

St Anne's - Emsworth

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

Summary of findings

Letter from the Chief Inspector of Hospitals

St. Anne's Dialysis Unit, Emsworth is operated by West London Hospitals Holiday Dialysis Trust. The service has three dialysis stations and one isolation room. The unit was nurse-led and staffed by one registered nurse and three part time healthcare assistants. The service provides dialysis for one session per day with three appointment slots available for patients requiring temporary dialysis away from a base while on holiday.

We conducted this inspection on the 25 April 2018 to follow up on issues identified during our comprehensive inspection on 7 June 2017 when a warning notice was served detailing the improvements required. Therefore, we only inspected and reported on these areas.

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

Services we do not rate

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

The provider had made significant progress in addressing the issues identified at the last inspection in June 2017, these are detailed throughout report. While further works is required to ensure changes are met we consider the requirements of the warning notice to have been met.

We found the following areas of good practice:

- There was a system in place for the reporting of incidents that included the details of any investigation and action taken.
- The staff had a basic understanding of the principles of duty of candour and their application. Incident report forms had been amended to include a prompt to staff to consider the duty of candour. However, no formal training had been sourced and staff had gained their knowledge from reading about the subject.
- Medicines were safely stored and managed.
- Staff had completed safeguarding children training to the required level.
- A review of the governance arrangements had been completed and a new structure implemented. This included a named person on the charity's committee with responsibility for governance, a quarterly meeting between the governance lead and the manager, a manager's report to the charity's committee, an audit plan and support in the review of incidents. This was new and it was not possible to access the impact of the new structure and processes.
- The manager had put a risk register in place since our previous visit to document and monitor risks to the service.

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

- The manager reviewed the local policies and standard operating procedures; but there was limited information to indicate that these were evidence based. Some of the policies were from an acute trust, but had not been adapted formally, and were past their review date at the time of our inspection.
- The manager was capturing actual and potential risks on a register; but the format used, did not provide detail on how the level of risk was assessed, or the impact of any mitigating action taken to reduce the level of the risks.

Following this inspection, we told the provider that it must take some actions to comply with the regulations even though a regulation had not been breached; and other improvements it should make, to help the service improve.

Summary of findings

Amanda Stanford

Deputy Chief Inspector of Hospitals on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Dialysis Services

Rating

Summary of each main service

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

Summary of findings

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Summary of this inspection

Background to St Anne's - Emsworth

St. Anne's Dialysis Unit has been operated by West London Hospitals Holiday Dialysis Trust since 2006. The original trust was set up in 1975 as 'Charing Cross Holiday Dialysis Trust' and became 'West London Hospitals Holiday Dialysis Trust' in 2010. The Trust was established to provide maintenance dialysis for patients over the age of 18 to enable them to take a holiday with the benefit and convenience of on-site haemodialysis.

The trust provided holiday accommodation in a large house, and haemodialysis was provided, and performed, in a purpose built annexe with three stations; as such, staff were able to dialyse three patients per shift.

The patients who used the service were predominantly from the NHS trust linked to the original charity, and they were given priority for booking.

The service was also available to patients from other areas.

The registered manager was a qualified renal nurse and had been in post since April 2011, becoming registered manager on 30 October 2015.

We originally inspected the service in March 2013 under a previous methodology, and found that the service was meeting all standards of quality and safety we inspected against. When inspected in June 2017 we found there were some areas where regulations were not being met and a warning notice was serviced detailing improvements were required.

Our inspection team

The team that inspected the service comprised a CQC inspection manager and an inspector.

Mary Cridge head of hospital inspection oversaw the inspection team.

Information about St Anne's - Emsworth

The service at St Anne's Emsworth consisted of a dialysis unit with three dialysis stations and an isolation room. A clinic manager, who was a registered dialysis nurse, ran the service with two part time healthcare assistants.

The provider was registered to provide the following regulated activities:

- Treatment of disease, disorder or injury

During the inspection, we visited the unit and spoke with the registered manager and one health care assistant.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

The unit was previously inspected in June 2017, after the inspection a warning notice was issued to the provider as the service was not meeting the legal requirements of Regulation 17, Good Governance.

Services provided at the unit under service level agreement:

- There was a contract for clinical waste removal every two weeks.
- Maintenance, calibration, and electrical safety testing of equipment were provided under a service contract.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We found the following areas of good practice:

- There was a system in place for the reporting of incidents that included the details of any investigation, and action taken.
- The staff had a basic understanding of the principles of duty of candour and their application. Incident report forms had been amended to include a prompt to staff to consider the duty of candour. However, no formal training had been sourced; staff had gained their knowledge from reading about the subject.
- Medicines were safely stored and managed.
- Staff had completed safeguarding children training to the required level.

Are services well-led?

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

We found the following areas of good practice:

- A review of the governance arrangements had been completed and a new structure implemented. This was new and it was not possible to access the impact of the new structure and processes.
- A risk register was in place and being used.

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

- The manager reviewed the local policies and standard operating procedures but there was limited information to indicate these were evidence based. Some of the policies were from an acute trust, but had not been adapted formally and these were past their review date.
- The manager was using a risk register to capture risk including actual and potential. However, the format used did not provide detail on how they assessed the level of risk, or the impact of any mitigating action taken to reduce the level of risk.

Dialysis Services

Safe

Well-led

Are dialysis services safe?

Incidents

- At our inspection in June 2017, there was not an effective incident management system in place.
- A new incident reporting form was in use, which included detail of the incident, any investigation and the actions taken. There had been eight incidents reported since October 2017 with no trends identified.
- The incident report form included a section to prompt the person reporting the incident to consider duty of candour. There had been no reported incidents, which met the threshold for duty of candour. However, the records of incidents included recorded discussions with patients where they had taken place. For example, when the unit had been unable to offer a service and a patient was transferred to another unit.
- Following an incident when the water testing results were outside the accepted range, patients were referred to another local unit, while the incident was managed and corrective action taken.

Safeguarding

- In June 2017, we found staff had not received training in safeguarding children as outlined in intercollegiate guidance (2014).
- From training certificates seen and discussion with staff, it was clear existing staff had completed safeguarding children training level 1 and 2 and further training was planned for new staff.

Medicine Management

- At the inspection in June 2017, we found staff did not always manage and store medicines correctly according to the Nursing and Midwifery Standards for Medicine Management.
- The referring unit provided patients with the medicines required for dialysis. The manager collected the medicines from the patients at their first attendance.

Previously we found medicines, which were not labelled for single patient use. At this inspection, we found all the medicines intended for single patient use were labelled clearly.

- In June 2017, we found while the refrigerator temperatures were monitored staff did not record the full range of maximum and minimum temperatures. The staff were now clearly recording the actual, maximum and minimum temperatures. The socket for the refrigerator was also hard wired to reduce the risk of inadvertently turning off the refrigerator.

Are dialysis services well-led?

Governance, risk management and quality measurement (medical care level only)

- In June 2017 we found there was not an effective governance and risk management system in place
- The charity's committee had identified a lead member for governance who would meet the service manager four times a year as a minimum. The first of these meetings took place at the beginning of April shortly after the unit re-opened for the season. At the time of our visit the agenda for these meetings were being finalised, the notes from the first meeting included audits in progress, education, review of the risk register a review of incidents and the nurse manager's report. There was evidence of discussion and a review of available information.
- We saw the nurse manager's first quarterly report to the charity's committee. The report was in a bullet point format, which included the number of patients seen and the number of dialysis sessions, a summary of clinical incidents, and a list of audits undertaken. However, there was limited information and the audits did not include a summary of outcomes. The manager told us that this was because the charity's committee member with responsibility for governance had the detail. As this was new, it was not possible to assess the impact of the new process.
- The charity's committee lead reviewed all incidents, and by agreement with an acute trust, they were also

Dialysis Services

reviewed by the trusts' quality and safety group twice a year. This group would also offer advice and guidance. At the time of our visit steps were being taken to formalise this arrangement.

- A program of audits was in place, which included chemical water analysis, an annual patients' satisfaction survey, an environmental audit covering cleaning and infection prevention and control, daily staffing, hand hygiene and a patient demographics audit. The monthly audit results for March were all 100%.
- A risk register was in place and in use to record identified and potential risks; however, it was not clear from the information recorded, how a decision on the

level of risk was reached. The manager said this was their 'gut feeling'. Therefore, there was limited assurance the level of assessed risk was appropriate and it was not clear what the impact any mitigating action would be.

- There was a policy file available to staff containing some locally developed policies; the manager had reviewed and updated these within the last 12 months, but it was unclear if they were evidence based as references had not always been listed.
- A number of the policies were from an acute trust providing a dialysis service. These had not been formally adapted for local use and some of them were passed their review date. It was not clear if the staff were adhering to the most current information and guidance.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure policies and procedures are evidence based and in line with current guidance and legislation to inform the provision of a quality service.

Action the provider **SHOULD** take to improve

- The provider should ensure local guidance is available for staff to follow in relation to the principles of the duty of candour.

- The provider should review the template used to capture risks to ensure it is reflective of current best practice.
- The provider should continue to work to embed the new processes and practices.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider must ensure they have policies and procedures in place that are evidence based and reflect current national guidance. <p>Regulation 17, (1) (2) (a) (b) (f), Good governance</p>