

Farnborough Dialysis Unit

Quality Report

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Farnborough Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The unit is accommodated in a modern purpose built building. The unit consists of 26 stations configured in three bays; two of eight stations, one of six stations and four side rooms.

The unit is contracted by an NHS trust to provide haemodialysis to adult patients who are referred by the NHS trust. All the patients are under the care of the NHS consultants at the NHS trust.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 10 May 2017, along with an unannounced visit to the service on 16 May 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

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

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

We found the following areas of good practice:

- Staff reported incidents which were investigated and actions taken in response to share learning.
- The unit was clean and organised. There was suitable provision of isolation rooms to minimise the risk of cross infection when needed.
- We reviewed the records which demonstrated the service monitored and maintained the environment, equipment, including dialysis machines and water systems to ensure dialysis services were provided safely.
- The majority of staff were up to date with mandatory training and all permanent staff had received an appraisal in the previous 12 months.
- Patients' dialysis care was transferred to the unit by the NHS trust when a suitable slot became available. There was no waiting list for the unit. Patient outcomes were monitored and reported to the host NHS trust for submission to the Renal Registry. The clinic manager monitored 'treatment variances' to identify themes and trends.
- Staff followed evidence based treatment and best practice guidance to ensure patients' care was planned and delivered effectively. This was documented in the Nephrocare standard for good dialysis.
- The unit had close links with the NHS trust to ensure care was patient centred and appropriate communication was shared between the unit and NHS trust.
- Staff demonstrated a caring and compassionate attitude to patients.
- Patients were very positive about the care they received. They felt they were treated with respect and dignity and engaged to share their views through meetings and surveys.
- The service investigated complaints, took action and responded fully to the complainant..
- The unit was led by an experienced manager and senior team who were available and accessible to their staff.

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

- Nursing staff were not trained to safeguarding children level 2 in accordance with national guidance.

Summary of findings

- The service did not follow strict procedures for checking medicines before administration which increased the risk to patients of medication errors.
- The service did not carry out medicines management audits to identify compliance with procedures and actions for learning.
- The service did not have full documented consent to care and treatment for all patients in line with legislation and guidance.
- Staff did not always follow infection control procedures to ensure the clean field was maintained.
- The service did not have sufficient arrangements for appropriate information and interpreting services for patients who cannot communicate in English, in line with the Accessible Information Standard.
- The service did not record all patient transfers from the unit as clinical incidents. This meant they were not always investigated for learning points.
- The unit had a high level of staff vacancies which was managed by the use of agency and bank staff.
- The response rate for the 2017 unit staff survey was 59% which did not indicate a high level of staff engagement.
- The response rate for the 2016 patient survey was low at 34% which did not indicate a high level of patient engagement.
- The service had not implemented the Workforce Race Equality Standards 2015 (WRES).
- The provider did not formally monitor or audit, arrival and pick up times, for patients who used patient transport services, against NICE quality standards.

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, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notice(s). Details are at the end of the report.

Professor Edward Baker

Deputy Chief Inspector of Hospitals (South)

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 Farnborough Dialysis Unit

Farnborough Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service opened in October 2015. It is an independent service in Farnborough, Hampshire. The unit is contracted by an NHS trust to provide dialysis services to patients that it refers to the unit.

The service is registered to provide the regulated activity of Treatment of disease, disorder or injury.

The service had a registered manager in post since 15 April 2015.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, Kouser Chaudry, a second CQC inspector and a specialist advisor who was a renal specialist nurse with dialysis expertise. The team was overseen by a CQC inspection manager, Lisa Cook.

Information about Farnborough Dialysis Unit

The unit is accommodated in a modern purpose built building. The unit consists of 26 stations configured in three bays; two of eight stations, one of six stations and four side rooms. The unit operates Monday to Saturday, 6.15am to 11.45pm. There are three treatment sessions of patients daily: morning (6.45am), afternoon (12.30pm) and twilight (6.30pm).

The unit is contracted by an NHS trust to provide haemodialysis to adult patients who are referred by the NHS trust. All the patients are under the care of the NHS consultants.

The service is registered to provide the following regulated activities:

Treatment of disease, disorder or injury

During the inspection, we visited the unit. We spoke with nine staff including; registered nurses, health care assistants, dialysis assistants and the unit manager. We spoke with 22 patients. We also received 17 '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.

Activity (February 2016 to January 2017)

- In the reporting period February 2016 to January 2017, 117 patients attended the unit for haemodiafiltration, 62% of patients were over the age of 65 years. The total number of haemodiafiltration sessions in the same period was 17894.
- Staffing on the unit consists of eight dialysis nurses and eight health care assistants
- Track record on safety
- No never events
- One incident of death
- No serious incidents
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA).
- No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA).
- 15 complaints, eight formal and five upheld.

Services accredited by a national body:

There were no services accredited by a national body, however the provider had 'ISO 9001 quality management system' and 'OHSAS 18001 H&S' accreditation.

- The ISO 9001 quality management system is a standard based on a number of quality management principles including a customer focus and continual improvement

Summary of this inspection

- OHSAS 18001 is an Occupational Health and Safety assessment. It is an internationally applied British Standard for occupational health and safety management systems

Services provided under service level agreement:

- Cleaning
- Waste disposal

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We found the following areas of good practice:

- The unit and equipment was designed and maintained to keep people safe. Infection control practices which were monitored internally and externally.
- Staff reported incidents which were investigated and learning shared.
- The majority of staff were up to date with mandatory training requirements to fulfil their roles.
- Staff levels and skill mix were planned, implemented and reviewed to keep people safe at all times.
- Staff administered medication in line with current guidance.
- Records were detailed and included risk assessments for each patient.
- Plans were in place to respond to emergencies and major situations.

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

- Nursing staff were not trained to safeguarding children level 2 in accordance with national guidance.
- The arrangements for checking medicines before administration was not robust.
- No medicines optimisation audits were undertaken to identify compliance with procedures and actions for learning.
- The service did not have a specific policy with regards to identification and management of sepsis.
- The unit had high levels of vacancies which was managed by the use of agency and bank staff.
- Patient transfers from the unit were not recorded and investigated as clinical incidents.

Are services effective?

We found the following areas of good practice:

- Patients care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- Staff performed regular monitoring of patients throughout treatment.

Summary of this inspection

- The unit manager monitored the service standard quality and performance data to improve care for patients.
- Staff were supported to deliver effective care and treatment, including through meaningful and timely supervision and appraisals.
- Staff were competent and had the skills they needed to carry out their roles effectively.
- Effective multidisciplinary team work was evident between staff on the unit and with the NHS trust.
- Advance care planning discussions were facilitated to support patients in ensuring their wishes were recorded.

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

- The arrangements for appropriate information and interpreting services to meet patients' needs, in line with the Accessible Information Standard (2016).
- Consent to care and treatment was not always documented in line with legislation and guidance.

Are services caring?

We found the following areas of good practice:

- Feedback from patients was positive.
- Patients were treated with dignity, respect and kindness during all the interactions we observed with staff.
- Patients told us they felt supported and empowered to make decisions about their care.
- Staff displayed compassion with patients and helped patients to cope emotionally with their care.

Are services responsive?

We found the following areas of good practice:

- The needs of different people were taken into account when planning and delivering services.
- Facilities and premises were appropriate for the services being delivered.
- There was a comprehensive welcome and information pack for patients.
- The service made arrangements for patients to continue their dialysis treatment when they went on holiday.

Are services well-led?

We found the following areas of good practice:

Summary of this inspection

- Staff were aware of the Fresenius Medical Care strategy and vision and how it applied to the unit.
- Local leadership was effective and accessible to staff on a day to day basis.
- The unit was in the process of adopting the new corporate integrated governance approach and associated risk register template. This was under development.
- The unit and regional management team worked closely with the referring NHS trust to monitor unit performance and agreed standards of service delivery.
- The unit had achieved recognition through a number of corporate and external awards including a positive peer review report in 2016.
- Staff were active in presenting research at international conferences and using research to implement service improvements.

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

- The response rate to the 2016 patient survey was low at 34% which did not indicate a high level of engagement and was lower than the response rate for the previous year (44%).
- The response rate for the staff survey was 59% which also did not indicate a high level of engagement and was similar to the response rate in 2015 of 57%.
- The Workforce Race Equality Standards (WRES) 2015 had not been implemented by the unit.

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are dialysis services safe?

Incidents

- Staff were familiar with the organisation's incident reporting policy. Staff reported incidents to senior staff on duty who submitted an incident report electronically to the head office patient safety team.
- Data provided by the unit showed between April 2015 and March 2016 seven clinical incidents were reported. Between April 2016 and March 2017, 15 clinical incidents were reported, of which one was a death of a patient following dialysis which had been notified to the CQC and the Coroner. Other incidents included sepsis (three), needle dislodgements (two) and falls due to hypotension (two).
- Staff gave examples of incidents they had reported. For example, a recent medication error where staff had informed the clinic manager, sought advice from the registrar on call and informed the patient. The incident was discussed with the patient's consultant and recorded in the patient's notes. A clinical incident report (CIR) was completed and submitted to the Fresenius head office clinical incident team. Actions discussed included additional training and support for the nurse. The clinic manager said incident reporting should take place within 24 hours of identification of the incident. Staff we spoke with said incidents were reviewed and learning shared at the monthly team meetings.
- Non clinical incidents were submitted to the Fresenius Medical Care (FMC) health and safety team for monitoring and analysis. Farnborough dialysis unit reported four non clinical incidents between April 2016 to March 2017 including a blocked drain, broken door, power failure and a cut finger.
- There were no never events reported between April 2016 and March 2017. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- The unit manager was responsible for investigating incidents and had undertaken training on 'clinical incident reporting/root cause analysis and clinical risk management' to enable them to fulfil their role. They were supported by the head office patient safety team in carrying out investigations if necessary.
- Incidents from all units were collated by the head office team and analysed for themes and trends. Learning was shared across the organisation through emails and a communication to staff titled 'serious incident bulletin'. We reviewed the serious incident bulletins issued since January 2017. The March 2017 bulletin highlighted learning from incidents relating to access and connection security of the line, medical device training and cleaning and disinfectants.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. No duty of candour incidents had been reported by the unit. The notes of the team meeting of April 2017 included a discussion of the organisation's duty of candour policy and requirements. Staff we spoke with demonstrated a general awareness of duty of candour.

Mandatory training

- The Fresenius Medical Care (FMC) mandatory training matrix identified training requirements for staff. For

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example, all staff were required to undertake basic life support, moving and handling, safeguarding, infection prevention and control, fire safety, information governance and introduction to dementia. Other training was specified according to the job role. For example, registered nurses undertook additional courses such as annual dialysis unit reassessment and understanding the water treatment plan. The clinic manager was required to undertake health and safety for managers training. The frequency and delivery of the training was also specified in the FMC matrix. For example, preventing medication errors was provided as an annual e-learning course and practical moving and handling was required every three years.

- The mandatory training matrix showed over 90% of staff were up to date with all their training requirements. Staff who were not up to date was related to sickness absence or staff about to leave the service. Training was e-learning and face to face via the online Fresenius training centre. The unit manager monitored training uptake. Staff we spoke with said they were also responsible for ensuring they were up to date with training requirements.
- FMC used a single agency for temporary staff and were provided assurance that the agency staff were up to date with FMC mandatory training requirements.

Safeguarding

- FMC had a safeguarding adults and children's policy (May 2015) which was accessible to staff. The unit manager was the unit safeguarding lead. All staff had undertaken safeguarding adults training. FMC introduced safeguarding children training into the mandatory training programme in 2017. As of May 2017 all the registered nurses (RN) had undertaken safeguarding children training by e-learning and other staff were scheduled to attend. The manager was not sure whether the training was equivalent to level 1 or level 2. The intercollegiate document (2014), safeguarding children and young people: roles and competencies for healthcare staff, recommends clinical staff should have participated in level 2 training.
- Staff we spoke with had an awareness of how to identify safeguarding concerns. They were aware that they nurtured long term relationships with their

patients and may be in a position to identify potential risks to patients and family members through conversations or observing a patient's change in mood or behaviour. Safeguarding information including contact numbers of the local safeguarding team was accessible on the unit.

- No safeguarding incidents had been raised by staff at the Farnborough dialysis unit in the 12 months up to the inspection in May 2017.

Cleanliness, infection control and hygiene

- We observed all areas of the unit and equipment were visibly clean. Cleaning was carried out by a contractor who attended the unit twice daily. The clinic manager carried out monthly hygiene and infection control audits of the environment. The results for January 2017 to April 2017 showed an average achievement of 85% against a target of 100%. Areas of poor compliance were recorded and actions taken in response, for example, issues were raised with the cleaning company.
- Staff we spoke with said they had no concerns regarding the standard of cleaning in the unit. Patients we spoke with and comments cards we reviewed highlighted patients thought the clinic was clean.
- We observed staff were bare below the elbow and had access to personal protective equipment, including gloves, aprons and visors and these were used appropriately. Adequate supplies of hand disinfectant were available at every station and entrance to unit, which we observed staff used appropriately.
- Staff carried out strict cleaning procedures before, during and after the connection and disconnection processes, in accordance with FMC infection control procedures.
- Procedures were in place to assess patients as carriers of blood borne virus (BBV), this included routine testing of susceptible patients in line with best practice guidelines.
- At Farnborough dialysis unit between February 2016 and January 2017 there were no reported cases of hospital acquired infections: meticillin resistant staphylococcus aureus (MRSA), meticillin sensitive staphylococcus aureus (MSSA), bacteraemia, or any other infections.

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- Protocols were in place to screen patients returning from holiday from regions where there was a high risk of infection for BBV, such as HIV, hepatitis B and hepatitis C. The unit provided dialysis for patients infected with HIV, hepatitis B and hepatitis C. The unit had four side rooms which could be used to accommodate patients with a known or suspected infection. Where patients were identified as carriers of BBV, they were dialysed using a dedicated dialysis machine in a side room to mitigate the risk of cross infection.
- FMC infection control policies and procedures gave staff clear guidelines to reduce the risk of cross infection, for example MRSA and MSSA screening, BBV, no-touch aseptic technique and the use of isolation rooms.
- The clinic's treatment variance reports showed the monthly incidence of infected vascular access, this showed between April 2016 to March 2017 the number of incidences varied from zero in March 2017, April 2016 and May 2016 and a peak of 14 in June 2016.
- The unit manager was the designated lead for infection control. They undertook infection control audits and provided staff training and updates on infection control. All staff had training on infection control as part of their mandatory training requirements.
- The lead nurse carried out infection control audits, this included monthly observational hand hygiene audits to check staff complied with aseptic and clean procedures. The results showed between January 2017 and April 2017, the average compliance score was 86.5%. An ongoing action log recorded corrective actions feedback to staff immediately after the audit and issues were discussed for all staff at monthly team meetings. Staff had access to the infection control lead at the trust hospital for advice on infection control matters.
- The renal haemodialysis matron from the NHS trust attended the unit monthly and carried out three monthly observational audits including aspects of infection control. We reviewed the results of the January 2017 and March 2017. The January 2017 audit highlighted the tourniquets in use were not 'named patient', however this was not an issue in the March 2017 audit. We observed blood pressure cuffs and tourniquets in use were made of fabric and not named patient which increased the risk of cross infection. Although staff cleaned them between patients, this was not the most effective way to remove bacteria from fabric.
- We observed staff carry out five patient connections and eight disconnections to the dialysis machines using clean and aseptic techniques. We observed two occasions of potential cross contamination when staff touched the monitor and then the patient with the same gloved hand. This meant the sterile field was potentially contaminated and presented an infection risk.
- Staff and patients wore appropriate masks/ visors in accordance with agreed procedures. Equipment was arranged appropriately on the trolley for use and segregation of clean and dirty items was adhered to.
- We observed staff disposed of clinical waste including needles appropriately. Clinical waste facilities were secure and only accessible to authorised staff. A dedicated waste disposal contractor removed clinical waste weekly.
- Records showed staff carried out daily tests which showed the bacteriological surveillance of haemodialysis fluids, and standards for specification of water treatment system and biocompatible. The results were within safe limits.

Environment and equipment

- The Farnborough dialysis unit opened in 2015. It was a modern, spacious purpose built unit designed to accommodate 26 dialysis stations. At the time of inspection it was operating 22 stations and there were plans to open the remainder stations in a phased approach.
- Access to the unit was secure and controlled by intercom. There was a large waiting area with space for wheelchairs and adequate wipe clean seating.
- Access to the dialysis unit was controlled by key pad entry except for a short period before sessions to allow patients unhindered access to the unit. Once in the unit, access to the clean and dirty utility rooms, supplies rooms and water treatment room was

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accessible to staff, patients and visitors. However, staff considered the risk of unauthorised people accessing these areas was small as the unit was always staffed and patients would rarely be away from their station.

- The unit accommodated three bays; two bays of eight stations and one bay of six stations and four side rooms. The stations contained a mixture of profiling beds, beds with and without pressure relieving mattresses and reclining chairs. There was ample space surrounding each unit to ensure compliance with Health Renal Care Health Building Note 07-01: Satellite dialysis Units. Privacy curtains surrounded each station and there was an operational nurse call system at each station.
- Dedicated FMC technicians were responsible for maintenance of the dialysis equipment and water treatment facility. A rolling preventative maintenance plan was in place to ensure all medical and non-medical equipment was serviced according to manufacturers' recommendations. As of May 2017, records showed all maintenance was up to date.
- FMC employed a dedicated facilities management team contactable via a help line. Staff said the system to raise jobs for repairs was efficient and repairs were dealt with in a timely manner.
- There was close monitoring of the water treatment and daily checks took place to monitor constituents. Microbiological and chemical analysis records showed water quality was satisfactory. We spoke with the technicians who were responsible for the maintenance of the water and equipment. We checked records including water treatment maintenance, electrical safety, service records and filter change records. Daily water testing was carried out by nursing staff.
- An issue regarding the chlorine level in the water had been raised; the provider had investigated and implemented control measures to ensure continued water quality. The clinic manager informed us the chlorine levels had been at the higher end of the limit. An investigation had been carried. Mitigating actions were in place including close surveillance and a contingency plan to replace filters immediately when needed.

- We observed resuscitation equipment was appropriate for the clinic's use. Medicines and equipment were in date and records showed that the trolley was checked daily.
- At the time of the inspection the dialysis machines we reviewed were all below 40 000 hours of usage. FMC operated a replacement programme for dialysis machines in accordance with Renal Association guidelines which recommend machines should be replaced every seven to ten years or between 25 000 to 40 000 hours of use. Spare machines and one holiday dialysis machine were available.
- Alarms on the machines would sound for a variety of reasons including, sensitivity to patient's movement, blood flow changes, or leaks in the filters. We saw the alarms were used appropriately and not overridden; when alarms went off we saw nursing staff check the patients and the lines before cancelling the alarms.
- We reviewed the annual surveillance audit report (August 2016) for occupational health and safety assessment carried out by the accrediting body. There were no areas for corrective actions or non-conformities identified.

Medicine Management

- FMC had a medicines management policy (2016), which took account of the Nursing and Midwifery Council (NMC) Standards for Medicine Management (2007). These included standard operating procedures for storage and administration of medicines.
- We observed medicines were stored in clean and tidy locked cupboards in a clean utility room. The keys to the cupboard were held by one of the team leaders on duty.
- The medicines fridge was clean and not overfilled. Records indicated that fridge temperatures had been checked daily, however a week before the inspection, an issue with the fridge thermometer was raised and had been escalated. A replacement fridge thermometer was on order.
- We observed staff checked patient's identity (name and date of birth) before administering medicines. However, on one occasion we saw one staff member checked medication against the medication chart and another staff member checked the same medication

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against the dialysis prescription. This identified the dialysis and medicines prescriptions had different medicines doses. This issue was raised with the head nurse who made the decision on what action to take. This increased the risk that staff may administer the incorrect dose of medicine to patients. We do not know if this event was recorded as an incident.

- We reviewed five medicines' prescriptions and the patients' dialysis prescriptions. We found in all of the records the date of the medicines chart and the dialysis prescription were not consistent. The medicine prescriptions were only updated by the consultant when there was a change to drug administration or the chart was completed and needed to be replaced. The dates on the dialysis prescription and the drug prescriptions were often different. The dialysis prescription also included the dose of the anticoagulant and if there was a discrepancy in the medicines recorded on the two charts this could lead to administration errors if staff were checking medicine against different prescriptions.
- No medicines audits had been carried out on handling, storage and prescribing of medicines in the 12 months leading up to the inspection. Although a sample of drug charts were audited monthly. Staff sought advice on medicines management from the NHS trust renal pharmacist if needed.
- Oxygen and pain relief was prescribed when needed. The unit did not use patient group directions (PGD). PGDs are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- The unit did not store or administer medicines classified as controlled drugs.
- We asked about the arrangements for patients who go on holiday and those who attend the unit for dialysis whilst on holiday. The manager reported patients from this unit who were going on holiday had their medicine prescribed by the consultant, dispensed by the renal pharmacist and delivered to the unit. With regards to holiday patients attending the Farnborough unit, a prescription from the parent unit was supplied

prior to the patient attending the unit and patients attending the unit were responsible for supplying their own medicine, which would have been supplied by their own home unit

Records

- The Fresenius electronic patient record system transferred data directly to the trust patient record system to allow staff to access up to date information.
- The unit mainly used electronic records, although paper records were used such as the medicine chart and care plans. Staff recorded daily reviews on the FMC electronic patient record system. Paper copies of the admission forms, consent forms, care plans, and prescriptions and clinic letters were stored in the patient's file. Paper records were stored securely in a locked cabinet on the unit. They were placed at each station ready for patients when they arrived for their dialysis session. Staff also had the facility to use electronic tablets to input data at the patient's bedside rather than return to the nurses' station.
- We reviewed paper and electronic care records for seven patients during the inspection. We saw records were kept up to date with care plans and risk assessments completed appropriately, for example, moving and handling and falls.
- The clinic manager undertook a monthly audit of the quality of nursing documentation in 10% (10 to 12) of patients' records. The results identified areas of non-compliance with care pathways or incomplete documentation and feedback was provided to the named nurses through a 'corrective action preventive action' (CAPA). Positive feedback was also noted and staff commended. The monthly audits showed an improvement in compliance over time.
- Staff at the NHS trust who needed to were able to access the patient's record and blood results on the Fresenius patient electronic system. Similarly staff at Farnborough had access to the NHS patient record of the patients they cared for including NHS clinic letters. We saw these were printed and kept in the patient's file.

Assessing and responding to patient risk

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- The consultant nephrologist at the NHS trust referred patients to Farnborough who met the criteria of suitability to be dialysed at the unit. For example, they were stable and did not have complex care needs.
- Patients who arrived for dialysis collected their own key cards (credit card sized data card) with their name. The key card was used to electronically record the patient's weight when they inserted the card into the slot and stepped on the weighing machine. The same key card was also used in the dialysis machine to record the session metrics. Staff checked the patient's identity by asking them their name and date of birth, prior to connecting them to the machine. We observed staff assisted patients who required help in obtaining the correct key card. Staff said on the rare occasion a patient selected the wrong key card and inserted it into the weighing machine, the error would be detected by staff prior to connecting the patient to the dialysis machine when the patient's identity was checked. Staff said they were able to delete the weight entry on the incorrect card and ensure the patient was reunited with the correct card. However, this process had not been formally risk assessed.
- All new patients were assessed through an admission procedure checklist. At each visit patients observations were taken including weight, temperature, pulse and blood pressure at the beginning and end of dialysis. The dialysis machine monitored blood pressure and pulse during treatment and alarmed if this was higher or lower than the normal range.
- We observed patients were assessed before, during and after dialysis. If any concerns were identified, for example, if the patient's temperature was high and they were showing signs of infection, advice was sought from the renal registrar at the NHS trust. The Fresenius complication, reaction and other clinical event pathways included 24 flow charts/ algorithms for staff to follow. For example, hypotension, hyperglycaemia and hypoglycaemia. During the inspection we observed a patient felt unwell and their blood pressure had fallen. Staff took appropriate action in accordance with the pathway to manage hypotension; the patient recovered and safely left the unit.
- Data showed there had been 11 emergency patient transfers (via 999) from the unit to the local trust hospital between January 2017 and May 2017. The main reasons for transfer related to chest pain and vomiting. Transfers were not recorded as clinical incidents; this meant there was no investigation of the circumstances surrounding the transfer and whether there were any learning points. Transfer data had not been collected prior to 2017.
- Risk assessments were updated at a minimum every six months or if the patient's condition changed, for example following an admission to hospital.
- Staff recorded instances of variation to the treatment in the patient's record, these were known as treatment variances and were categorised as 'most frequent events' and 'less frequent events'. For example, most frequent events included low blood pressure and poor blood flow; a less frequent event was abdominal pain. However, some of the events labelled as 'most frequent' such as chest pain occurred less frequently (less than one/month) than some of the 'less frequent' events such as hypoglycaemia or low blood sugar (average of four events per month). A monthly treatment variance report was reviewed by the clinic manager to identify any issues or trends to bring to the team's attention and as a learning tool at team meetings.
- FMC did not use a sepsis toolkit to assess patients for septicaemia, however, staff clinically assessed patients before they began their dialysis treatment and also used a recognised tool to assess the access site for signs of infection. This meant staff were able to identify a patient who was deteriorating and seek medical advice. The incident data for the period April 2016 to March 2017 showed three incidents of sepsis.
- All staff were trained to basic life support level and team leaders were trained to immediate life support level. A team leader was on duty on every shift to ensure staff had the correct level of support available. We reviewed the notes and actions of the last three basic life support simulation exercises which did not identify any issues of concern or improvement needed.

Staffing

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- The unit operated on a registered nurse to patient ratio of 1:4 as stipulated in the contract with the NHS trust with a skill mix of 50/50 registered nurses to dialysis assistants (Band 4s). The unit had 8.2 full time equivalent (FTE) registered nurses (RN), 5 FTE dialysis assistants (DA) and 2 FTE health care assistants (HCA).
- At the time of inspection there were vacancies for two team leaders, two RNs, two dialysis assistants (DA) and one HCA. Vacancies were covered by the Fresenius bank staff or agency staff. Records showed all bank and agency staff employed by the unit had worked on the unit before. Farnborough unit had a relatively high use of agency and bank staff due to the vacancy rate. During the month of April 2017, agency nursing staff were employed on 48 shifts and bank nursing staff were employed on 27 shifts.
- Data for the period July 2016 to September 2016 showed approximately 7.7% of all shifts were covered by agency staff compared to an average of 2.8% for other Fresenius units in the region contracted by the same NHS trust.
- The unit's planned staffing levels were three RNs, three dialysis assistants and one HCA. The skill mix was more RNs than DAs; HCAs were in addition to the RNs and DAs. The clinic manager said staffing was pressured at times but manageable as workload was spread across experienced and less experienced staff. We reviewed the staffing rotas for the two weeks up to the inspection (26 April 2017 to 10 May 2017) this showed all the shifts had been filled through the use of agency/ bank staff, although the skill mix was more RNs than HCAs. There were also occasions when the unit manager undertook clinical shifts planned or unplanned to provide cover for sickness.
- There were no medical staff employed by the unit. NHS consultants visited the unit twice a month. Other staff attended the unit, for example, the dietitian was employed by the NHS trust and attended monthly.
- Technical staff were not based at the unit. However, dedicated FMC technicians were available 24 hours via an on call system to maintain and repair dialysis machines.
- Staff were familiar with the unit's emergency preparedness plan in case of fire, service failure, gas leak, water leak and building damage. Staff had training on the plan and participated in regular evacuation scenarios.
- There was good access and provision of emergency equipment in the clinic. Staff had received relevant training to ensure they could use equipment safely.
- On admission to the unit each patient had a personal emergency evacuation plan (PEEP) prepared. The PEEP outlined the patient's individual assessment including mobility needs in the event of emergency evacuation during dialysis.

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

Evidence-based care and treatment

- Treatment protocols were based on national guidance, for example the Renal Association guidance and standards. Policies, procedures and protocols were developed and reviewed by the corporate clinical team and updates disseminated to the units by email. A key document for staff to refer to was the 'NephroCare standard for good dialysis care' (2016). This encompassed European Renal Best Practice (ERBP) and the Kidney Disease Outcome Quality Initiative (KDOQI) guidelines.
- Within the policy guidance, staff followed current evidence based guidance, including National Institute of Health and Care Excellence (NICE) and the National Service Framework for Renal Services in providing care for patients. For example the Standards of good dialysis care guideline 2016. This guidance was incorporated into the local NHS and Fresenius (NephroCare) guidelines followed. We looked at five policies, these were all version controlled and in date.
- Individualised care pathways and treatment prescriptions were available for the dialysis patients in the clinic on the day of the inspection. These were based on relevant national guidance. Patients pathways were observed in the healthcare record as per their individual needs for example; fluid management, specialised renal medication, and fistula or line access.

Major incident awareness and training

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Pain relief

- Patients were instructed to bring their own regular medication into the unit as needed for self-administration.
- We saw the medical staff had prescribed as required pain relief on the drug chart for staff to offer and administer if needed.

Nutrition and hydration

- Patients on dialysis are required to maintain a restricted diet and fluid intake to manage their condition. We saw patients were offered regular hot and cold drinks and biscuits at their bedside table. Staff informed patients to bring in additional snacks and food if they wished and we saw they did this during our visit.
- The renal dietitian from the NHS trust attended the unit once a month. Patients we spoke with said they met with the dietitian who attended the unit. Patients were aware of their dietary restrictions and how to obtain advice.
- In our review of eight medical records we saw the malnutrition universal screening tool was used to assess patient's risks. Patients weight was recorded pre and post dialysis and carefully monitored to ensure the appropriate amount of fluid was removed during the dialysis treatment.

Patient Outcomes

- The unit did not directly submit data to the UK Renal Registry. However, all the relevant patient data including blood results, dialysis time and infection rates were submitted to the NHS trust. This data was collated with the trust and other units' data that the trust contracted with into one complete data set for submission to the UK Renal Registry. This allowed benchmarking and comparison of different trusts performance.
- The unit monitored clinical outcomes for patients receiving dialysis similar to the Renal Registry data. Patients' blood results and vascular access management were reviewed monthly at the multidisciplinary meeting led by the NHS consultant.

- 100% patients at Farnborough dialysis unit were on high flux haemodiafiltration. High flux dialysis is a more effective form of haemodialysis.
- The clinic data management system provided reports and analysis to monitor and audit patient outcomes and treatment parameters. This highlighted the opportunity to improve outcomes and in turn quality of life. The following outcomes were audited; achievement of quality standards (Renal Association Guidelines), patient observations, dialysis access specific data, treatment variances, infection control interventions and body composition monitoring.
- There are standard measurements in line with Renal Association guidelines to monitor the quality of dialysis adequacy or how effective dialysis was, these include the urea reduction rate (URR) and Kt/v. For the period April 2016 to May 2017 at Farnborough dialysis unit, 96% of patients met the standard of URR greater than 65% and 90% patients met the standards of Kt/v greater than 1.2 and an average of 64% patients had an average of 240 minutes or more on dialysis.
- The trust monitored comparative data of the units it contracted with, data showed as of April 2017 Farnborough dialysis unit had 61% patients with arteriovenous fistula (AVF), 10% of patients had an arteriovenous graft (AVG) and 30% patients had central line access. An AVF is the formation of a large blood vessel usually in the arm, created by surgically joining an artery to a vein, this form of vascular access is considered to be the best form of access for haemodialysis.
- Other comparative data showed that 73% of patients had haemoglobin within the recommended range (100 to 120), 62% had calcium in the range 2.2 to 2.5 mmol/L and 54% had phosphate levels in the recommended range of 1.1 to 1.7mmol/L.
- Patients we spoke with complained of delays to transport drop off and pick up times. Although the clinic manager recognised this was an issue, specific data on transport delays and the number of patients affected were not collected by the unit. The patient transport service was contracted and monitored by the NHS trust. NICE quality standards (QS72- standard 6) indicate that adults using transport services to attend for dialysis are collected from home within 30 minutes of the allotted time and collected to return

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home within 30 minutes of finishing dialysis. The quality standard indicates dialysis providers should collect evidence at unit level to ensure the standard is being met. This standard was not being met by the Farnborough unit.

- In the period January 2017 to May 2017 there were 140 events when patients 'failed to attend' for their dialysis sessions, this was comparatively higher than the other Fresenius units in the region. However, the clinic manager considered this was related to a data issue when staff had not 'closed' the event on the electronic system so a patient who was admitted to hospital may have been counted several times as a failed attendance. Also patients often wished to change their dialysis sessions due to personal circumstances which may have impacted on the figures.
- The clinic's treatment variance reports showed the monthly incidence of vascular infected access. Results showed between April 2016 and March 2017 the number of incidences varied from zero in April 2016 and May 2016 and a peak of 14 in June 2016. Between January 2017 and May 2017 there was one incident of infected vascular access in February and May, two in March and zero in January and April.
- Suspected infections were recorded and reported to the infection control lead at the trust. Data for 2016 showed 134 infections were reported, of which 12 were categorised as 'exit site infections'. The most common category was 'chest infections', this accounted for 39% of infections. Between January 2017 and April 2017, 56 infection incidents were reported, of which three were categorised as 'exit site infections' and 50% as chest infections.

Competent staff

- Registered nurses and dialysis assistants completed a programme of clinical competencies to ensure they had the correct skills to perform their roles. Staff had a 'passport skills training' package to monitor and track staff competencies, such as vascular access techniques, management of intravenous cannulas and dialysis machine use and decontamination.
- At the time of inspection at Farnborough dialysis unit there were four nurses with renal qualifications, one nurse was on the renal course and one nurse had applied for the renal course.

- New nurses were supported through an induction programme and competency assessments. One of the team leaders had a focus on education and supported new staff through the induction period. Each of the nurses took a lead in one area, for example, vascular access management and infection control, and provided updates to staff at the monthly team meetings.
- Monthly in-house teaching sessions took place on a range of topics, for example, care plans, infection control and presentation from one of the nephrology consultants.
- Records showed all permanent staff had participated in an appraisal and all nursing staff had completed revalidation.
- Temporary staff, bank and agency were booked through the Fresenius Flexibank. Fresenius only used one agency and obtained assurance that the agency staff were up to date with their training requirements. All agency staff had an induction to the unit. At the time we visited there were two experienced agency nurses on the unit who had regularly worked on the unit for over 12 months. The clinic manager said all staff were reminded of key changes to practice at daily handovers.
- Staff on the unit who were trained to administer blood transfusions were all up to date with their training except one member of staff who was scheduled for training.

Multidisciplinary working

- We observed effective team work and support within the unit between nurses, dialysis assistant and healthcare assistants
- The patients treated on the unit remained under the care of their NHS consultant. Staff we spoke with said they had excellent links and access to the medical team at the NHS trust both for routine and urgent contact. They also had ready access to the dietitian and renal social worker.
- The NHS consultants attended the unit twice a month on separate days, this facilitated ready access for unit staff and opportunities to raise issues. The unit

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manager attended multidisciplinary review meetings with the NHS consultant and participated in discussions where changes in patients' dialysis treatment were determined.

- Copies of clinic reports including letters to GPs, relevant to the patient's dialysis care, were printed and filed in the patient's record for access by unit staff.

Access to information

- The Fresenius patient electronic record system was accessible to relevant staff at the NHS trust and Fresenius staff had access to the NHS trust patient records for the patients they treated.
- Blood results and treatment reviews were accessible to staff as live data to allow staff up to date information. We saw staff updated records during the patient's dialysis treatment or soon as possible after.

Equality and human rights

- From 1st August 2016 onwards, all organisations that provide NHS care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment, or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services. Staff on the unit were not familiar with the standard. This meant.
- The service treated patients who could not readily communicate in English. However, although staff said they had access to NHS phone interpreting service, they rarely used the service. Family members or friends were used as interpreters and we saw an instance of this during the inspection. We asked for data on the number of times the service had used language interpreters and family members but this was not collected.
- There was a small range of old pictorial cards in different languages to assist staff in communication with patients. The information pack for patients was only available in English. The clinic manager said it was used by patients' relatives who often could speak English and they translated the content for the patient. Between April 2016 and March 2017, Farnborough dialysis unit treated 10 patients (1560 sessions) with language needs.

- Staff were required to undertake equality, diversity and human rights training as part of the FMC mandatory training programme. All the RNs had undertaken this training and other staff were scheduled to attend.
- The Workforce Race Equality Standard (WRES) is a requirement for organisations which provide care to NHS patients. This is to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
- WRES has been part of the NHS standard contract since 2015. NHS England indicates independent healthcare locations whose annual income for the year is at least £200,000 should have a WRES report. This means the unit should publish data to show they monitor and assure staff equality by having an action plan to address any data gaps in the future.

Consent, Mental Capacity Act and Deprivation of Liberty

- As part of the admission process patients consent was sought and documented. We saw completed consent forms in all the records we reviewed.
- We reviewed one record for a patient who was unable to provide consent due to a severe learning disability. The consent form used was titled 'patient authorisation for treatment and dialysis for a patient unable to consent themselves'. However, although an interpreter had been employed to facilitate the consent process with the patient's relative, there was no record of a best interest assessment in the patient's records. We spoke with staff at the trust who said a best interest meeting had taken place and the records were held at the trust.
- Staff were required to undertake Mental Capacity Act 2005 (MCA) training every three years as part of the FMC mandatory training programme. All the registered nurses at Farnborough had undertaken MCA training and the dialysis assistants were scheduled to attend training.
- The monthly documentation audits carried out by the clinic manager included a review of the consent forms,

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the results for January 2017 to March 2017 did not identify any non-compliance with completion of consent forms; the correct form was used and all the fields were completed.

- The unit had piloted an advance care planning clinic in 2015/ 2016 (advance care planning is a process that supports adults in discussing and recording their preferences regarding future medical care). The advance care planning had now become integrated as part of the main clinics with the consultant. Staff identified patients and arranged an appointment for the patient, with their family, if appropriate, to meet the renal palliative care nurse to begin the discussion of an advanced care plan if they wished.

Are dialysis services caring?

Compassionate care

- We observed staff interacted with patients in a caring and compassionate manner. Staff put patients at ease and engaged them in light hearted conversation.
- We spoke with 22 patients during the announced and unannounced visits. All the patients we spoke with were very positive about the care they received at the clinic. Patients made comments such as : “Fantastic”, “First Class” , “Lovely unit, very lucky to be here”.
- We received 13 completed comments cards from patients who attended the unit and feedback from patients who had submitted views to CQC prior to the inspection. All the comments reflected what we heard during the inspection. The most common descriptions of the service were ‘Professional’ and ‘Caring’; another positive comment was ‘The staff keep an eye on you if they think you are unwell and ask after your health’.
- A few negative comments from patients both verbal and written referred to transport delays. These related to being picked up from the unit too early or arrival at the unit too early (by more than 30 minutes), or delays to starting the dialysis session. Another issue was the temperature of the unit was considered cold by some patients. However, we saw patients were provided with lightweight blankets and some patients had provided their own blankets.

- We observed staff respected patients’ privacy and dignity, for example, they asked if patients wanted their privacy curtains closed before carrying out procedures to ensure patients were not exposed.
- We saw compassionate care delivered, for example, when a patient’s blood pressure had fallen at the end of their dialysis session, staff were caring and reassured the patient during the episode. We observed staff patiently applied pressure to stem bleeding where patients were not able to apply enough pressure themselves.
- The 2016 annual patient satisfaction results showed 85% of patients would recommend the service and 100% found the unit atmosphere friendly and happy.

Understanding and involvement of patients and those close to them

- The unit employed a named nurse approach to provide patient care. Every patient had a designated named nurse who would be their first point of contact; the aim was to improve patient care and early identification of concerns. Patients we spoke with were aware of who their named nurse was, although three patients said there had been a number of changes to their named nurse due to staff leaving.
- Patients we spoke with confirmed they had been provided a detailed patient information/ welcome pack on admission to the unit. The pack included information on how the unit was organised and for example, an explanation of the monthly blood tests. Patients said they were regularly kept informed about their blood results and changes to treatment through their named nurse and consultant appointments.
- Patients with fistula wore a red wrist band to alert staff to the fistula and that blood pressure must not be taken on that arm. This could damage the access site and increased the risk of clots.
- The unit supported patients to participate in their own care as far as possible. At the time of the inspection, there were two patients at Farnborough dialysis unit who practised partial self-care. Self-care was enabled through completion of a self-care training checklist before patients were assessed as competent to practice self-care. During our visit we did not observe any patients practicing self-care, for example, setting

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up and connecting themselves to the dialysis machine. Some patients we spoke with said they had been offered the option to carry out self-care and had declined.

- We observed carers of patients were welcomed on the unit and involved in the care of patients if appropriate, for example, for a patient with a learning disability.

Emotional support

- Staff had built up relationships with some patients over a long period of time. Discussions we heard demonstrated that staff were aware of patients' personal circumstances and could identify if a patient was in need of additional emotional support or counselling.
- Staff referred patients to the NHS counsellor or social worker if needed. Data showed in the period April 2016 to March 2017 the unit had made 18 referrals to the renal social worker at the NHS trust. Bereavement support services were also available via the NHS trust.

Are dialysis services responsive to people's needs?

(for example, to feedback?)

Meeting the needs of local people

- Transport for patients who required it was organised by the NHS trust. There was no specific transport user group for patients at the unit. However, transport issues were discussed at the unit's patient representative meetings. At the meeting in March 2017 the trust's patient transport manager attended to address concerns raised by patients.
- Ample parking was available outside the unit including a designated ambulance bay in front of the unit entrance.
- The clinic had a large waiting room and three consulting rooms for use by visiting consultants and other staff. The unit was wheel chair accessible and wheelchairs were available on the unit for patients who needed them. There was a large disabled access

toilet on the unit and two disabled access toilets in the waiting area. A range of patient information was available in the waiting room. For example, literature on diet and lifestyle and the local kidney association.

- The dialysis stations had a mixture of profiling beds, couches with and without pressure relieving mattresses and chairs to meet individual needs and preferences.
- Patients on dialysis require treatment for four hours, hence suitable distraction/ entertainment to pass the time is essential. Farnborough dialysis unit offered patients free Wi-Fi access and each station had a mounted television screen. Patients were requested to supply their own headsets for connection.
- Three patients with a learning disability were treated on the unit between April 2016 and March 2017. Staff took extra care and attention to ensure patients were comfortable on the unit; they liaised with the patient's medical team at the trust if the patient was not able to settle or they had any concerns.

Service planning and delivery to meet the needs of individual people

- Farnborough dialysis unit had a contract to provide services for patients referred by the NHS trust. The contract had been renewed in 2014 and the service specification was defined by the acute trust.
- The service had relocated to the new site at Farnborough in 2015. The present facility was a purpose built unit to accommodate 26 stations. The premises complied with Department of Health Renal Care Health Building Note 07-01: Satellite dialysis unit. At the time of the inspection the service was operating 24 stations with plans to increase to 26 in the near future. There were four side rooms, two of which were ensuite. Patients were made aware how to arrange holiday dialysis and the documentation and notice period needed by the unit. Patients we spoke with had travelled away on more than one occasion both within and outside the UK. Data showed between April 2016 and March 2017, 28 patients went on holiday from the unit and 17 patients attended Farnborough dialysis unit for dialysis while they were on holiday.
- The unit supported patients to attend dialysis while they were on holiday. We spoke with patients who had

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been away for short and longer trips both within and outside the UK. One patient who was a regular traveller and was due to go on another trip said they were confident all the arrangements were in place with regards to their dialysis treatment abroad.

- The NHS trust would refer inpatients, such as, patients admitted to the trust's rehabilitation ward as suitable (stable and a shorter journey time) to be treated at Farnborough dialysis unit. The decision would be made by the consultant and depend on the patient's condition. Data showed 119 inpatients were treated between April 2016 and March 2017.

Access and flow

- Referrals were managed by the NHS trust and patients allocated to the unit when a suitable slot was available. Staff said patients would normally receive dialysis treatment first at the NHS trust hospital. Patients would be referred to Farnborough if it was their closest unit and their condition was stable.
- Between April 2016 to March 2017 the unit provided 17 821 dialysis sessions this was an increase of 5% compared to April 2015 to March 2016 when the unit provided 16 984 sessions.
- In the period February 2016 to January 2017 there had been no cancelled dialysis sessions; there had been 14 delayed sessions, eight of which were due to machine breakdown or other equipment failure.
- For the period November 2016 to January 2017 the clinic operated at 88% capacity. This allowed a small degree of flexibility to accommodate holiday patients.
- Some patients said they had to wait to be connected, the unit did not collect data on wait times for connection but aimed to have patients connected within 30 minutes of their appointment time.

Learning from complaints and concerns

- There was an active patient representative group which was attended by the clinic manager. Meetings were arranged to allow representation and access by patients who visited any of the three sessions (morning, afternoon and twilight).
- The FMC 'Tell Us What You Think' leaflets were in the unit's waiting area to encourage comments, concerns, or compliments to be shared.

- The service carried out an annual patient satisfaction survey and results were shared with patients through the unit newsletter and patient representative group.
- Between February 2016 and January 2017, the unit received 15 complaints, eight formal and five upheld. In the period January 2016 to August 2016 the unit received 11 complaints. Four complaints were regarding delays to starting dialysis treatment and most complaints highlighted lack of effective communication. We saw an example of a complaint response which demonstrated the provider had investigated the patient's concerns, accepted where improvements were needed and responded fully to the complainant in writing.

Are dialysis services well-led?

Leadership and culture of service

- The unit was led by an experienced manager who was supported by a deputy manager and team leaders. The unit manager demonstrated a clear understanding of the challenges they faced and how they were being addressed. They were also proud of the achievements of the unit and the developments over recent years.
- The unit manager had been closely involved in the design of the unit and was respected by her staff. The clinic manager frequently covered shifts when the unit was short staffed, although this impacted on her management duties it demonstrated her hands on approach and prioritisation of patient care.
- Staff we spoke with said they participated in team meetings and were empowered to lead the team meetings on a rotational basis, this encouraged an inclusive team culture. We observed a cohesive and supportive team. Staff asked each other for help and worked effectively as a team.

Vision and strategy for this core service

- FMC is a large international organisation and had core values of quality, honesty and integrity, innovation and improvement, and respect and dignity. The strategy of the organisation was to grow as a

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company, enhance products and treatment and to create a future for dialysis patients. The FMC vision was to create a 'future worth living for dialysis patients working in partnership with its employees'.

- Farnborough dialysis unit was working towards the FMC corporate objectives which also included unit specific objectives. Staff were aware of the organisation's vision and values and these were reinforced at the team meetings which were structured around the objective headings.

Governance, risk management and quality measurement

- The organisation had recently moved to an integrated governance framework, led by FMC head office, and included a risk register. The register was split into three categories: clinical, operational and technical risks associated with the delivery of the service. We saw that risks were RAG (red amber green) rated red to green with current controls in place to support the rating. The unit was developing its risk register. At the time of the inspection the risks and mitigating actions in place focussed on the patients' perspective. For example, the dialysis adequacy management, vascular access management and hydration management.
- The FMC quality management system produced a monthly clinical dashboard, which was discussed with the area head nurse. This was a colour rated (red, amber, green) and included detailed analysis of the unit's performance against the key performance indicators (KPIs). Each of the indicators had an explanation and an action plan for improvements.
- Biannual regional business meetings took place where the regional team met with unit managers to discuss quality and performance across the region. We requested the notes of the last two meetings but these were not supplied. However, the meeting agendas showed financial, business and clinical issues were discussed. The March 2017 meeting included a clinical update presentation on policy, infection control and learning from incidents to disseminate key messages to the unit managers.
- We spoke with staff at the NHS trust, they feedback the relationship with the manager and staff at Farnborough dialysis unit was positive and effective.

The NHS trust monitored the quality of the contract with Farnborough dialysis unit through monthly key performance indicator meetings, including quality, safety and patient experience metrics. The meeting covered all the Fresenius units contracted by the trust; this enabled a comparison between unit performances and identified any themes/ trends and learning points.

- A monthly report summary for each dialysis clinic was produced for all clinics by the FMC head office as part of a 'balanced scorecard'. The clinic manager used the scorecard along with the treatment variance reports to identify areas for improvement. For example the clinic's achievement of the prescribed versus actual dialysis time featured regularly in team meetings.
- FMC had embedded the International Standards Organisation (ISO) accredited integrated management system (9001). This ensured all policies and procedures supported best practice evidence. There was an annual review requirement to provide assurance that the evidence base was updated.
- The Farnborough unit had not implemented the WRES requirements.

Public and staff engagement

- We reviewed the annual patient survey results and action plan for 2015 and 2016. The response rates were 44% in 2015 and 34% in 2016. These showed achievements in two of the indicators had improved and three had fallen in 2016 compared to the 2015 results. The improved scores in 2016 were the proportion of patients who would recommend the unit to friends and family if they needed dialysis, 85% compared to 80% and the proportion of patients who found the unit atmosphere friendly and happy 100% compared to 96%. Indicators which were worse in 2016 were patients expressing complete confidence in their nurses 80% compared to 90%, treatment rooms were well maintained and clean, 85% compared to 96% and patients who thought the clinic was well organised 71% compared to 75%. Actions plans had been developed in response to the findings, such as increased information for patients provided by the

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named nurse. The notes of the team meeting in February 2017 recorded a discussion by staff of the low patient survey response rate and how it could be improved.

- Patient representative meetings took place quarterly led by the clinic manager. The meetings were scheduled to allow patients on different sessions to attend. The notes of the meetings were circulated which included actions taken in response to patients concerns. Patients we spoke with said they were encouraged to participate and share their views.
- A newsletter for patients was produced quarterly and highlighted relevant news and information for patients. For example, transport changes and a thank you to patients for their contribution to the unit's fundraising for World Kidney day in March 2017.
- Fresenius carried out an annual staff survey. The response rate for the 2017 survey was 59%, (approximately 11 out of 19), results showed 89% staff would recommend the dialysis unit to friends and family in need of dialysis and 82% would recommend the unit as a place to work. A high proportion of staff (95%) said their training, learning and development helped them to do their job and stay up to date with professional requirements. There were areas for improvement, for example, 100% staff said they had put themselves under pressure to come to work and

36% staff said they had experienced harassment, bullying or abuse from patients. An action plan had been developed to address the areas which required improvement including the low response rate.

- The notes of the unit's monthly team meetings showed staff were encouraged to share their views and contribute to the meeting.

Innovation, improvement and sustainability

- In 2016 Farnborough dialysis unit was awarded the Nephrocare excellence award for outstanding provision of dialysis service and the excellence award by Quality Management Systems (QMS) for occupational health service assessment.
- A peer review of the renal services of the trust took place in June 2016. Farnborough dialysis unit is one of the larger independent satellite dialysis units contracted by the trust. The peer review report included the NHS and independent dialysis units. It commended the nurse leadership at the Farnborough unit and also the unit's provision of the patient's welcome pack.
- Staff from the unit were active in presenting work at international conferences. For example they had presented studies at the 2015 and 2016 conferences of the European Dialysis and Transplant Nurses Association (EDTNA) and European Renal Care Association (ERCA) and had submitted an abstract for the 2017 conference.

Outstanding practice and areas for improvement

Outstanding practice

- Staff carried out research and presented at international conferences in collaboration with the NHS trust; they used research to drive improvement, for example, the introduction of advance care planning clinics.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must take action to address the concerns regarding medicines management procedures in relation to prescription checks and the lack of audits to provide assurance.
- The provider must ensure nursing staff are trained to safeguarding children level 2 in accordance with national guidance.

Action the provider **SHOULD** take to improve

- The provider should take action to ensure staff are consistently able to identify and manage deteriorating patients and those at risk of developing sepsis.
- The provider should ensure all patient transfers from the unit are recorded as clinical incidents and investigated for learning points.

- The provider should ensure patients' consent is obtained and documented in line with legislation and guidance.
- The provider should ensure staff follow infection control procedures to maintain the sterile field.
- The provider should support patients which specific language needs in line with agreed care plans.
- The provider should take action to reduce the level of staff vacancies on the unit.
- The provider should explore the reasons for the low response rates to the patient and staff surveys and take steps to improve patient and staff engagement.
- The provider must take action to ensure patients are provided information appropriate to meet their needs, in line with the Accessible Information Standard.
- The provider must take action to implement the requirements of the Workforce Race Equality Standards.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The service did not operate effective medicines checking procedures to reduce the risk of medication errors• The service did not carry out medicines management audits to assess and monitor the proper and safe management of medicines. <p>Care and treatment must be provided in a safe way for service users. The registered person must ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1)(2)(g)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <ul style="list-style-type: none">• Staff were not trained in safeguarding children level 2, as required by national guidance. <p>Systems and processes must be established and operated effectively to prevent abuse of service users.</p> <p>Regulation 13(2)</p>