign that the product complies with relevant product supply and safety directives.
- Staff made up a disinfectant solution daily as per corporate policy. Disinfectant is a chemical liquid that destroys bacterium. Staff used the disinfectant to clean the dialysis machines, blood pressure cuffs, chairs and tables between each patient and at the end of each day.
- The unit used a heat disinfectant to clean the dialysis machines internally after patient use. Staff also chemically disinfected the dialysis machines internally once a week. We saw cleaning logs, which showed weekly chemical disinfectant for the past three months with no omissions. We saw posters for substance risk assessments, which demonstrated what PPE staff should wear when heat disinfecting and cleaning medical equipment.
- We saw staff disposed of the clinical waste in the appropriate bins following the disconnection of patients. The waste bins were foot operated which allowed for hands free use, reducing the risk of contamination. We saw posters demonstrating the correct segregation of waste above the waste bins.We checked the contents of waste bins and found no inappropriately segregated waste.
- Staff removed used clinical and domestic waste bags from the treatment area to a secure room using a trolley. The destined waste room contained commercial waste bins and a sharps storage locker. During the announced and unannounced inspections, this room and one commercial waste bin was unlocked.
- There was an additional waste storage unit outside of the building. All waste was collected weekly. This unit was fenced and secured with a number padlock.
- Staff assembled, labelled and did not over-fill sharps bins. Although staff fully completed thelabels on the sharps bins, these were illegible or had abbreviations. This is not in line withHTM 07-01 Safe management of healthcare waste which states containers must belabelled to identify the type of waste and the producer including departmental details fortraceability.
- Staff put used sharps bins into a storage locker, which had a top and bottom rack. We saw the storage locker also contained empty sharps bins. One member of staff reported the sharps bins could get heavy to lift into the storage locker. We discussed this with the unit manager, who reported new sharps bins were stored on the top rack and used sharps bins were stored on the bottom to avoid lifting. Blank labels on the containers would also indicate a new sharps bin. Staff told us the provider had discussed the possibility of a new storage system for sharps bins.
- Staff received training on the use of the equipment in the unit. We saw signed competency assessments for medical devices such as the oxygen flow meter, the centrifuge and the dialysis machines.
- Alarms on the machines would sound for a variety of reasons, including sensitivity to patient's movement, blood flow changes or leaks in the filters. We saw staff and patients did not override alarms. Staff explained how they responded to alarms, which included readjusting the needles, checking the lines and checking the patient.
- Dedicated FMC renal technicians were responsible for maintenance of the dialysis equipment and water treatment facility. A rolling preventative maintenance plan was in place to ensure all medical and non-medical equipment was serviced and had electrical testing according to manufacturers' recommendations. We saw records of these plans displayed in the renal technician's room and saw all equipment had either a date of service or a planned

date for service. These plans included dialysis chairs, dialysis machines, the water treatment and auxiliary equipment. An up to date electrical safety register was kept on-site.

- FMC operated a replacement programme for dialysis machines in accordance with Renal Association guidelines which recommend machines should be replaced every seven to ten years or between 25 000 to 40 000 hours of use. We reviewed two dialysis machines, which both had less than 11,000 hours of usage. The unit kept two spare dialysis machines at all times to cover any breakdowns.
- The renal technician told us staff reported faulty equipment by informing the FMC facilities management team who informed the renal technician or contractor who visited the unit. An on call service operated out of hours.
- We observed the water-treatment plant room and saw the environment was in line with Health Building Note 07-02 Main renal unit guidelines. Staff kept the plant room locked and staff did not store any other equipment in the plant room other than those specific to its function.
- The storeroom appeared visibly clean and tidy with shelving for all equipment. Fluids were stored on pallets off the floor. Staff checked and recorded the ambient temperature of the storeroom weekly. We looked at the checks carried out between January and June 2017 and saw fully completed records with no omissions.
- There was a service level agreement (SLA) for the servicing of fire extinguishers. We checked five fire extinguishers and found all had a valid service. There were posters displayed above the fire extinguishers throughout the unit demonstrating their correct use.
- Fire exits were clearly sign posted and exits were accessible and clear from obstructions. There were assembly point posters informing staff and visitors where to go in the event of a fire. We looked at service records, which showed an external contractor serviced the fire alarms in February 2017.

Medicine Management

- FMC had a medicines management policy that advised and guided staff on general medicines management, medicines administration, hepatitis B vaccination, oxygen therapy and reporting errors in medicine management.
- The unit did not use or store any controlled drugs (CDs). CDs are medicines that have additional legal requirements regarding their storage, prescription and administration. The clinic manager had lead responsibility for the safe and secure handling and control of medicines.
- There were no arrangements for a pharmacist to visit the unit. Pharmacy support was available from the local NHS hospital pharmacy for advice relating to dialysis drugs. Staff also had access to the FMC pharmacist at head office.
- The unit did not carry out medicines audits which would have highlighted good and poor medicines management practices.
- The nurse in charge, who was a senior member of staff, was the key holder for the medicines cabinet on a day to day basis. During our inspection, we saw staff kept the keys on their person at all times.
- The unit kept a supply of medicines routinely used for dialysis, such as anti-coagulation, intravenous iron and fluids. It also kept a small supply of other medicines such as antibiotics and erythropoietin (EPO) injections. EPO is a hormone, which controls red blood cell production.
- During our inspection, we found three open boxes of anticoagulation injections, five ampules of water for injection and over 30 ampoules of sodium chloride stored on a trolley within the main treatment area. This is not in line with best practice and FMC medicines management policy, which states all medicines, must be stored in a locked cupboard or fridge within the unit. We escalated our concerns to the clinic manager who took corrective action. At the unannounced inspection, all medicines were stored in the locked clean utility room or drug fridge.
- Staff recorded the ambient room temperatures for the clean utility room weekly. We looked at records between January and July 2017, which showed nine entries whereby the temperature was out of range.

Only three of these entries had a recorded action in the comment section. This meant staff did not always recognise the need to act upon an out of range temperature.

- Staff kept medicines with a temperature storage requirement in the medicine fridge. Staff checked the temperature of the medicine fridge daily. We looked at records between March and June 2017 and found there were four omissions in March 2017. It is important medicines be stored correctly to maintain their function and safety. This meant staff might not have assurances the medicine was fit for use on those four days.
- We checked 15 boxes of refrigerated medicines and found all medicines were in date.
- We inspected medicines stored within the locked cupboard in the clean utility room. We checked 75 boxes of medicines and found all the medicines were in date and stored appropriately.
- All emergency medicines, for example medicine for anaphylactic shock, were easily accessible and kept on the resuscitation trolley. Anaphylactic shock is an extreme and severe allergic reaction. We saw these medicines were clearly identifiable and within date.
- Two registered nurses checked the expiry dates and stock levels of medicines monthly. If more stock was required, the designated nurse would complete an order form and fax this to the FMC pharmacy. We saw evidence of completed checks between March and June 2017 with no omissions.
- Two registered nurses took receipt of the pharmacy delivery. They checked the contents with the delivery note and both signed if it was correct. We saw evidence of completed checks between January and May 2017 with no issues raised.
- We saw in the clean utility room a folder contained all the checks mentioned above and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw an alert, dated May 2016, regarding the national storage of an anti-sickness medicine.
- We inspected four oxygen cylinders during our inspection. They were all in date and stored correctly.
- We saw an out of date copy of the British National Formulary (BNF) dated September 2013. This meant staff did not have access to the latest information regarding medicines. The BNF is updated in book form twice a year and details all medicines that are generally prescribed in the UK, with information about indications and dosages, contraindications, cautions and side effects.
- We reviewed the medicine prescriptions, dialysis prescriptions and medicine administration charts for seven patients. Epsom dialysis unit used the administration charts of the local NHS hospital.
- The FMC medicines management policy stated transcribing could be undertaken in exceptional circumstances but a registered prescriber must sign it off before being administered. We found evidence of one transcription whereby staff had administered the medicine to the patient without it being signed off.
- The FMC medicines management policy referred to the Nursing and Midwifery Council (NMC) Standards for Medicine Management, which states intravenous (IV) medication, must be checked by two registrants or in exceptional circumstances by a registrant and a competent person. FMC policy also stated both parties should sign the administration chart. Although we observed staff checking IV medicines during our inspection, we reviewed the administration charts for 72 IV medicines and found evidence of countersigning in only 89% of cases. This meant the unit did not have assurances staff always performed the necessary checks in line with FMC policy.
- We found all of the seven administration charts we reviewed contained illegible entries by the nursing staff this included dates, times, doses and allergies. We escalated this to the clinic manager who reported an electronic record was created on administration of intravenous iron and EPO through the dialysis machine. We saw the electronic records to confirm this. However, this process did not provide assurances for other medicines such as sodium chloride flushes, line lock, pain and sickness relief.
- We saw evidence of patient allergies documented on all the administration charts we reviewed. However, we found discrepancies between the administration chart and the dialysis prescription. For example, one

administration chart stated three different allergies whereas the dialysis prescription (which staff had updated and printed the day before) stated none known allergies. We highlighted this to the clinic manager who took corrective action.

- We observed four staff members checking and administrating medicines. In two of the four cases, staff asked the patient their date of birth. No staff members clarified the patients name and their allergies. This is not in line with NMC standards, which states; 'you must be certain of the identity of the patient to whom the medicine is to be administered and youmust check that the patient is not allergic to the medicine before administering it.' However, the clinic manager reported the risk of incorrect medicine administration is mitigated by the use of patient key cards, the allocation of patient treatment times and dialysis stations. There had been one clinical incident involving a medicines error reported between July 2016 and March 2017.
- We asked one member of staff to explain the process of patient identification and were told staff checked the patients name and date of birth prior to administration of medicines but saline flushes were excluded from this process. The member of staff also failed to describe the requirement to check the patient's allergies.
- One patient also reported they did not have their patient identification checked prior to commencement of dialysis or administration of medicines.
- We escalated our concerns regarding patient identification to the clinic manager who believed staff always completed the checks and patients have become agitated due to continuous checks. The clinic manager reported they had spoken to these patients and provided the rationale behind the checks.
- All the dialysis patients had their medicine and dialysis prescriptions written by their NHS renal consultant prior to transferring to the unit for dialysis. The consultant reviewed these prescriptions regularly during their visit to the unit. The consultant told us the nursing team highlighted any concerns regarding prescriptions to them directly or could contact the on call renal registrar from the local NHS hospital for advice.
- We saw evidence that showed staff completed safe medicines management and IV drugs practical assessments as part of their integrated competency document. Staff also completed yearly reassessment of these competencies.

Records

- FMC's clinical record keeping policy (dated June 2016) provided guidance on record keeping, management and the quality of patients' records to ensure a consistent approach in documentation. This policy also included principles of professional responsibility, patient file and storage of records.
- Staff kept patients' records and patient key cards in a secured cabinet at the nursing station. During patients' treatment, staff placed each folder containing individual patient records at the patient's dialysis station. This ensured staff had access to patient records during dialysis.
- Paper and electronic records were available for all clinic appointments and quality assurance meetings. This meant the multidisciplinary team had access to the most up to date patient records when reviewing their care and treatment.
- The service used the FMC patient treatment database for documenting patients' records and this database automatically transferred patient data into the local NHS hospital clinical database system.
- Staff told us no patients had a do not attempt cardiopulmonary resuscitation (DNACPR) directive.
- The clinic manager carried out monthly nursing records audits. We reviewed the nursing record audit for the period of April to July 2017; we noted staff were generally compliant with record keeping. However, the audits highlighted concern around the correct documentation of allergies and illegible handwriting. We saw action plans for each audit and action taken included speaking to the staff involved and correcting the error on the administration chart.

- We reviewed seven sets of patients' records. We found the records were comprehensive, contemporaneous and reflected the care and treatment patients received. All patient records had the patient personal emergency evacuation plan, dialysis prescription, administration chart, daily dialysis data, admission details, consent, manual handling and pressure area assessment and care pathways.
- We noted where patients had left the dialysis before the end of their treatment against nursing staff advice; staff completed the early termination of treatment against medical advice form with the patients name and signature on them. This demonstrated a clear record keeping process.
- We saw information governance was part of mandatory training for all clinical staff. As at March 2017, only one out of seven (14%) staff had completed this training within the last 12 months.
- The 2016 patient satisfaction result showed 100% of patients felt the service held their information securely.

Assessing and responding to patient risk

- The unit had a strict admission, exclusion and acceptance criteria to ensure only patients who were clinically fit and stable attended the clinic to minimise risk. The consultant nephrologist at the local NHS hospital referred patients to the dialysis unit who met these criteria. For example, they were stable and did not have complex care needs. The clinic manager reported the unit had not received any inappropriate referrals.
- Any patients with complex needs or requiring additional support such as patients living with advanced dementia or severe learning disabilities received their dialysis treatment at the local NHS hospital where there was immediate access to medical professionals.
- The unit received completed paperwork from the local NHS hospital for all new patients before the patients first dialysis session. This enabled the clinic manager to plan the patient's dialysis session and escalate any concerns.
- Staff assessed all new patients using an admission procedure checklist, which contained five areas: personal details, clinical details, special needs/ mobility, activities of daily living, pressure area and moving and handling assessment. Staff updated patient risk assessments every six months or if the patient's condition changed, for example following an admission to hospital.
- Each patient had a key card (credit card sized data card) which staff inserted into the dialysis machine. The key card electronically recorded the dialysis metrics such as blood pressure whilst the patient had their dialysis treatment.
- Staff told us the dialysis machine automatically initiated blood pressure and pulse readings frequently during dialysis. The dialysis machine alarmed if the results were outside the normal range for the patient. Staff could change the ranges to suit individual patients, for example those with consistently high or low blood pressure.
- Staff also monitored the patient's weight and temperature at the beginning and end of dialysis.
- We noted the clinic did not use an early warning score to identify when a patient deteriorates. Staff had not had any training on the national early warning score (NEWS) or any other similar system and could only describe when they felt the patient was unwell and not deteriorating. We saw FMC had acknowledged the lack of an early warning score as a risk on their corporate risk register.
- Staff were able to describe the signs and symptoms of infection, which included fever, rigors, redness of the exit site and general appearance of the patient. Staff reported they would escalate concerns to the nurse in charge, take bloods for analysis, take wound swabs and inform the renal consultant. This was in line with local policy.
- Although staff reported receiving sepsis training as part of the good standard dialysistraining, FMC did not have a sepsis toolkit or care pathway. We saw FMC had identified this as a risk on their corporate risk register and controls needed included development of a sepsis care pathway and training to all infection, prevention and control link nurses.
- All patient folders contained the FMC document, 'Complication, reaction and other clinical events'".

This document included clear and robust flow charts and algorithms for staff to follow. We saw flowcharts for hypertension, slip trips and falls. During the inspection, we observed a patient who reported their AVF had started to bleed when they had weighed themselves. Staff took appropriate action in accordance with the pathway to manage the bleed; the bleeding stopped and the patient left the unit safely.

- Staff completed treatment variance reports for their patients when a variance occurred such as changes in vital signs during dialysis. This helped staff to plan for the next dialysis session and mitigate risk by identifying themes. The clinic also kept a treatment record of these variances which was accessible to all staff including the nursing staff, consultant and area head nurse.
- Patients had a named nurse who discussed blood results; changes to medicines, any changes to treatment made by the consultant and carried out patient risk assessments. This meant staff assessed, identified and responded appropriately to risk. Staff told us they printed out the blood results for patients to help aid their understanding.
- As part of the patient assessment before and after dialysis, staff assessed the patient's dialysis access. Staff referred any patients with access problems to the access team at the local NHS hospital. Staff told us they had direct contact with the access team, consultant and renal registrar. The consultant confirmed the renal access nurse from the local NHS hospital visited the unit after receiving a referral and carried out a test on the line. The access nurse provided feedback to the dialysis nurses and the renal consultant.
- We saw the clinic kept a vascular access problem log, which included the patient names, type of access, details of the problem and management of the problem. We noted there were nine patients recorded on the log with access problems in June 2017. Management of these problems included taking exit site swabs, referral to the access team, discussion with the consultant and plan for surgical intervention. The use of the vascular access problem log helped staff to manage patient risk effectively.
- We saw the NHS renal consultant and the clinic manager discussed every patient's vascular access during their weekly quality assurance meetings using blood results. We saw evidence of actions taken to manage and assess patient access such as referrals to the surgical team and for imaging.
- Patients with a fistula wore a red wristband to alert staff to the fistula and that blood pressure must not be taken on that arm. This could damage the access site and increased the risk of clots.
- Data showed there had been five unplanned patient transfers (via 999) from Epsom dialysis unit to the local NHS hospital between March 2016 and February 2017. The reasons for unplanned transfer related to shortness of breath, patient falls, dialysis access failure and cardiac arrest. The clinic manager kept an unplanned transfers log, which we saw during our inspection. It included date of transfer, patient initials, patient database number and date reported as a clinical incident, reason for 999 call and follow up information.
- Nursing staff called the emergency services to assist with any patient who rapidly deteriorated during their dialysis session, for an urgent transfer to the local NHS hospital. Staff told us the paramedic services were quick to respond.
- Epsom dialysis unit had a dedicated renal consultant who visited the unit weekly. The renal consultant reviewed the patient's dialysis prescriptions and made the necessary changes. These visits were to conduct clinics for planned patients as well as seeing patients who would benefit from a consultation.
- The consultant reviewed and monitored each patient with the clinic manager in a monthly quality assurance meeting.
- We saw there was adequate resuscitation equipment within the treatment area and it was easily accessible. Staff knew where it was located.
- All staff received training in basic life support and anaphylaxis. Staff completed both e-learning courses yearly. As the courses did not contain any practice elements, the area head nurse completed scenario training with staff to help improve their skills and

competency on basic life support. The last scenario training occurred in May 2017 and involved staff performing cardiopulmonary resuscitation (CPR) on a mannequin.

- As at March 2017, five out of seven (71%) members of staff had completed their yearly e-learning module on anaphylaxis and basic life support training.

Staffing

- The unit employed one part time and one full time dialysis assistant and five full time dialysis nurses, which included the clinic manager and deputy manager. There were no nursing staff vacancies at the time of our inspection.
- Data provided by the unit showed there was low turnover of staff between March 2016 and February 2017. One staff member left the unit and two staff members joined the unit.
- The staff sickness rate for between December 2016 and February 2017 was 0% for nurses and 5.8% for dialysis assistants.
- Despite no sickness for qualified staff, the unit reported using 31 bank staff and 10 agency staff between December 2016 and February 2017. We discussed this with the unit manager who reported the use of bank and agency staff was to cover annual leave. The unit allowed only two members of staff on annual leave at one time to minimise the impact on the service.
- The unit worked to a predetermined staff to patient ratio, which was one nursing staff to every four and a half patients. The skill mix ratio was 70% qualified staff to 30% unqualified staff. These ratios were defined in the contract with the local NHS hospital. The clinic manager used an electronic rostering system to ensure compliance with the staffing ratios. The regional business manager approved the roster. We reviewed the staff rotas between 29 May 2017 and 22 July 2017. The rotas showed the unit met their predetermined staff to patient ratio.
- The clinic manager also reviewed the staff rota daily to ensure adequate staffing based on the number of patients attending dialysis. The unit used permanent staff, FMC flexi bank staff or external agency staff to cover any staff shortages.
- The clinic manager spent 60% of their time attending to managerial responsibilities and 40% of their time doing clinical duties. This ensured the clinic manager kept up to date with their clinical skills but also enabled them to gain an oversight on the clinical abilities of the team.
- We saw patients could not easily identify the role or the responsibilities of staff as the registered nurses, the deputy clinic manager and the dialysis assistants wore the same colour uniform. Only the clinic manager wore a darker blue uniform.
- The rotas between 29 May 2017 and 22 July 2017 showed the unit had only four shifts requiring the use of bank or agency staff to cover annual leave.
- The rotas showed staff adhered to the working times regulations 1998 which state staff should not work more than 48 hours in one week and staff should have 11 hours continuous rest in 24 hours.
- We saw the nurse in charge of each shift was allocated on the rota.
- The local NHS hospital provided the medical care and the unit had an allocated renal consultant. The renal consultant attended the unit weekly for clinics where they assessed and reviewed patients.
- The renal consultant came on the same day every week (Monday), which meant only patients who dialysed on Mondays could see the renal consultant during their treatment. However, staff invited patients whose dialysis day was not Monday to book a consultation with the renal consultant.
- Staff contacted the renal consultant for advice through email or telephone outside the weekly visit.
- Staff could also contact the renal registrar at the local NHS hospital for any advice or for urgent patient referrals. The unit had an escalation pathway in place for this.

Major incident awareness and training

- The service had an emergency preparedness plan (dated February 2015) for staff to use in an emergency and during situations that posed or had already caused a serious risk to people's health, life, property

or environment. The plan included responsibilities for staff, emergency contact details, evacuation plan and details on what to do during emergencies such as fires, power failure and water leak.

- We saw an emergency evacuation checklist for completion by staff, which covered during and after the emergency. It guided staff through the necessary steps and ensured staff wrote an accurate record of the actions taken.
- All staff had either completed or were booked to attend fire training. This yearly training was mandatory for all staff and completed through e-learning.
- All but one (86%) member of staff had completed fire marshal training. This three yearly training was mandatory for all staff and completed through classroom training.
- The clinic had one evacuation chair available to use during emergency. Three members of staff had completed training on how to use the evacuation chair. This three yearly training was mandatory for all staff and complete through classroom training.
- We saw the emergency evacuation plan displayed in the entrance to the unit.
- All seven patient records we reviewed contained a personal emergency evacuation plan, which detailed individual assessments of patients mobility needs if they required emergency evacuation during dialysis treatment.

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

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Evidence-based care and treatment

- We saw FMC policies and procedures were developed in line with guidance and standards from National Institute for Health and Care Excellence (NICE), the National Service Framework for Renal Services and the UK Renal Association.
- A key document for staff to refer to was the "NephroCare standard for good dialysis care" (dated 2016). This encompassed the European Renal Best Practice (ERBP) and the Kidney Disease Outcome Quality Initiative (KDOQI) guidelines.
- Staff told us policies, procedures and protocols were developed and reviewed by the corporate clinical team and updates disseminated to the units by email. All staff had access to standard operating procedures, policies and protocols through an electronic system called 'Achieva'. The clinic manager demonstrated using this system to search for policies using key words or the policies number.However, we looked at 10 policies, which all included a date they became effective, but did not have a date to indicate when the policy expired or needed reviewing. One policy's effective from date was July 2009. This meant staff did not have assurance they were using the most up to date version.
- The unit had a system in place to ensure dialysis patients' central vascular catheter (CVCs) and arteriovenous fistulas (AVFs) were monitored and maintained. This is in line with NICE guidance (NICE QS72 statement 4 and 8). We saw the vascular access problem log, which demonstrated the unit monitored and referred patients with line access problems to the hospital.
- National guidelines report AVFs are the best form of vascular access for adults receiving haemodialysis. This is because they last longer, and have less risk of complications than other types of vascular access. Staff told us the access nurse from the local NHS hospital performed a test on all patient AVFs every six months. This ensured early identification of access problems.
- In June 2017, the average number of patients with an AVF was 62%. This was significantly worse than the Renal Association guidance of 85%. However, the monthly bloods review for June 2017 showed one patient had refused to have an AVF and two patients had plans for the formation of an AVF. This showed the unit discussed vascular access with patients and recognised the benefits of AVFs.
- Care pathways, based on relevant national guidance and treatment prescriptions were available for the

dialysis patients in the clinic on the day of the inspection. Care pathways included fluid management, specialised renal medication, and fistula or line access.

- All patient folders contained clear and robust care pathways and flowcharts for standard operating procedures such as blood sampling, exit site assessment and assessment and cannulation of an AVF.

Pain relief

- Staff encouraged patients to bring their own regular medication into the unit as needed for self-administration.
- Mild pain relief was prescribed as a 'to be administered as necessary medicine', which enabled it to be used at each attendance to the unit.
- To commence dialysis, wide bore dialysis needles are inserted into the AVF or graft, which some patients find painful. The unit did not stock or administer injectable anaesthetic medicine. Staff told us if patients wanted anaesthetic cream for pain relief they obtained this from their GP and applied the cream 30 minutes before the dialysis session. However, anaesthetic creams were stocked within the unit and available for patients if required.
- None of the patients we spoke with required pain relief at the time of our inspection. However, we observed staff asking patients if they were in pain.

Nutrition and hydration

- Patients on dialysis are required to maintain a strict diet and fluid intake to manage their condition.
- Staff offered patients hot drinks, cold drinks, sandwiches and biscuits once during their dialysis session. Staff told us they removed the packs of fruit and chocolate biscuits as these contained high levels of potassium. Staff encouraged patients to bring in additional snacks and food if they wished and we saw they did this during our visit.
- The renal dietitian from the local NHS hospital attended the unit once a month to review patient nutrition, hydration and blood results. Staff also referred patients to the dietitian where necessary. However, one patient we spoke to was not aware there was access to a dietician and self-managed their dietary needs.
- Patients had received advice regarding their diet and fluid intake in the form of patient leaflets and verbal instructions from staff. The results of the 2016 patient satisfaction survey showed 95% of patients said they had received advice on what to eat and drink within the past six months.
- Patients' weight was recorded pre and post dialysis and carefully monitored to ensure staff set the dialysis machine to remove the appropriate amount of fluid during the dialysis treatment.
- We saw information leaflets on diet and fluid management displayed in the waiting area.

Patient outcomes

- UK Renal Registry provides independent audit and analysis of renal replacement therapy in the UK. The Registry acts as a source of comparative data, for audit/benchmarking, planning, clinical governance and research.
- The unit did not directly submit data to the UK Renal Registry; the parent NHS hospital did this. The data submitted combined data from Epsom dialysis unit and the NHS hospital data so it was one data set. This data set included patients under the direct care and supervision of the hospital and did not include patients undergoing dialysis away from either the hospital or Epsom dialysis unit.
- Although the dataset submitted to the UK Renal Registry does not allow the unit to review outcome trends, the unit extracted data from its computer system to enable benchmarking. The unit benchmarked their key performance indicators (KPIs) as an individual clinic and nationally against all FMC clinics.
- We saw Epsom dialysis clinic had met all its KPIs between January and March 2017. KPIs included staff appraisal rates, vascular access, incidents and patient survey.
- The clinic manager and consultant held monthly quality assurance meetings. They used the FMC

computer system to produce monthly reports and trend analysis to monitor and audit patient outcomes and treatment parameters. During the meeting, the clinic manager and consultant discussed the effectiveness of patient treatment and changed individualised treatment prescriptions to improve outcomes.

- Patient outcomes show how the unit performed in the achievement of quality standards based on UK Renal Association guidelines. We reviewed results of the blood tests for June 2017. These comprised of a number of outcomes, including urea reduction ratio (URR), Kt/V, potassium, calcium and phosphate concentrations.
- URR and Kt/V are ways of measuring the effectiveness of dialysis by calculating the amount of waste product removed during dialysis. The UK Renal Association guidelines state for patients who receive haemodialysis three times a week, each treatment should reduce their blood urea level by at least 65% and should achieve a Kt/V of more than 1.2.
- Data for Epsom dialysis unit showed 97.8% of patients achieved a URR of more than 65% and a Kt/V of more than 1.2 in June 2017.
- The UK Renal Association guidelines states pre-dialysis serum potassium levels should be between 4.0 and 6.0 mmol/l. Data for Epsom dialysis unit showed 77.8% of patients achieved this standard. No patients had a serum potassium level higher than 6 mmol/l. High levels of potassium in the blood can cause acute cardiac problems.
- The UK Renal Association guidelines states pre-dialysis serum calcium concentrates should be within the normal range and pre-dialysis serum phosphate concentrations should be between 1.1 and 1.8mmol/l. Data for Epsom dialysis unit showed 82.2% of patient achieved the standard for calcium concentrates and 55.6% of patients achieved the standard for phosphate concentrations.
- Anaemia can be a complication of renal failure and dialysis; it is associated with increased risks of mortality and cardiac complications. NICE recommends haemoglobin (Hb) levels of 100 and 120 g/litre for adults. In June 2017, 65.2% of patients achieved this standard. Where patients had low levels they were given injections of a stimulating agent to support their body produce more blood cells.
- NICE quality standards (QS72-standard 6) indicate that adults using transport services to attend for dialysis are collected from home within 30 minutes of the allocated time and collected to return home with 30 minutes of finishing dialysis. The quality standard indicates the dialysis provider should collect evidence at unit level to ensure compliance with the standard. However, the clinic did not monitor travel or waiting times for patients despite transport being an area of concern for patients.
- The unit monitored treatment variances such as cannulation problems, poor blood flow, symptoms of general infection, early termination of treatment and abusive patients. Between January and March 2017, there were 132 clinical variations.
- Between January and March 2017, there were 90 episodes of early termination of dialysis treatment. We saw patients signed a disclaimer when they wished to have a shortened dialysis session against medical advice. Staff kept completed forms in patient medical records.
- Although we saw discussions regarding patients who do not attend (DNA) scheduled dialysis treatment, the KPI report did not show data for this outcome.
- In June 2017, we saw 75.5% of patients met the UK Renal Association standard around treatment times. The guidelines suggest patients attend the dialysis unit three times a week for the prescribed four hours treatment time.
- In June 2017, all patients at Epsom dialysis unit received high flux dialysis treatment. High flux dialysis is a form of more effective clearance of the waste products and fluid. High flux dialysis helps delay the long-term complications of haemodialysis therapy.

Competent staff

- Staff completed a six to eight week induction programme on commencement of post. This included specialist training in theoretical and practical skills. Classroom training was provided to new staff including subjects such as

- Introduction to chronic kidney disease, and care and management of the dialysis patient.
- Vascular access.
- Infection prevention & control in the dialysis unit.
- Patient assessment and documentation.
- FMC only used one agency and obtained assurance that agency staff were up to date with their training requirements. All temporary staff working on the unit received local orientation to the unit. We saw staff kept records of the orientation in a folder on the nursing station. The agency nurse and the clinic manager signed upon completion of the local orientation. The form focussed on health and safety and included fire evacuation procedures.
- The dialysis assistants (DAs) worked with the qualified nurse to manage patients care and treatment. The clinic manager or team leaders assessed the DAs' clinical skills. This included the needling of patients arteriovenous fistulas (AVFs), programming of dialysis machines and administration of some medicines. The DAs were assessed using competencies to perform these skills, and worked alongside a qualified nurse for each clinical duty.
- We saw clinic managers and deputy clinic managers attended additional training to support them in fulfilling their role. The clinic manager told us they attended a two-day managerial training course once a year. This included training on health and safety, quality management and staffing. They also completed external renal course modules. The FMC skills' matrix stated that this was mandatory of all clinic managers and deputy clinic managers.
- Annual appraisals identified any areas for development and an agreed timescale for completion. The clinic manager reviewed staff completed competencies yearly as part of the staff member's appraisal. Between March 2016 and February 2017, all four registered nurses and one out of two DAs at Epsom dialysis unit had completed their annual appraisal.
- Within the same period, all registered nurses had their Nursing and Midwifery Council registration checked by the clinic manager.
- We saw each member of staff had a learning folder at the unit. These contained records of completed competencies and records of annual checks. The clinic manager told us part of the annual review, included observing staff perform key skills such as cannulation of AVFs.
- Staff told us the link access nurse within the unit, cannulated patients with less established fistulas. There were other link nurse roles for example infection control and education and training. All link nurses had undergone specific training and competencies to carry out their additional responsibilities and provided updates to staff at the monthly team meetings.
- All clinical staff completed a mandatory 'chronic haemodialysis integrated competency document' specific to their role. This document comprised of nine competencies such as demonstrating vascular access, medical devices competency and water treatment plan. Assessment of competence included completion of e-learning and demonstration of practical skills. Staff told us their mentor, team leader or clinic manager assessed their competencies.
- All clinical staff completed a mandatory reassessment of their role specific competencies yearly. This consisted of two parts, self-assessment and self-declaration.

Multidisciplinary working

- We observed effective teamwork and support within the unit between nurses and dialysis assistants.
- The patients treated on the unit remained under the care of their NHS renal consultant. Staff we spoke with knew how to contact the medical team at the local NHS hospital both for routine and urgent advice.
- Staff could also contact and refer patients to staff from other disciplines at the local NHS hospital such as the renal dietitian, renal anaemia nurse, renal social worker and renal access nurse.
- The renal dietician visited the unit once a month; unfortunately, this was unable to coincide with the renal consultant visits. We were concerned not all patients who wanted to see the dietician, had the opportunity to be seen.

- Staff reported the dietician had access to the FMC computer system, which meant they could access patient blood results, and document discussions with the patients.
- The NHS renal consultant attended the unit once a week, this enabled staff to raise any issues and patients to request medical review. The clinic manager attended multidisciplinary review meetings with the NHS renal consultant and participated in discussions where changes in patients' dialysis treatment were determined. The clinic manager communicated any changes to the wider team and discussed the changes with the patient before implementation.
- The NHS renal consultant kept the patient's GP informed of patient referrals and changes to treatment.

Access to information

- The FMC patient treatment database automatically transferred patient data into the local NHS hospital's clinical database system. This meant electronic records were accessible to relevant staff at the NHS hospital.
- Blood results and treatment reviews were accessible to staff as live data to allow staff up to date information. We saw staff updated records during the patient's dialysis treatment or soon as possible after.
- The information needed to deliver effective care and treatment was available to staff through either electronic or paper records. Paper records consisted of patient risk assessments, consent forms and dialysis and medicine prescriptions. Electronic records consisted of dialysis metrics and blood results.
- Staff also kept paper records of each dialysis treatment, as a backup in case of any computer issues.
- During the monthly quality assurance meetings, the NHS renal consultant had access to paper and electronic records for each patient.
- We saw FMC policies and procedures were available online. The clinic manager informed staff of updated policies or procedures. We saw the clinic had a staff memo folder at the nursing station, which contained any corporate announcements such as learning bulletins. We saw staff signed to confirm that they read and understood new policies, procedures and memo's.
- Dialysis away from base (holiday) patient requests came to the unit via the holiday coordinator at the local NHS hospital. There were systems in place to ensure the clinic received the relevant information required so staff could manage holiday patients safely. It was the clinic manager's responsibility to obtain medical acceptance. Staff set up an electronic patient record and ensured a dialysis and medication prescription chart was prepared.

Equality and human rights

- From 1st August 2016 onwards, all organisations that provide NHS care were legally required to follow the Accessible Information Standard. The standard aims to ensure that people who have a disability, impairment, or sensory loss are provided with easy to read information and support to communicate effectively with health and social care providers.
- The unit did not have any easy to read leaflet available in the patient areas.
- The unit did not provide care for patients living with learning disabilities or dementia at the time of the inspection.
- Staff completed mandatory eLearning training on dementia care every three years. However, training records for Epsom dialysis unit at March 2017, showed only two out of seven (29%)staff had completed this training.
- The service treated patients who could not readily communicate in English. Staff reported they had access to a telephone interpreting service but rarely used the service. Staff contacted patient's relatives or friends to help with translation. This is not in line with the Accessible Information Standard (2016) which states organisations should make sure that people get support from a communication professional if they need it. When using family members the healthcare professional nor the patient can be assured that accurate and effective communication is taking place.

- We saw a poster in the patient waiting area, which stated any information leaflets or documents were available in other languages such as Arabic, Filipino, Hindi, Urdu, Welsh and Punjabi upon request.
- Staff completed a one off mandatory eLearning training on equality, diversity and human rights.

Consent, Mental Capacity Act and Deprivation of Liberty

- Staff were aware of their roles and responsibilities in relation to the requirements of consent. We saw staff asked patients for verbal consent at the start of each dialysis session and for any treatments or care during their attendance at the unit.
- As part of the admission process staff sought written patient consent. We saw written patient consent forms in all the seven patient records we reviewed. Staff reviewed and updated the consent forms yearly with the patient.
- The monthly documentation audits carried out by the clinic manager included a review of the consent forms, the results for April to June 2017 did not identify any non-compliance with completion of consent forms; staff used the correct form and completed all the fields.
- Staff completed mandatory eLearning training on The Mental Capacity Act 2015 and Deprivation of Liberty Safeguards every three years.
- Nursing staff told us that currently they did not have any patients who lacked mental capacity. A patient's mental capacity would be assessed by the local NHS hospital prior to referral to Epsom dialysis. The FMC policy, "Policy for consent to examination or treatment" indicates if staff believe a patient lacks capacity to consent to treatment, the patient should be referred back to the parent unit for medical assessment.

Are dialysis services caring?

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Compassionate care

- We saw all staff interactions with patients were respectful and considerate. Staff put patients at ease and engaged them in light-hearted conversation. Staff responded to patients' needs in a timely manner, including calls for assistance, alarms on dialysis machines and any non-verbal signs of distress.
- We saw nursing staff working together to support a patient with restricted mobility to their dialysis station.
- Once staff had connected patients to their dialysis machine the atmosphere in the unit was calm and generally quiet. We saw staff spent time talking to patients throughout their treatments.
- Staff maintained patient's dignity by offering to use privacy curtains at the beginning and at the end of dialysis to ensure patients were not exposed.
- Staff understood patients' personal, cultural, social and religious needs. We saw staff considered these when planning treatment. For example, patients could plan their dialysis sessions around their work and social life.
- Nursing staff told us due to patients attending the unit regularly for long periods, they had developed effective nurse patient relationships. Staff we spoke with told us the best part of working at the unit was the "patients became part of the family". The NHS renal consultant also reported a family atmosphere at the unit.
- We spoke with three patients during the announced and unannounced visits. The patients we spoke with reported staff were very professional and kind. However, some patients reported concerns regarding the timeliness of medicine administration, which lead to treatment delays.
- We saw nursing staff greeted patients and their relatives on arrival to the unit and asked about their well-being.
- The service received nine written compliments between March 2016 and February 2017.
- The unit took part in a yearly patient satisfaction survey. The last survey for Epsom dialysis unit was in October 2016, with a response rate of 87%.

- The results of the patient satisfaction survey included: 95% of patients had complete confidence in the nursing staff, 97% of patients agreed the clinic was well organised, 89% of patients would recommend the unit and 100% of patients found the unit atmosphere friendly and happy.
- We received 27 completed comments cards from patients who attended the unit. All the comments reflected what we heard during the inspection. The most common descriptions of the service were "excellent treatment" and "treated with respect"; another positive comment was "The care and attention received by every member of the team is excellent- reception, nurses, manager and consultant".
- A few negative comments from patients referred to transport delays and position of televisions.

Understanding and involvement of patients and those close to them

- The unit employed a named nurse approach to provide patient care. Every patient had a designated named nurse who would be their first point of contact; the aim was to improve patient care and early identification of concerns. Not all of the patients we spoke with were able to name their named nurse.
- < > clinic manager told us patients received a welcome pack on admission to the unit. The pack included information on how the unit was organised, how to care for dialysis access and an explanation of the monthly blood tests. The results of the 2016 patient satisfaction survey showed 88% of patients thought the nursing staff kept them well informed about decisions taken about their treatment.

  We saw care plans for the introduction of dialysis for newly admitted patients in the patients' paper records. This care plan consisted of three stages: local induction, first treatment and first three months. The different stages showed staff introduced patients to their named nurse, explained how to weigh and use the patient key card, completed admission documents and risk assessments with input from the patient.
- We observed carers of patients were welcomed on the unit and involved in the care of patients if appropriate, for example, for a patient with limited mobility.
- The NHS renal consultant and clinic manager discussed transplantation with their patients. We saw 51% of patients at Epsom dialysis unit were on the active kidney transplantation list, 29% were potentially eligible and 20% of patients were not eligible for kidney transplantation.

Emotional support

- Staff had built up relationships with some patients over a long period. Discussions we heard demonstrated staff were aware of patients' personal circumstances and could identify if a patient was in need of additional emotional support or counselling.
- Staff were aware of the impact dialysis had on a patient's wellbeing, and supported patients to maintain as normal life as possible. Staff encouraged patients to continue to go on holiday, and participate in the management of their treatment.
- We saw the unit displayed posters within the patient areas showing the details of local support networks and the details of cruise companies providing haemodialysis.
- Nursing staff were observed giving patients time to talk about any concerns. Patients knew the clinic manager well and we saw she talked to patients during their treatment.

Are dialysis services responsive to people's needs?
(for example, to feedback?)

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Service planning and delivery to meet the needs of local people

- The local NHS hospital's renal clinic assessed patient suitability to receive dialysis in a satellite unit. The renal clinic referred patients deemed stable and suitable, to the unit for their haemodialysis treatment. Epsom dialysis unit had serviced the local population in Epsom, Ewell and Kingston since 2011.

- The service specification was defined by the local NHS hospital's renal team, and defined within the contract Fresenius were asked to deliver against. The service held quarterly meetings with the commissioning NHS hospital. We reviewed the meeting minutes dated December 2016, April 2017 and June 2017 and the team discussed service provision and any patient concerns.
- Transport for patients who required it was organised by the local NHS hospital through a third party. We saw nursing staff contacted the transport provider to inform them of treatment delays during our inspection. There was no specific transport user group for patients at the unit.
- The clinic manager noted transport problems or delays in the formal complaints log. We saw 80% of formal complaints related to transport. The clinic manager escalated any issues to the transport coordinator at the local NHS hospital.
- Parking and access facilities were convenient and allowed safe patient access to the dialysis unit for ambulant, disabled, self-driving and transported patients.
- Patients on dialysis require treatment for four hours, hence suitable distraction and entertainment to pass the time is essential. Epsom dialysis unit offered patients free Wi-Fi access and each station had a mounted television screen. Patients used their own headsets for connection.
- The dialysis stations had a mixture of profiling beds and chairs with and without pressure relieving mattresses to meet individual needs and preferences. The results of the 2016 patient satisfaction survey showed 89% of patients told the chairs / beds used during treatment were comfortable.
- A full range of dialysis sessions was available for patients, taking into consideration personal life commitments such as work and cultural needs. Patients told us they could change their dialysis session in order to accommodate family events and trips away.

Access and flow

- The local NHS hospital referred patients with chronic, long-term dialysis needs to the unit who also met the unit's admission criteria. The local NHS hospital contacted the dialysis unit to inform them they had new patients and arranged to send completed admission documentation to the unit prior to the patient's first treatment. The unit's team leaders took responsibility for coordinating the referrals.
- The results of the 2016 patient satisfaction survey showed 84% of patients reported having an introductory session to dialysis when they first started dialysing at this unit.
- The monthly utilisation rates from December 2016 to February 2017 were between 92.7% and 94%. This allowed a small degree of flexibility to accommodate holiday patients. At the time of inspection, there were no patients on the waiting list for treatment.
- In February 2017, there were 52 patients under the care of the unit. This meant the unit was providing on average 560 treatment sessions each month.
- The unit provided a morning and an afternoon treatment session on Mondays, Wednesdays and Fridays. The unit provided about 36 dialysis sessions on these days.
- The unit provided a morning treatment session on Tuesdays, Thursdays and Saturdays due to low referral rates to the unit. The unit provided about 20 dialysis sessions on these days.
- The usual treatment session times were 6.45am and 11.45am. The dialysis unit opened from 6.30am until it latest at 7pm on Mondays, Wednesdays and Fridays. The dialysis unit opened from 6.30am until 1pm on Tuesdays, Thursdays and Saturdays. There were on average 560 treatments sessions delivered each month.
- The service had not cancelled or delayed any planned dialysis sessions for a non-clinical reason between March 2016 and February 2017.
- When patients did not attend sessions, staff tried to contact them by telephone, and contacted the NHS hospital to inform the renal team of the missed session. Staff completed a treatment variance form to record the missed session.
- Some patients said they had to wait to be connected or their treatment was extended due to delay in

administering medicine. We asked the unit for evidence of patient waiting times but we received no evidence. Patients told us treatment start times were not staggered and they knew there were afternoon delays if they saw the morning patients still at their dialysis station on arrival to the unit.

- The results of the 2016 patient satisfaction survey showed 82% of patients reported their dialysis usually began on time and 88% of patients reported their dialysis usually ended on time.

Meeting people's individual needs

- A holiday coordinator at the local NHS hospital organised patient away from base (holiday) dialysis. Patient notice boards in the waiting area included holiday dialysis information for patients to consider their options. Patients we spoke with had travelled away on more than one occasion within the UK and reported holiday dialysis was organised well.
- During away from base dialysis, patients and staff from other units could contact Epsom Dialysis Unit to discuss any concerns. If holiday dialysis unit did not have appropriate equipment, the patient could take the necessary supplies with them for dialysis. Staff told us how a holidaying patient had brought a dialyser with them when they dialysed at the unit.
- The unit had facilities for patients with disabilities and equipment such as bariatric chairs (for heavier patients) in the waiting room to support treatment of those with different care needs. A hoist was available for use if a patient found transfer to the couch too difficult. The couches were suitable for patients weighing up to 180 kilograms. If patients weighed over this they were treated at the local NHS hospital.
- Dialysis patients may be susceptible to the cold as such the unit performed on-going monitoring of the temperature of the unit. However, this was difficult to manage, as the temperature control was located in the clinic manager's office on the first floor. During our inspection, no patients we spoke with complained about the temperature.
- All patients were allocated to a dialysis station, which assisted the running of the unit as patients knew where to go on arrival to the unit.
- Patients were able to reduce the time they dialysed if they had appointments or family activities. We saw patients completed early termination forms, consenting to the reduction in dialysis time against medical advice.
- The unit provided information in a number of languages upon request for patients whose first language was not English.
- Data showed there was one self-caring patient at Epsom dialysis unit who lined and primed the dialysis machine. Staff taught patients how to use the weighing scales and key card as part of the patient induction to the unit. During our inspection, we saw patients weighed themselves before and after dialysis and reported this to the nursing staff.
- Patients on the unit could have visitors during treatment sessions.
- We saw staff assisted patients with limited mobility to their dialysis station. The unit provided disabled access toilets. There was a patient lift to the first floor and an evacuation chair for use in the event of a fire.

Learning from complaints and concerns

- There was a policy and a process in place for the management of complaints. The clinic manager was the lead for complaints at the unit and staff followed the Fresenius complaints policy.
- The FMC 'Tell Us What You Think' leaflets were in the unit's waiting area and encouraged patients to make comments, concerns, or compliments.
- The results of the 2016 patient satisfaction survey showed 83% of patients reported the nursing staff had discussed how to raise a complaint or grievance within the past six months.
- The unit did not have a patient representation group.
- Between March 2016 and February 2017, the service received nine formal complaints. Seven complaints regarded transport and two regarded the quality of care. The clinic manager and the transport coordinator at the local NHS hospital jointly managed the transport complaints.

- The service monitored verbal and written complaints, including themes and trends. We saw the complaints and compliments log summary for the unit. The log outlined the details of each complaint and the patient outcome.
- We saw an example of a complaint response, which demonstrated the clinic manager had investigated the patient's concerns and responded fully to the complainant in writing.
- The clinic manager shared complaints with staff at the daily handover. The clinic manager also told us all staff had access to the unit's complaints and compliments log.
- FMC also monitored the number of complaints centrally. Each dialysis unit that had a risk profile and the number of complaints was one of the indicators.

- We were unable to determine if the unit responded to complaints in line with the FMC complaint policy. We reviewed the complaints log and found the date the unit responded to the complaint was not always recorded or was unclear.

Are dialysis services well-led?

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Leadership and culture of service

- Leaders had the appropriate skills and knowledge to manage the service. Locally, the deputy clinic manager, team leaders, registered nurses, dialysis assistants and a clinic secretary supported the clinic.
- The clinic manager had been in post for four years and reported to the area head nurse. The deputy manager had also been in post for four years and reported to the clinic manager. The clinic manager and the deputy manager had undertaken renal specific nurse training.
- There was an area head nurse, who provided support to 12 dialysis units and monitored the unit's performance. The area head nurse and the business manager were present during the inspection. Staff told us senior management regularly visited Epsom dialysis unit and found them approachable. They formed part of the management structure that linked from a local and regional level to a national level for the provider.
- The clinic manager spent 60% of their time attending to managerial responsibilities and was supernumerary. This meant they could support the running of the unit. The unit also had a deputy clinic manager who worked more clinically.
- The clinic held team meetings every other month. We saw the minutes of the February, April and June 2017 team meetings. We saw the agenda for these meetings changed in June 2017 and followed the CQC's key lines of enquiry. Staff discussions included incidents, training, audit performance and safety alerts.
- We observed a formal handover during our inspection, whereby the nurse in charge ran through each patient due to attend for treatment and staff raised any concerns or obtained clarity over their care plan.
- When staff went for their break, we saw they handed over their patients verbally to the nurse in charge or to a senior member of staff. This ensured continuity of care for the patients.
- All staff told us they would raise any concerns with the clinic manager in the first instance but in their absence would seek advice from the area head nurse.
- We saw staff had effective working relationships with staff from the NHS hospital, for example, the renal consultant. Medical staff confirmed the working relationships were positive and facilitated streamlined referrals for patients.
- All staff we spoke with reported there was good teamwork within the unit.

Vision and strategy for this core service

- FMC is a large international organisation and had core values of quality, honesty and integrity, innovation and improvement, and respect and dignity. The strategy of the organisation was to grow as a company, enhance products and treatment and to create a future for dialysis patients. The FMC vision was to create a 'future worth living for dialysis patients working in partnership with its employees'.

- We saw evidence of the unit's local clinic objectives, which the clinic manager reviewed and updated accordingly. The objectives included improvements in key performance indicators, improvements in the timeliness of incident reporting and improvements in staff retention rates.
- We saw a poster displayed in the patient waiting room outlining FMC's commitment to their patients, employees, shareholders and the community.
- There was a clear strategy for the delivering of quality care, with policies, guidance and procedures based on national guidelines. Staff understood this strategy.
- We saw a poster displayed outside the consulting rooms regarding FMC's culture and visions. However, none of the staff we spoke to was able to identify the visions for the service.

Governance, risk management and quality measurement

- FMC had a clinical governance strategy dated March 2010. This outlined the governance framework, roles and responsibilities. It demonstrated the chief executive had overall responsibility and accountability for clinical governance within the organisation. The clinic managers were the local clinical governance lead within their unit and reported to the regional business manager.
- FMC sent the respective NHS hospital clinicians a quality standards report defining the clinic's achievements against the renal association standards as part of their clinic governance review and reporting. We saw the completed reports for June 2016 to June 2017. The reports comprised of the average result for each standard, however the report did not state what the target was for each standard or indicate if the unit had met this target.
- FMC produced a quarterly performance standards matrix. We saw the performance standard matrix dated November 2016, March and May 2017. It benchmarked all five FMC dialysis units working in partnership with the local NHS hospital against set targets. It also indicated the average outcome for all FMC clinics. The matrix covered patient, employer, community and shareholder outcomes for each unit.
- We saw the meeting minutes dated December 2016, April and June 2017 for the quarterly key performance indicator (KPI) meetings. The FMC regional business manager attended these meetings. The minutes showed Epsom dialysis unit and the local NHS hospital discussed the performance standards matrix. Other items on the agenda included did not attend, matters arising from meetings and accuracy of previous meeting minutes.
- The unit benchmarked their key performance indicators (KPIs) as an individual clinic and nationally against all FMC clinics. We saw Epsom dialysis clinic had met all its KPIs between January and March 2017. KPIs included staff appraisal rates, vascular access, incidents and patient survey.
- The clinic manager was responsible for monitoring and leading on delivering effective governance and quality monitoring in the dialysis unit, supported by the wider Fresenius management team.
- The clinic manager produced a monthly patient performance dashboard. We reviewed the dashboards for April, May and June 2017. The dashboards comprised of data for each patient for example dialysis adequacy. The dashboard stated what the target was and each entry was colour coded to identify if the patient had met the target.
- The unit held monthly quality assurance meetings, which the NHS renal consultant, the clinic manager or deputy clinic manager attended. Staff discussed all the current patients in relation to access, blood results and general health and wellbeing.
- The clinic manager had a document to oversee the clinic's audit schedule and subsequent results. We saw the audit schedule for 2017, which consisted of five sections: incident reporting, evaluation and improvement process, audits, clinical tasks and internal clinic performed tasks. The document clearly identified the associated policy to each domain, the frequency of the task, the responsible person to carry out the task and who to inform of the results. This ensured the clinic manager had complete oversight of the clinic's progress against the planned audit schedule.
- We saw the risk register for Epsom dialysis unit. The clinic manager explained this was a new process. The

risk register consisted of three sections: clinical (22 risks), operational (21 risks) and technical (23 risks). All risks were colour coded (red, amber or green) to identify the level of risk and listed current controls and controls needed such as the development of a sepsis care pathway. Any concerns added to the risk register by the clinic manager triggered a review with the chief nurse and quality manager. However, the risk register we reviewed did not contain any risks specifically encountered at Epsom dialysis.

- FMC audited the unit on one to two yearly basis usually every one or two years. Epsom had a health, safety and environmental audit in February 2015. It had a quality management corporate audit in April 2016. It also had an unannounced infection control audit in September 2016. FMC discussed the results of these audits at monthly clinical governance committee meetings and action plans developed to drive improvement.
- We saw staff signed employee risk assessments kept in their training file. Risk assessments included sharps bins, weighing of waste on scales, ceiling leak, hot water surfaces and slip, trips and falls. Each risk assessment contained details of existing controls that should be in place for all dialysis units.
- The Workforce Race Equality Standard (WRES) is a requirement for organisations that provide care to NHS patients. This is to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The unit was located in a culturally diverse area and staff employed by the service reflected this. However, we requested the WRES report for the unit but this was not available. The unit should publish data to show they monitor and assure staff equality by having an action plan to address any data gaps in the future.
- We saw the organisation learnt from incidents and shared learning across the dialysis units. We saw two learning bulletins dated March and May 2017 kept in the staff memo folder. The learning bulletins highlighted clinical events or observations of poor practice, the correct practice and rationales for best practice. The clinic manager signed the bulletin to confirm actions were completed such as communicating the content of the bulletin to staff.
- No policies we reviewed during our inspection contained review by dates. This meant staff did not have assurance they were using the most up to date policy. It also suggested FMC did not routinely review policies and provide updates accordingly to reflect current guidelines and best practice.

Public and staff engagement

- The unit sought patient feedback in order to improve the service they provided. It captured this formally through the annual patient satisfaction survey. The latest survey results from October 2016 had a response rate of 89%. We saw the results of the patient survey displayed in the patient and staff areas. It also shared the results with the local NHS hospital.

Positive results included:

- 100% of the patients felt generally satisfied with the dialysis unit
- 100% of patients agreed with the statement, 'this is a happy unit with a friendly atmosphere'

Areas to improve included:

- 54% of patients knew the difference between dialysis and diafiltration. Diafiltration is a more effective form of haemodialysis.
- 69% of patients were given an introductory session to dialysis
- We saw the 2016 action plan from the patient satisfaction survey on display in the waiting area. Actions included implementation of a patient quiz, staff to spend 15 minutes of connection and disconnection time talking to patients and providing all patients with an information pack.
- Each year the unit invited their staff to provide feedback through an employee satisfaction survey. The latest survey results from October 2016 had a response rate of 90%. FMC benchmarked the unit's responses against all FMC clinics then colour coded (red, amber and green). Although the results were mixed, notably no staff said they were satisfied with their level of pay. During our inspection, staff reported the unit had a meeting with human resources where they discussed issues around pay. Staff felt the organisation had valued and responded appropriately to their feedback.

- The unit held monthly team staff meetings at the unit. The clinic manager or their deputy chaired the meeting. We saw the minutes meetings dated February, April and June 2017. There was a new agenda in June 2017, which followed the CQC's key lines of enquiry. The chair recorded the actions from the meeting, which formed an action log for completion by the clinic manager or their deputy.

Innovation, improvement and sustainability

- The clinic manager reported staff discussed ideas or innovations at handover. The clinic manager then reported any ideas to the area head nurse or regional business manager. However, no examples of innovations were provided.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must take prompt action to comply with the Accessible Information Standard 2016.
- The provider must ensure staff comply with their medicines management policy specifically countersigning medication and legible documentation of administration.
- The provider must ensure room and fridge temperature checks are completed, recorded and action is taken in response to out of range temperatures.

Action the provider SHOULD take to improve

- The provider should identify the severity level of all clinical incidents.
- The provider should develop a standardised process for identifying patients prior to treatment.
- The provider should develop guidelines for staff to follow when monitoring and identifying patients at risk of developing sepsis.
- The provider should ensure there is a standardised way of identifying clean and ready to use dialysis stations.
- The provider should monitor patient wait times for treatment and ambulance response times in line with National Institute for Health and Care Excellence (NICE) quality standards.
- The provider should ensure all policies and standard operating procedures have a review by date.
- The provider should ensure all sharp bins are labelled clearly.
- The provider should ensure the waste room and waste containers are locked at all times.
- The provider should ensure the risk register reflects risks specifically encountered at Epsom dialysis unit.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not operate effective medicines checking procedures to reduce the risk of medication errors The service did not always monitor and record medicine fridge and room temperatures to provide assurances about the safety of refrigerated medicines. Regulation 12(1)(2)(g)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The service used relatives or friends instead of the available translation service for service users whose first language was not English. This is not in line with the Accessible Information Standard (2016). Regulation 9(3)(d