Great Bridge Kidney Treatment Centre

Quality Report

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

Overall summary

Great Bridge Kidney Treatment Centre is operated by Diaverum Facilities Management Limited. It was awarded the contract as part of a partnership agreement with University Hospitals Birmingham NHS Foundation Trust. It provides haemodialysis services for adult patients living with chronic kidney failure. The centre has 24 dialysis stations including four isolation rooms.

The nurse-led centre was supported by renal consultants employed by the NHS trust. The centre's manager was responsible for the centre and dealt with all daily nursing and patient queries. The nursing director for Diaverum Facilities Management Limited had overall responsibility for nursing staff.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 31 May 2017, along with an unannounced visit to the centre on 13 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 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:

- Nursing staff treated patients with care and dignity.
- The centre was one of the best performing centres within Diaverum Facilities Management Limited during April 2016 and March 2017.
- The whole centre was visibly clean and tidy.

Summary of findings

- IT systems between the centre and NHS trust allowed healthcare professionals to communicate easily and coordinate care effectively.
- The centre held monthly quality assurance meetings with the NHS trust to discuss all issues relating to service delivery.
- All patients knew how to complain, the centre responded to complaints in line with its local policy.
- We saw staff worked well together and supported one another during busier periods.
- The consultant nephrologist and dietitian from the NHS trust regularly held clinics at the centre to review patients' medical and nutritional needs.
- Patients and staff told us the centre's manager was accessible, supportive and responsive.
- The centre's opening hours were appropriate to allow patients to attend for their regular treatment.

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

- Not all staff including the manager had completed their yearly clinical competency for aseptic non touch technique.
- Compliance with aseptic non touch technique and hand hygiene was variable.
- One nurse used a technique called dry needling incorrectly.
- Staff were not always performing the correct identity checks before commencing dialysis or administering medicines. One patient did not have a signed consent form for dialysis.
- Storage of sodium chloride and antiseptic solution was not adequate.
- There was out of date stock in the storeroom, and there were no supplies of intravenous administration sets on the announced inspection.
- Staff did not check the emergency equipment trolley each day it was in use and were not aware the emergency medicines had expired on the day of the announced inspection.
- Staff were not recognising the risks we saw during our inspection or escalating them appropriately.
- The centre did not offer staff safeguarding childrens training, despite allowing children onto the unit.

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

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis Services		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

Contents

Summary of this inspection

Background to Great Bridge Kidney Treatment Centre

Great Bridge Kidney Treatment Centre is operated by Diaverum Facilities Management Limited. The service opened in 2014. It provides haemodialysis services for adult patients from University Hospitals Birmingham NHS Foundation Trust who are living with chronic kidney failure. The service has 24 dialysis stations including four isolation rooms.

The nurse-led centre was supported by renal consultants employed by the NHS trust. The centre's manager was responsible for the centre and dealt with all daily nursing and patient queries. The nursing director for Diaverum Facilities Management Limited had overall responsibility for the centre's nursing staff.

The centre primarily serves adults from University Hospitals Birmingham NHS Foundation Trust. It also accepts referrals from outside this area for adults who may be visiting the area on holiday.

The centre's manager had been registered with the CQC since 16 December 2016.

Great Bridge Kidney Treatment Centre is registered to provide the following regulated activities:

• Treatment of disease, disorder or injury.

Great Bridge Kidney Treatment Centre has not been inspected previously. We inspected the centre using our comprehensive inspection methodology. We carried out the announced part of the inspection on 31 May 2017, along with an unannounced visit to the centre on 13 June 2017.

Our inspection team

The team that inspected the service comprised a CQC lead inspector Raj Bains, two other CQC inspectors, and a specialist advisor with expertise in renal dialysis. The inspection team was overseen by Tim Cooper, Head of Hospital Inspections.

Information about Great Bridge Kidney Treatment Centre

Great Bridge Kidney Treatment Centre is a purpose built building. The service provides haemodialysis to adults, and is registered to provide the following regulated activity:

• Treatment of disease, disorder or injury.

The centre is open six days per week and offered morning, afternoon and twilight (evening) appointments on Monday, Wednesday and Friday. The centre offered morning and afternoon appointments on Tuesday, Thursday and Saturday.

The centre had a good relationship with University Hospitals Birmingham NHS Foundation Trust, to provide coordinated care between the two services. There were weekly visits to the centre by the consultant nephrologists employed by the NHS trust and monthly multidisciplinary team meetings, which included the consultant nephrologist, centre's manager, nursing staff, dietitian, and the NHS trust's satellite dialysis coordinator.

During the inspection, we spoke with 18 staff including; registered nurses, health care assistants, reception staff, and senior managers. We also spoke with managers employed by the NHS trust. We spoke with 10 patients. We also received 25 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed eight sets of patient records and five medicine prescription charts.

Summary of this inspection

This was the service's first inspection since registering with CQC.

In the reporting period February 2016 to February 2017:

• There were 18838 haemodialysis sessions. Of these, 100% were NHS-funded.

• There were no overnight stays during the same reporting period.

The centre employed one manager, one deputy manager, 16 registered nurses, six health care assistants, one dialysis support worker and one receptionist. The registered manager was responsible for the storage of medicines. Controlled drugs were not stored at the location. Diaverum Facilities Management Limited employed one practice development nurse to provide training and development to staff within the Midlands area.

The centre also had regular visits from two consultant nephrologists, two dietitians and a renal social worker/ benefits officer.

Track record on safety:

- No never events.
- Eight deaths including one expected death. The remaining deaths were unrelated to dialysis. The centre investigated all deaths appropriately.
- Six serious incidents.
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA).
- One incidence of hospital acquired Methicillin-sensitive Staphylococcus aureus (MSSA).
- No incidences of hospital acquired Clostridium difficile (C diff).
- One incidence of hospital acquired E-Coli.
- Three complaints.

Services provided at the hospital under service level agreement:

- Clinical waste removal
- Cleaning
- Maintenance of machines
- Maintenance of water treatment plant
- Supply and removal of oxygen cylinders
- Laundry
- Social services

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

- We saw one nurse incorrectly use a procedure called dry needling. Following the inspection, the centre have stopped using this procedure.
- Storage of sodium chloride and antiseptic solution was not adequate. They were not stored in a locked room and the temperature was not always suitable.
- Nursing staff were not always performing the correct identity checks before administering medicine or commencing dialysis.
- One patient did not have a signed consent form for dialysis treatment.
- Keys to medicine cupboards were not stored securely at all times.
- On the announced inspection, we found out of date stock in the storeroom and there were no supplies of intravenous administration sets. Staff used blood transfusion sets instead.
- Staff were not offered safeguarding children's training, however children were allowed onto the unit, and at times left unsupervised.
- Not all staff complied with aseptic non touch technique.
- Not all staff washed their hands in accordance with the World Health Organisation 'five moments for hand hygiene' guidelines.
- The centre had one set of weighing scales, patients and staff told us these regularly did not work.
- Staff did not perform daily checks of the emergency equipment trolley.

However, we found the following areas of good practice:

- Nurse staffing numbers met guidelines published by the British Renal Society's National Renal Workforce Planning Group in 2002.
- The water treatment equipment was monitored remotely 24 hours a day, seven days a week. This ensured issues were dealt with promptly, allowing the service to continue.
- The centre was visibly clean and tidy
- Staff and patients wore personal protective equipment when needed.

Summary of this inspection

- Staff regularly checked on patients during their treatment, recording observations as needed.

Are services effective?

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

We found the following areas of good practice:

- Staff monitored key performance indicators monthly as recommended by the Renal Association. The centre was the best scoring centre within Diaverum Facilities Management Limited between January and March 2017.
- IT systems allowed all healthcare professionals to coordinate care effectively and communicate with one another easily.
- The dietitian reviewed patients' nutritional status regularly and provided specialist advice.
- Staff worked well as a team and supported one another during busier times.

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

- The centre had fallen behind with reviewing staff aseptic non touch technique competency.
- Other competencies were poorly completed.

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 care and dignity.
- Patients described nursing staff as friendly, kind and committed.
- The centre had access to a clinical psychologist and a renal social worker if patients needed additional support.
- Nursing staff explained blood results to patients and involved them in their treatment.

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

- Nursing staff did not always inform patients of changes to medicines and outpatient appointments.

Are services responsive?

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

We found the following areas of good practice:

Summary of this inspection

- The centre's opening hours allowed all patients to attend for their regular appointments at a time that suited them.
- Patients knew how to complain and we saw the centre had responded to patient complaints.
- Healthcare professionals from the NHS trust attended the centre to see patients.
- The centre did not have to cancel any appointments between April 2016 and March 2017.
- The centre had met or exceeded the standard (90%) of treating patients within 30 minutes of their appointment time 10 out of the 12 months during April 2016 and March 2017.

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

- The centre only provided written information in English.
- The centre did not always use interpreters when they were needed.
- Some patients arriving by patient transport services may have had their treatment time reduced if they arrived late.

Are services well-led?

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

We found the following areas of good practice:

- We saw all staff were centred on caring for patients and supporting their colleagues.
- Staff and patients told us the centres manager was accessible and responsive.
- There were monthly governance meetings with the NHS trust.
- The centre engaged with patients and staff to make improvements to the service.

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

- The manager was not aware of what concerns had been discussed in all staff members appraisals and action plans.
- The centre's risk register had not been completed. Staff were not always recognising risks or escalating them appropriately.
- Staff did not correctly complete action development plans following an incident.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Dialysis Services	N/A	N/A	N/A	N/A	N/A	N/A

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

- There were no never events reported by the centre from April 2016 to March 2017. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- Staff used an electronic incident reporting system to report incidents. They received feedback from incidents at daily handover and monthly staff meetings. The centre's manager, lead nurse and area manager were all alerted through email if a serious incident had occurred.
- Staff told us one theme of reported incidents related to sessions being ended early or patients not attending for their sessions. During January to March 2017, there had been 17 incidences of patients shortening their treatment and 22 patients not attending their appointment. Staff discussed the effect of this on the patients' treatment at monthly quality assurance meetings.
- Staff also reported incidents such as falls to the NHS trust. During April 2016 to March 17, the centre reported three falls.
- The centre reported six serious incidents between March 2016 and February 2017. Five of these were venous needle dislodgements. The centre completed quality improvement action plans to try to identify the cause and ensure it did not reoccur. Staff had received training on how to secure needles and the centre did not report any further venous needle dislodgments between November and April 2017.
- The centre reported one incidence of Methicillin-sensitive Staphylococcus aureus (MSSA) at the fistula site; the centre completed a root cause analysis to try to identify the cause.
- We saw quality improvement plans and root cause analysis did not always include an outcome review in accordance with the centre's incident reporting procedure.
- We saw the centre investigated deaths appropriately, and staff received feedback at handovers.
- 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. The centre had a policy for duty of candour and although no incidents had arisen where they would need to use it, staff informed us they knew what they had to do. The manager told us the consultant at the NHS trust would write to the patient if this was required.

Mandatory training

- Mandatory training included fire safety, manual handling, adult safeguarding level 2 and basic life support.
- From January 2017, all staff had their mandatory training split and delivered quarterly. In quarter one, fire safety training, including a fire drill was offered.

100% of staff attended. Hand hygiene and Mental Capacity Act training were also offered during this time and all staff except one attended both courses. Different courses were planned for quarter two to four.

- At the time of our inspection, 24 out of 25 staff were up to date with basic life support and manual handling training.
- In 2016, all staff attended training for basic life support and manual handling. 19 out of 20 staff attended fire safety training.
- The centre used e learning and practical sessions to complete training. Staff were not given allocated time to complete e learning. Staff told us they were often behind with completing training.
- We saw evidence of an induction programme for new starters and were told bank and agency staff had to complete mandatory training before working at the centre.

Safeguarding

- The centre offered safeguarding adult level 2 training every two years. Following the inspection, the centre provided information to show 20 out of 22 staff had completed adult safeguarding training in 2016 and 2017. The two staff members that had not completed the training had been allowed until August 2017 to complete this training.
- The centre's manager had completed level 3 adults safeguarding training.
- The nursing director for Diaverum Facilities Management Limited was the safeguarding lead.
- There was a poster displayed in the staff room with contact details for the NHS trust's social worker and who to contact if you had any concerns about domestic violence.
- Staff did not treat patients under the age of 18 at the centre. Staff told us if children did enter the main unit it was only for a short time. However, we saw on the unannounced visit, a child was left unsupervised while the patient was weighing themselves. Nursing staff and the parent told us the child is used to coming to the unit, and whilst the child did not touch anything, the child was stood next to medicine that had been left on the patient's folder earlier that morning.

Cleanliness, infection control and hygiene

- The whole centre was visibly clean and tidy. An external company provided the cleaning every day the centre was open.
- Clinical waste was stored in a locked area and staff labelled bags in line with department of health guidance.
- Staff labelled and stored sharps bins correctly.
- We saw staff used appropriate personal protective equipment while carrying out any interaction with patients.
- We saw patients wore facemasks and gloves when they were needed. Nursing staff provided patients with these before starting the clinical procedure.
- The centre provided handwashing facilities for patients in the waiting area, with a reminder for patients to wash their hands and access arm if appropriate before entering the unit.
- Every treatment station had a hand washbasin. All hand washbasins on the premises were operated by 'no-touch' sensors, and had paper towels and soap.
- The centre's target for hand hygiene was 100%. Between January and March 2017, nursing staff had met this target once. The average between April 2016 and March 2017 was 97%. The results had been improving since December 2016.
- We saw some dialysis chairs had sheets on them at the patients' request. A new sheet was used for each patient. The centre had a contract with a laundry service.
- We saw staff performing effective cleaning of dialysis machines and chairs between sessions of patient use. This meant staff were minimising the risk of patients being exposed to infection.
- The loop and all dialysis machines that were connected to the loop were heat disinfected overnight. The loop is the water that is supplied from the treatment plant room to all the dialysis machines. Machines were also heat disinfected in between patients.
- Staff performed a manual disinfection of all machines once a week.

- Water samples were taken once a month from the loop by the centre's manager and the deputy manager and sent off for testing. We saw evidence of testing between January to April 2017, which showed the water was pure and safe to use. We saw records to show nursing staff carried out water testing each morning to check for any impurities and ensure the water was safe to use.
- The water treatment room was locked and in a restricted access corridor ensuring only authorised staff could access it.
- Patients who had transmittable infections were cared for in isolation rooms. We saw the nurse looking after the patients in isolation rooms was only allowed to look after those patients on that day.
- The centre screened all patients every three months for all blood borne viruses, and treated those with hepatitis C.
- The centre screened all patients for Methicillin-resistant Staphylococcus aureus (MRSA) and MSSA every three months. Any patient found to be positive for these, were treated in isolation rooms.
- The centre discussed patients returning from holiday at monthly quality assurance meetings. Patients were treated in isolation for the required amount of time. The centre had dedicated machines for these patients.
- We saw nurses did not always dispose of used needles straight into the sharps bin, even though it was easily accessible. They were however disposed of at the end of the procedure.
- Not all nursing staff used aseptic non touch technique when they were connecting and disconnecting patients from their venous access device. Aseptic non touch technique is the standard intravenous technique used for the accessing of all venous access devices. This meant nursing staff were not always minimising the risk of patients getting a healthcare acquired infection.
- We saw use of aseptic non touch technique was still variable at the unannounced visit. Two nursing staff were observed to use the process incorrectly. Each nurse, after creating a sterile field touched a piece of equipment which was not sterile, this contaminated the sterile field.
- Following our inspection we were told all staff would receive training on aseptic non touch technique.
- We saw single use tourniquets being used on patients and not disposed of. They were stored in each patient's box. We did not see staff cleaning them before putting them back.
- At least two nursing staff wore rings and did not comply with the centre's general infection control policy. We saw in the May 2017 staff meeting notes, staff were advised they could wear a wedding band. This was confusing for staff.
- Not all staff washed their hands in line with the World Health Organisation 'five moments for hand hygiene' guidelines.
- We saw from the centre's clinical audit action plan, in May 2016 staff had received training on all aspects of infection control practice. The above issues of poor hand hygiene, staff wearing rings, poor aseptic non touch technique had all been raised during the audit.

Environment and equipment

- On arrival at the centre, patients gained access to the building using a CCTV-linked intercom system from within the building's lobby. The intercom could be operated from the centre's main reception desk, or the nurses' station in the clinic area.
- Electronic fobs controlled access into the main treatment unit from reception and into the corridor where the water treatment plant and storeroom were. This ensured only people allowed access could enter these areas.
- The main treatment area was separated into three bays and four side rooms, providing a total of 24 dialysis stations. Staff worked from five nurses' stations, which ensured every patient undergoing treatment was visible to at least one member of staff at all times.
- The treatment bays were separated by low partition walls, which were topped with transparent screens. The screens provided protection from fluid contamination during treatment or cleaning.
- Every treatment station had a nurse call button. When a call button was pressed, an audible alert sounded in

the clinic area, and a light above the station was illuminated. This ensured all staff were aware of the call and clearly indicated which patient needed assistance.

- The maintenance company monitored the water treatment equipment remotely 24 hours a day, seven days a week.
- The machine storeroom contained two spare machines that were ready to be used. This meant patients' dialysis would not be interrupted or cancelled in the event of equipment failing.
- The centre's dialysis machines were serviced annually on site by the manufacturer's technicians. All machines had been serviced in December 2016. Staff had contact details for the technicians and told us they responded quickly to any reports of faulty machines, outside the normal maintenance schedule.
- The dialysis machines were less than two years old and were still under the manufacturers guarantee. Records showed they did not need replacing yet in line with Renal Association Standards.
- Nursing staff and patients used alarm guards on the dialysis machines appropriately, there was sufficient space around dialysis chairs in line with the Department of Health building requirements (Satellite dialysis units: planning and design HBN 07-01) and staff used screens for additional privacy.
- Oxygen cylinders were stored appropriately. Supplies were neatly stored in the storeroom. The storeroom was in a fob access controlled corridor.
- The centre had one emergency trolley with basic life support equipment, including automated external defibrillator, suction machine, both in working order and manual ventilation devices. We saw the trolley was positioned so staff could access it quickly in an emergency.
- However, we saw five items of equipment on the emergency trolley had expired. This included two tubes needed for blood sampling had expired in December 2016. We notified staff of this at the time. We saw records to show a nurse did not check the equipment every day the centre was open, on four occasions in April and four occasions in May 2017. We saw the centre's local procedure did not state the emergency equipment had to be checked daily, however this had been raised as an issue at the staff meeting just before our inspection.
- The centre did not keep the storeroom locked. This meant outside contractors would have had access to the room. The storeroom also contained supplies that had expired, including a pair of disposable scissors that expired in April 2016. We notified staff of this at the time.
- The centre had not received their delivery of intravenous administration sets, we saw staff using blood transfusion sets instead on the announced visit to administer sodium chloride. The manager told us these sets arrived on the day of our inspection. At the unannounced visit, we saw they had stock of the correct administration sets.
- We saw the deputy manager had raised the issue of management of stock at the staff meeting in February and March 2017 and by staff in the staff survey. The centre's action plan following the staff survey was to implement stickers with minimum and maximum amount to prompt staff to order more supplies. We did not see use of these stickers on our inspection.
- The centre only had one set of weighing scales, staff and patients told us these did not work a lot of the time. Staff told us they did not always report this as an incident. The manager told us the scales were monitored by the IT department, who may not come until the next day. In this case, a nurse would use the last post dialysis weight and adjust for fluid to calculate the patient's estimated weight.

Medicine Management

- There were no nurse prescribers at the centre. The consultant and/or the satellite coordinator from the NHS trust reviewed the patients' prescription charts in the monthly quality assurance meetings.
- For patients needing intravenous antibiotics, staff contacted the registrar at the NHS trust for a prescription. The registrar sent the prescription for the first dose by osted a written prescription for the remaining days.

- We saw the centre had a patient group direction for the flu vaccine, three staff had received training to administer the vaccine to patients that attended the centre.
- We saw all three medicine fridges were kept locked and records for May 2017 showed that medicines requiring refrigeration were kept within their recommended temperature range.
- We saw all medicines within fridges and cupboards were all in date. Medicine cupboards were clean, neat and tidy.
- We reviewed five medicine charts and dialysis prescriptions. Four out of five patients had prescriptions for dialysis dated May 2017; another's was dated February 2017. Two patients had medicine prescriptions dated May 2017, others were dated June 2016, January 2017 and March 2017.
- The centre's storage of sodium chloride and antiseptic solution in their storeroom was not adequate. The centre did not keep their storeroom locked at all times in line with their local procedure for storage of medicines. This meant unauthorised people including outside contractors had access to these products. We saw that staff recorded the storeroom temperature daily and it had mostly been maintained within the recommended parameters. However, we saw on eight occasions during May and June 2017 the room temperature had been recorded as rising above 25°C up to 28°C. All staff were not aware of the escalation process for a temperature spike. Sodium chloride should be stored at below 25°C. The manager was informed of this at the time of the inspection.
- At the unannounced inspection we saw these products had been moved into the clean utility, the antiseptic solution and the sodium chloride ampoules were in a lockable cupboard. However, one litre packs of sodium chloride were stored in boxes on the floor. The centre were not following their local procedure for storage of medicines and it meant effective cleaning of the floor could not be carried out.
- At the unannounced visit, we also found the keys for all of the lockable cupboards were in the cupboards. The centre's procedure says the deputy or the manager should hold the keys or they should be stored securely.
- The emergency medicines box expired on the day of our inspection. Staff told us a new box had been ordered. The box arrived while we were still on site. After the inspection the centre provided us with information to show they had ordered the medicines box on 24 February 2017, however staff had not followed this up until we had alerted them.
- On the announced visit, we observed four patients when they were receiving their intravenous medicine. Nurses were not checking it was the correct medicine and patient according to nursing and midwifery council guidance.
- Nursing staff did not retrieve medicines for individual patients at the time of administration. This increased the risk of a patient receiving the wrong medicine or dose.

  At the unannounced visit, staff were still not retrieving medicines individually and were not performing the correct checks when giving sodium chloride or other intravenous medicines. One nurse checked medicine using a system called the 'six rights'. This system requires a nurse to check it is the right patient, right drug, right dose, right time, right route, and the indication for the medication is correct. However, nursing and midwifery council guidance states 'Wherever possible two registrants should check medication to be administered intravenously, one of whom should also be the registrant who then administers the intravenous (IV) medication'. We were told all staff would have to complete the medicine management module by end of June 2017. One nurse we spoke to confirmed they had been requested to complete the module following our inspection. At the time of the unannounced inspection nine out of 15 staff had completed the training.
- The manager told us there should always be two nurses when medicines are given out, however we saw there was not always two nurses doing this. Nursing staff also left medicines out for up to an hour before administering them to patients. We informed the manager of this at the time.

Records

- Staff at the centre had full on-line access to their patients' NHS records, including clinic letters, x-ray reports, prescriptions and blood test results. Similarly,

the consultants and other healthcare professionals working at the NHS trust could access the centre's electronic notes. This ensured all staff were kept updated with patients' progress.

- We saw current patient records were stored in lockable cabinets in the main treatment unit. They were kept locked at all times during the day. Archived records were stored securely in a locked room.
- We reviewed eight sets of written nursing notes.
- We saw within patient records patients were allocated a named nurse.
- Staff recorded patient observations within patient records.
- Completion of care pathways was inconsistent, some were not completed at all, others were completed to a good standard,
- Patients used a card system to record their weight before and after their treatment. Cards were stored in small plastic boxes, which could be accessed as patients entered the treatment unit. Each box was labelled with a colour and the number of the dialysis station to help patients identify their own box, but contained no patient identifiable information, this ensured confidentiality.
- After patients had checked their weight, they gave the card to the nurse, who would insert the card into the machine. At this point, we did not see all nursing staff confirming with patients their name and date of birth to ensure that it was the correct patient. At the time of our inspection the centre's procedures for Pre Dialysis Patient Assessment did not say nursing staff had to confirm with patients their name and date of birth before starting dialysis.
- At the end of each session, data from the card automatically uploaded to the record system. Staff told us this did not always happen and patients had to verbally inform the nurse of their weight. Staff told us they did not always report this as an incident.
- One nurse was not aware they had access to hospital notes, and that staff from the NHS trust could access their notes.
- One patient told us they take their box home with them, they had never been told not to do this.

Assessing and responding to patient risk

- Patients told us they felt safe at the centre, while receiving their treatment.
- Nurses regularly checked on patients during dialysis to check if the patient was well. Staff told us if a patient became acutely unwell during treatment they would inform the most senior nurse at the centre and consultant at the NHS trust and arrange for the patient to be transferred to an acute hospital by ambulance.
- Nursing staff told us they used the NHS trust policy for sepsis management. Staff had received training on a national early warning score however had not started to use it. Staff told us they were due to receive training in quarter two based on The National Institute for Health and Care Excellence (NICE) guidance NG51 for sepsis management. Following the inspection we were provided with information to show clinical staff had received training on sepsis management.
- We saw from patients' notes staff checked temperature and blood pressure pre and post dialysis as well as during if the patient became unwell.
- In an emergency, if a nurse was concerned the patient had sepsis, staff told us they contacted the registrar at the NHS trust. If the registrar advised the patient needed to be admitted to hospital, this was arranged. If the patient refused to go to hospital, the registrar faxed them a prescription for intravenous antibiotics.
- In patient records, we saw patients were assessed for risk of falls, manual handling and risk of pressure ulcers. We saw no action plan for patients if they were at risk of developing a pressure ulcer. Nursing staff told us they would escalate their concerns to the tissue viability nurse, but we saw no evidence of this in patient records. Nurses also assessed the risk of venous needle dislodgment. The manager told us nurses could use detectors to help reduce the risk of dislodgment. Any patient who had a venous needle dislodgement would need to use a detector for one month, after which it would be reassessed.
- The centre used a patient risk register to keep staff informed of any patients who needed additional monitoring and the reasons why, these patients were discussed at monthly quality assurance meetings with the NHS trust

- During January to March 2017, there were four planned admissions to hospital, three were for venous access formation, and one was for a possible transplant. There were 23 unplanned transfers to hospital.
- Some patient records contained photos of the patient. Staff told us they referred to the patient photograph and this was checked along with the patient's date of birth, address details or NHS number, however we did not see all staff doing this.
- We saw one nurse incorrectly use a procedure called dry needling. We informed the nurse at the time, no harm was caused to the patient.
- At the unannounced visit, the centre had stopped this practice. There was a new poster displayed to say to use wet needling. The manager told us they would be carrying out weekly audits to ensure staff were using the correct procedure, and all nursing staff would have their competency reassessed by the end of June 2017.

Staffing

- The nurse-to-patient ratio at the centre was one nurse for every four patients, which is the ratio recommended by the British Renal Society's National Renal Workforce Planning Group 2002 staffing guidelines and is in the contract with the NHS trust. There was one healthcare assistant for every 10 patients.
- The centre employed one manager, one deputy manager, 16 nurses, six healthcare assistants and one dialysis support worker. In May 2017, the centre was fully staffed and had no vacancies. Data for January to March 2017 showed they were fully staffed and there wereno shifts were they did not meet the nursing ratio. Staff told us if the centre did not meet the staffing ratio, this was reported back to the NHS trust at the end of the month.
- The centre had not used any agency staff in the year before the inspection. This meant the patients received care from nursing staff that were familiar with them and the centre.
- The centre's sickness level was at 3% at the time of inspection. The centre's target for sickness was 3%. Records showed the manager was receiving support from the area manager with trying to reduce this level further.
- Nurses and healthcare assistants were paid during their meal breaks and were asked to remain on the premises during their break. This meant there were sufficient staff present at all times to deal with any emergencies.
- The centre did not employ any medical staff. Consultant nephrologists from the NHS trust that contracted the service attended the centre one to two times each week to hold clinics. Staff told us patients were reviewed regularly in outpatient clinics, and every patient was discussed at monthly quality assurance meetings.
- Patients told us they felt they could call their consultant if they wanted to.
- Nurses told us they could easily contact the consultant by email, if they had a general query. If the query was urgent they would telephone the registrar for advice.
- Staff told us patients were seen by the consultant within the first two weeks of starting their treatment, sooner if needed.

Major incident awareness and training

- The centre had contingency plans to deal with the most common situations affecting dialysis units, such as loss of power and water supply failure. Staff we spoke with were aware of the plans and were familiar with the actions they would take in the event of an incident occurring.
- In case of adverse weather, the centre would contact the NHS trust and relocate patients if needed.
- The centre had a practice fire drill for staff earlier that year.

Dialysis Services

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

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

Evidence-based care and treatment

- The centre provided haemodiafiltration for all of its patients (in line with its contract with the NHS trust). Haemodiafiltration may lower the risk of developing complications due to dialysis and can provide better patient outcomes.
- Nursing staff checked weight, temperature, pulse and blood pressure at the beginning, end of dialysis, and carried out relevant monitoring during the haemodialysis session.Staff delivered dialysis therapy in line with clinical practice guidelines published by the UK Renal Association and accredited by the National Institute for Health and Care Excellence (NICE). For example, staff followed procedures to minimise the risk of accidental venous needle disconnection. All patients were assessed for venous needle dislodgment. In those patients at high risk or where dislodgment had occurred consideration was given to the use of a monitoring system.
- Staff at the centre took monthly blood samples from patients, which were analysed by the laboratory at the NHS trust. Staff had direct access to their patients' test results. This meant staff at the centre and NHS trust used the most recent test results when making changes to treatment plans. Staff reviewed patients' blood results each month at the quality assurance meeting and made changes to patients' medicines as necessary.
- Staff told us the dietitian would also review patients after the blood results were available each month. We saw records that showed patients received specialist advice based on current blood results.
- The UK Renal Association's clinical practice guideline on vascular access for haemodialysis recommends 80% of all long-term dialysis patients should receive dialysis treatment through 'definitive access'. Definitive access for haemodialysis patients means using an arteriovenous fistula or graft. During January to December 2016 the centre had not met this target and had achieved this in 73 to 79% of its patients.
- Vascular access was monitored every treatment, audited on a monthly basis and reported at monthly quality assurance meetings. The manager told us those patients who do not have arteriovenous fistula have a risk assessment and access plan in place. Staff reviewed access plans at monthly quality assurance meetings.
- The centre did not directly contribute data to the UK Renal Registry. The local NHS trust reported this data for all of its patients including those treated at this centre. The UK Renal Registry Renal Association and provides independent audit and analysis of renal replacement therapy in the UK.

Pain relief

- Patients and staff told us about the options available to provide pain relief when the needles were inserted.
- Patients we spoke with told us nurses checked with them about their needs relating to pain relief.

Nutrition and hydration

- The centre provided patients with at least one hot drink and biscuits.
- The centre encouraged patients to bring in their own food.
- We saw patients weighed themselves before starting dialysis and on completion, to monitor their weight and fluid balance.
- Patients' had access to specialist dietary support from a dietitian twice weekly.

Patient outcomes

- The centre used a scoring system, based on patients' monthly blood tests to assess the effectiveness of their treatment in line with the Renal Association Standards. These included tests for haemoglobin (sign of anaemia), albumin (sign of malnutrition or fluid management), renal clearance (how effective the dialysis treatment is), and phosphate/calcium balance (risk of developing bone disease).

- Diaverum Facilities Management Limited, the centre's parent company compared the performance of all its centres throughout the country, and published results for staff and patients. The centre provided data that showed it was one of the top three performing centres throughout 2016, and was the number one performing centre January to March 2017.
- The centre had achieved the required level of clearance (Kt/V of greater than 1.2) in 91% to 97% of its patients during April 2016 and March 2017.
- Staff monitored waiting and treatment times at each session, and reported this data to the NHS trust at quality assurance meetings. Staff discussed those patients whose treatment had been delayed by more than 30 minutes and those patients who had received less than 240 minutes of treatment per session.
- If it was patient choice, the consultant wrote to the GP. If it was due to transport and the patient was consistently more than 30 minutes late with treatment times and/or receiving less than 240 minutes per session the consultant wrote to the transport provider to tell them of the risk to the patient.
- The centre actively managed patients who regularly did not attend appointments or chose to shorten their treatment. Staff offered patients another appointment if they could not attend their appointment. Staff encouraged patients to attend by exploring the reason for the non-compliance and by explaining the health risks. Patients had to sign a form to say they understood the risks of ending their treatment time early.

Competent staff

- The centre's manager had achieved an additional renal qualification from university.
- We saw staff at the centre worked well as team, and supported each other when needed. All staff knew what their roles and responsibilities were and carried these out independently. They effectively cared for patients to ensure all patients' needs were met during their dialysis treatment.
- We saw one patient needed their needles to be reinserted. The patient and nursing staff all remained calm and worked together to get the new needles inserted as quickly as possible.
- The centre encouraged nurses to become link nurses for several specialities including anaemia, infection control and diabetes. This meant that they could support their colleagues with advice and the latest information regarding their speciality.
- Staff told us they were kept informed of changes to clinical practice and guidelines during handovers and staff meetings. Staff were required to read any changed policies and sign to confirm this.
- All staff had completed basic life support training in 2016. This meant they had received training to respond to patients in an emergency.
- All staff at the centre had received an annual appraisal and all nurses had valid professional registration. Staff told us they received yearly appraisals which identified their standard of performance and any areas of development
- On starting work at the centre, nurses underwent an eight-week induction programme where they were not counted as part of the staffing numbers. This gave staff time to complete their competencies to work safely with patients.
- Healthcare assistants had completed competencies for taking monthly water samples. This meant they were safe to carry out this procedure.
- Nursing staff had to complete nine competencies in total, this included a medicines management on induction, with a yearly online update
- Nursing staff had to complete yearly competencies for infection control and aseptic non touch technique. We checked five staff files including the managers which showed, all had completed their yearly competency for infection control, however no staff had a current competency for aseptic non touch technique.
- In other staff files that we reviewed, one staff member's orientation had not been signed, nor had their infection control competency. Two staff members had not completed their competency for daily water testing. Competencies for water education programme were poorly completed, the date was missing or was not legible, blank boxes were not marked with 'not applicable' and it was not clear who had signed the competency.

- Staff told us the centre had fallen behind with monitoring the completion of competencies.
- Following our announced inspection, in response to our concerns about dry needling, we saw all staff except one who was off sick had completed the online module for vascular access and dialysis delivery and the manager had their competency assessed for this procedure on 5 June 2017 by the practice development nurse.

Multidisciplinary working

- Staff from the centre told us they had a good relationship with the renal team at the NHS trust and felt they could be open and honest with them. Two managers from the NHS trust confirmed this.
- Consultant nephrologists and dietitians from the contracting NHS trust visited the centre to conduct clinics for their patients and attend monthly quality assurance meetings. This meant patients did not have to travel to a different site for their appointments.
- IT systems allowed effective communication between nursing staff at the centre and healthcare professionals at the NHS trust.
- The consultant employed by the NHS trust had overall responsibility for the patients attending the centre. Nursing staff told us the consultant would update the patients GP as necessary. Patients did not complain of delays in their GP receiving this information.
- The centre held monthly multidisciplinary team meetings with the consultant nephrologist, the NHS trust's satellite coordinator and the dietitian. Meeting minutes showed the centre used a holistic approach to treat patients with additional health concerns.
- The dietitian attended the clinic weekly, as well as the monthly quality assurance meetings to optimise calcium/phosphate levels, fluid and weight management. If calcium/phosphate balance is not maintained as close to normal as possible, it can lead to weak bones, increasing risk of falls and other serious health problems.

Seven-day services

- The centre provided services Monday to Saturday. They offered three appointment times on a Monday, Wednesday and Friday and two on a Tuesday, Thursday and Saturday. This was sufficient to allow all current patients to attend for the required amount of dialysis, three times a week.
- Out of hours, patients were told to contact 999 in an emergency or their GP

Access to information

- Staff had direct access to the NHS trust's electronic patient records system, and to its laboratory test results as soon as they were available. Access was restricted to patients treated by the centre.
- Healthcare professionals employed by the NHS trust were able to access information relating to the patients' dialysis treatment, this ensured they were up dated with the patient's progress. They could also access the NHS trust IT systems while working at the centre allowing them to update patient records immediately.
- The nursing staff from the NHS trust would inform the staff at the centre by telephone and email of any patients being discharged from hospital who needed their dialysis sessions to restart.
- The consultant would update the GP of any changes to the patients' treatment.

Consent, Mental Capacity Act and Deprivation of Liberty

- The centre reviewed written consent for continued dialysis treatment yearly.
- Patients with photos had signed consent forms.
- All records we checked except one, had a signed consent form for dialysis treatment, we informed the manager of this at the time of the inspection.
- Staff told us they had received Mental Capacity Act training, they demonstrated good understanding. If they had concerns with a patient's ability to consent they would raise this with the manager or consultant or at the quality assurance meeting in line with the centre's safeguarding procedure.
- The centre were treating two patients who were living with dementia, both could consent, staff told us they would refer these patients back to the NHS trust for assessment if the patient's condition deteriorated.

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

- We saw staff engaging in friendly conversations with patients at regular intervals throughout their treatment sessions.
- Patients told us staff were 'friendly, and 'would do anything for you'.
- We saw thank you cards from patients displayed in the waiting area, thanking staff for their kind and committed care.
- We observed staff treating patients with great care and dignity. Staff used privacy screens to maintain dignity.
- There were facilities for patients to have a private consultation if they did not want to discuss clinical care on the unit.
- We saw staff providing extra support to patients with restricted mobility.

Understanding and involvement of patients and those close to them

- Patients were encouraged to weigh themselves before starting treatment. This encouraged the patient to take an active role in their treatment.
- We saw nursing staff explaining to patients what they were doing, while they were doing it. They told patients their blood pressure and blood sugar results, and we saw some patients took more of an active role in discussing with nurses how much fluid to remove.
- Staff told us that they discussed patients' health with them, for example explaining to a patient why their blood pressure had fallen during treatment.
- Patients told us they were treated well by staff. They reported being given enough information to feel comfortable about undertaking dialysis at the unit, and reported that they were updated regularly with information about their health and care. Patients told us they felt they understood their condition and they felt involved in decisions made about their care.
- The centre had purchased more pillows, and blood pressure cuffs had been replaced. The centre had changed the biscuits and offered fresh milk, as well as having long life milk as contingency, in response to patient feedback.
- The centre had a range of patient information leaflets to help patients understand their condition. However, all of the leaflets we saw were in English.
- Records showed nursing staff were not always documenting to show they had informed patients about changes to their medicines or about outpatient appointments that had been made in quality assurance meetings.

Emotional support

- Nursing staff told us they would be able to recognise if a patient needed support and they would try to support patients as needed, if the patient needed additional support they could refer them to a psychologist at the NHS trust or to the patients' GP.
- Staff had access to a Young Persons Support Worker, and staff could directly refer patients to a Benefits Support Officers who could provide patients with financial support with benefit applications and appeals.
- Patients' family members were welcome to stay with them for the duration of their treatment, to provide emotional support.

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.

Meeting the needs of local people

Dialysis Services

- The centre was contracted by University Hospitals Birmingham NHS Foundation Trust to provide haemodialysis services for its patients. The NHS trust had defined the specifications of the service. The centre reported its progress in delivering the service against the defined specifications at monthly quality assurance meetings and through the collection of key performance indicator and quality outcomes.
- The centre had a large parking area, which provided sufficient space for staff and patients. The centre could be accessed by public transport.
- The building met the Department of Health building requirements (Satellite dialysis units: planning and design HBN 07-01). It was all on one floor, there was a covered entrance to protect patients from bad weather when patients were transferring from a vehicle. There was separate access for staff, waste disposal and for delivery of goods. There was natural light in the main unit, as well as additional lighting. Sink basins were placed in line with requirements.
- In the main treatment unit, there were three bays, with a nurses' station at the end of each bay to improve visibility for both the nurse and the patient.
- The reception area was large enough to accommodate two shifts of patients. It included handwashing facilities and a call bell in case a patient needed assistance. There was also a water cooler and access to the manager's office.

Access and flow

- The centre had 24 dialysis stations, which provided capacity to treat 144 patients per week. At the time of our inspection, the unit was treating 119 patients per week. The extra capacity allowed the centre to assist if another dialysis centre was unable to operate due to equipment or premises problems. It also allowed the unit to treat holiday patients.
- The centre offered three dialysis sessions on a Monday, Wednesday and Friday: morning, afternoon and 'twilight' (evening session), and two dialysis sessions on a Tuesday, Thursday and Saturday: morning and afternoon. Patients were able to choose which session fitted best with their lifestyle and any other commitments.
- The centre reported no cancelled dialysis sessions (for non-clinical reasons) between April 2016 and March 2017.
- During April 2016 to March 2017, the centre had met or exceeded the standard (90%) of treating patients within 30 minutes of their appointment time 10 out of the 12 months.
- Staff told us patients' appointment times were 15 minutes apart. This was to ensure patients were not waiting too long after their appointment time to be started on dialysis. Staff tried to start patients' treatment according to their appointment times as much as possible. If a patient arrived early, they would still need to wait for their appointment time. This allowed nursing staff enough time to safely start other patients' dialysis. If a patient arrived late, staff told us they would use a spare machine to avoid affecting other patients.
- Patients told us staff kept them updated if there were any delays to their treatment.

Service planning and delivery to meet the needs of individual people

- There were two toilets in the reception area and one in the main unit, all had disabled access. This allowed patients to visit the toilet before dialysis commenced, reducing the need to interrupt their treatment.
- Car parking included disabled spaces. There was disabled access into the building and throughout patient areas. Someone in a wheelchair could also use the weighing scales.
- Seats in the centre's waiting area included two large chairs for bariatric patients.
- The consultant and dietitian from the NHS trust attended the centre to hold clinics. This meant patients did not have to travel to a different site to see them. We were told the centre had a close working relationship with the renal social worker/benefits officer, who also regularly attended the centre.
- The centre had access to a clinical psychologist through the NHS trust if patients needed further emotional support. The centre could also access counselling services through the GP.

- Each treatment station at the centre had an individual television. We saw patients using headphones, so not to disturb other patients.
- Staff discussed how they would work with patients with communication difficulties. For example using alternatives to speech such as pictures, or a note pad for writing messages and drawing visual images.
- We saw manual handling equipment such as hoists were available.
- The centre had four beds for patient use. One was located in an isolation room and three were within bays. These were prioritised for patients with a medical need; however, patients could request these and be issued with them without a medical need on the understanding that they may have to relocate to a chair at some point. Patients told us the centre tried to accommodate requests such as moving from a reclining chair to a bed for treatment.
- The centre displayed information about going on holiday for patients. Patients we spoke to told us they were aware of how to arrange holiday dialysis within the UK. One patient told us when they went away the centre's holiday coordinator arranged everything.
- Patients told us swap sessions. One patient who worked, told us they were able to fit their dialysis around working hours.
- The centre did not provide dialysis to patients who were pregnant, these patients were treated at the NHS trust's main renal unit.
- Staff told us the satellite coordinator from the NHS trust would assess any patients with learning disabilities and dementia before starting dialysis to see if was appropriate for them to dialyse at the centre. This meant patients were being cared for in the correct setting.
- The centre were not treating any patients with learning disabilities at the time of our inspection. The centre had a safeguarding policy that said patients with learning disabilities would be encouraged to bring their hospital passport into the clinic. A copy of this would be made so that staff were aware of the individual's needs and likes. Where a patient with learning disabilities does not have a hospital passport, they would be encouraged to complete the Diaverum clinic passport.
- We saw staff were checking with patients if they needed a hearing aid.
- Staff reported there were no patients who had specific cultural requirements at the time of inspection.
- The centre's welcome pack contained a CD recording of the information for patients unable to read the information. However, it was only available in English. We also saw all signs and patient information in the waiting area were in English. This meant patients who were not able to read English would be reliant on someone else to translate the information for them.
- The centre provided evidence to show they did use interpreters. The centre had a wide ethnic mix of patients and staff. Staff told us they could access interpreting services from the NHS trust, it was identified on admission paperwork if one was needed. Interpreters were used for initial assessment appointments, consultant clinics and meetings with the social worker. For general day-to-day interactions, staff relied on family or carers to translate, or staff which spoke that language. Staff told us for patients with no family or carers, they booked interpreters more regularly.
- We were told about a patient's family member who had written to the centre expressing that the patient would like to communicate to staff when they attended for treatment. Through these letters staff discovered that the patient had been feeling very unwell at the end of each treatment session. Due to a lack of routine use of interpreters with this patient, staff were not aware of this patient's support needs.
- An outside company, organised by a local clinical commissioning group (CCG), provided patient transport. Patients told us they were often delayed and this affected their treatment timesWe were told the area manager was meeting with the NHS trust and transport company. We were not provided with the details of the meeting.
- The centre had started using a taxi service, provided by the patient transport service. Staff told us this was

only for those patients that were eligible and they could only transport afternoon patients. Some early morning patients were arriving as late as 9.15am, in some cases this was up to an hour or later than their appointment time.

- Information from July 2017 showed the centre had recorded that 15 patients had arrived late due to transport, 11 of these had their treatment time reduced.
- We saw that staff had discussed issues around patient transport at the February 2017 quality assurance meeting. Nursing staff were advised for any patients that arrived late for treatment, who came with transport, an email was to be sent to transport provider reminding them of the three appointment times. If the late arrival by transport affected the patients' dialysis time, the nurse also needed to report this to the relevant consultant and satellite coordinator.

Learning from complaints and concerns

- The centre had a clear process for dealing with complaints and had displayed the complaints procedure in the reception area for patients to view.
- The patients we spoke with all knew how to complain and staff knew how to respond. Staff told us incidents and complaints were discussed in staff meetings and monthly quality assurance meetings. This meant all staff were updated with concerns relating to the centre.
- We were told that a common theme of verbal complaints was the temperature of the unit; specifically being too cold. Staff told us this was a particular issue for patients receiving dialysis and they worked to adjust the temperature so it was suitable for both morning and afternoon patients. The centre provided sheets for patients if required, and patients were able to bring their own blankets for additional warmth. Patients receiving dialysis may have anaemia and poorer circulation, which means their body is less able to produce heat and so they often feel cold.
- Staff told us they would try to deal with verbal complaints if they were able to. Staff recorded verbal complaints on an electronic system, which went through to the manager.
- During February 2016 to March 2017, there had been three complaints, two verbal and one written. All were investigated in line with the centre's policy. We saw details of the written complaint during the inspection. Details of the verbal complaints were sent following the inspection. The verbal complaints were regarding the temperature of the unit and the attitude of staff.
- The manager told us they had an open door and patients could complain at any point. Patients we spoke with confirmed this.

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

- The centre's manager had 10 year's experience as a renal nurse.
- Patients and staff told us the centre's manager was visible, supportive and approachable. The location of the manager's office meant they were accessible to both patients and staff.
- Staff told us they had good support from senior managers at Diaverum Management Facilities Limited. The manager told us senior managers were responsive and when the centre had issues with the machines taking too long to disinfect, all the machines were changed
- All the staff we spoke with were friendly and accommodating, approachable and easy to talk to. They took pride in the unit, and in caring for their patients.
- We saw that nurses and health care assistants worked well as a team. They were all aware of their roles and responsibilities and supported one another during busier periods to help deliver safe care.
- The manager told us they had confidence in their staff. Staff could manage when the manager was away. They had years of experience and they held regular senior staff meetings.

- The manager was able to describe how they would manage staff that needed additional support to perform their job role.
- Managers from the NHS trust confirmed relationships were positive and staff at the centre were always open and honest with them.
- All staff including the manager had yearly appraisals with an action plan. The manager told us staff appraisals were carried out by the manager, deputy and senior staff nurses. We were told that continued professional development was discussed within these meetings; and the possibility of funding for specific courses would be considered. Staff told us the provider did support continued professional development. However, the manager only had access to the appraisals they had carried out, this meant they were not aware of what had been discussed in other staff members' appraisals, any areas of concern or their action plans.
- The manager was not able to show me their current competency for aseptic non touch technique. This meant, until they had repeated and passed this competency, they should not have been assessing other staff members' competencies or carrying out processes they were not competent for.
- The manager was not able to easily identify which staff had received safeguarding training and had to consult with the practice development nurse. They were not able to easily obtain hand hygiene results and had to ask the satellite coordinator. The manager was also unable to show me the latest information regarding staff revalidation. This information was sent to us following the inspection.

Vision and strategy for this core service

- The centre's mission was to improve quality of life for patients. We saw from staff interactions with patients and their co-workers, staff were working hard to try to achieve this for patients.
- Staff were able to tell us what the mission was, and give examples of how they tried to achieve this.
- The centre's manager had received an extra mile award from Diaverum Management Facilities Limited in November 2016, for going the extra distance to help achieve the company mission of improving quality of life for people needing renal care.

Governance, risk management and quality measurement

- The centre's manager and consultant nephrologist from the NHS trust were the leads for governance and quality monitoring.
- The centre's manager had attended the NHS trust's clinical governance meeting, and found it an opportunity to raise issues such as delays in blood test results.
- The centre had monthly quality assurance meetings with the NHS trust to discuss its performance against its contract. Meeting minutes for May 2017 showed a comprehensive standard agenda was followed and included discussion around any incidents affecting the delivery of the service, any changes to patient treatment, current patient numbers, appointments, number of sessions not attended and deaths.
- The meeting also discussed complaints, monthly audit results, training and appraisal rates, access problems and number of central venous catheters, list of hospitalised patients, dietitian report, and updates in NHS trust policies.
- The centre audited dialysis records, prescription delivery, hand hygiene, care of central venous catheters and needle taping monthly and infection control every three months.
- We were told safety alerts were escalated down from the lead nurse for Diaverum Facilities Management Limited to the centre's manager, who informed the nursing staff at hand over.
- There were regular managers meetings between the managers of the different renal centres within the local area. They discussed issues and learned from centres that were performing well.
- The manager was able to describe risks to the service, such as no staffing or no pure water. However, the manager had not completed the centre's risk register. Risks we identified during the inspection had not been

recognised or escalated. An example of this was the centre had not recognised the risks relating to the storage of sodium chloride and antiseptic solution in the storeroom, including the temperature of the room when it was above 25°C and the risk of unauthorised persons having access to these products. The manager had also not recognised the risk of children being allowed on the unit without providing staff the correct safeguarding training.

- We were told staff received training on stock ordering to ensure they ordered the correct products. However, on the announced inspection, we found many items that were out of date and the centre had no supplies of intravenous administration sets. Staff were using blood transfusion sets instead to deliver sodium chloride.
- Root cause analysis and quality improvement action plans were not completed in line with the centre's incident reporting procedure. The manager had not received formal training on how to complete root cause analysis from this provider, they had received it in their previous role. They told us root causes analysis were sent to the lead nurse for feedback, however we did not see any evidence of this.
- The centre were not following the Mandatory Education and Training Updates procedure and had fallen behind with monitoring staff compliance with completion of competencies.
- The centre were not compliant with NHS England requirements relating to the NHS Workforce Race Equality Standard (WRES) published in 2016. The Workforce Race Equality Standard (WRES) and Equality Delivery System (EDS2) became mandatory in April 2015 for NHS acute providers and independent acute providers that deliver £200,000 or more of NHS-funded care. Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality. WRES looks at the extent to which black and minority ethnic (BME) background employees have equal access to career opportunities and receive fair treatment in the workplace.
- We saw not all procedures were in date and some competencies had not been reviewed since 2013. These included the procedure for Cannulation of AVG, the competency for wet needling and the competency for the water education programme.
- We saw the emergency equipment trolley had not been checked each day it was in use. Staff had been made aware of this issue in their staff meeting. However, the policy for Cardiopulmonary resuscitation and emergency equipment did not specify the equipment had to be checked or the frequency it had to be checked. The centre had not provided the staff with sufficient guidance.

Public and staff engagement

- The centre invited patients to complete a patient experience survey, called "I want great care", two times a year, results and action plans were displayed in the waiting area.
- We saw the overall score for the centre had improved slightly since the last survey. The centre had formed an action plan following the survey, we saw this had been was completed.
- Another notice board in the waiting area displayed photographs of the managers responsible for the centre, together with their names, email addresses and direct telephone numbers. Contact details for the centre were also displayed, if patients needed to contact staff to rearrange appointments.
- Staff told us patients wanted nursing staff and the manager to be visible, this feedback had been included in the design of the building. The manager's office was accessible from the waiting area and from the main unit. Nursing staff were positioned at the end of each bay, so they were visible to patients at all times.
- The staff survey was completed yearly with an action plan being formed afterwards. Staff had raised concerns over the shortage of supplies, the centre had put an action into place to use stickers to alert staff they were using the last box and more needed to be ordered. We did not see this system being used on our inspection.

Innovation, improvement and sustainability

- Staff told us the company supported career development.
- Managers told us they were keen to develop staff. The manager used a talent matrix to identify which areas a nurse needed development in. The centre offered opportunities for progression, to attend a renal course at university, to attend a mentorship course, become a link nurse or attend shared care course.
- The centre had supported one member of staff to train and become a band 4 dialysis support worker.
- The manager told us about a new procedure for fistula formation they had recently introduced, where the surgical part of the procedure is reduced. This has many benefits for the patient including the fistula can be used after six weeks and there is no suture removal involved. Staff had received training on the procedure, the benefits of it, how to care for the patient, and information on published trial data.
- The manager had borrowed scenarios from another centre, to see how staff responded to emergency situations. Consequently, they were able to identify training needs and that senior nurses need to lead on coordinating a response.
- We saw staff using recycling bins, as part of green nephrology.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must have processes in place that allows them to recognise when clinical competencies have expired.
- The provider must have systems and processes in place to ensure the safe and effective use of medicines.
- The provider must have a process in place to ensure stock ordering and rotation is operated effectively.
- The provider must ensure all essential equipment (in this instance weighing scales) necessary for the safe delivery of the service is available at all times.
- The provider at this location must have a process in place to ensure risks are assessed, monitored and mitigated.
- The provider must ensure children are not left unsupervised on the unit and all staff receive the necessary safeguarding training to protect children.

Action the provider SHOULD take to improve

- The provider should make available written information in languages to meet the needs of all of its patients and should ensure it accesses interpreters when they are needed.
- The provider should review its competency assessment forms, and ensure staff are completing the forms legibly and fully.
- The provider should ensure all staff involved in the completion of quality improvement plans and root cause analysis receive the necessary training.
- The provider should ensure all care pathways are completed correctly.
- The provider and registered manager should ensure they are able to easily access information relating to the performance of the centre and staff including appraisal and action plans.
- The provider should ensure all patients have a signed consent form.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Service users must be protected from abuse and improper treatment in accordance with this regulation. Systems and processes must be established and operated effectively to prevent abuse of service users. Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. **How the regulation was not being met** Staff had not been provided with any children's safeguarding training to help them identify or escalate concerns. Additionally, the centre also allowed children onto the unit. Regulation 13 (1)(2)(3)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes must enable the registered person, in particular, to: assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of

This section is primarily information for the provider

Requirement notices

the experience of service users in receiving those services);

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

How the regulation was not being met

The provider and registered manager and staff at the centre had not identified, escalated or actioned risks relating to: the storage of medicines, inappropriate use of blood transfusion sets, weighing scales that did not function all the time, and effective stock ordering and rotation system.

The centre's manager was not aware of competencies for aseptic non touch technique which were not up to date. Additionally, we observed poor practice, which was not protecting patients from the risk of infection.

The location did not operate a system which identified local risks to the safe delivery of the service.

Regulation 17 (1)(2)(a)(b)