

Diaverum UK Limited (Lewisham)

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

Lewisham Kidney Treatment Centre is operated by Diaverum UK Limited. The service has 15 dialysis stations. Facilities include two isolation rooms, one consulting room, and a meeting room.

Dialysis units offer services, which replicate the functions of the kidneys for patients with advanced chronic kidney disease. Dialysis is used to provide artificial replacement for lost kidney function.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 6 June 2017, along with an unannounced visit to the hospital on 15 June 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

Summary of findings

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. 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 were effective systems in place to keep patients safe. This included appropriate management and reporting of incidents, effective cleaning schedules and maintenance programmes. All staff were aware of their roles and responsibilities in ensuring patient safety.
- Effective processes were in place for the provision of medications. These were stored and administered in line with Renal Association guidelines and staff completed competencies annually to ensure they continued to administer medications correctly.
- Patients' medical and nursing records were secure. All staff had access to all relevant records ensuring that patients' care was as planned and not delayed.
- Staff worked collaboratively with the local NHS trust to monitor and assess patients regularly. Patients and their GPs were provided with a minimum of monthly written updates on their condition and treatment plans.
- Staffing levels were maintained in line with national guidance to ensure patient safety. Nursing staff had direct access to a consultant who was responsible for patient care. In emergencies, patients were referred directly to the local NHS trust for care or treatment, and an ambulance was called to complete the transfer.
- Staff were aware of their roles and responsibilities to maintain the service in the event of a major incident. Patients were able to continue their treatment at alternative centres.

- Patients' pain and nutrition needs were assessed regularly and patients were referred to appropriate specialists for additional support as necessary.
- There was a comprehensive training and induction programme in place to ensure staff competency. Training compliance at the time of inspection was 100%.
- There were processes in place to ensure effective multidisciplinary team working, with specialist support provided by the local NHS trust.
- There were effective processes in place for gaining patient consent for treatment.
- Patients were treated with respect and compassion. Patients reported that staff worked above expectations going the extra mile to ensure their satisfaction.
- Staff were familiar with and worked towards the organisational vision of providing the best possible care for renal patients.
- There were effective processes in place to monitor risks associated with the service and individual patients. Quality assurance meetings occurred regularly and included the local NHS trust and specialists. We saw evidence of good outcomes for patients.
- There was evidence of strong national and local leadership, with accessible and responsive managers.
- All staff and patients were positive about the service.
- The service had implemented placements for student nurses.

However, we also found the following areas which required improvement:

- Staff had not received training in the recognition and treatment of sepsis.
- The centre was built prior to the 'Renal care Health Building Note 07 01: Satellite dialysis unit (2013)' requirements, as the space between dialysis machines did not meet the 900mm requirement. However, the provider had taken action to mitigate

Summary of findings

the risks. However, work was in progress on a new Diavium 20 station dialysis unit at Lewisham Hospital, this would meet the building note requirements.

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

Professor Edward Baker

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Dialysis Services

Rating Summary of each main service

- There were effective systems in place to keep patients safe. Staffing levels were maintained in line with national guidance to ensure patient safety. Nursing staff had direct access to a consultant who was responsible for patient care. Effective processes were in place for the provision of medications.
- Work was in progress on a new 20 station dialysis centre at Lewisham Hospital.
- There was evidence of strong national and local leadership, with accessible and responsive managers. All staff and patients were positive about the service.

Summary of findings

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Diaverum UK Limited (Lewisham)

Services we looked at

Dialysis Services

Summary of this inspection

Background to Diaverum UK Limited (Lewisham)

Lewisham Kidney Treatment Centre is operated by Diaverum UK Limited. The service opened in July 2001 and provides haemodialysis to patients from the local area of Lewisham. This was in response to a request from the local NHS trust to provide a dialysis unit within a specified area.

The manager was registered with the CQC in August 2016.

The service is registered for the regulated activity of diagnosis and treatment of disease.

The service has not been previously inspected.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, Debbie Wilson, another CQC inspector, and a consultant nephrologist. The inspection team was overseen by Nick Mulholland, Head of Hospital Inspections.

Information about Diaverum UK Limited (Lewisham)

Lewisham Kidney Treatment Centre is a 15 bedded unit that provides dialysis for patients with chronic renal failure. The unit was built in 2001 following the increased demand for dialysis in the Lewisham area.

Diaverum UK Limited ('Diaverum') is contracted to complete dialysis for local patients under the care of nephrologists at Guy's and St Thomas's NH Foundation trust (the trust). All patients attending Lewisham Kidney Treatment Centre ('the centre') receive care from a named consultant at the hospital, who remains responsible for the patient. Diaverum have close links with the trust to provide seamless care between the two services. To achieve this, the service has support from the local NHS trust to provide medical cover, satellite haemodialysis unit coordinator support, pharmacy support, and regular contact with a dietitian. This team attend the centre regularly and assess patients in preparation for monthly quality assurance meetings.

The centre is open between 6.00am and 11.00pm from Mondays to Saturdays. It is currently providing treatment for 79 patients, 44 aged between 18 and 65 years of age and 35 over 65 years of age. All patients are NHS funded.

The centre is registered to provide the following regulated activity:

- Treatment of disease, disorder, or injury.

During the inspection, we spoke with 10 staff including: a consultant nephrologist, registered nurses (RGN), health care assistants (HCA), and senior managers. We spoke with nine patients. We reviewed five sets of patient records and associated documents.

Track record on safety in the previous year:

- No never events.
- No incidence 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*.
- No incidences of healthcare associated E-Coli.

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:

- There were effective systems in place for the recording and escalating incidents both internally and externally. There was a positive safety culture, which was inclusive of all staff.
- The centre and equipment used were visibly clean, with evidence of effective cleaning regimes and schedules in place.
- All equipment was maintained according to the manufacturer's guidance. Equipment was standardised across the organisation with an adequate supply to cover maintenance or breakages.
- There were processes in place to ensure that medication was ordered, stored, and used in line with guidance.
- Patients' medical and nursing records were held securely, with direct access to all relevant records at each area where treatment was provided.
- Staff worked collaboratively with the local NHS trust to monitor and assess patients regularly. Staff completed regular risk assessments and patient reviews to ensure they were suitable to continue treatment at the satellite unit.
- Nursing staff were aware of their roles and responsibilities in the escalation of safeguarding concerns.
- Nursing staffing levels were maintained in line with national guidance to ensure patient safety.
- Medical advice was available during opening times, with direct access to the consultant or renal team at the local NHS trust.
- Staff were aware of their roles and responsibilities to maintain the service in the event of a major incident. Patients were able to continue their treatment at alternative centres.

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

- Staff had not received training in the recognition and treatment of sepsis.
- The centre was built prior to the 'Renal care Health Building Note 07 01: Satellite dialysis unit (2013)' requirements, as the space between dialysis machines did not meet the 900mm requirement. However, the provider had taken action to mitigate the risks.

Are services effective?

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

Summary of this inspection

We found the following areas of good practice:

- All policies and procedures were based on national guidance.
- Patients' pain and nutrition needs were assessed regularly and patients referred to appropriate specialists for additional support as necessary.
- All staff completed a detailed competency pack on commencement of post. All staff were assessed annually.
- There were processes in place to ensure effective multidisciplinary team working, with specialist support provided by the local NHS trust.
- The centre was not open seven days per week, however, patients could access support through the local NHS trust if necessary.
- All staff had access to all relevant information for patient care and treatment.
- There were effective processes in place for gaining patient consent for treatment.

Are services caring?

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

We found the following areas of good practice:

- Patients were treated with respect and compassion.
- Nursing staff gave patients adequate time to ask questions and provided written information regarding patients' conditions, treatment plans and support networks.
- Nursing staff provided patients with information and contact details of support networks, which included the Kidney Patients' Association and social work support.

Are services responsive?

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

We found the following areas of good practice:

- The centre had been built to provide local dialysis patients with a treatment centre nearer to their home. Patients were assessed for suitability to attend the centre and had the opportunity to visit before finalising the placement.
- Patients were provided with appropriate information leaflets to enhance their understanding of treatment and its impact on their lives.
- The centre was fully equipped to provide patients with mobility, hearing, or visual impairment a safe treatment area.
- There were no waiting lists for treatment at Lewisham Kidney Treatment Centre.

Summary of this inspection

Are services well-led?

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

We found the following areas of good practice:

- Staff were familiar with and worked towards the organisational vision of providing the best possible care for renal patients.
- The centre had effective systems in place to monitor risk and quality, using a dashboard to evidence performance and identify trends or areas for development.
- There was evidence of strong national and local leadership, with accessible and responsive managers.
- The service was scheduled to move to a new purpose built unit on the site of Lewisham Hospital early in 2018.

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

- The centre had an effective system in place for recording, investigating and monitoring incidents. Staff were fully aware of their roles and responsibilities in the recording of incidents, both internally and externally. Incidents were recorded in accordance with the Diaverum policy on incident recording.
- There were no never events reported from April 2016 to April 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 centre reported no serious incidents from March 2016 to March 2017.
- Staff were reported incidents that occurred during patients' dialysis sessions at the end of the treatment. This was done by the flagging of an incident icon on the patient electronic records, which were completed immediately after treatment. Any non-patient related incidents could be recorded via staff home screen on the computers.
- We looked at the centre's incident reports. Incidents relating to changes in patients treatment were recorded on treatment variance forms. For example,

when a patient wanted shorter treatment sessions the member of staff recorded in the patient record and explained the consequences of shorter sessions to the patient.

- The registered manager was automatically alerted to any incident by email. The registered manager reviewed all incident reports and accepted or rejected them, sending a message to staff who reported the incident if the report required additional detail. The registered manager was responsible for investigating all incidents.
- We were told that depending on the type of incident, an alert was also forwarded to the Diaverum UK Limited ('Diaverum') director of nursing or chief executive. For example, any incidents that resulted in service changes were reported to the chief nurse, such as the exterior platform lift breaking down and a patient having to dialyse at another of the providers units.
- All incidents and any learning from incidents was shared across the team at team meetings and at staff handovers. We saw minutes from meetings, which evidenced feedback to staff regarding local incidents and the actions to be taken. We saw that staff meetings included lessons learnt and details of investigations following incidents.
- When there was an incident that might cause harm to the patient the nursing director told us they worked with the area manager to ensure a quick response by copying and scanning relevant documents to review the incident. The nursing director provided training on root cause analysis (RCA). The registered manager and nursing director also looked at the overall number and trends of incidents.

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- Managers took action to prevent reoccurrence of incidents that were assessed as preventable, such as a venous needle dislodgement or a fall.
- Staff discussed incidents at governance meetings. For example, at the centre managers' meeting attended by the dialysis coordinator. The nursing director said they had used a 'near miss' incident to discuss at this forum and at a clinic meeting.
- Providers are required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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. There was a Diaverum Policy relating to duty of candour, which outlined actions to be taken when something went wrong. All staff had completed training in duty of candour and the steps to follow when something goes wrong. Staff were aware of the thresholds for when duty of candour was triggered. Information on the duty of candour was available to patients in the centre's reception area.

Mandatory training

- Diaverum had an effective mandatory training programme, which was split into quarterly groups. This meant that all staff had to complete the specific training within a three month period. In addition to mandatory training, staff completed a number of competencies at commencement to post. This included competence in recognising and managing situations such as a patient becoming unwell during dialysis, disconnection from dialysis machine and observations of infections.
- Training was divided into several categories. Mandatory training included: consent, infection control, fire safety, governance and basic life support (BLS). These subjects were completed either in face to face training or via an electronic learning programme and were completed annually. Face to face training was provided by the Diaverum practice development nurse, who attended the centre regularly.
- Practical training included clinical skills such as medicines' management, care of fistulas and dialysis

catheters and aseptic non-touch technique. Practical skills were competency based and completed as one-off topics with the option for annual updates from the practice development nurse.

- Equipment and facilities training consisted of all machinery such as hoists, dialysis chairs, resuscitation trolley, glucometers and the centrifuge. These topics were completed as one-off training. Fire, health and safety training included fire evacuation, which was practised annually.
- The centre manager kept an electronic record of training compliance including additional training and external courses. We saw that there was 100% compliance with all mandatory training.
- All staff were assessed annually for medications administration and understanding, manual handling and basic life support. Training compliance was 100% for all topics.
- Staff members who were unable to attend face-to-face training on the specific day planned attended nearby centres on alternative dates or had an individual session with the practice development nurse.

Safeguarding

- There were systems, processes and practices in place to keep patients safe from avoidable harm. Staff were aware of their roles and responsibilities for escalating safeguarding concerns.
- Nursing staff told us they had not had to report or escalate many safeguarding concerns but were able to talk about a referral that had been made recently. This related to concerns staff had regarding a patient who lived in a care home. The referral was under investigation at the time of inspection.
- All safeguarding concerns were reported through the NHS trust safeguarding team who contacted the centre with any feedback from investigations.
- The Diaverum director of nursing was the service lead for children's and adult safeguarding. Locally, the centre manager had been the only person to raise concerns.

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- The centre did not treat patients under the age of 18 years. All staff had completed safeguarding adults' level 2 training and were aware of the main types of abuse.
- All staff had completed safeguarding children level 2 training and were aware of the main types of abuse.
- The safeguarding adults policy, dated 17 October 2016 with a review date of 21 September 2019, was displayed on a noticeboard in the main dialysis area. Staff also told us all safeguarding policies were accessible on the intranet.
- Two side rooms were available for patients identified as being at risk or those with potential infectious conditions. Due to the possibility of blood borne illness, patients were required to be segregated on their return from holidays in high risk areas. Patients would have a virology screening on their return.
- Virology, MRSA (Methicillin-resistant Staphylococcus aureus) and MSSA (Methicillin Sensitive Staphylococcus Aureus) infection screening was completed by nursing staff quarterly for all patients. The overall target for incidence of infections was zero.

Cleanliness, infection control and hygiene

- Effective infection prevention and control (IPC) procedures were in place. The centre was visibly clean on inspection. We were told that cleaning was subcontracted to an external provider. The contractors had monthly meetings with the centre manager to ensure satisfaction with service.
- We saw that cleaning schedules were maintained, with evidence of regular cleaning documented.
- We saw staff using appropriate hand hygiene techniques, such as hand washing following the 'five moments' of hand hygiene. We saw staff washing their hands appropriately to maintain patient safety. This included before and after any patient contact. There was a link nurse for hand hygiene who provided training sessions for both new and established staff.
- Nursing staff completed several audits relating to cleanliness and IPC including hand hygiene and maintenance of dialysis fluid pathway. Audits were completed weekly and collected data sent to a central office for analysis and uploading to the Diaverum compliance dashboard.
- Records from May 2017 showed 94% compliance with hand hygiene. The target for compliance was 100%. We also saw that the registered manager included the results and actions to be taken by staff to improve compliance with IPC in monthly team meeting minutes.
- The centre had strict guidance on the segregation and monitoring of patients for two months following return from holidays or visits to high-risk areas. This was in line with national guidance.
- Monthly blood screening was being completed monthly or more often if required. There was a monthly blood screening schedule in place.
- We saw that patients identified as at risk were allocated the same equipment and rooms for each session to prevent risks of cross infection. Rooms were observable from the main nurse's station and main unit.
- From May 2016 to May 2017, the centre reported no cases of healthcare associated infections such as Clostridium Difficile (C diff), MRSA or MSSA. There were no reported case of other bacteraemia, as none had occurred. The centre took actions to minimise risks of cross infection including speaking with vascular access and infection control team at the NHS trust if they had any specific concerns.
- The centre had an effective partnership with the local NHS trust, which enabled patients to be seen and for staff to discuss care with specialists as necessary. This included the trust's infection control team, who were available to advise on treatments as necessary.
- Water used for dialysis needs to be specially treated to prevent risks to patients. There was a large water treatment room, which was monitored remotely by the manufacturer. This enabled them to identify any issues with supply, effectiveness of treatment or leaks. In addition to the remote monitoring, staff had telephone access to the manufacturers for emergencies.
- On a daily basis, nursing staff monitored the water supply. We saw that there was a water treatment link nurse who had been trained to complete routine work such as changing filters and monthly water sampling.

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- We saw that staff used personal protective equipment appropriately. This included face visors to protect staff from blood sprays. We were told the infection prevention and control link nurse had completed observations on staff infection prevention and control practice in May 2017.
- Staff used appropriate aseptic non-touch techniques to attach patients to their dialysis machines. This was completed through either the insertion of large bore needles into an arteriovenous fistula/ graft or central line. Arteriovenous fistulas (AVFs) are an abnormal connection or passageway between an artery and a vein created through vascular surgery specifically for dialysis. Arteriovenous grafts (AVGs) are connections between an artery and vein inserted for dialysis; central lines are larger cannulas that are inserted for long periods for dialysis. All staff had completed aseptic non-touch technique training.

Environment and equipment

- The environment and equipment met patients' needs. The centre provided 15 dialysis stations, including two isolation rooms. The dialysis stations were separated into bays of four; each area had a small nurse's station attached. The main treatment room had two sinks for hand washing. Each isolation room also had a sink. It was recognised that this did not meet the 'Renal care Health Building Note 07 01: Satellite dialysis unit (2013)' requirements. but, in mitigation the unit predated the building note regulations. The service were also due to move to a new purpose built dialysis unit in 2018.
- Each area was secure with keycode access. Patients arriving in the reception were required to be buzzed in through a secure door from a main road on the ground floor. The front door area had a camera to enable staff to identify callers upon arrival. There
- Each dialysis station had a reclining chair, dialysis machine, nurse call bell, table, and television with remote control. All equipment was numbered to ensure it remained in the same location.
- Staff were aware of the escalation process for the reporting of faulty equipment. The centre had two spare dialysis machines, which were cleaned daily to ensure they would be fit to use in an emergency. The service had two spare dialysis machines in the event of a machine malfunctioning.
- The service had access to spare scales in the event of a scales malfunction to ensure patients weight could be recorded and monitored.
- We saw that there was adequate equipment to enable regular servicing and maintain full service. All dialysis machines were under manufacturer's warranty and maintained according to guidance. The manufacturers attended the centre at regular intervals to complete routine servicing. All equipment was logged electronically when serviced and a sticker applied to notify staff of the next service date. For example, the scales had a sticker attached to notify staff that the next service was due on 8 March 2018.
- All staff were trained on the equipment in use. Either Diaverum or the manufacturers completed this as necessary. We saw that equipment-training records showed 100% compliance for all staff. Staff competence was assessed online at three monthly intervals. The organisation used the same type of equipment in all clinical areas, so staff transferring between units would be familiar with equipment.
- During inspection, we saw that dialysis machine alarms were responded to within a few seconds. Alarms would sound for a variety of reasons, including sensitivity to patient's movement and blood flow changes. Nursing staff were only allowed to switch off alarms. Patients had been advised not to switch off their alarms and wait for nursing staff to attend. Patients we spoke with confirmed that staff had informed them not to switch off their machine alarms and to wait for staff to attend.
- All single use equipment was labelled accordingly and disposed of after use.
- The resuscitation trolley was checked daily by staff and was found to be safe to use. The trolley was sealed to enable staff to identify if equipment had been tampered with. In addition to the resuscitation trolley, staff had access to two emergency grab bags, which contained a selection of equipment that could be carried to a location in the event of an emergency,

Dialysis Services

the grab bags were checked on a weekly basis by staff. We checked the contents of the grab bag and found the contents to be in accordance with the checklist records and were up to date.

- Water testing was completed regularly to ensure that water used during dialysis was free from contaminants. This was in line with guidance on the monitoring the quality of treated water and dialysis fluid. We saw the record log that recorded the testing and the results. Staff were aware of the processes for obtaining samples, and actions to take if results showed some contaminants.
- Waste was managed appropriately with the segregation of clinical and non-clinical waste. Bins were not overfilled and were emptied regularly. We were told that filled bin bags were stored in secure units awaiting collection.
- The stock room appeared clean and tidy with shelving for all equipment. Fluids were stored on pallets off the floor. Stock was provided weekly and staff told us there were adequate supplies to ensure that the service could continue if a weekly stock delivery was delayed.
- We saw that the ambient temperature of the treatment room was recorded daily, and there had been no incidents where the temperature had been outside the recommended temperatures.
- The centre had one consulting room and a meeting room, which could be used for patient assessments, private conversations and treatments. The centre was opened in 2001 and did not comply with all 'Renal care Health Building Note 07 01: Satellite dialysis unit (2013)' requirements. The centre had appropriate waiting areas, storage, and access to facilities such as toilets.

Medicines

- The centre had processes in place for the safe management of medicines. Patients attending would receive prescribed medicines as necessary for their dialysis or continuing treatment only. Ongoing oral medicines were taken by the patient at home and not administered by nursing staff.
- Medicines were stored in a large treatment room, which was secured with a key. The key was held by the nurse in charge for each dialysis session.
- There were a small number of medicines routinely used for dialysis, such as anti-coagulation and intravenous fluids. The centre also had a small stock of regular medicines such as EPO (erythropoietin – a subcutaneous injection required by renal patients to help with red blood cell production) and oral tablets for bone density. The centre did not hold controlled drugs (CD).
- Medicines were provided through the local NHS trust pharmacy. Stock medicines were supplied from the local NHS trust. Ordering of medicines occurred on a monthly basis, when stock levels were assessed. Delivery was completed directly from the drug company. Upon arrival at the centre, the nurse in charge would check the medicine against the order form to confirm it is correct. A stock form was then completed, signed and faxed to the NHS trust to confirm delivery.
- Staff had access to a dedicated renal pharmacist at the NHS trust.
- We were told that medicines were reviewed by the deputy manager monthly. We saw that prescription charts were clearly written, showed no gaps or omissions and were reviewed regularly.
- Medicines that were temperature sensitive were monitored closely. We saw that the fridge temperatures were recorded daily, and had been maintained within the recommended parameters.
- We were told that on occasions where a patient required additional medicines, for example, medicines for localised pain or suspected infections, staff would contact the consultant or renal registrar on call at the NHS trust. They would prescribe the necessary medicine, send the prescription by secure email to the centre to enable medicine to be administered.
- Staff were assessed annually for their competence in administration of medicine.
- We saw staff asking patients names prior to administering medicines to ensure patients received their prescribed doses.

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Records

- Patients' records were held both electronically and in paper format. Diaverum electronic records were recorded on the provider's electronic system. This recorded information downloaded directly from the dialysis machines and data recorded by nursing staff. The database was compatible with the local NHS, which enabled up to date patient information to be viewed by appropriate staff at the parent NHS trust. The service did not directly contribute to the UK Renal Registry with the parent NHS trust uploading information to the database directly.
- We saw that the electronic records detailed dialysis sessions by date and time. This meant that any changes in treatment, any problems occurring during the session and any treatment changes could be easily identified. Staff told us, that if a patient required treatment at the local NHS trust for a period, they could continue to track their care, and provide the appropriate treatment on their return to the centre.
- The centre kept a small number of paper records, which included the most recent dialysis prescriptions, patient, next of kin and GP contact details, risk assessments, medication charts and patient consent forms. Paper records were stored in colour-coded files according to their dialysis day and time. The files were kept in a secure storeroom when not in use. We reviewed five records and found them completed legibly and accurately.
- Staff completed data protection training as part of their induction and annually. Training compliance was 100%.
- Patients' records were audited monthly, with a review of the patients' records and dialysis prescriptions. Data showed that in November 2016, the score for compliance with documentation was 83%: an action plan was in place to remind staff to keep written notes free from contaminants.

Assessing and responding to patient risk

- Effective systems were in place to assess and manage risks of deterioration. Nursing staff used comprehensive risk assessments to review patients on a regular basis. We saw that patient records showed a minimum of weekly risk assessments, which were

repeated up to three times a week depending on the findings and the patient's condition. This enabled staff to identify any deterioration or changes in patients' physical condition.

- Nursing staff completed a full patient assessment on referral to the centre. The assessment included past medical history, mobility assessment, skin integrity assessment and dialysis access assessment. This information was used to plan treatments and attendance at the centre.
- Patients had clinical observations recorded prior to commencing treatment. This included blood pressure, pulse rate and temperature. The nurse reviewed any variances prior to commencing dialysis, to ensure the patient was fit for the session. Where necessary the nursing staff consulted with the satellite haemodialysis unit coordinator or the consultant for clarification.
- Patients' blood pressures were recorded at regular intervals during their dialysis. Alarm settings were adapted to each patient, allowing any variance to the patients' normal readings to be highlighted to nursing staff.
- Staff were trained in the use of the national early warning score (NEWS) to monitor patients clinical observations, such as blood pressure and pulse. This had been implemented in May 2017.
- Nursing staff recorded patients' observations and details of any incidents relating to dialysis in the electronic patient record at the beginning and end of dialysis' sessions. This process required nursing staff to input details manually prior to closing the patient record, ensuring that electronic information was not the only information recorded.
- Patients were required to verbally confirm identity prior to treatment and medications.
- Patients with conditions such as Hepatitis B or tuberculosis, or challenging behaviour such as advanced dementia were not managed at the centre. We were told that patients who required additional support received their treatment at the local NHS trust where the nursing to patient ratio was increased to ensure patient safety.

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- Staff followed the local NHS trust sepsis (blood poisoning) guidelines, with any patients thought to be unwell being referred directly to the local NHS trust for an urgent medical review. However, staff told us they had not received training in the recognition of sepsis.
- Patients suspected of having sepsis or were unwell were transferred immediately to the local NHS trust for an emergency review by the medical team. Nursing staff told us that they would not commence treatment if they suspected sepsis, and would only continue antibiotic treatment as part of an ongoing treatment plan. The service had not referred any patients with suspected sepsis in the previous 12 months.
- Nursing staff called the emergency services to assist with any patient who rapidly deteriorated during their dialysis session, for an urgent transfer to the NHS trust. Staff told us that paramedic services were quick to respond.
- Nursing staff were able to give us examples of when patient had been transferred to the NHS trust for a variety of clinical reasons. The most recent example was one patient who was dialysed through a dialysis catheter: on arrival to the unit, staff were unable to withdraw blood from the catheter, which mean that dialysis could not be completed. The patient was transferred directly to the NHS trust hospital for a review of the catheter.
- Patients who showed signs of deterioration in their underlying clinical condition were discussed at the multidisciplinary team (MDT) meeting and a decision made as to whether they should attend the local NHS trust for ongoing treatment.
- We found the space between dialysis machines did not meet the 900mm requirement as set out in section 4.8, appendix 3, Health Building Note 07-01. This was on the risk register and actions taken in mitigation recorded, (please see the well led section of this report). The service highlighted that they were moving in 2018 to a new purpose built dialysis unit in the grounds of Lewisham Hospital and the new building was built to Health Building Note 07-01 specifications.
- Appropriate equipment was in place to respond to any patient having cardiac problems at the centre. The registered manager told us every member of staff knew that the dialysis chairs must be pulled forward in the event of an emergency, to allow staff to have enough space to tend to a patient. The registered manager told us they would disconnect the patient once they had returned the blood and start CPR and telephone an ambulance immediately. The registered manager told us the centre had rehearsed the scenario twice in 2017. Staff we spoke with confirmed that they had rehearsed pulling stations forwards in the event of an emergency. However, there was no documented procedure for this.
- The centre had strict guidance on the management of vascular access. During inspection, we saw that one patient had a vascular catheter in place whilst their arteriovenous fistula was maturing. Nursing staff were observed checking the fistula to ensure it was functioning and recorded progress in the patients' notes.
- We also saw staff reviewing a patient who had a fall in the road on the day before their dialysis. We saw that staff were genuinely concerned about the patient, and had contacted relatives in regards to the incident, the deputy manager also said they would discuss this with the Diaverum matron. The patient had attended the hospital accident and emergency (A&E) department the day prior to their dialysis. The registered manager advised staff to refer the patient to their GP and contact the A&E department and ask them for an update on the patient's fall. The deputy manager completed a falls risk assessment and gave this to the registered manager. The registered manager asked staff to be aware that the patient may require extra support.
- Medical care was provided by the NHS trust. The centre had a dedicated consultant who attended weekly. During this visit, the consultant completed a clinic seeing planned patients and anyone identified by staff as requiring a review. Outside the normal weekly visit, the consultant was available for telephone advice, and contactable by email. We saw this in practice during inspection.
- Nursing staff could access the renal team at the NHS trust for additional support or advice. For example, in the event of an emergency nursing staff contacted the on-call renal registrar at the referring local NHS trust. We saw that there was a protocol and escalation pathway in place for this process.

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- The consultant completed a monthly review of each patient to monitor and track their condition. This was completed as part of the routine visit to the centre and enabled patients to be seen when they attended for their dialysis, preventing an additional appointment.
- Out of working hours, patients referred any care problems to their GP, who remained responsible for their care and treatment. Any emergency specific to their dialysis was referred to the NHS trust.

Staffing

- During inspection, we saw that there were three nurses and two healthcare assistants on duty. Staffing levels met patients' needs at the time of the inspection. We saw that the nursing rota confirmed staffing numbers were consistent and maintained the appropriate ratio of four patients to one nurse.
- Staff were supported by the centre manager who was supernumerary, working predominantly Monday to Friday.
- The centre had a nominated nurse in charge, who was the centre manager, the deputy manager or a senior staff nurse. This role was highlighted on the duty roster so staff were aware of the role prior to attending for duty. The role of the nurse in charge was to support staff, patients and ensure the safe running of the unit.
- All staff completed a daily walkabout, during which they would review each patient, their treatment and discuss any issues. We were told that the walkabout was inclusive of the patient and their opportunity to discuss anything that concerned them. In addition to the daily walkabout, the centre completed a daily handover. This was a meeting, which discussed any organisational or patient specific information.
- We were told that as the centre was not staffed 24 hours per day, the handover of information from one day to the next was of great importance. Staff had adopted the daily walkabout and weekly handover with enthusiasm.
- There were nine whole time equivalent (WTE) qualified dialysis nurses employed by the centre at the time of inspection, with one WTE dialysis nurse vacancy. There were two WTE and one part time dialysis assistants; there were also three WTE healthcare assistants, with no vacancies in these roles. There were no plans to extend staffing numbers. We were told that nursing staff would be recruited as necessary to meet additional demands of the service.
- The staff turnover in the previous 12 month was two dialysis nurses had left the centre and three new staff had replaced them. Four assistant practitioners had left the service and one had been recruited, (An assistant practitioner has a level of knowledge and skill beyond that of the traditional HCA). One HCA had left the service and two had been recruited.
- Diaverum used an electronic head count to identify the number of staff required for each centre. Any deficit in numbers was escalated to the human resources department for advertisement. Once successful applicants had been employed, the practice development nurse was contacted and informed of the start date to ensure that training was in place.
- The centre did not use agency staff, and used bank staff to supplement staffing numbers when necessary. According to the service data, this happened infrequently with no shifts being covered by bank staff from March to June 2017. We were told that bank staff were usually from other Diaverum dialysis centres or staff employed specifically to attend centres when staffing levels were short. These staff members were trained by Diaverum and familiar with policies, procedures and equipment.
- Sickness rates from March to June 2017 for dialysis nurses was less than 1% and the rate for dialysis assistants and HCA was 6.5%.

Emergency awareness and training

- The centre had effective adverse event policies and procedures in place for the loss of heating, power supply failure, staffing shortages, water supply failure and IT failure. Each procedure detailed relevant contact numbers; actions expected by staff of each grade and expected interactions with the local NHS trust referring services.
- The provider had an internal alerting system that automatically notified senior managers of the implementation of any adverse event pathway. This was completed via an email.

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- In the event of IT failure, patients were able to continue with their treatment as a result of the centre maintaining a paper record of the patients' last dialysis sessions. This recorded the details of the filter used; pump speed and dialysis solutions used.
 - Diaverum had a process in place that meant when any adverse event was resolved, an investigation into the cause would be completed. If the recovery procedure was found to be inadequate, an improvement plan would be implemented. Outcomes of the investigation and any learning were shared with staff through a debriefing session.
 - The centre was registered as requiring essential utilities, which meant that in the event of a local electrical failure or loss of water the centre would be reconnected as a priority.
 - Nursing staff told us that in the event of a power cut, patients would receive their treatment at one of the other nearby dialysis centres until power was restored. This would be coordinated through the satellite haemodialysis unit coordinator.
 - The centre completed annual evacuation training. All staff had had fire safety training. All patients had individual evacuation plans which detailed actions staff would need to take to support patients in the event of the unit needing to be evacuated.
- collected during dialysis to the local NHS trust database. Similarly, staff at the centre were able to access all records at the local NHS trust; reducing time spent chasing blood and test results. Nursing staff told us that this positively impacted the patients' treatment, resulting in fewer referrals to the NHS trust for additional blood sampling, or treatment due to lack of results.
- Staff monitored and recorded patients' vascular access on a vascular access chart. Vascular access is the term used for access into a vein, for example, a dialysis catheter. Recordings detailed the type of access, appearance, and details of any concerns.
 - Each vascular access category was given a score of nought for no issues and one for issue identified. Any patient scoring one or more were referred immediately to the local NHS trust for review and possible intervention. This was in line with the NICE Quality Statement (QS72) statement 8 (2015): 'Haemodialysis access-monitoring and maintaining vascular access'.
 - Patients were predominantly dialysed through arteriovenous fistulas. We saw that some patients had less established fistulas and were told that more experienced staff were responsible for cannulating these patients. This was in line with the NICE Quality Statement (QS72) statement 4 (2015): 'Dialysis access and preparation'.
 - The centre met the national recommendations outlined in the Renal Association Haemodialysis Guidelines (2011). For example, Guideline 1.3: 'Patients travel less than 30 minutes', Guideline 5.7: 'The monthly measurement of dose or adequacy of haemodialysis' and Guideline 6.2: 'Monthly monitoring of biochemical and haematological parameter (blood tests)'.
 - The centre was not responsible for any patients who completed their dialysis at home. These patients were managed by the local NHS trust.
 - The centre did not facilitate peritoneal dialysis (which is a type of dialysis that uses the peritoneum in a person's abdomen as the membrane through which

Are dialysis services effective?

(for example, treatment is effective)

Evidence-based care and treatment

- All policies and procedures were developed in line with national guidance, standards and legislation. This included guidance from the Renal Association, National Service Framework for Renal Services and the National Institute for Health and Care Excellence (NICE).
- Patients were assessed using risk assessment tools based on national guidelines and standards. This included falls risk assessments, nutrition scores and skin integrity assessments.
- We saw that the IT system used enhanced the collection of data and ease of monitoring. This was largely due to the Diaverum system uploading data

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fluid and dissolved substances are exchanged with the blood. It is used to remove excess fluid, correct electrolyte problems, and remove toxins in those with kidney failure).

- NICE guidelines (NG51) for 'sepsis recognition, diagnosis, and early management' were available to staff at the nurses station.

Nutrition and hydration

- Patients' hydration and nutritional needs were assessed and managed appropriately.
- Patients in renal failure require a strict diet and fluid restriction to maintain healthy lifestyle. We were told that patients were reviewed by the dietitian monthly, who assessed their past medical history and their treatment plans to advise patients on the best diet for them.
- We saw that patients were provided with written information and guidance relating to their diet and fluid management.
- Patients were weighed on arrival to the centre at each visit. This was to identify the additional fluid weight that needed to be removed during the dialysis session. This varied from patient to patient.
- Some patients were observed weighing themselves prior to dialysis, and inputting this into the dialysis machine. Nursing staff told us that all patients were encouraged to participate in their treatment to different levels.
- All patients were assessed using the Malnutrition Universal Assessment Tool (MUST) a minimum of weekly. We saw that all records showed regular assessments up to three times weekly. Any patients identified as being at risk were referred to the dietitian for a review.
- Patients were offered refreshments whilst attending the centre. This was hot or cold drinks, and biscuits. Nursing staff told us that patients frequently brought their own refreshments to consume whilst having their treatment.

Pain relief

- Patients' pain relief needs were assessed and managed appropriately. Patients did not routinely

receive oral analgesia during their dialysis sessions; however, local analgesia was available for cannulating the patients' arteriovenous fistula or graft (AVF/G). Needling is the process of inserting wide bore dialysis needles into the AVF/G, which some patients find painful.

- Local analgesia was prescribed as a 'to be administered as necessary medication', which enabled it to be used at each attendance to the centre.
- Any issues identified with pain were discussed initially with the nursing staff who escalated concerns to the consultant or satellite haemodialysis unit coordinator.
- On any occasion where analgesia was required, a prescription could be scanned to the centre as with other medicines. If pain related to the patients' general condition, they were reviewed at the consultant as soon as possible. This was usually during their next visit to the centre.
- We viewed the key performance indicator dashboard for June 2017. This recorded that 100% of patients had up to date medicines and prescriptions.

Patient outcomes

- There was an audit calendar in place which detailed which audit should be completed daily (patient admissions), weekly (such as, empty dialysis slots, patient treatment numbers, and hand hygiene) and monthly (Hepatitis vaccination data, dialysis record audits and prescription delivery). The audit calendar included the report process and the online address where all records were analysed. This information was fed into the organisational database to produce a dashboard of compliance. We saw that the centre met all key performance indicators.
- Records from January to June 2017 showed 100% compliance with all scheduled audits. The centre had a dashboard which included the outcomes of regular monthly audits including: patients safety and patient experience. Areas for improvement were included in an action plan, detailing actions to be taken to improve, date due and date completed, and any details of actions completed. There were no identified actions in the period due to the centre meeting the key performance indicators in the period.

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- A key performance indicator dashboard included the weekly treatment times being equal to or greater than 720 minutes the rate in June 2017 was 85%. The dashboard also monitored patients' haemoglobin being maintained between 10 and 12g/dl, the rate in June 2017 was 59% patients. The key performance indicator in June 2017 recorded that 100% of patients were achieving their actual prescribed treatment time.
- We reviewed results of blood tests for three months from January to March 2017. The results showed how the unit performs in the achievement of quality standards based on UK Renal Association guidelines. These comprised of a number of outcomes, for example:
- Two standards we looked at showed how much waste products are removed from the patient and the effectiveness of the dialysis;
- the rate blood passes through the dialyzer over time, related to the volume of water in the patient's body (expressed as 'eKt/V \geq 1.2,h')
- and the Urea Reduction Ratio (URR)
- The unit performed well in respect of the first standard with just over 86% of patients receiving effective dialysis.
- For the URR, Renal Association guidelines indicate a target of 65%. The average URR for the patients at the unit exceeded this target with 85% from June 2017 to September 2017. Patients with these levels of waste reduction through dialysis have better outcomes and improved survival rates.
- We also looked at the standards indicating patients' haemoglobin (Hb) was at safe levels. Anaemia can be a complication of renal failure and dialysis associated with increased risks of mortality and cardiac complications. From June to September 2017, the unit reported that 59% of patients met the NICE recommended target of Hb (100-120 g/l). This was in line with the UK average of 58-59%. This meant the other 41% of patients had higher Hb levels and did not require treatment. Where patients had low levels they were given injections of a stimulating agent to help their body produce more blood cells.

- Between January to June 2017 there had been no exit site infections requiring intervention and no venous needle dislodgements.
- Staff monitored patients' dialysis access (dialysis catheter, arteriovenous graft or fistula) monthly. Staff reviewed the targets for optimising vascular access was set by Diaverum, following a review of the referring local NHS trust and the national standards.

Competent staff

- Nursing staff were trained in dialysis by Diaverum and all staff had completed renal training programmes. In addition, over 50% staff had completed or were in the process of completing the national renal training course. Competence was monitored and recorded annually.
- All new staff were supported by the practice development nurse (PDN) and the registered manager to ensure the maintenance of standards and competence. The PDN attended the centre regularly to assist with mandatory and ad hoc training.
- On commencement of employment, staff were given a bespoke training plan in dialysis depending on their level of experience and qualifications. This included an orientation programme, and competencies, which were based on the national standards framework.
- In addition to the in-house training provided, staff had access to the Diaverum training programmes for nurses, physicians and managers. These were completed via an online log in. Access to training was arranged by the practice development nurses following commencement of post.
- The duty roster was created to ensure that there was always a senior member of staff on duty to ensure that staff had access to a more experienced member of staff. Due to working in an isolated unit, not attached to a local NHS trust, staff were responsible for the management of any untoward incident or emergency. Staff were trained to manage situations like these by the manager.
- Bank and new staff were inducted using a staff induction checklist which included the awareness of safety procedures (fire safety, resuscitation)

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equipment), equipment training (dialysis monitor, infusion pumps glucometers) knowledge of governance policies, patients data requirements and uniform policy.

- One hundred per cent of staff had completed their annual appraisal. Annual appraisals identified any areas for development and an agreed timescale for completion. All staff completed competencies, which were measured against the National Health Service, Knowledge and Skills Framework. These were reviewed annually as part of the staff member's appraisal. Staff appraisal rates were monitored by the Diaverum HR department.
- There were systems in place to support staff who were not meeting the organisation's standards of care and competence in delivering safe patient care. This included additional support and training where necessary. The registered manager told us they had never had to performance manage a member of staff as staff met performance requirements.
- Staff employed by Diaverum, were recruited through the central human resources department. Requirements for employment included the proof of nursing registration, basic life support training, manual handling training and a minimum of one-year renal nursing experience and renal qualification.
- Staff did a range of competencies when initially employed and these were reassessed regularly. For example, we saw three staff up to date competency assessments for arteriovenous fistula (AVF) needling. These included three observations of staff practice under the supervision of the registered manager.
- Qualified nursing staff were supported with revalidation of their nursing pin numbers. We saw evidence that 100% of qualified nursing staff had up to date pin numbers.
- All nurses had link roles for specific topics such as infection control or nutrition. The roles of the link nurse were to attend regional meetings and bring changes in practice, updates on information back to the centre staff. We were told that the Diaverum network enabled staff to meet regularly with other centres to capture ideas.

Multidisciplinary working

- The local NHS trust provided all specialist support for patients with the exception of nursing staff who were employed by Diaverum.
- The NHS trust's multidisciplinary team (MDT) consisted of a consultant nephrologist, satellite dialysis coordinator dietitian, physiotherapist, psychologist, social workers and vascular access team, rapid assessment team, transplant team end of life care team.
- The trust consultant, dietitian and satellite haemodialysis unit coordinator attended monthly multidisciplinary team meetings at the centre. These meetings were also attended by the centre manager and any available qualified nurses on duty. We saw that the meetings followed a set format where patients' current condition, their care plans, most recent blood results and medications were discussed and recorded in the electronic patient record. Each patient review was recorded on a table, which was given to the patient and forwarded to their GP.
- Patients had access to a dietitian who reviewed each patient monthly, prior to the multidisciplinary team meetings (MDT). This enabled an informed discussion about planned care and treatment. Any changes to patients' diets were recorded on information leaflets, which were given to patients after each MDT meeting.
- Patients also had access to a social worker who assisted with social care needs. Nursing staff did not have regular feedback from the social worker unless information directly affected patients' care.

Seven day services

- The centre did not offer a seven-day service and was open from 6.30am to 11.00pm Monday to Saturday. The centre had capacity to increase the numbers of patients attending for dialysis during these hours, and was not planning to extend opening times to evening or night sessions at the time of inspection.
- Additional support services could be accessed through the local NHS trust if necessary. Any patients experiencing any difficulties were referred to the local NHS trust for assessment or treatment as soon as possible.

Access to information

Dialysis Services

- All information needed to deliver effective care and treatment was available to staff through either electronic or paper records. Paper records consisted of all patient risk assessments, consent forms and dialysis and medication prescriptions. Electronic records including records from the local NHS trust and blood test results were accessible to all staff attending the centre.
- Staff working within the centre had honorary contracts with the local NHS trust, which allowed them to access the hospital's electronic patient records (EPR). This meant that staff had access to the latest information and patient treatment plans, blood and test results and multidisciplinary notes. Nursing staff told us that this had reduced the number of admissions to the local NHS trust as patients' blood and test results were available for review.
- Staff attending the centre from the local NHS trust were able to access the trust computer systems, which meant that information was readily available when visiting patients off site.
- These visiting staff could access their work desktops using the same passwords. This meant that all relevant information needed to complete patient assessments and treatments was accessible.
- Data collected during dialysis was automatically uploaded into the trust database, which meant that records were contemporaneous and accurate at the time of review. The compatible IT systems allowed all staff to access information about all patients.
- Nursing staff completed telephone referrals for additional support or specialists. This process was followed by a written letter or email to the relevant service to ensure details had been shared.
- Patients received copies of their multidisciplinary notes on the day of the meeting. The final page detailed any changes to treatment or medication, which needed to be implemented.
- The consultants, nursing team or dietitians would contact patients' GPs directly with any changes to treatment. We saw that following each multidisciplinary team meeting, a printout of current treatment and any planned changes was provided to the patient and to the GP. We were told that copies of

this form were issued immediately to prevent any delays, and ensure that changes were in place before the next dialysis session. We were told that information to the GP was shared initially by telephone, and followed up with letters or secure emails.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff were fully aware of their roles and responsibilities in relation to the requirements of consent. We saw that patients were asked for verbal consent at the start of each dialysis session and for any treatments or care during their attendance at the centre.
- We saw that each patient completed consent forms for the completion of treatment and for dialysis. This consent form was filed in the patient's paper records and updated annually.
- Patients who were suspected not to have capacity to consent to treatment would be discussed with the consultant and the consultant would refer the patient for a mental capacity assessment completed. In these cases, the consultant would speak with the patient's family, who would be asked to consent on the patient's behalf following a best interest decision.
- Patients who expressed that they did not want to continue with treatment were referred urgently to the consultant. We were told that a meeting was arranged to identify if there were any specific reasons that affected the patient's choice and where necessary try to resolve them. Patients who continued to withdraw from treatment were supported to understand the outcome and arrange help for the palliative stages of their illness.
- Nursing staff told us that patients who had variable capacity were treated at the local NHS trust where the patient nurse ratio allowed patients to be supported.
- Staff were aware of deprivation of liberty safeguards (DoLS), but had not experienced any situations where a referral needed to be made.

Dialysis Services

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

- Patients we spoke with told us that staff were kind, caring and provided excellent care and treatment, and staff were always friendly and welcoming.
- CQC received 12 comment cards which had been in place for a week prior to the inspection, for patients to leave comments. Most of the cards were positive with no negative comments in regards to the care and treatment provided by staff. A typical comment was, “the staff are caring and very attentive.”
- Patient’s dignity was maintained through the use of screens that could be placed around the dialysis station. None of the patients we spoke with thought their privacy had been compromised by the distance between the dialysis chairs. However, one patient did comment on this in the CQC comment cards responding that, “the chairs are too close together.”
- We saw that staff spent time talking to patients throughout their treatments and their waiting time before and after. We saw that the administrator also spent time talking to patients.
- All the patient staff interactions were respectful and considerate. Staff spoke politely to patients and were supportive.
- We saw that staff were responsive to patients’ needs, including calls for help, alarms on dialysis machines and any non-verbal signs of distress. All staff were compassionate and attentive.
- Nursing staff maintained patients comfort through the use of additional pillows, pressure relieving aids and if necessary a hospital bed. We saw that many patients brought their own blankets and comforters.
- Nursing staff told us that due to patients attending the centre regularly for long periods, they had formulated effective nurse patient relationships. However, senior staff had received training in conflict resolution.
- The centre completed biannual patient surveys, which were based on “I want great care” (a national systems for collecting patient feedback), capturing how many patients would recommend the service to friends and family.
- We saw that the patient’s satisfaction audit was displayed in the centre’s reception. The poster detailed the overall satisfaction score and details of comments and any actions taken. Patient satisfaction for ‘I want great care’ question, ‘do staff improve your care?’ was 88%, and in the same survey 84% of patients said they would recommend the clinic to other people.

Understanding and involvement of patients and those close to them

- We saw that staff spoke openly about the treatments provided, the blood results and dialysis treatment plans. Many of the patients were observed speaking to staff about their latest blood results and what these meant and staff responded appropriately.
- Nursing staff told us that as they saw their patients frequently they were familiar with their moods and were able to identify when patients were having a bad day or were feeling unwell. This enabled them to spend additional time with the patients as necessary to support them with their treatment or assist with any concerns they may have.
- On referral to the centre, patients were encouraged to visit the centre for an initial assessment and a look around. On arrival, staff gave patients information packs about the centre, which detailed what to expect from the service and information on haemodialysis. Patients and their relatives were encouraged to spend time with the staff and other patients to ensure that they were satisfied with the centre before agreeing to start treatment at the unit.
- Patients new to dialysis were given additional time and support by staff prior to commencing treatment. Information leaflets were used by staff to inform patients of side effects and common risks and benefits of treatment, and were discussed throughout the patients visit to the centre.

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- Diaverum provided patients with a learning package, which detailed information about kidney disease, dialysis types, vascular access and blood results.
- Patients and their relatives were encouraged to participate in their treatment. Staff encouraged patients to take responsibility for parts of their treatment, such as weighing themselves prior to dialysis, inputting data to the dialysis matching, preparing needles and connecting dialysis lines. Nursing staff told us that patients liked to have some control over treatment. We viewed the key performance indicators for January to June 2017 and saw that 68% of patients participated in some of their dialysis tasks.
- We saw that patients were fully informed of their blood results at each dialysis session. Patients spoke with the nurses about the impact of their blood results and whether any changes would be made to their treatment. We saw that any changes to treatments were written and given to patients to ensure they were informed of the reasons why things had changed.
- All patients were reviewed a minimum of monthly by the consultant and dietitian which enabled discussions of any concerns, medications, treatment changes, and future plans for different dialysis. Following each meeting, patients were given a printed summary of the discussion and any planned changes to treatment. We saw that nursing staff spoke with patients about the discussions and answered any queries relating to the changes.
- Patients whose first language was not English were supported with decision making and understanding their condition by the use of translators and information leaflets.
- Patients were provided with the details of any blood results or test results during their visit to the unit. We saw patients openly discussing blood results, what they meant, and staff informing them of any changes to treatment.
- Patients were supported by the nursing staff to access support and additional services as necessary. This was made possible by staff completing organisational training provided by counsellors and social workers in the identification of patients' emotional needs.
- Staff were aware of the impact that dialysis had on a patient's wellbeing, and staff 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.
- Staff gave patients support and time to discuss their treatment and care. We saw that all nursing staff spoke to patients at length about their most recent blood results and the impact that these had on their care.
- We saw that the centre provide details of support networks for patients and their loved ones. This included organisations such as the Kidney Patients' Association who complete social events, and support networks for patients and their loved ones. For example, the centre had arranged pancake days, raffles, and cake sales.
- Information on psychology services for renal patients at the NHS trust hospital was available in the reception area. Psychology services were available via referral from the NHS trust consultant.
- Nursing staff were observed giving patients time to talk about any concerns. The manager had an open door policy and during inspection, several patients entered the office to discuss the blood results or treatment. The manager always responded positively and gave the patient time to discuss their concerns.
- Patients had access to an NHS trust renal social worker who was able to offer advice and support in regards to their social care needs. This was usually following a request by the patient for assistance and referral by the centre.

Emotional support

Dialysis Services

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

- Diaverum was contracted to complete a programme of work by the local NHS trust. The trust and local commissioning group had defined the scope and specifications of the service. Diaverum reported progress in delivering the service against the defined specifications at monthly contract review meetings and through the collection of key performance indicators and quality outcomes.
- As demand for dialysis services in Lewisham had increased, the local NHS trust entered into negotiations with the organisation to provide a purpose built dialysis service in Lewisham. Diaverum identified a location at Lewisham Hospital and advanced work was in progress to build a treatment centre to meet the standards set out in the Renal Care Health Building Note 07 01(2013): 'Satellite dialysis unit requirements, 2013'.
- Patients who required dialysis in the Lewisham area were assessed by the local NHS trust staff for their suitability to have dialysis in a satellite unit, and then referred to the centre. All patients referred to the centre were funded by the NHS trust.
- The centre consisted of one main dialysis area on the second floor level that contained dialysis stations, isolation rooms and a services corridor with a dirty utility room. wasa service corridor on the first floor that contained all treatment storage, a water room, a staff room, changing facilities, and maintenance room.
- The satellite haemodialysis unit coordinator arranged transport for patients through the NHS trust. Patients

and staff told us that they had regular drivers who were punctual and problems only arose if the regular driver was off work. Patients reported they usually waited a short period for transport to arrive.

- Diaverum had monthly contract meetings with the NHS trust where they discussed performance, any new plans and developments. These were attended by the operational leads and registered manager.

Meeting people's individual needs

- The centre provided disabled access, wheelchair accessible toilets outside the main dialysis area and a selection of mobility aids. We saw that hoists were available for patients who could not transfer and wheelchairs were used to assist patients to and from their transport.
- Nursing staff told us that patients could attend bathrooms during their dialysis sessions if they requested, however this was uncommon.
- Information leaflets in a variety of languages to help patients understand treatments prior to consenting for treatment. We were told that patients whose first language was not English were not routinely dialysed at the centre, however a translator could be provided if necessary to ensure consent and care and treatment was understood.
- The registered manager explained that following a multidisciplinary team review, patients were referred to the centre on the basis of them not having co-morbidities they centre could not manage and their home address. Efforts were made to ensure that when possible patients did not travel long distances for treatment.
- Patients had access to a personal television and Wi-Fi during their dialysis. This meant that patients did not get bored during their visit. We saw patient who had bought puzzle books and other patients who brought reading books and magazines to occupy their time.
- Patient transport was coordinated by the NHS trust patient transport service. There were clearly defined guidelines for the transportation of patients, which included patients not waiting for more than 30 minutes for transport and journeys should be less than 30 minutes. Staff reported that there were

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occasions where treatment was delayed as a result of transport issues; however, we did not see this during inspection. Patients told us that transport was usually on time.

- The centre had additional capacity to enable any patient who was delayed or unable to receive treatment on the specified day to attend the centre at an alternative time although staff reported that, this happened infrequently.
- The registered manager told us they had never experienced a patient that did not attend their dialysis session. However, they said if it did happen they would contact the patient and discuss the risks, contact the patients GP and discuss it with the consultant, as well as recording it as an incident.
- Diaverum offered a holiday dialysis programme, which was managed locally by the registered manager. Nursing staff were aware of the process for receiving patients on holiday and told us that there was a robust process in place to ensure their safety. This included treatment in a side room and regular bloods.
- Information was available for patients who wished to go on holiday. The registered manager told us patients located their own holiday dialysis station, but staff would provide assistance if required. Following confirmation of dates, staff sent the holiday dialysis unit an infection control checklist. When this was returned staff completed referral forms and relevant bloods to enable staff at the receiving centre to have all the patient's relevant information.
- The centre had systems in place to provide dialysis for patients outside the usual catchment area, for example patients on holiday. There were up to two beds available for this. The system was based on the Department of Health: 'Good Practice Guidelines for Renal Dialysis/ Transplantation Units (2012)', which outlined the necessary screening, referral process and transport arrangements for patients care. When patients were referred to the centre, the consultant and MDT would review the shared information to identify whether the attendance could be accommodated. Patients visiting the unit were required to be segregated from other patients in line with national guidance. Visiting patients were also recorded on the Diaverum patient information system.
- Patients were encouraged to participate in their treatment, and we saw multiple patients preparing equipment on their arrival to the unit.
- Diaverum provided patients with an online education programme. This included information on chronic kidney disease, treatment types, vascular access, advice on nutrition and hydration, how to analyse blood results, medications, and how haemodialysis can affect patients' lives. The training is accessed through a log in provided by the dialysis centre.
- The centre did not provide care for patients with learning disabilities or those living with dementia and we were told that the majority of patients with complex needs who required additional support received their treatment at the NHS trust.
- The centre had access to the Kidney Patients Association who provided emotional and social support through organised social events and support networks.
- Nursing staff referred patients to their GPs if they identified any social care needs, such as additional care packages.
- The centre did not have a multi-faith room, however, patients did have access to a large meeting room that could be used for prayers and reflection as necessary.
- Nursing staff had been trained in vaccinations to enable patients to receive their seasonal flu vaccine at the centre, rather than attend their GP on an additional occasion.
- Patients told us that staff encouraged patients and their relatives to ask questions and provided them with information leaflets or advice on how to find information if necessary.

Access and flow

- Patients were assessed for their appropriateness to attend the centre by the NHS trust. Patients with acute kidney disease were treated at the NHS trust and only chronic, long-term dialysis patients were referred to the centre for treatment. The referral to the centre was completed by the satellite haemodialysis unit coordinator, who contacted the manager informing them of the patient.

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- When a patient was identified as being suitable to attend the centre, a referral was completed and an assessment visit arranged. Patients attended the unit to have a look around and meet staff. This gave staff the opportunity to complete the initial risk assessments and collect patient details and consent. Once the patient had agreed to attend the centre, the NHS trust arranged transport if necessary and ensured medical notes were available.
- If the centre had no capacity, patients were placed on a waiting list, until a slot became available.. On these occasions, patients would receive treatment in an alternative unit on a temporary basis. At the time of inspection, there were no patients on the waiting list for treatment.
- The centre reported no cancelled dialysis sessions from May 2016 to May 2017.
- Patients attending the centre had always received their initial dialysis at the NHS trust. This was to ensure that patients were stable during their treatment before being treated in a satellite unit, therefore reducing the risk of any untoward incidents.
- The majority of patients attended the centre for treatment on a morning, afternoon, or evening on set days, for example every Monday, Wednesday and Friday morning. Patients we spoke with told us that they had some choice in when they attended, with one patient swapping from a morning to an afternoon appointment when it became available.
- As the centre was not working to capacity, (86%), we were told that there was some flexibility in the treatment sessions and timings as long as there was adequate staffing numbers to meet the needs. We saw that different machines were in use for morning and afternoon sessions, which meant that there were no or limited delays between patients arriving at the centre and start time of treatment. During inspection, we did not see any patients waiting in reception. However, the unit were not monitoring the times patients waited for transport.
- Some patients told us that they drove themselves to the centre for their treatment, whilst others used hospital transport systems.

- All appointments with the consultant or dietitian were scheduled for the same day as patient's dialysis sessions to prevent multiple attendances at the centre.
- Staff told us the centre had a target that all patients should be attached to a machine within 30 minutes of arrival at the centre. In May 2017, the service had achieved 100%.

Learning from complaints and concerns

- We saw that there was a clear process in place for the management of complaints: all staff were able to tell us what action they would take in response to complaints made.
- Data showed that there were six complaints received by the centre from January 2017 to June 2017. Most of these were related to a newly installed platform lift that broke down and had to be repaired; this had resulted in some patients with limited mobility having to dialyse at an alternative centre.
- Complaints were monitored by the registered manager and area manager for themes. 100% of formal complaints in the period were responded to within 25 days in accordance with the Diaverum policy.
- On referral to the centre, patients and their relatives were given a copy of the patient booklet, which contains details of the complaints procedure. Detailing how a complaint could be made, the process for investigation and the timescale.
- We saw a poster displayed in reception providing patients and relatives information on how to raise concerns and make a complaint. There was also a leaflet with the details of how patients could contact the NHS trust advice and liaison service (PALS).

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

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- Leaders had the appropriate skills and knowledge to manage the service. Locally, the centre manager was supported by a deputy manager, nursing staff, health care assistants and an administrator.
- Diaverum UK Limited had an organisational structure, which included a managing director, supported by a director of nursing and operational manager, in addition to financial, commercial and operational clinical divisions. The area manager linked to the director of nursing and operational manager. The registered manager linked to the area manager.
- The director of nursing and area manager were present during the inspection, and it was clear from their interactions and knowledge of staff that they had regular contact with staff.
- Nursing staff confirmed that the senior management team were approachable, always responded positively to any contact and always spoke with patients when they visited the centre.
- There was experienced and stable nursing leadership at the centre. The NHS trust consultant reported that this resulted in a smooth running service that cared well for patients.
- The management structure of the centre was a registered manager, supported by a practice development nurse and deputy manager. The registered manager showed strong leadership and professionalism. We were told by all staff that they were a very good role model for the nursing team and worked above and beyond expectations.
- All staff reported that the registered manager was approachable and responsive to any needs, whether that was for assistance with clinical practice or personal support.
- All staff felt valued and told us that they enjoyed working at the centre. One staff member told us, “we know our strengths and weaknesses. The manager is very hands on. She will always help.” Other staff told us there were good working relationships between the manager and the staff team.
- We saw that locally senior nursing staff held or were working towards specialist renal nurse qualifications and had completed management courses.

- We saw that staff had effective working relationships with staff from the local NHS trust. Staff confirmed that the working relationships were positive and inclusive. For example, the registered manager regularly attended the NHS trust’s senior nurse meeting for renal and urology services.

Vision and strategy for this this core service

- Diaverum’s vision was to be the “first choice in renal care” with a mission to improve the quality of life for renal patients. They had a care concept that was based on the approach to improving patients’ lives, by providing the best treatment, and patient choice. Locally, the team were aware of the vision and spoke openly about providing patients with the best care possible.
- There was an effective strategy for the delivery of quality care, with policies, guidance and procedures based on national guidelines. Staff understood this strategy.
- Performance was monitored through an organisational dashboard.
- Diaverum in Lewisham had a short term strategy at its current location, due to a scheduled move into a new purpose built dialysis centre at Lewisham Hospital in 2018.

Governance, risk management and quality measurement

- Quality assurance was monitored by Diaverum centrally though regular audits, guidance and procedures based on national guidance, staff training and development and workforce planning.
- The consultant nephrologist from the local NHS trust was the governance lead for the centre feeding information back to the local NHS trust and monitoring progress against guidance and the contract.
- There were quarterly management review meetings with the trust where operational issues, incidents and governance issues were discussed. We viewed three sets of minutes from these meetings from November 2016 to April 2017 and saw the performance dashboard was reviewed at each meeting. The meetings were attended by the consultant, satellite

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haemodialysis unit coordinator, Diaverum operational manager (when possible), manager, dietitian and any other available staff. These meetings followed a set agenda and discussed hospitalisations, deaths, water treatment, staffing and patient blood sampling. We saw that minutes from these meetings were detailed and shared with all staff.

- The centre had a risk register which contained four risks including the environment and that it wasn't compliant with the current regulations. We saw that mitigating actions had been taken to reduce the occurrence of or severity of risk.. For example, the space between dialysis chairs was on the risk register. In mitigation the risk register recorded that due to the age of the building the current regulations were not met for space allocated per station. Staff were trained in cardiopulmonary resuscitation (CPR). "Changes to layout of the clinic made wherever possible (replaced larger supply trolleys for smaller ones). Risk assessments completed and staff understand best practice." The risk was due to be resolved in January 2018, when Diaverum moved to its new site
- The risk register updated regularly by the registered manager
- We saw evidence that staff worked effectively with stakeholders. There was clear understanding of each role and professional interaction to meet patients' needs. We saw open discussions between centre staff and staff employed by the NHS trust. Information was shared and all staff were encouraged to participate in discussions.
- All staff followed a robust induction programme, which consisted of online training and competencies assessed by the practice development nurse. We saw that roles and responsibilities were clearly defined for all tasks. This included posters for staff on what to do in an emergency, and training according to role.
- The centre managers met regularly as a support network for teaching and sharing learning.
- Locally, area managers and matrons had monthly one to one meetings with the manager to discuss progress against targets and any development plans or changes to practice.

- Area meetings were held every six weeks. These included all staff within the area and were used to continue development, ideas and provide training support and service planning. We saw minutes of these meetings were shared with staff working within the centre.
- Information from the Diaverum Board was shared directly with staff working at the centre through emails, and verbal feedback at team meetings. We saw that the organisation leads were visible and included staff in any plans for development or change.

Public and staff engagement

- Diaverum completed biannual patient surveys. This was managed by an external provider. Results showed that 86% patients were satisfied with the service and would recommend to a friend.
- The NHS trust also completed a patient survey, where patients were asked to respond anonymously to a survey by post. These results were shared with the team locally at team meetings.
- We saw the names, email addresses and telephone numbers of the Diaverum area manager, operations director and nursing director were displayed on a patient noticeboard to enable patients to contact senior managers directly with any feedback or concerns.
- Diaverum completed annual staff survey. We found the centre received a rating of four out of five overall in the staff survey in 2016 based on 15 staff reviews. The centre received a rating of four out of five for staff knowing what was expected of them in their job and receiving constructive feedback from managers. The lowest score in the survey was three out of five for having everything they needed to do their job and three out of five for feeling they could achieve a lot in their team.
- We saw magazines from both the NHS trust, 'Gist' magazine, and Diaverum, 'in touch UK', magazines were available for patients to read or take copies of. These magazines gave patients dietary advice and information on

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- The centre had links with the Kidney Patient Association and the National Kidney Foundation who provided information leaflets and advertised support groups and events. Peer support was available from the Kidney Patients Association.
 - There was an active user group at the centre with patients attending meetings and organised events.
 - Diaverum had recently launched a patient smartphone application (app), which allowed patients to monitor their blood results, weight and mood. Patients were able to arrange the app to ask them daily how they felt, and allowed patients to track how their treatment was progressing.
 - Diaverum in Lewisham were scheduled to move to a purpose built 20 station dialysis centre on the site of Lewisham Hospital early in 2018.
- Innovation, improvement and sustainability**

Outstanding practice and areas for improvement

Outstanding practice

- Diaverum had recently launched a patient smartphone application (app), which allowed patients to monitor their blood results, weight and mood. Patients were able to arrange the app to ask them daily how they felt, and allowed patients to track how their treatment was progressing.
- Diaverum had a falls prevention initiative, this involved a programme of increased staff vigilance. Staff recorded when a patient fell at home to monitor trends with individual patients. When there was an increase in a category of incident, the manager would investigate to find out the cause.

Areas for improvement

Action the provider **SHOULD** take to improve

- There should be a documented procedure for pulling dialysis chairs forward in the event of an emergency.
- There should be a sepsis policy in place and appropriate training for staff in the recognition of sepsis symptoms.