

# Lakeland Holiday 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

## Overall summary

Lakeland Holiday Dialysis Unit is operated by Louise Edgar and is also the registered manager. The unit is situated within a business park, on the outskirts of the market town Cockermouth. The service consists of four dialysis stations in a main room on ground floor level, close to the main entrance. The building is leased from a private firm and is shared with several other businesses.

Lakeland Holiday Dialysis Unit has a contract with NHS England to provide holiday haemodialysis for patients who are deemed appropriate. All the patients remain under the care of the NHS consultants at their host NHS trust.

We inspected this service using our comprehensive inspection methodology. We carried out the announced inspection on 5 July 2017 along with an unannounced visit to the unit on the 17 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?

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

We regulate dialysis services 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 issues that the service provider needs to improve:

- Mandatory training was not reviewed and we saw gaps in training records.
- Clinical incidents were not graded in severity and policy guidance did not include duty of candour.
- Staff clinical competencies were not reviewed following induction and staff received no formal clinical supervision.
- Patient outcomes were not formally monitored.

# Summary of findings

- Recruitment checks were not recorded fully and the provider did not have a policy to review disclosure and barring checks.
- Policies were brief and lacked sufficient detail to guide staff safely through clinical practice.

However, we also found the following areas of good practice:

- All patient feedback we received was positive.
- Nurse staffing levels were planned, implemented and reviewed to keep patients safe at all times.
- Patients could access care and treatment in a timely way and there was a clear referral criteria for new patients.

- We saw personalised care plans for patients with specific conditions.
- All staff received an annual appraisal.

Following this inspection, we issued the provider with a warning notice and told the provider that it must take some actions to comply with the regulations and that it should make other improvements. Details are at the end of the report.

Ellen Armistead

Deputy Chief Inspector of Hospitals

# 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 Holiday Dialysis Unit

**Services we looked at**

Dialysis Services

# Summary of this inspection

## Background to Lakeland Holiday Dialysis Unit

Lakeland Holiday Dialysis Unit is operated by Louise Edgar and is assisted by Kevin Edgar, who is employed as a renal technician. The service had been 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.

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury

The unit manager and operator is also the registered manager.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, a second CQC inspector and a specialist advisor. The team was overseen by a CQC head of inspection, Sandra Sutton.

## Information about Lakeland Holiday Dialysis Unit

The unit is accommodated in a business park, in Cockermouth. The unit consists of four dialysis stations (only three patients receiving dialysis at any one time), a small kitchen area, storage cupboard and office space.

The unit operates Monday to Saturday, 8.00am to 7.00pm. There are six treatment sessions for patients daily: three in the morning (07.30am, 07.45am, 08.00am) and three in the afternoon (1.00pm, 1.15pm, 1.30p.m).

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 visited the unit. We spoke with three staff including the unit manager, registered nurse and a renal technician. We spoke with five patients. We also received 26 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed four sets of patient records.

### Activity

- In the reporting period April 2016 to May 2017, 47 patients attended the unit for haemodialysis. The

total number of haemodialysis sessions in the same period was 664. We saw 429 treatment sessions were provided to adult's age 18 to 65 and 235 were provided to adults over 65.

- Staffing on the unit consists of one registered nurse, one renal technician and two bank registered general nurses.
- Track record on safety
  - No never events
  - No incidences of death
  - No serious incidents
  - No incidences of healthcare associated Methicillin-resistant Staphylococcus aureus (MRSA)
  - No incidences of healthcare associated Methicillin-sensitive staphylococcus aureus (MSSA)
- There were no complaints received by the CQC or referred to the Parliamentary Health Services Ombudsman or the Independent Healthcare Sector Complaints Adjudication Service.

# Summary of this inspection

- The unit had received no written complaints.

## **Services accredited by a national body:**

There were no services accredited by a national body

## **Services provided under service level agreement:**

- Maintenance and servicing of dialysis equipment
- Waste disposal.

# 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 issues that the service provider needs to improve:

- Staff had not received any training in relation to sepsis.
- Mandatory training was not reviewed and there were gaps in staff training records.
- The incident reporting guidance did not include grading of incidents, never events, level of harm and the likelihood of re occurrence.
- Staff were not provided with guidance or training in relation to duty of candour.
- The unit did not have a policy for screening patients for Carbapenemase-producing enterobacteriaceae (CPE).
- Although there was a medicines management audit tool available, there had not been a medicines audit for several months.
- Not all staff involved in medicines processes had received training.

However, we also found the following areas of good practice:

- The unit and equipment was visibly clean and maintained to keep people safe.
- Nurse staffing levels were planned, implemented and reviewed to keep patients safe at all times.
- Patient records were maintained, updated and stored securely.
- Plans were in place to respond to emergencies and major situations.

### Are services effective?

We found the following issues that the service provider needs to improve:

- Clinical competencies were not reviewed following completion of induction training and the manager had not received any formal training to be deemed as competent, to sign off other staff clinical competencies.
- The unit was visited by a specialist renal nurse to provide advice and support to staff, but training was not logged.
- None of the staff working on the unit received any form of clinical supervision review.



# Summary of this inspection

- Some of the staff on the unit had completed mental capacity act or deprivation of liberty training.
- There was no process to routinely check qualified nurse registrations.

However, we found the following areas of good practice:

- All staff received a robust induction training programme.
- All staff received an annual appraisal.
- The unit manager maintained positive links with the local NHS renal unit.
- The centre provided haemodiafiltration to patients, which is considered best practice.

## Are services caring?

We found the following areas of good practice:

- Feedback from patients was overwhelmingly positive.
- Patients were treated with dignity, respect and kindness during all the interactions we observed with staff.
- Patients told us they enjoyed the time they spent at the unit.
- Staff displayed compassion with patients and helped patients to cope emotionally with their care.

## Are services responsive?

We found the following areas of good practice:

- Facilities and premises were appropriate, for the services being delivered.
- The service provided written information to patients on the service and information was accessible on the Lakeland dialysis holiday unit website.
- Patients could access care and treatment in a timely way and there was a clear referral pathway for new patients.
- There was no waiting list and no treatments had been cancelled for non-clinical reasons from April 2016 to May 2017.
- The unit had not received any written complaints in the 12 months prior to inspection.
- The unit had developed a secure social network site in which patients could share their comments regarding the service.

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

- The unit was unable to offer evening sessions at the time of our inspection.
- Only one member of staff on the unit had received equality and diversity training.

# Summary of this inspection

## Are services well-led?

We found the following issues that the service provider needs to improve:

- The registered manager lacked adequate knowledge and understanding of governance processes such as categorisation of incidents and duty of candour requirements.
- Recruitment checks were not recorded appropriately and the provider did not have a policy to review disclosure and barring checks.
- Policies were brief and lacked sufficient detail to guide staff safely through clinical practice.
- Training processes were inconsistent and staff were not offered formalised clinical supervision support or clinical competency checks.
- Mandatory training was not maintained or reviewed regularly by the unit manager.
- Patient outcomes were not monitored, or reviewed in order to promote improved care for patients.

We found the following areas of good practice:

- The unit manager was visible and accessible to staff on a day to day basis.
- Staff worked closely together to promote a positive patient experience.
- There was effective patient engagement through the annual survey, social network, website and informally on a day to day basis.

# Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are dialysis services safe?

### Incidents

- We saw that the registered manager had developed incident reporting guidance for staff. However, it was very brief and did not provide staff with guidance on when to report incidents, how to report them, timescales for completion and the grade the severity of an incident in accordance with the NHS revised serious incident framework (2015). The same guidance did not contain information regarding the duty of candour and when and how staff should consider when the duty of candour trigger should be applied and was not fit for purpose.
- There were no never events reported between April 2016 and March 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.
- The small team of regular staff told us they would report incidents to the unit manager if they occurred. The regular renal nurse told us that incidents would be logged and escalated should they arise. The unit manager told us they would report an investigation and implement changes if needed.
- Data provided by the unit showed that in the twelve months prior to inspection, no incidents were reported. The unit manager told us that incidents were rare and the most likely incidents that occurred were shortened treatment times or drug omissions, at the patients request.
- We saw in April 2016 a patient was transferred out to the local NHS Hospital. We reviewed the details of this

incident and saw that the patient lost consciousness during dialysis. The unit did not grade the incident as serious and we did not see any formal duty of candour consideration.

- 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 at the unit were able to define openness, transparency, and the importance of being honest but none of the staff had received training in relation to duty of candour.
- None of the staff on the unit had completed any training specific to incident reporting and the unit manager had not completed training to ensure understanding of incident investigations. As there were no incidents reported and no detailed guidance provided for staff in relation to incident reporting and investigating, we were not assured that the provider understood the requirements of the incident reporting process.
- Following inspection a revised incident reporting policy was submitted by the registered manager, which provided staff with timescales for incident reporting and who to report incidents to. However, this guidance gave no consideration to the impact of the incident and likelihood of recurrence as a basis for the incident grading. The policy did not refer to Never Events or include any guidance for staff.
- A duty of Candour policy was submitted by the registered manager following inspection, which provided staff with an understanding of the application of duty of candour, in relation to serious incidents.

# Dialysis Services

- The manager told us that incidents and variances were logged and reviewed. We reviewed a weekly audit sheet but there was no action plan to identify trends or themes from this audit.

## Mandatory training

- The unit did not have a mandatory training plan in place at the time of inspection. We saw a very brief statement had been developed by the unit manager, regarding staff training, but it did not outline mandatory training or the frequency of completion. We requested a list of training which the unit manager deemed mandatory for the staff on the unit. This included manual handling, resuscitation, infection control, fire safety, and safeguarding.
  - We did not see comprehensive training files for any bank staff but the three regular staff (including the manager) each had personal files in which mandatory training was recorded. Following inspection the provider submitted the bank staff information.
  - The unit did not use a consistent recognised provider for training and information was provided to staff by the unit manager, through a variety of different methods. The three regular staff had all completed infection control training by undertaking an online training course, but we did not see any certification for the completion of moving and handling training, which was insufficient. The unit manager told us that staff viewed a video and would sign to say they had seen it. We saw one paper record, which showed that the renal technician had viewed this in May 2006 but this did not confirm if staff had understood what they had seen, which was insufficient.
  - The two regular staff had both completed fire safety training in May 2006 but we did not see any evidence that the manager had completed this. The training statement made by the unit manager stated 'All staff will have an annual update on moving and handling, fire safety using DVDs'.
  - The three regular staff (including the manager) had completed basic life support training, in March 2017.
- was specific to adults and did not take into account the intercollegiate guidance document "Safeguarding Children and Young People" (2014) or safeguarding policy protecting vulnerable adults (2015). The unit guidance was developed in 2015 and stated it was to be reviewed annually. The document had not been reviewed at the time of inspection.
- Intercollegiate guidance (2014) recommends that level two children's safeguarding, 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.
  - Following inspection, the registered manager submitted a childrens safeguard policy dated August 2017.
  - Staff were not aware of the children's intercollegiate document or the reason to complete children's safeguard training. We saw the renal nurse had completed safeguarding children level one in August 2017. There was no evidence that the renal technician had completed any formal training other than the BMA document (specific to adults), either at the time of inspection or since. This was requested following inspection but was not received.
  - Staff told us they had received adults safeguarding training but were unsure of the level. We reviewed the safeguarding training for the two regular members of staff. The renal nurse had completed level one New Childrens Safeguarding in August 2017.
  - There was no evidence to show that the unit manager who was also the registered manager had completed any adult safeguard training. This was requested following inspection but was not provided. The unit manager did complete 'Awareness of Child Abuse and Neglect', through an online training course following inspection in August 2017.
  - Staff we spoke with had an awareness of how to identify safeguarding concerns. They were aware that they nurtured long term relationships with their patients and may be in a position to identify potential risks to patients and family members through

## Safeguarding

- Lakeland holiday dialysis unit had developed guidance for staff, which described what vulnerable looked like and gave examples of abuse. The guidance

# Dialysis Services

conversations or observing a patient's change in mood or behaviour. Safeguarding information including contact numbers of the local safeguarding team was accessible on the unit.

- Staff at the unit had raised no safeguarding incidents in the 12 months up to the inspection in July 2017.
- It was not clear what recruitment checks had been carried out, when staff were appointed. We saw a document, made by the unit manager, referring to disclosure and barring checks but the information was not comprehensive. We brought this to the attention of the unit manager immediately and a regular member of staff was asked to produce the certificate, before returning back to the unit. We sought immediate assurance from the unit manager at the time of inspection in relation to safe staff recruitment and updated DBS certificates were sighted following inspection.

## **Cleanliness, infection control and hygiene**

- We observed all areas of the unit and equipment was visibly clean. The unit manager and renal technician told us they were responsible for cleaning the unit.
- All dialysis chairs were covered in wipe clean material.
- We saw staff disinfecting dialysis machines between each patient and at the end of each day. Staff used single use consumables such as bloodlines and appropriately disposed them after each treatment. Staff cleaned the chairs and beds in between patient use.
- There was a hand washbasin in the treatment area and we saw handwashing posters on display close to the nurse's desk area.
- Hand hygiene audits were completed on a quarterly basis by the unit manager but were not included on the audit list provided by the unit, prior to inspection.
- We reviewed the audit results from April, June and October 2016 and saw that three members of staff were observed across 15 separate occasions. The audits showed that the unit had met audit compliance.
- The unit manager also completed a general unit audit each week, which reviewed general hygiene within the unit and maintenance of equipment. We reviewed

audits completed in May, June and July 2016, which did not provide sufficient detail of the areas audited and what standard was expected. The audit was therefore ineffective.

- We saw all three of the regular staff had completed infection control training.
- We observed staff were bare below the elbow and had access to personal protective equipment, including gloves, aprons and these were used appropriately.
- Infection is the highest risk complication of vascular access in dialysis patients. The Renal Association guidelines recommend aseptic non-touch technique (ANTT) should be mandatory at every use of central venous dialysis catheters to minimise the risk of infections. ANTT is the use of sterile techniques designed to prevent contamination from microorganisms and therefore correct.
- All staff displayed appropriate aseptic technique when providing care and treatment to patients.
- We saw in the twelve months prior to inspection, the unit reported no cases of healthcare associated infections: methicillin resistant staphylococcus aureus (MRSA), methicillin sensitive staphylococcus aureus (MSSA).
- The unit had strict acceptance criteria in place to screen patients, where there was a high risk of infection for blood borne viruses, such as HIV, hepatitis B and hepatitis C. The unit did not provide holiday dialysis for patients infected with HIV, hepatitis B and hepatitis C. There were therefore no isolation facilities within the unit.
- The unit did not have an infection control policy and stated 'infection control measures are incorporated into individual procedures and protocols.'
- The unit did not have a policy for screening patients for Carbapenemase-producing enterobacteriaceae (CPE).
- We observed staff disposed of clinical waste including needles appropriately. Clinical waste facilities were secure and only accessible to authorised staff. A dedicated waste disposal contractor removed clinical waste weekly.

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- Records showed staff carried out daily tests, which showed the bacteriological surveillance of haemodialysis fluids water quality. The results were within safe limits.

## Environment and equipment

- Lakeland Holiday dialysis unit was located close to the main entrance of a single storey building within an office park. Access to the main building was secure through the front door. The dialysis unit was a room in which there were four dialysis stations, administration desk, small kitchen area and a storage room.
- The dialysis room itself was in a good state of repair, and was bright and airy. There was no waiting area for patients as they were welcomed by staff at the main entrance and escorted straight to the dialysis unit.
- The stations all had padded reclining chairs, which were washable and privacy screens. There were no nurse call bells due to the close proximity of staff to patients within the unit.
- There was sufficient space surrounding each unit to ensure compliance with guidance (Department of Health Renal Care Building note 07-01: satellite dialysis unit).
- The unit had a service contract for the provision and maintenance of the dialysis equipment. A rolling preventative maintenance plan was in place to ensure all medical and non-medical equipment was serviced according to manufacturers' recommendations. We reviewed all four machines and saw that they were last serviced in April 2017 and had been regularly reviewed.
- Staff told us there was an effective machine technician service with an on-call system and staff could directly access them via mobile phone.
- The Renal Association guidelines recommend that providers replace dialysis machines every seven to ten years or between 25,000 to 40,000 hours of use. All four dialysis machines were within these guidelines.
- There was close monitoring of the water treatment and daily checks took place to monitor constituents. Microbiological and chemical analysis records showed water quality was satisfactory. We checked records including water treatment maintenance, electrical

safety, service records and filter change records. Monthly water testing and bacteriological testing was carried out off site by sending samples for analysis to specialist laboratories. Full chemical analysis was performed every three months. Chlorine levels were checked daily and were in range.

- The water treatment unit was under contract for repair and service and we saw this was up to date.
- We observed resuscitation equipment was appropriate for the unit's use and had been regularly checked.
- The unit told us that spare scales were available, if the regular scales required repair.
- In the storeroom, stock was organised and labelled clearly and stored off the floor on shelving or crates. All staff we spoke with told us that there were adequate supplies of equipment.
- The unit manager completed quarterly health and safety audits to review the ongoing environmental issues of the service.
- When asked the manager, but was unable to provide evidence of a legionella risk assessment for the unit and could not tell us if one was done. This information was received following inspection.

## Medicine Management

- Lakeland Holiday dialysis unit had a medicines management policy. However, it did not refer to the Nursing and Midwifery Council (NMC) Standards for Medicine Management (2007).
- Patients were required to bring their own medicines when they attended the unit. These would be kept in a locked cabinet or refrigerated when not in use. However, the room which contained the medicines, was not temperature controlled. This was raised with the unit manager at the time of inspection and advised to take immediate action.
- The medicines fridge was secure, clean and not overfilled to allow air circulation. Records indicated that fridge temperatures had been checked daily.
- The unit manager was the lead for the safe and secure handling of medicines. The nurse in charge who was

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always an experienced nurse would be the key holder for the medicines cabinet on a day-to-day basis. When the unit was closed, the medicine keys were stored securely in a key safe.

- There were a small number of medicines routinely used for dialysis, such as anti-coagulation and intravenous fluids. We found medicines were kept safely in locked cupboards.
- We saw patient's identity was confirmed by two staff, who asked the patients name and date of birth, when treatment commenced and medicines were administered.
- The provider told us they did not have a policy regarding patient identity checks.
- Usual staffing of the unit consisted of the unit manager who held a renal qualification and the renal technician. We saw at the time of inspection the renal technician had not completed any medicines training. However, following inspection we saw that 'Medicines Awareness and Safe Handling of Medicines' had been completed in August 2017.
- Patient prescriptions were reviewed prior to the patient arriving and again at the point of treatment. We reviewed four medicines' prescriptions and the patients' dialysis prescriptions. Oxygen and pain relief were only administered in an emergency. The unit did not use patient group directions (PGD). PGDs are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified, before presentation for treatment.
- There were no medication audits completed at the unit therefore we did not know if the unit was compliant against best practice standards.

## Records

- The unit used paper records. Records were stored securely in locked drawer when not in use.
- Paper records included the initial patient assessment form, consent forms, care plans, and prescriptions. Unit and GP letters were stored in the patient's file if appropriate. Patient records were placed at each station ready for patients when they arrived for their dialysis session.

- Information was shared with patients home dialysis unit. Patient's dialysis records were provided to patients following treatment, to give to the home referring unit.
- We reviewed paper care records for five patients during the inspection. The records for each dialysis session contained observations: blood pressure, temperature, prescription and dialysis details such as filtration rate and weight.
- We saw in addition to these records, that the unit had developed care plans, which were personalised and specific to a particular medical condition such as diabetes.
- We saw records were kept up to date with care plans and risk assessments completed appropriately. For example, a monthly holistic risk assessment was completed including changes to physical condition, mobility, review of access site, pressure ulcer risk assessment and falls risk assessment.
- The unit did not complete any documentation audits to ensure adherence against best practice.

## Assessing and responding to patient risk

- Patients were able to self-refer to the dialysis unit or were referred by their home renal unit. We saw there was a strict acceptance criteria in place, which ensured all patients, were stable, able to self-transfer and had not tested positive to blood borne viruses.
- Patients who had additional needs such as those living with severe dementia, or who had challenging behaviour were not treated at the unit.
- All new patients were assessed against this criteria and staff spoke of the importance of adhering to this criteria. We saw a recent example of a patient who was not accepted, due to complex need.
- We observed staff receiving patients for dialysis. At each visit patients' observations were taken including weight, temperature, pulse and blood pressure at the beginning and end of dialysis. The dialysis machine monitored blood pressure and pulse during treatment and alarmed if this was higher or lower than the normal range.



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- The staff cared for patients who practised varying dialysis techniques and some home patients who were fully self-caring. Staff said they risk assessed each patient and aimed to provide dialysis for the patient to meet their needs and ensure they were safe.
- We observed patients were assessed before, during and after dialysis. If any concerns were identified, for example, if the patient's temperature was high and they were showing signs of infection, advice was sought from the renal consultant at the home NHS trust or renal ward. Staff followed pathways in the event of a patient deteriorating during dialysis, for example, if the patient had low blood pressure or a high temperature.
- The unit did not currently use a nationally recognised early warning scoring system. We saw information and guidance from The Renal Association, which advised staff as to why specific early warning scores was not always an effective tool to use in renal care.
- All staff were able to explain the identification of sepsis and we saw sepsis identification guidance for staff. This meant staff were able to identify a patient who was deteriorating and seek medical advice. Nursing staff we spoke with were experienced and able to articulate the condition of a deteriorating patient. The unit manager gave an example of a patient who was transferred out to the local hospital due to concerns during dialysis. Staff however had not received formal sepsis training.
- We reviewed this incident and saw that staff acted appropriately to the needs of the patient in a timely manner.
- This episode was the only 'transfer out' (emergency patient transfers via 999) recorded within the twelve months prior to inspection.
- We saw the unit had a transfer agreement in place with the local hospital, which had been recently reviewed.
- The unit was nurse led and the unit manager told us that there was always a renal nurse on duty.
- The unit did not provide evening dialysis but would contact the renal unit within the local NHS hospital when required, including Saturdays.
- All three regular staff were trained to basic life support level and had anaphylaxis training by the local NHS trust. This was reviewed on an annual basis, which is in line with national guidance.
- The unit did not have an evacuation plan for all patients however we saw that all patients assessed as having mobility problems had personal emergency evacuation plans in place.
- Following the inspection, the provider implemented personal emergency evacuation plans (PEEP) for each patient. The PEEP outlined the patient's individual assessment including mobility needs in the event of emergency evacuation during dialysis.
- Staff told us if patients did not attend (DNA) their treatment unexpectedly, then they would call their home and the local hospital if necessary to check on their whereabouts and well-being.

## Staffing

- The unit provided treatment to patients using two members of staff, regardless as to whether there were one or three patients in the unit.
- The unit manager and renal technician provided cover for these shifts in the main. However, In addition there were two bank registered general nurses, which provided sickness cover and support during busier periods.
- The unit manager told us that they took staff holidays during the quieter months, and closed the unit.
- No agency staff were employed by the unit or had worked on the unit in the previous two years.
- There were no medical staff employed by the unit. Staff on the unit would contact the renal consultant on duty, at the local NHS hospital, if needed.
- Technical staff were not based at the unit. However, the unit had a service contract in place, to provide maintenance and repair service for the dialysis machines.

## Major incident awareness and training

- Regular staff were familiar with the unit's emergency preparedness plan in case of fire, service failure, gas leak, water leak and building damage. The manager said in the event of a major incident, such as water



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failure, holiday patients' bookings would be cancelled and they would be referred back to their home unit. In which case, patients would be referred to the local NHS trust.

- There was appropriate provision of emergency equipment in the unit. Staff had received relevant training to ensure they could use equipment safely.
- A fire risk assessment was in place (July 2017) for the premises and fire safety checks had taken place by a fire safety contractor.
- Arrangements were in place to ensure the electricity and water boards would contact the unit in case of planned disruption to the services to ensure work was carried out when the unit was closed.

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

### Evidence-based care and treatment

- We saw that treatment protocols were based on the unit's manager's knowledge and guidance found on the intranet, which was specific to renal care. For example, the Renal Association Guidance, and National Institute for Health and Care Excellence (NICE) Guidelines. The unit manager was able to explain how practice was reviewed against current best practice.
- The centre provided haemodiafiltration to patients, which is considered best practice because it can lower the risk of developing complications, associated with dialysis and can provide better patient outcomes. This was in line with NICE guidance (NICEQS 72).
- The unit manager maintained a general staff information file, which contained updates relating to clinical practice. This file was not consistently reviewed against national guidance and the latest guidance we saw was dated March 2016 and related to infection prevention and control guidelines.
- Individualised care pathways and treatment prescriptions were available for the dialysis patients in the unit on the day of the inspection. These were in

line with national guidance and best practice. We saw clear personalised care plans for each patient relating to the dialysis treatment and diabetic care plans for those with an identified need.

- The NHS renal consultant within the patient's home trust was responsible for ensuring dialysis treatment was prescribed in accordance with best practice. A member of staff told us that the prescription checking process prior to the patient's arrival was extremely important and concerns were discussed prior to the patient's arrival.
- Patients' pathways were observed in the healthcare record as per their individual needs for example; fluid management, specialised renal medication, and fistula or line access. We saw these were in line with national guidance.
- Blood results were reviewed prior to patients arriving for holiday dialysis. The unit staff ensured that the most current blood results were obtained from the home renal co-ordinator.
- The majority of patients who were referred to Lakeland Holiday Dialysis unit had an arterial venous fistula in place. Those patients, who had a central line, normally had an underdeveloped fistula or a plan to create an AVF.
- Staff were knowledgeable about the types of needling techniques and confirmed they used the appropriate method in line with national guidance for different procedures.
- The unit did not formally monitor vascular access due to patients attending for holiday. However, regular dialogue with NHS England was evident and general issues were discussed such as patient feedback and incidents.

### Pain relief

- Patients were instructed to bring their own regular medication into the unit as needed for self-administration including pain relief for needling if required.
- Patients told us they did not generally experience pain during dialysis treatments and would bring their own medicines for headaches.

### Nutrition and hydration

# Dialysis Services

- Patients on dialysis were required to maintain a restricted diet and fluid intake to manage their condition. We saw patients were offered regular hot and cold drinks and snacks.
- We reviewed the kitchen area and the food items. We found 11 items of food, which had exceeded their expiry date. These included margarine, biscuits, sweets, and beef extract. This was brought to the attention of staff immediately and the items were disposed of. The unit manager told us that items were often donated to the unit by patients and placed into the storage containers without checking expiry dates. We reviewed the kitchen area again during the unannounced inspection and found new storage containers had been introduced and all food items were in date with clearly marked labels.
- The unit manager told us concerns relating to nutrition and hydration, would be highlighted on the treatment summary form following dialysis. This would be sent to the referring unit.
- In our review of five medical records, we saw patients' weight was recorded pre and post dialysis and carefully monitored to ensure the appropriate amount of fluid was removed during the dialysis treatment.

## Patient Outcomes

- The unit did not directly submit data to the UK Renal Registry, as they were unable to register due to the nature of the service they provided. Staff told us that the unit ensured patients received their treatment according to the prescription received from the referring unit.
- All patients at Lakeland Holiday Dialysis unit were on haemodialysis. The unit monitored patient feedback and experience as clinical outcomes were collated by the referring NHS trust.
- Clinical measurements such as pre and post dialysis weight and dialysis treatment time was recorded on the post dialysis record form and submitted to the home referring unit.
- The unit manager completed a general audit at the end of each week. This identified any treatment variations, incidents or anything, which had been unusual in that period. We reviewed audits completed

for May and June 2017 but did not see any trends or frequent issues identified. In the period January 2017 to May 2017 there were no occasions when patients 'failed to attend' for their dialysis sessions.

- The unit had an audit schedule, which included hand hygiene, general unit check, and a weekly overview audit to review any events or variances across the week.

## Competent staff

- The unit manager was also the registered manager and had overall responsibility for education and training.
- The unit had a statement relating to training and the development of staff, which made reference to staff competency when using dialysis machines but did not state what training was mandatory for staff working on the unit.
- Training was sought, using a number of different methods. We saw a combination of e-learning modules, national guidance which was printed off, for staff to review and some training was provided directly by the local NHS hospital, such as anaphylaxis and resuscitation training.
- We reviewed the training files for the regular staff and saw a combination of training methods used.
- All staff were expected to complete a robust induction training programme and were given training in the use of the dialysis machines prior to commencement. We saw completed training booklets for the three regular staff
- None of the staff received competency reviews following this 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 staff.
- The unit was visited several times a year by a specialist renal nurse from a private renal organisation. The unit manager told us that staff were encouraged to highlight any areas, which they felt they required support and would seek guidance from this specialist

# Dialysis Services

nurse during each visit. There was no log of this visits and no record of discussions held. Following inspection, we were told by the unit manager that a programme of clinical supervision was to be introduced but there was no start date.

- Staff were also invited to relevant NHS trust training and renal training at the NHS trust. All regular staff were members of the European Dialysis and Transplant Nurses Association and were kept up to date with advances in their field of practice. In house training was carried out but not recorded.
- At the time of inspection, we saw that 100% of staff had received an appraisal.
- Staff did not carry out blood transfusions at the unit.
- At the time of inspection, there were two nurses with renal qualifications.
- Nurses approaching re-validation were supported by the unit manager.
- The staff had links with NHS trust education nurse specialist, vascular access management nurse and the renal matron for support and advice.
- The unit did not have a process in place to routinely check qualified nurse registrations but told us following inspection, that registered nurse registrations would be checked annually.

## Multidisciplinary working

- We observed effective team work and support within the unit between the unit manager and dialysis technician on duty.
- The patients treated on the unit remained under the care of their NHS consultant from the referring unit. The unit manager maintained links with staff from the local NHS Hospital and the specialist renal nurse.
- An arrangement was in place to treat patients who required emergency or urgent care at the local NHS Hospital.

## Access to information

- The unit received information by fax and secure email. Staff at the unit ensured all necessary information was received regarding the patient prior to approval the holiday dialysis treatment. Documents were printed

and filed in a patient record. At each visit, patient records were placed at the station readily accessible for staff and were kept in a locked cupboard when not used.

- Detailed renal and dialysis information was required by the unit before they accepted holiday patients for dialysis.
- Copies of unit reports including letters to GPs, relevant to the patient's dialysis care, were printed and filed in the patient's record for access by unit staff.

## Consent, Mental Capacity Act and Deprivation of Liberty

- As part of the approval process, patients' consent was sought and documented. We saw completed consent forms in all the records we reviewed.
- Only one of the staff files we reviewed showed any training relating to The Mental Capacity Act (MCA 2005). Staff were able to define capacity and describe processes in which to seek additional support. However, we were not assured that staff had an understanding of deprivation of liberty and there was no evidence of staff training.

## Are dialysis services caring?

### Compassionate care

- We spoke with five patients during our inspection. All patients and relatives we spoke with told us staff were positive and friendly and made them feel relaxed. We observed patients were treated with compassion, dignity and respect.
- Privacy and dignity of patients was maintained. We saw that privacy screens were available should patients require them.
- We observed staff interacted with patients in a caring and compassionate manner. Staff put patients at ease and engaged them in light hearted conversation. One patient told us they were 'so chilled out' at the unit.
- We reviewed feedback received from patients who had visited the unit in May and June 2017. All of the feedback was positive with no concerns identified.

# Dialysis Services

- We saw the unit had received 150 compliments and no complaints in the 12 months leading up to inspection.
- We received 26 completed comments cards from patients who attended the unit. All the comments reflected what we heard during the inspection, such as 'Complete confidence in the staff', 'As good as it gets on dialysis', 'Nothing is too much trouble'.
- Staff would enable family and friends to visit the unit and support relatives during dialysis treatment.
- We observed numerous thank you cards from patients on display in the unit and staff spoke with pride about the positive feedback that they received.

## Understanding and involvement of patients and those close to them

- Patients and carers were involved in their care in line with NICE guidance (NICE QS15). Patients we spoke with confirmed they were provided with sufficient patient information including the welcome leaflet on admission to the unit as part of the holiday information.
- Patient feedback received during the two months prior to inspection, showed that patients received enough information and felt they were involved in decisions about their care and treatment.
- Several patients had visited the unit several times due to holiday trips to the area. One patient told us they always enjoyed coming back to the unit and staff were always friendly and helpful.
- The unit manager recognised that holiday patients' needs varied considerably. Holiday patients were encouraged to continue their practice as normal, with staff supporting and adapting to their needs. We observed that patients were supported to undertake tasks involved in their own treatment to the extent that they wish. For example, we saw one patient who self-neededled.

## Emotional support

- Staff we spoke with told us because they cared for patients frequently over a period of years they became familiar with them and felt as if staff felt like 'family'. Staff were familiar with the short and long-term

psychological impacts of dialysis and were able to explain how referrals could be made, to the renal social worker at the NHS trust. This was in line with NICE guidance (NICE QS5).

- For holiday patients, Lakeland dialysis staff would raise concerns with the patient's home unit as part of the discharge information provided.
- Staff aimed to spend sufficient time with patients to provide emotional support and all patients we spoke with told us they felt able to talk to staff if they had any concerns or worries.

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

### Service planning and delivery to meet the needs of local people

- The dialysis unit had been in operation since 2004 and offered patients visiting the Lake District on haemodialysis treatments.
- The unit's service contract, and specification, were defined and agreed directly with NHS England and performance against the contract was monitored through ongoing communication and regular contract review.
- Patients were referred for haemodialysis treatment from the local NHS trust renal units and directly from patients. We saw a clear criteria for referrals which outlined that patients were assessed as physically well enough for holiday dialysis treatment, had functioning haemodialysis vascular access, were able to transfer independently and were able to provide blood screening results.
- The unit was situated within a single storey leased building and met the current buildings legislation requirements (Department of Health Renal care Health Building Note 07-01: Satellite dialysis unit).
- Parking was available outside the unit and the main entrance was controlled by electronic secure doors. Most patients arrived to the unit with family or by private taxi.

# Dialysis Services

- There was no waiting area, patients were escorted straight to the unit. The unit was wheelchair accessible. There was a disabled access toilet on the main corridor close to the dialysis unit.
- The service aimed to offer a relaxed atmosphere with enough time to provide individual attention to each patient.

## Access and flow

- Referrals for admission were screened by the unit manager. Staff on the unit told us that the criteria was clear and patients were advised at the point of referral, if there was a reason in which they could not be accepted.
- The unit manager told us if patients requested dates or days were not available, an alternative was offered. Staff worked flexibly to accommodate these requests.
- We saw referral numbers varied, with busy periods during summer months and fewer numbers during the winter. Patient numbers changed week to week for example if holidays were cancelled or patients were unwell.
- There was no waiting list for treatment at the unit and staff we spoke with said this was consistent. There were no cancellations due to non-clinical reasons in the last 12 months.
- Patients were allocated specific appointment times and were staggered at 15-minute intervals. This meant patients did not have to wait to be connected or disconnected from the dialysis machines. We observed staff gave patients individual attention from the time they entered the unit until they left.
- We saw that there was one case where a patient was transferred out to another health care provider. This patient had transferred for care and treatment and not due to deterioration or emergency care.
- The unit had a transfer agreement in place between the local NHS Hospital for emergencies and we saw that this was recently reviewed.

## Meeting peoples individual needs

- Patients had access to Wi-Fi, personal televisions and reading materials. Patients were able to bring anything in from home, such as electronic devices, to help pass the time during their dialysis sessions.
- A member of staff was available at all times near to the patient's area and could request assistance at any time. We observed staff responding to the needs of patients and providing on-going observation.
- The unit had access to interpreters and counsellors via the local NHS trust, from April 2016 to March 2017; the service had not used any formal interpreters. Staff said the majority of holiday patients spoke English.
- The unit had a small kitchen where staff prepared drinks and sandwiches for patients.
- There was a range of information and leaflets available in the unit regarding dialysis, such as healthy eating, lifestyle and Renal Association information.
- Staff rarely cared for patients living with dementia, as these patients were usually cared for in the referring hospital premises. There had been no situations in the reporting period where it was necessary for the unit to apply for a deprivation of liberty safeguards (DoLS) authorisation.
- Staff we spoke with told us about adjustments which could be made for someone with a specific need. For example, visual or hearing loss and could have someone with them during treatment.
- The unit had an equality and diversity statement in place, at the time of inspection. This was dated March 2016 and did not contain details of any required staff training. We saw that only one member of staff had received training at the time of inspection.
- From 1st August 2016 onwards, all organisations that provide NHS care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment, or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services. Following inspection the provider told us that translated information would be sent to patients but they had not received a requirement to do so, leading up to inspection.



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- Patients who had additional needs such as those living with dementia, or who had challenging behaviour were not treated at the unit.

## Learning from complaints and concerns

- The provider had developed a complaints management statement, which set out the process and staff responsibilities for handling compliments, comments, concerns and complaints. The statement defined the severity of complaints and set out a 20 working day timescale for the response to complaints and concerns.
- The unit had not received any complaints since the service was established and therefore we were unable to review a complaint investigation.
- The unit manager told us that patients were encouraged to voice any concerns that they may have at the time of their visit and staff would respond positively to rectify these concerns.
- We saw there were 150 compliments received by the unit in the twelve months prior to inspection and we observed several thank you cards on display within the unit.
- We reviewed the patient leaflet provided to patients by staff on the unit and saw that information about the complaints process was included. Patient complaints could be made verbally, in writing, by email or online.
- The unit had a social media account, which was secure to patients using the service. Suggestions and comments could be shared through this portal.
- The provider sought patient feedback following each patient visit.

## Are dialysis services well-led?

### Leadership and culture of service

- The unit was a very small family run unit, supported by one regular nurse, a dialysis technician and two bank nurses. There was also a bank care assistant. The unit manager was also the registered manager and was dedicated to providing a patient centred service.

- Staff were apprehensive during the inspection visit and it was difficult to make a judgement regarding morale. However, staff were observed working closely together and shared information about patient care as appropriate. The unit manager regularly worked as the renal nurse alongside the technician.

### Vision and strategy for this core service

- The unit did not have a documented vision or strategy but the website stated 'we provide an extensive and personal dialysis service with a strong focus on patient care. It is our objective to make all our dialysis patients feel relaxed and ensure they receive the highest quality of care, within a close proximity of the beautiful Lake District area'.
- Staff spoke with pride regarding the care and facilities that they provide and gave several accounts of patient's feedback and the reputation that they had.
- The unit manager told us that they felt it important to be able to provide holiday dialysis, due to the small number of providers across the country and described the value placed on the ability to provide such an environment.
- In our discussions with staff, they demonstrated a desire to provide a personal service to patients. They aimed to spend enough time with patients to facilitate a relaxed and supportive environment to meet their holistic needs.

### Governance, risk management and quality measurement

- The unit had developed some guidance in order to support staff delivering care and treatment. The documentation developed was basic and did not include a robust governance structure in which practice was peer reviewed or subject to any external scrutiny.
- The guidance which had been developed, were stored in a policy file, were brief and did not consistently make reference to current legislation, for example, the safety, dignity and privacy policy (2015) referred to the Care Standards Act 2000, the complaints policy (undated) referred to the Healthcare Commission, which was the precursor to the Care Quality Commission and ceased in 2009.

# Dialysis Services

- The safeguarding policy (2016) did not reflect up to date national guidance, medicines management policy (2016) did not make reference to NMC standards and the resuscitation (2016) policy did not reflect up to date guidance. Some of the policies we reviewed were adopted from the trust policies and procedures but not fully adapted and worded for local use. For example, duty of candour policy, isolation policy and clinical records management. None of these documents were addressed as policies.
- The unit manager discussed the risks and challenges facing the service but these were not collated and clearly documented in order to ensure they were all mitigated against. There was no risk register for the service.
- There was no process in place to recheck staff through the disclosure and barring service. Monitoring discussions took place took place with NHS England to review performance against the service contract. Other working arrangements were in place with companies who maintained and replaced equipment, provided medicines and removed waste.
- The unit had a basic annual audit programme, which covered the audits undertaken to monitor the quality of the service provided. For example, hand hygiene audits, unit audits and patient feedback. The programme was not comprehensive and failed to cover key clinical areas such as medicines management, documentation and staff training.
- The Workforce Race Equality Standard (WRES) is a requirement for organisations, which 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.
- WRES has been part of the NHS standard contract since 2015. NHS England indicates independent healthcare locations whose annual income for the year is at least £200,000 should have a WRES report. This means 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. The unit had a WRES implementation plan, although was not reporting data at the time of inspection.
- We asked the unit manager about this data. They were not aware of this standard and did not feel they met this requirement.

## Public and staff engagement

- The unit encouraged patient feedback informally and formally. We reviewed the most recent patient feedback collated saw comments were overwhelmingly positive.
- Due to the small number of staff and personal relationships, there was ample opportunity to exchange information. We did not see any documented staff meetings or sharing of feedback received from patients. The unit manager told us that this was shared with the staff on a regular basis due to the small size of the unit.
- The unit had developed a website, which was clear and comprehensive. Details of the facilities provided were easily accessed and there was a contact section in which members of the public could contact the team or make comments about the care they had received.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- Ensure there is a clear recognition of risk and ensure incidents are graded according to their severity.
- The provider must ensure policies are comprehensive, include sufficient detail to enable staff to deliver care and treatment safely and are reviewed regularly in line with national guidance.
- Staff must be provided with guidance and training in relation to duty of candour and when it should be applied.
- The provider must develop their children's safeguarding policy in line with current national guidance and ensure all staff are trained to an appropriate level, relevant to their role.
- The registered manager must ensure all staff are compliant with mandatory training and are supported to further develop their professional skills.

- The provider must ensure the audit programme is designed to improve quality standards. For example, to audit medicines management and records reflect agreed processes and practices
- The provider must ensure processes and appropriate training are in place to ensure compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The registered manager must ensure staff recruitment processes are robust and all staff have the necessary recruitment checks and dates in place.

### Action the provider **SHOULD** take to improve

- Consider outcome monitoring to promote and support improved patient treatment.
- Develop a clinical competency supervision process, to ensure staff clinical practice is in line with best practice.
- Ensure all food items are stored appropriately and expiry dates are routinely checked.



## 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• The service did not provide mandatory training, as deemed necessary by the unit.</li><li>• There was no evidence of the completion of nursing staff clinical competencies.</li><li>• There was a lack of mental capacity and deprivation of liberty safeguards training in place to ensure patients received safe care.</li><li>• Not all staff involved in medicines checking and administration had received medicines training.</li></ul> <p>12. - (1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(a) assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>(c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p>

## Requirement notices

- Adult safeguard training had not been provided for all staff, in accordance with national guidelines.
- The unit did not have a children safeguarding policy and staff were not trained in safeguarding children level 2, as required by national guidance.

13. - (1) Service users must be protected from abuse and improper treatment in accordance with this regulation.

(2) Systems and processes must be established and operated effectively to prevent abuse of service users.

(3) Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.

(4) Care or treatment for service users must not be provided in a way that—

(a) includes discrimination against a service user on grounds of any protected characteristic (as defined in section 4 of the Equality Act 2010) of the service user.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The service did not have effective systems to update policies and procedures in line with national guidance.
- Policies and guidance provided for staff were not robust and did not include sufficient detail to support staff.
- The service was not subject to internal peer review or scrutiny and did not formally record patient outcomes.
- Staff had not received the necessary mandatory training required to work at the unit.

## Requirement notices

17. - (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

- We saw that there was no process or policy in place to review DBS checks.

19. - (1) Persons employed for the purposes of carrying out a regulated activity must;

(a) be of good character,

(b) have the qualifications, competence, skills and experience which are necessary for the work to be performed by them and

(2) Recruitment processes must be established and operated effectively to ensure that persons employed meet the conditions in

(a) paragraph (1).