

Lakeland Dialysis Limited

Quality Report

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

Lakeland Dialysis Unit is operated by Lakeland Dialysis Limited.

It is a private holiday dialysis unit situated within a business park, on the outskirts of Cockermouth.

The service was established in 2004 and is a small independent nurse led unit, providing holiday dialysis to patients holidaying in the area.

The service provides haemodialysis from Monday to Saturday depending on the number of patient bookings, with morning and afternoon sessions offered.

We carried out a comprehensive inspection of the unit on 5 July 2017. This included an unannounced visit to the unit on 17 July 2017. We inspected a third time on 11 April 2018. The inspection took place as part of our comprehensive inspection programme. The service was in breach of regulations. We issued a warning notice to the provider about specific breaches within the unit. This identified concerns and areas for improvement at Lakeland dialysis unit including that the service needed to ensure:

Summary of findings

- The appropriate recording of clinical incidents, including the severity and/or grade of the incident within the unit.
- The identification and completion of mandatory training for staff working within the unit.
- Safeguarding policies and training were in place to ensure staff were aware of safeguarding procedures. This included safeguarding children.
- The mitigation of risk to patients through the regular review of practice against clinical guidelines, policies and best practice.
- The processes of monitoring and reviewing staff competencies and ensure staff were competent to carry out their roles.
- The assessment, monitoring and improvement of services through regular clinical audit.
- The maintenance of staff records which included all necessary documentation such as essential employment checks.

We carried out an unannounced visit to the unit on 11 April 2018 to check on progress that had been made against our warning notice. This inspection focused on the specific issues we had raised following the comprehensive inspection earlier in the year.

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 dialysis services, but we do not currently have a legal duty to rate them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve, and take regulatory action as necessary.

In this inspection, we found the following areas of good practice:

- We saw the unit manager had developed incident reporting policies and procedures. Guidance for staff was comprehensive and included the grading of the severity of the incident and when duty of candour should be applied.
- Mandatory training processes had been improved to include a new training policy and mandatory training list, which clearly showed when staff training was due.
- Safeguarding processes including children's safeguarding were strengthened to include comprehensive training and guidance for staff and updated local authority contact and escalation arrangements.
- Policies and procedures to support patient care were regularly reviewed to ensure guidance was in line with current NICE guidance and best national practice.
- We saw improvements in the training culture in the unit, with mandatory staff training showing 100% compliance.
- Staff received competency reviews to ensure clinical practice was compliant with national guidance and best practice.
- The unit manager demonstrated clear leadership and had taken positive steps towards improvement.
- Governance processes had been strengthened to ensure risks were identified and mitigated and audit activity supported improved patient care.
- The development of staff records, which were comprehensive. These were well organised and included all required employment checks.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service

Dialysis Services

Rating

Summary of each main service

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.

Summary of findings

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Lakeland Dialysis Limited

Services we looked at

Dialysis Services

Summary of this inspection

Background to Lakeland Dialysis Limited

Lakeland Holiday Dialysis Unit is operated by Louise Edgar, who is the unit manager and is assisted by Kevin Edgar, who is employed as a renal technician. The service was established in 2004 and is a small independent nurse led unit, providing holiday dialysis to patients visiting the area.

The unit is contracted by NHS England up until 2019, when it will be reviewed. No children receive treatment at the unit.

Louise Edgar is also the registered manager.

Our inspection team

The team that inspected the service included a CQC lead inspector and another CQC inspector.

The inspection was overseen by Sarah Dronsfield, Head of Hospital Inspection (North).

Information about Lakeland Dialysis Limited

The dialysis unit is registered to provide the following regulated activities:

Treatment of disease, disorder, or injury.

The unit operates Monday to Saturday, 08.00 to 19.00. There are six treatment sessions for patients daily: three in the morning (07.30, 07.45, 08.00) and three in the afternoon (13.00, 13.15, 13.30), depending on the number of patient bookings.

The service provides dialysis for patients who visit the area on holiday. All the patients remain under the care of NHS consultants.

During the inspection, we spoke with the registered manager.

Activity:

- Since our last inspection, there had been 516 dialysis sessions carried out. There were 250 sessions for 18-65-year-old patients and 266 sessions for people over 65 years of age. Nine of these patients were privately funded.

- The unit did not employ any doctors. The unit employed one registered nurse (registered manager), one renal technician and two bank registered general nurses.
- There were no on-going special reviews or investigations of the unit by the CQC at any time during the 12-month period prior to this inspection.
- The service had been inspected on 5 and 17 July 2017. The inspection found that the service was not meeting all the standards of quality and safety it was inspected against. We found the unit was in breach of regulations and we issued a warning notice to the unit about specific breaches.

Prior to the unannounced inspection, we reviewed the unit's action plans to address the warning notice issued following our previous inspection. We assessed progress made towards these plans up to 31 January 2018. We carried out an announced visit to the unit on 11 April 2018. We spoke with the registered manager and reviewed four staff records, policy, procedure, health and safety and audit files.

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 where these services are provided as an independent healthcare single speciality service.

We did not inspect all areas of the safe domain and focused only on the areas of previous concern.

We found the following areas of good practice:

- Robust incident recording and reporting processes, which included comprehensive guidance for staff in relation to the grading of incidents.
- Clear duty of candour protocols, which were integral to the incident reporting policy.
- The unit manager had further developed the mandatory training processes and implemented a training policy. Training records showed 100% mandatory training compliance.
- In line with the safeguarding children and young people - roles and competences for healthcare staff intercollegiate guidance (2014) we saw all staff had completed level two children's safeguarding training.
- Staff records were comprehensive and included clear employment records checks. The unit manager had developed a policy to ensure staff employment checks were updated frequently.
- The unit had effective infection controls processes in place, which included a detailed infection control policy and audit schedule.

Are services effective?

We do not currently have a legal duty to rate dialysis services where these services are provided as an independent healthcare single speciality service.

We did not inspect all areas of the effective domain and focused only on the areas of previous concern.

We found the following areas of good practice:

- The unit manager had completed a comprehensive review of the policies and procedures within the unit. All guidance now included a reference to clinical best practice and current National Institute for Clinical Excellence (NICE) guidance.

Summary of this inspection

- All staff received annual competency reviews to ensure clinical practice remained current and in line with national guidance.
- We reviewed staff training records and saw all staff had received mental capacity act 2005 and deprivation of liberty safeguards training.

Are services caring?

Not inspected

Are services responsive?

Not inspected

Are services well-led?

We do not currently have a legal duty to rate dialysis services where these services are provided as an independent healthcare single speciality service.

We did not inspect all areas of the well led domain and focused only on the areas of previous concern.

We found the following areas of good practice:

- We saw a clear commitment from the unit manager to drive improvement through the completion of the post inspection action plan.
- Patients remained positive regarding the care and treatment they received.
- A significant amount of work had been undertaken to review and update policies and protocols for staff, which included reference to best practice and the latest national guidance.
- The unit manager had developed robust governance processes, which included medicines audits, improved staff record keeping and environmental stock checks.
- We saw a clear recognition of risk within the unit with the development of a risk register and health and safety file.

Dialysis Services

Safe

Effective

Well-led

Are dialysis services safe?

Incidents

- During our inspection in July 2017 we were not assured that the incident reporting guidance provided staff with sufficient information about when to report incidents, how to report them and how to grade the severity of incidents.
- There had been no incidents reported since our last inspection in July 2017.
- At this inspection, we saw the unit manager had further developed the incident reporting policy for staff, which included systematic actions to take and detailed instruction on when and who to report accidents and incidents to. We also saw an additional grading guidance sheet to support this policy to enable staff to clearly grade the severity of incidents should they arise. The policy included national incident reporting guidance and an accident book was stored with the policy to enable swift recording. Staff were able to describe action they would take.
- During our inspection in July 2017, we saw none of the staff had received training in relation to duty of candour. 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.
- At this inspection, we saw guidance on the duty of candour was included within the incident reporting policy, which had been developed by the unit manager. We saw clear processes in place to apply duty candour protocols. Staff were able to describe action they would take.

Mandatory training

- During our inspection in July 2017, we saw gaps in the training that staff received. The provider did not have a mandatory training plan in place and the training that was provided came from a variety of sources and not from a recognised training provider.
- During this inspection, we saw that the unit manager had developed a mandatory training schedule and training policy. In addition, we saw a training sheet for each member of staff. A recognised training provider was now used to provide mandatory training and all training gaps we previously saw had been updated. For example, fire safety training.
- In addition to the mandatory training, we saw the unit manager provided additional guidance to staff across a number of areas, such as hand hygiene, sepsis, suspected pulmonary embolism, use of oxygen, water testing requirements and admission protocols.
- All guidance and training we reviewed made reference to national best practice or the most current clinical guidance such as National Institute For Clinical Excellence (NICE).

Safeguarding

- During our inspection in July 2017, we saw that some staff had not completed level two safeguarding children training. Intercollegiate guidance (2014) recommends that level two children's safeguarding training is the minimum level required for non-clinical and clinical staff that have some degree of contact with children and young people and/or parents/carers. Although patients under the age of 18 were not treated at the unit, some patients may have been parents or carers.
- During this inspection, we reviewed all staff training files and saw that all four staff had completed level two children's safeguarding training.
- We saw the unit manager had further developed the safeguarding policy and both children and adults safeguarding protocols included updated local authority safeguard team contact numbers.

Dialysis Services

- During our inspection in July 2017, we were not assured that staff records were comprehensive and included clear documented employment checks.
- During this inspection, we saw the unit manager had developed a comprehensive staff file for each member of staff, which included evidence of all employment checks and protocols to advise when staff should have checks repeated in the future.

Cleanliness, infection control and hygiene

- During our inspection in July 2017, we saw that the unit did not have an infection control policy.
- During this inspection, we saw a clear infection control policy had been developed and included guidance for staff in relation to hand hygiene, cleaning arrangements for the unit and blood borne viruses.
- We saw cleaning schedules in place and environmental audits were used to assess the cleanliness of the unit. We found that the schedules and audits were up to date and fully comprehensive.

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

Evidence based care and treatment

- During our inspection in April 2017, we reviewed all clinical guidance provided for staff including policies and procedures. We saw the registered manager maintained an information file, which contained updates relating to clinical practice. This file was not consistently reviewed against national guidance and the latest clinical guidance and we saw some guidance was out of date.
- During this inspection, we saw the registered manager had further developed the policies within the unit. We reviewed two new policy files, which contained revised policies to clearly support staff seeking guidance around areas of clinical practice. These policies gave clear signposting for staff to information relating to the specific area of interest.
- We also saw the staff information file, which had also been reviewed and updated and contained extensive information regarding all aspects of patient dialysis care at the Lakeland Unit.

- In addition, we saw the registered manager had developed a robust procedure to ensure all policies were reviewed. We saw policies were reviewed against current NICE guidance and best national practice. Clear review dates were shown on each policy.

Competent staff

- During our inspection in July 2017, we saw none of the staff received competency reviews following their induction. Assessment and maintenance of competence is pivotal to the Nursing and Midwifery Council (NMC) revalidation approach. The unit manager told us this would be introduced following consultation with the renal nurse specialist and developed as part of an annual programme for all reviewed staff competency folders.
- During this inspection, we saw all staff had received competency reviews. Observation records were clearly visible in four of the staff files and the content of the competency review was documented. We saw dates to show when these competency reviews would be repeated.
- We saw that the unit manager's competency review was verified by one of the unit's registered bank nurses. The unit manager had verified the same nurse's competency review. We spoke with the unit manager regarding this arrangement and lack of third party oversight. The unit manager told us that best clinical practice would always be implemented and discussed as the bank registered nurses also received a clinical competency review from the local NHS dialysis unit and was therefore observed against best practice.

Consent, Mental Capacity Act and Deprivation of Liberty

- During our inspection in July 2017, only one of the staff files we reviewed showed any training relating to The Mental Capacity Act (MCA2005). We were not assured that staff had an understanding of deprivation of liberty.
- At this inspection, we saw all staff had completed mental capacity act and deprivation of liberty training. We saw clear timescales in place for staff to remind them when training was due for completion.

Dialysis Services

Are dialysis services well-led?

Leadership and culture of service

- We saw the registered manager had made significant improvements towards the action plan that was implemented to address the areas of improvement identified in the last inspection. We saw a positive culture, which was supported by clear leadership from the manager to take the dialysis unit forward in the future.
- We reviewed feedback from patients who had attended the unit since our last inspection, all comments were positive and no complaints had been received.

Governance, risk management and quality measurement

- During the inspection in July 2017, we saw the guidance for staff, held within the policy file, was brief and did not consistently refer to current legislation and best clinical practice. This guidance included safeguarding, medicines management and resuscitation.
- During this inspection, we saw a significant improvement in the detail within all of the policies we reviewed. We saw the relevant legislation either was included as part of the policy or noted within the staff information file, which provided additional information for staff working at the unit.
- During the inspection in July 2017, we saw there was no written process to record and review risks within the unit. It was not clear how risks were mitigated against and there was no risk register for the unit.
- During this inspection, we saw a risk register had been developed and implemented for the unit, which highlighted appropriate risks associated with dialysis care. We saw the register had recently been reviewed and clear control measures were in place for each risk and there was now a clear recognition of risk within the unit.
- In addition to the unit's risk register, we saw a health and safety file which contained health and safety guidance including water testing protocols, environmental hazards and fire risk assessments.
- During this inspection, we saw a substantial amount of work had been undertaken to improve the guidance and information provided to staff. A medicines folder was also reviewed which contained a medicines policy, medicines audit reflection, adverse reaction guidance, anaphylaxis algorithm and medicines risk assessment.
- We saw an audit policy had been developed to ensure water testing, hand hygiene, medicines and pseudomonas testing was completed at the required times. We saw that the policy was comprehensive, had been implemented and was being followed.
- We reviewed stock room temperature checklists, unit manager environmental checklists, food stock checks and saw that that all checklists were completed as required.