Stockton Dialysis Clinic

Quality Report

University Hospital of North Tees
Hardwick Road
Stockton-on-Tees
Cleveland
TS19 8PE
Tel: 01642 803633
Website: www.diaverum.com

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Stockton Dialysis Unit is operated by Diaverum UK Ltd, an independent healthcare provider. The unit is a 'standalone' dialysis clinic located within the grounds of North Tees Hospital NHS Trust and commissioned by the South Tees NHS foundation trust to provide renal dialysis to NHS patients. The NHS trust referred patients to the clinic. The service commenced in 2004 with 15 stations (located in two bays and one side room). Providing haemodialysis for clinically stable patients with end stage renal disease/failure.

There are on average 903 dialysis treatment sessions delivered a month. The service delivered 10,839 haemodialysis sessions in the 12 months prior to inspection. Adults aged 18 – 65 received 4989 sessions and adults aged 65+ received 5891 session during April 2016 to March 2017. There were 71 people in total using the service. The service provides dialysis for patients over the age of 18 years only. The clinic does not provide peritoneal dialysis or services to children.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 6 June 2017, along with an unannounced visit to the hospital on 22 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 when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- There was a positive culture regarding reporting of incidents. Staff understood the incident reporting policy and understood the principles of 'being open' and 'Duty of Candour'
- Staff were competent and were proactively supported with their training and development needs and mandatory training compliance was high for the majority of required modules.
- The clinic had systems and processes in place to keep vulnerable patients safe from harm. Staff were aware of their roles and responsibilities for reporting and escalating adult safeguarding concerns.
- 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.
- Patient feedback was very positive and patients told us that staff went out of their way to meet their needs.
- The service offered different dialysis sessions to meet individual needs including an overnight service where patients had dialysis treatment during the night. The clinic is one of very few clinics in the UK to offer nocturnal dialysis, which is associated with both improved patient outcomes and improved quality of life. The clinic had received extremely positive patient feedback for this service and demand for nocturnal dialysis was increasing.
- There was no waiting list for treatment at the clinic and the clinic had not cancelled or delayed any dialysis sessions for non-clinical reasons in the 12 months prior to the inspection.
- The clinic had a corporate vision, mission and values for the service to improve the quality of life for renal patients and "to be the first choice in renal care".
- Staff we spoke with said they had positive working relationships with the management team. The manager was described as approachable and supportive and staff and patients felt the clinic was well managed.

Summary of findings

- The clinic had recently received an excellence award for retention of staff.
- The organisation was described as supportive for staff development and there was a no blame culture evident when incidents occurred, which encouraged reporting.

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

- We were not assured that incidents were investigated thoroughly. We saw that not all contributory factors had been considered during the investigation of a medicine incident. It was not clear how the themes and trends of all the incidents were shared from the different clinics in the company to all staff.
- Staff did not always check patients' identity before administering dialysis medicines / treatment.
- Compliance with infection prevention and control training, water quality and testing, and training regarding female genital mutilation (FGM) was poor.
- Staff at the clinic had not received training regarding sepsis and there was no sepsis protocol in use
- There was no policy regarding safeguarding children and staff had not received safeguarding children training.
- Effective weekly treatment time data for January 2017 to March 2017 showed that 53.4% patients were dialysed for the prescribed four hours treatment time. This is less than the minimum standard of 70%.
- The clinic was not meeting the 'Accessible Information Standard' (2016) or the Workforce Race Equality Standard (WRES) (2015) at the time of our inspection.
- The risk register was not reflective all of the current risks relevant to the clinic.
- We did not see how performance information or learning from incidents and complaints was shared across the organisation.

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 notices. Details are at the end of the report.

Ellen Armistead
Deputy Chief Inspector of Hospitals (North)

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

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Background to Stockton Dialysis Clinic

Stockton Dialysis Unit is operated by Diaverum UK Ltd. The service opened in March 2004. It is a purpose built facility in the grounds of the University Hospital of North Tees, Stockton-on-Tees. The service is contracted by South Tees Hospitals NHS Foundation Trust (STHFT) to provide renal dialysis to its patients. STHFT is a tertiary provider for renal services primarily for patients living in the Cleveland area and parts of County Durham and Darlington and North Yorkshire.

The hospital has had a registered manager, Mendy Saluquen, in post since June 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,one other CQC inspector, and a specialist advisor. The inspection team was overseen by Amanda Stanford, Head of Hospital Inspection.

Information about Stockton Dialysis Clinic

The Diaverum, Stockton dialysis unit is a purpose built facility within the grounds of the University Hospital of North Tees. It provides treatment and care to adults only and the service runs over six days, Monday to Saturday.

The dialysis clinic is registered to provide the following regulated activities:

- Treatment of disease, disorder, or injury.

The clinic has 15 stations in total, 14 stations (bed spaces) in the main treatment area; and one isolation room. The clinic has the capacity to dialyze 99 patients on a seven-shift basis including a nocturnal shift.

The usual times for dialysing patients are between 7.00 am until 11.00 pm daily. The clinic also opens overnight on Monday, Wednesday and Fridays. An average of 903 treatments sessions are delivered each month.

There are four treatment sessions for patients who have dialysis on Monday, Wednesday, and Friday, and three treatment sessions for patients who have dialysis on Tuesday, Thursday, and Saturday.

There is ample storage, office space and treatment rooms. Access is ground floor to all clinic facilities and disabled car parking is available directly outside the clinic.

During the inspection, we visited the treatment areas where dialysis took place, and the other non-clinical areas of the unit, such as the maintenance room, and water treatment area. We spoke with a range of staff including the area operations manager, the area practice development nurse, the clinic manager, deputy manager, registered nurses, and dialysis assistants. We spoke directly with eight patients and received 46 'tell us about your care' comment cards and letters that patients had completed prior to our inspection. During our inspection, we reviewed seven sets of patient records.

There were no special reviews or investigations of the clinic during the 12 months before this inspection. The last CQC inspection took place in November 2013, which found that the service was meeting all of the standards of quality and safety it was inspected against.

Activity (April 2016 to March 2017)

- In the reporting period April 2016 to March 2017, there were 71 patients treated at the clinic all of these were NHS-funded.
- At the time of the inspection, thirty-three patients were aged 18 to 65 years and 38 were over 65 years.

Summary of this inspection

- There were 10,839 dialysis treatments carried out in this period, 4948 dialysis sessions carried out for 18-65 year olds and 5891 sessions for people over 65 years of age.
- During this period, there has been no notification to the CQC.
- Stockton dialysis clinic was a nurse led service with patients remaining under the clinical supervision of the renal consultants from South Tees Hospitals NHS Foundation Trust. The Stockton clinic employed nine (8.7 whole time equivalent (WTE)) registered nurses (RN), two dialysis assistants (2 WTE), two healthcare assistants (1.9 WTE) and a part-time secretary. There was one RN vacancy at the unit. As part of the contract dieticians, clinicians and specialist nurses were available to support patients. The clinic did not employ any medical staff.

Track record on safety

- There were no reported never events at this clinic in the last 12 months.
- There had been two serious incidents reported at this clinic in the last 12 months, one a medicine error and one patient inoculation injury. Although the clinic internally considered these serious incidents they would not have been classified as external serious incidents (SIs) for the NHS 'STrategic Executive Information System (STEIS)'
- There were no incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (CDiff) or Escherichia-Coli infections.
- There had been no in service patient deaths in the reporting period.
- There were no complaints received by the CQC or referred to the Parliamentary Health Services Ombudsman (PHSO) or the Independent Healthcare Sector Complaints Adjudication Service.
- The clinic had received six written complaints and two written compliments from patients.

Services accredited by a national body:

- The clinic is accredited against ISO 9001 quality management system and the OHSAS18001 health and safety system and are therefore subject to regular audit and review.

Services provided at the hospital under service level agreement:

- Social worker provided by a service level agreement (SLA) with commissioning NHS trust.
- Counsellor provided by SLA with the commissioning NHS trust.
- Clinical and domestic waste SLA with local hospital.
- Laundry and linen services were provided under SLA with a local company.
- Planned preventative and reactive maintenance was provided by a SLA with a local and national company.
- Cleaning provided under a SLA with a local company.
- Security services provided by a SLA with the local hospital.
- Dietetic services provided by a SLA with the local hospital

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

- We were not assured that incidents were investigated thoroughly. We saw that not all contributory factors had been considered during the investigation of a medicine incident.
- Staff did not always check patients' identity before administering dialysis medicines / treatment.
- Compliance with infection prevention and control training and water quality / testing was poor.
- The majority of staff had not had PREVENT training or training regarding female genital mutilation (FGM).
- There was no policy regarding safeguarding children and staff had not received safeguarding children training.
- Staff at the clinic had not received training regarding sepsis and there was no sepsis protocol in use
- It was not clear how the themes and trends of all the incidents were shared from the different units in the company to all staff.

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

- There was a positive culture regarding reporting of incidents. Staff understood the incident reporting policy and understood the principles of 'being open' and 'Duty of Candour'
- All staff were proactively supported with their training and development needs and mandatory training compliance was high for the majority of required modules.
- The clinic had systems and processes in place to keep vulnerable patients safe from harm. Staff were aware of their roles and responsibilities for reporting and escalating adult safeguarding concerns.
- Staff worked flexibly and the rota was planned to ensure safe numbers of staff were available to meet patient need.
- There were systems and processes in place to ensure equipment was clean and well maintained.
- Records were maintained to a high standard.

Summary of this inspection

Are services effective?

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

We found the following areas of good practice:

- 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.
- Staff were competent and were supported with ongoing training and development needs.
- All staff had received an appraisal in the last 12 months.
- We observed effective team work and support within the clinic between nurses, dialysis assistant and healthcare assistants
- We found that patients gave formal, informed written consent for dialysis treatments and for the use of anonymised clinical information.
- Staff had received training regarding the Mental Capacity Act and Deprivation of Liberty Safeguards and those we spoke to understood these principles

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

- The provider did not formally monitor or audit, arrival and pick up times, for patients who used patient transport services, against NICE quality standards.
- Effective weekly treatment time data for January 2017 to March 2017 showed that 53.4% patients were dialysed for the prescribed four hours treatment time. This is less than the minimum standard of 70%.
- The clinic manager was not able to benchmark patient outcomes with other Diaverum clinics.

Are services caring?

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

We found the following areas of good practice:

- All patients we spoke with were very happy with the care they received and the relationships they had with the clinic team.
- We saw staff interact with patients in a respectful and considerate manner and treated them with dignity and respect.
- Patient feedback was very positive and patients told us that staff went out of their way to meet their needs.

Summary of this inspection

- The clinic manager ensured they were visible to all patients when they were on duty and gave patients the opportunity to speak to them regarding any concerns or questions they had.
- Patients were given the opportunity to visit the clinic with a family member or friend prior to starting treatment.
- We observed that the patients comfort was prioritised and we observed staff checking with patients during dialysis that they were comfortable.

Are services responsive?

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

We found the following areas of good practice:

- The service offered different dialysis sessions to meet individual needs including an overnight service where patients had dialysis treatment during the night.
- There was no waiting list for treatment at the clinic and staff we spoke with said that this was consistent.
- The clinic had not cancelled or delayed any dialysis sessions for non-clinical reasons in the 12 months prior to the inspection.
- The clinic offered a flexible approach to the patient's dialysis sessions and patients were allocated dialysis appointment times to fit in with social and work commitments.
- The clinic was accessible for people with limited mobility and people who used a wheelchair.
- Complaints were responded to in an appropriate and timely manner.

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

- There was limited written information available in other languages and formats and there was a lack of process regarding accessing translation and interpreting services. The unit was not meeting the required standards for accessible information.

Are services well-led?

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

We found the following areas of good practice:

Summary of this inspection

- The clinic had a corporate vision, mission and values for the service to improve the quality of life for renal patients and "to be the first choice in renal care".
- Staff we spoke with said they had positive working relationships with the management team. The manager was described as approachable and supportive and staff and patients felt the clinic was well managed.
- The clinic manager was clearly proud of their team who they described as being committed and demonstrated a good work ethic. Staff had a 'can do' attitude and nothing was a problem for them. . Commitment to the clinic and patients was also demonstrated in fundraising and team building activities outside of working hours.
- Staff survey results from 2016 confirmed good team working, supportive relationships and good leadership. The results were more positive than other Diaverum clinic scores across every question.
- There were low levels of sickness and staff turnover.
- The clinic had recently received an excellence award for retention of staff.
- The organisation was described as supportive for staff development. There was a 'no blame' culture evident when incidents occurred, which encouraged reporting.
- The clinic is the only clinic in the UK to offer nocturnal dialysis, which is associated with both improved patient outcomes and improved quality of life. The clinic had received extremely positive patient feedback for this service and demand for nocturnal dialysis was increasing.

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

- The risk register did not reflect all the current risks relevant to the operational effectiveness of the unit. For example, overall performance, non-attendance for dialysis and environmental risks were not recorded as local risks. Risks, the clinic manager had identified during the inspection, such as the water treatment plant, staffing and shared care were not on the register.
- Investigation of a medicine error had not identified all contributory factors and paperwork did not lend itself to robust investigation.
- There was no policy for safeguarding children and staff had not received any children's safeguarding training.
- The clinic was not meeting the 'Accessible Information Standard' (2016) and the Workforce Race Equality Standard (WRES) (2015) at the time of our inspection.

Summary of this inspection

- We did not see how performance information or learning from incidents and complaints was shared across the organisation.

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

- We saw the provider had a policy for the reporting of incidents including near misses. The policy did not give guidance regarding categorisation of incidents by level of harm. This meant that nursing staff might find it difficult to identify triggers for formal notifications of serious incidents (SIs) when the threshold of moderate harm has been reached, which would require 'Duty of Candour' implementation. However, there was a separate policy for duty of candour, which stated that any incident where mistakes have led to patients suffering significant harm would trigger the duty of candour process. Information we were provided with showed that the duty of candour process had been implemented once in the previous 12 months.
- Under the Health and Social Care Act (Regulated Activities Regulations 2014), the duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of "certain notifiable safety incidents" and provide them with reasonable support.
- There had been no 'Never Events' at the clinic in the 12 months before the inspection. 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.
- There were no deaths reported at the clinic in the last 12 months.
- There had been two serious incidents reported during the reporting period from April 2016 to March 2017. One incident was a medicine error and the other incident was a patient inoculation injury. Although the clinic internally considered these serious incidents they were not externally reportable serious incidents (SIs) for the NHS 'Strategic Executive Information System (STEIS)'
- Staff we spoke with could explain the process for reporting incidents on the electronic clinical incident report form and on the clinic variance report. Once reported, these generated an alert to the clinic manager, who received all alerts of incidents reported in the clinic. Managers told us that the organisational senior management team also received these alerts and undertook trends analysis.
- The clinic reported 154 incidents for the period of June 2016 to May 2017. Types of incidents reported included things such as missed or shortened treatments, needle stick injuries, environmental or equipment issues and clinical complications such as hypotension, clotting and issues with vascular access. From the incidents we reviewed, we did not see the incidents graded by severity of harm. We were not assured that all incidents were reported correctly to enable sharing of lessons learned and to improve patient outcomes. We found 85 reported incidents, which did not have any recommendations or improvement action identified.
- We reviewed three incident reports and noted a twelve point review of the incident. These reports did not identify all contributory factors relating to the incidents. For example, the medicine incident did not consider storage or stock control as contributory

factors in the incident occurrence. Investigation into an emergency transfer did not include an evaluation of clinical management or consider ambulance response and transfer to the acute service. The reports were not always dated and did not include review dates for follow up of recommendations or actions. The report template did not facilitate a comprehensive analysis or evaluation of the incidents.

- We did not see reference to duty of candour in these reports or whether this was required or implemented. However, we saw from minutes of a meeting that the medicines incident was discussed with other staff and that they patient had been informed but this was not recorded on the incident form or in the investigation report.
- Staff we spoke with understood the concept of the duty of candour requirements and described it as being open and honest with patients and their family.
- Staff told us they were encouraged to report incidents and there was a no blame culture when something went wrong.
- The clinic monitored performance against patient harm. For example, they reported the number of falls that occurred on the unit. In the reporting period April 2016 to March 2017, there had been one reported patient fall on the unit.
- It was not always clear how the themes and trends of incidents were shared from the different units in the company, to all staff. The clinic manager and operations manager said they received information relating to incidents and learning from other units. However, there was no reference to sharing learning in the team minutes other than from local incidents.
- The clinic manager had not received root cause analysis (a method used to investigate incidents) training but they had received some training regarding reporting and management of incidents.
- Managers and staff said they received safety alerts from head office by email for them to review and act on if necessary. The clinic manager needed to report back to head office regarding relevant alerts and actions taken.

Mandatory training

- The service provided mandatory training to staff. This was delivered as both face-to-face or using online learning modules.
- The clinic manager maintained an electronic education log of staff completing training. The corporate target for mandatory training completion was 100% compliance. The annual mandatory training included fire safety, data protection, hand hygiene, infection prevention and control and medicines management. The education log, showed 100% compliance from 2016 to 2017 with all modules except infection prevention and control, which was at 50%. Basic life support and anaphylaxis training compliance was 100% for 2016-2017.
- Bi-annual mandatory training included; safeguarding, control of substances hazardous to health (COSHH) and manual handling.
- Other mandatory training for all staff was relevant to role and included an orientation programme and basic dialysis programme. All except two members of staff had fully completed the programmes.
- Preventing Radicalisation and Extremism Training (PREVENT) and (NEWS) training had been added, within the last few months,as requirements for all staff compliance with these new modules was at 29% and 20% respectively at the time of inspection. We did not see a target date for when all staff should have completed this training.
- We did not see, and staff we spoke with confirmed, that training for sepsis management was not available. The clinic used the sepsis protocol from the commissioning NHS trust.
- It was unclear if water quality / testing training was mandatory however, we noted that six staff had not started this training, five had partly completed and only three had fully completed it.
- Managers told us that the HR department checked mandatory training and other relevant qualifications as part of the pre-employment checks for agency nurses. Staff said the training available was very good and felt supported to attend or access mandatory training.

- New staff received a corporate induction, which included some aspects of their mandatory training such as fire, health and safety issues.
- Staff we spoke with said that agency nurses received an induction when they first went to work in the unit.

Safeguarding

- The Diaverum director of nursing was the organisational lead for safeguarding and the clinic manager was lead for the unit.
- The organisation had a safeguarding policy for 'adults with care and support needs and dealing with concerns, suspicions or allegations of abuse, harm or neglect'. This advised staff on how and when to raise a safeguarding concern. This document did not detail the level of training required by staff or refer to female genital mutilation or PREVENT.
- Staff received training in adult safeguarding which managers told us was at level two. We reviewed staff training records and saw that 100% of staff had received safeguarding training.
- Staff we spoke with knew how to recognise abuse, report or escalate safeguarding concerns.
- There was no policy regarding safeguarding children and staff had not received safeguarding children training. Although children were not treated at the clinic and staff told us it was very rare for children to attend the unit; intercollegiate guidance (2014) recommends that level two competence is the minimum level required for "non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers". Some patients at the clinic were parents or carers.
- The clinic manager had not received training to level three children safeguarding, for her role as safeguarding lead for the unit. Level three training would be in line with current best practice guidance.
- There had been no safeguarding concerns or alerts raised by or against the clinic in 2016/17. In the event of a concern, staff told us they would raise concerns locally with their clinic manager and follow the process to refer on to the local authority.
- All staff, including agency nurses, had disclosure and barring (DBS) checks undertaken pre-employment. There was no policy or process in place to revisit these checks.

Cleanliness, infection control and hygiene

- We found the clinic was visibly clean and tidy. Patients were satisfied with standards of cleanliness and told us the environment was always 'clean and hygienic', which made them feel safe.
- The clinic had policies and procedures that gave detailed guidance to staff on hand hygiene, personal protective equipment (PPE) and cleaning and disinfection of equipment. During the inspection, we observed that staff were compliant with 'bare below the elbows' and personnel protective equipment practices, including use of visors to protect from splashing.
- The clinic manager was the lead for infection prevention and control and had overall responsibility for providing infection prevention and control advice. The nursing director was the organisational lead for infection prevention and control.
- The clinic manager, in conjunction with the practice development nurse, audited standards on an ongoing basis.
- Hand hygiene audit data showed 100% compliance in the reporting period January 2017 to June 2017. During the inspection, we did not see hand hygiene compliance data displayed on the unit. Alcohol hand sanitiser was available at every dialysis station and during the inspection; we observed staff perform hand hygiene at appropriate times.
- We saw that one sink on the clinic was damaged and was not able to be effectively cleaned and one sink in the sluice area was not working. When the damage was pointed out to the clinic manager, they said they would chase the repairs, which had been reported.
- All patients were encouraged to clean their arm prior to dialysis taking place and we saw patients complying with this request without being asked. This process reduces the risk of infection to the patient during dialysis.

- Each patient collected a small box once they had been weighed, this box contained an individual tourniquet, tape and line clamps. Staff cleaned this equipment prior to using and prior to returning to the box.
- The clinic reported no cases of healthcare acquired methicillin-resistant staphylococcus aureus (MRSA) or methicillin-sensitive staphylococcus aureus (MSSA) in the reporting period between April 2016 and March 2017. Patients were screened for (MRSA) and blood borne viruses on admission to the clinic and at regular intervals. Protocols were in place to screen patients returning from holiday to high risk of infection regions for blood borne viruses, MRSA and MSSA.
- The clinic did not have a policy for screening patients for Carbapenemase-producing enterobacteriaceae (CPE) when patients returned from receiving healthcare treatment abroad or when they returned from being an inpatient in UK hospitals, known to have had problems with the spread of CPE.
- Procedures were in place to assess carriers of blood borne virus such as hepatitis B and C. Staff were able to describe the correct isolation requirements and actions required to mitigate the risk of cross infection. There was one isolation room for patients with a known or suspected infection. Although the DH building notes recommend one isolation room for every 12 stations, staff did not report lack of isolation facilities as an issue.
- Infection prevention and control audit scores showed 85% average compliance in the reporting period January 2017 to June 2017. The audit covered all aspects of IPC including buildings, maintenance of equipment, cleanliness, waste management and availability of hand washing facilities and personal protective equipment.
- The clinic manager had overall responsibility of cleaning by domestic staff. We observed the cleaning schedules and there was a good system in place. Domestic staff cleaned the clinic daily and there was a communication system to inform the domestic of any increased infection risk or need for deep cleans to isolation rooms.
- We observed staff performing cleaning and disinfection of dialysis machines between each patient. These followed manufactures and organisational guidance. Staff completed cleaning logs following deep cleaning of the machines this was completed monthly. Single patient use lines were used and disposed of appropriately at the end of each dialysis session.
- We inspected seven pieces of equipment at both at the bedside, in storage and in treatment rooms including dialysis stations and suction pumps. Equipment was found to be visibly clean; the clinic did not use assurance labels so it was difficult to be assured the equipment was cleaned and ready for use.
- Staff were knowledgeable about the surveillance of water systems for presence of bacteria. Staff were able to explain the procedures required to test water samples and were able to explain the procedure if a water sample came back as contaminated. The clinic manager said the clinic had not failed monthly water quality tests in the previous year. Records demonstrated that staff regularly checked water systems and provided routine flushing of the water systems to prevent the system from becoming contaminated.
- Staff had access to clinical and non-clinical waste facilities and were able to dispose of waste at the point of use. Staff were observed to use appropriate segregation of waste and the clinic had targets for waste management, which were being met. The ten sharps disposal bins we inspected were assembled correctly and used as per policy.
- Staff received training on hand hygiene and infection, prevention and control training compliance rates for the clinic were 100% for hand hygiene and 50% for IPC.
- Training was offered to all staff and competencies were assessed on; aseptic non-touch technique, for the management of dialysis vascular access or tunnelled lines and compliance with this training was 100%. During the inspection, we observed all staff complying with non- touch techniques during vascular access.

Environment and equipment

- The clinic was accessed via a single entrance and via an intercom system to reception as a security measure. Entrance to the main treatment area from the main waiting area was via a digital lock and all clinic and storerooms were kept locked.
- The clinic was spacious, had natural light and appeared warm and welcoming for patients and visitors on the day of inspection. The clinic had 15 dialysis stations in three different areas. Two bay areas were available and one isolation room. All areas were separated by partitions, which facilitated the close observation of patients.
- Maintenance of dialysis machines, chairs and other clinical equipment such as patient thermometers, blood pressure monitors and patient scales were scheduled and monitored using a maintenance/ calibration policy. Quarterly audits were carried out to ensure equipment was maintained correctly.
- There were two spare dialysis machines ready for use but no spare scales. Staff told us they would seek an urgent repair if scales broke down or would ask the local trust if they could borrow some. Annual electrical testing was also part of the planned preventative maintenance schedule. The organisational operations director was responsible for ensuring the schedule was in place.
- Staff we spoke with could explain the process for reporting faulty medical devices.
- An external team provided planned and reactive maintenance. Staff we spoke with knew how to log a call with the company regarding any facilities issues. An audit of equipment and maintenance logs showed 100% compliance in quarter one 2017.
- During the inspection, we noticed some areas of damage. There was damage to floors in the storeroom, wooded laminate around sinks and damage to a clinical hand washbasin. Three out of six overnight mattresses used by patients were also damaged with splits in the outer fabric making them difficult to clean effectively. The clinic manager was informed and they told us that immediate action would be taken to remove the damaged items and chase the repairs.
- We noted that firefighting equipment checks were carried out on a routine basis.
- The resuscitation trolley and equipment we checked was appropriately stocked, there was an effective system for checking in place and evidence of staff sign off for the previous three months. All necessary equipment was available and easy to access in the main clinic. The suction system and defibrillator was in working order and had been checked on a maintenance programme. Oxygen was available.
- Staff we spoke with said there were adequate stocks of equipment and we saw evidence of stock rotation. All single use items such as dialysis sets were in date and stock levels were good. Equipment was stored in drawers on movable trolleys, staff had made dividers from cardboard and tape, these can become contaminated and difficult to clean effectively.
- The clinic was purpose built and was built to the appropriate standard design, each station had sufficient room around to allow the patient safe access to the dialysis chair and staff safe access to the patient and machine.

Medicine Management

- There was an organisational medicines management policy, which included patient identification in relation to medicine administration; the medicines link nurse was responsible for auditing medicines including, storage and patient prescriptions. However, we did not see evidence of audit of practice to provide assurance that standards of practice were monitored or reviewed by pharmacy or senior staff.
- The clinic manager had lead responsibility for medicines management. The nurse in charge, who was always an experienced nurse, was the key holder for the medicines cabinet on a day-to-day basis.
- There were a small number of medicines routinely used for dialysis, such as anti-coagulation and intravenous fluids. The clinic also had a small stock of regular medicines such as EPO (erythropoietin – a subcutaneous injection required by renal patients to help with red blood cell production). Stock medicine was ordered from the commissioning NHS trust. The clinic did not use or store any controlled drugs.

- Medicines were stored in a locked clean utility room; all cupboards containing medicine were locked. We did not observe any medicines unattended during our visit. Emergency medicines were readily available and found to be stored correctly and in date.
- Medicines requiring refrigeration were stored in a locked fridge. The fridge temperature was checked daily and staff were aware of the action to take if the temperature recorded was not within the appropriate range. Records we reviewed corroborated this.
- Training was provided to staff on medicines management including safe administration of intravenous medicines. Annual updates and competency assessments were undertaken. Training compliance was at 100%.
- Pharmacy support was available from a nominated renal pharmacist at the local NHS trust pharmacy for advice and guidance.
- The patients consultant prescribed all medicine required for dialysis. Staff we spoke with said that there was regular review and good access to the consultant for prescription changes. Therefore, there was minimal need to access out of hours support. However, nursing staff could contact the on call renal doctor at the local trust for any urgent prescription changes or advice.
- Medicines changes were discussed at the patient's multidisciplinary meeting and shared with the patient and the patients GP.
- We looked at the prescription and medicine administration records for three patients on the unit. These records were fully completed and were clear and legible. A quarterly audit of prescription cards showed that these were consistently 100% compliant with all criteria from January 2016 to March 2017.
- During the inspection, we observed that staff administering additional medicines, verbally checked patients' identification, but staff providing initial dialysis medicines did not positively check the patients' identity. Staff at the clinic administered individually prescribed medicines.
- After our inspection, we asked for evidence of the patient identification (ID) policy. We were informed that the company does not currently have a patient identification policy. The registered manager also informed us that this issue had been discussed with the consultants and patient photographs were going to be used as positive identification. The lack of a patient ID policy was not on the risk register. We acknowledge that most patients were well known to the clinical team, however nursing staff must always adhere to Nursing and Midwifery Council (NMC) standards for medicines management this includes being certain of the patients identity, checking the patients allergy status and medicines expiry date.
- Staff had developed a system of setting up boxes for the next session of patients, each box contained items required for the patients dialysis including dialysis fluid. This process was open to human error as different strengths of dialysis fluid were used for different patients and the boxes were labelled by bed space. If patients moved to a different bed space due to unavailability of their usual space, this system had the potential to cause harm to patients.

Records

- Diaverum had information governance policies, which guided staff on record keeping and management to ensure a consistent approach to record keeping.
- Patients' records were stored in both paper and electronic formats. Diaverum had an electronic patient information management system. They also used the commissioning NHS Trust clinical database system to record daily treatment data. The paper records included the dialysis prescription, patient and next of kin contact information, and GP details. There were also nursing assessments, medicine charts, and patient consent forms. Paper records were stored with the patient during dialysis and then stored in a locked cupboard once they had completed this treatment. Electronic care plans we reviewed had been updated regularly.
- Documentation audits were carried out on a monthly basis between January and March 2017 aspects of documentation looked at included legibility, signature, clear prescription, patient details and whether prescriptions and care plans had been reviewed. Compliance for this period was 100%. The 2017 peer review audit of the Stockton clinic, found some aspects of documentation, which needed

improvement. These included annual review of care plans, dates missing from care pathways and named nurse not easily identifiable. Action had been taken to share the results with staff so improvements could be made.

- We reviewed seven complete sets of patient records and saw electronic entries made pre, middle and post dialysis as well as entries made for any variances during the period of dialysis. These entries were made at appropriate times in relation to the patient pathway. We also reviewed the corresponding patient paper records, including care plans and pathways, and saw that these had been regularly reviewed with the exception of some falls and pressure area assessments. These assessment forms did not state specific review periods and indicated that reviews were undertaken when clinical judgement indicated. It was likely that this had led to inconsistent practice between nursing staff.
- Communication with the patients' GP was direct from the renal consultant. Any changes to medicines following the multidisciplinary meeting each month were sent to the patients GP.
- Patient's needs were assessed and treatment was planned and delivered in line with their individual care plans. There was a comprehensive care pathway in the care plans we reviewed. Records contained a current dialysis prescription, dialysis summary charts and risk assessments, i.e. moving and handling and Waterlow score. Assessment of pressure damage risk included a visual skin check of pressure areas.
- As staff also used the commissioning NHS Trust clinical database system to record daily treatment data. This ensured that renal consultants were able to access patient records and blood results and clinic staff were able to access up to date clinic letters.
- Dialysis self-care was offered to patients and records were completed to ensure that patients were carrying out this procedure safely following a period of assessment.

Assessing and responding to patient risk

- Only clinically stable patients were dialysed on the unit. If someone was acutely ill with renal problems, they were treated at a main NHS hospital.
- There was a system in place to managing the risks of the deteriorating patient in the clinic. Staff had access to pathways and protocols to manage adverse reactions during dialysis. Staff reviewed patients regularly reviewed the majority of risk assessments.
- Patients weighed themselves before treatment began on electronic walk- on weighing scales. This was to establish any excessive fluid, which had built up in between treatments. They informed the nurse or dialysis assistant of this weight prior to commencing treatment.
- Staff carried out patient observations of vital signs such as blood pressure and pulse were recorded before, during and after dialysis treatment. Temperature was recorded routinely when patients received dialysis through an intravenous line, pre, mid and post treatment.
- The clinic did not routinely use an early warning score system to identify the deteriorating patient. Nursing staff used the NEWS tool when patients had already deteriorated and required medical transfer to the NHS trust. However, nursing staff we spoke with were experienced and able to articulate the clinical condition of a deteriorating patient. Staff could describe how they would escalate concerns and access paramedic services for deteriorating patients.
- The staff we spoke with had not undertaken NEWS training, however, the organisation had recently made NEWS training available for staff. At the time of the inspection, 20% of registered staff had accessed the online training module.
- There was no sepsis toolkit or pathway in use at the unit. This was not in line with the NICE guideline (NG51) for recognition, diagnosis, or early management of sepsis. (Sepsis is a life-threatening illness caused by the body's response to an infection). The clinic had a pyrexia pathway and displayed a NHS trust poster on sepsis recognition. Staff we spoke with had not received specific training on sepsis. However, staff were able to describe what would happen if a patient deteriorated and could describe signs and symptoms of infection.

- There was a clear clinic policy in place for the emergency management of cardiopulmonary resuscitation. All clinic staff were trained in basic life support and anaphylaxis. No staff were trained in immediate life support.
- There was an agreement with the local NHS trust that patients, who became ill whilst in the clinic, would be transferred to the hospital. Patients were transferred through 999 calls to the local ambulance service. There were two patient transfers to another healthcare provider in the 12-month reporting period between April 2016 and March 2017.
- We observed staff monitoring alarms on equipment in the unit. Staff we spoke with was knowledgeable about equipment and setting alarm parameters.
- Staff recorded variances during the period of dialysis in the electronic patient records for example, treatment variances, falls risks, mobility post dialysis and changes in vital signs measurements. Staff used this information to help plan the next dialysis session and to identify any themes occurring during dialysis.
- Staff explained risks to patients if patients opted not to complete their prescribed dialysis and asked them to sign a form to say this had been discussed and they understood the risks.
- The clinic manager told us the company prioritised patient safety and was confident that any risks, she identified, would be dealt with appropriately.
- We saw that all patients had personal emergency evacuation plans in place and these had been updated within the last three months.
- During the inspection, we saw that staff answered the alarm on the machine as required and carried out appropriate action.

Staffing

- Stockton dialysis clinic was a nurse led service with patients remaining under the clinical supervision of the renal consultants from South Tees Hospitals NHS Foundation Trust. The renal consultant visited the clinic on a weekly basis to adjust and sign prescriptions and to see patients who needed a consultation.
- The Stockton clinic employed nine (8.7 whole time equivalent (wte)) registered nurses (RN), two dialysis assistants (DA) (2 wte), two healthcare assistants (HCA) (1.9 wte) and a part-time secretary. There was one RN vacancy at the unit.
- In the previous 12 months to inspection, staff said that no registered nurses had left. One renal assistant had left the service during the same reporting period and had not been replaced.
- The clinic worked to a predetermined patient to staff ratio as defined by South Tees NHS Foundation Trust and in line with renal association guidance. This meant one nurse looked after up to four patients on dialysis.
- Managers told us there was always a minimum of two RNs on duty and that skill mix was usually around 67% registered nurses to 33% dialysis assistants. We reviewed three months of staffing rotas, which confirmed planned staffing levels and ratios were achieved. The clinic was staffed with two RNs overnight.
- There were very low levels of sickness at the clinic in the three months before our inspection. (RN 4.7%, DA 1.7% and HCA 0.4%)
- The clinic senior team ensured compliance with staffing ratios through the application of a rota system. The clinic manager completed these in advance. Staff we spoke with did not raise any concerns over their duty rotas.
- The clinic manager reviewed duty rotas on a daily basis to assess staffing levels based on the actual number of patients attending for dialysis and any unexpected staff shortages. When staff shortages were identified action was taken including rearranging shifts with the cooperation of clinic staff. Where staffing levels could not be maintained the clinic used staff from a renal agency. The clinic did not use any bank or agency staff in the three months before our inspection.
- Staff told us that the substantive nurse in charge completed induction and assessed competency packages with all temporary, bank or agency staff. This included vascular access, haemodialysis, drug calculations and IV competencies.

- The clinic did not directly employ any medical staff. Consultants were contactable via telephone, e-mail, through the consultant's secretary or hospital pager. Out of hours, the on call consultant covering the trust dialysis unit could be contacted via the hospital switchboard. All clinic staff, we spoke with, were aware of how to contact a patient's consultant.
- Patients confirmed that the consultant was available outside of clinic appointments and visited the clinic to review patients.

Major incident awareness and training

- The clinic had a business continuity plan, this plan included plans for IT, water, heating, power failure and staffing shortages. Once the plan was activated, an internal alert was sent to members of the senior management team. This information was also shared with the referring trust. All staff we spoke with were aware of this plan, and there was a requirement within it for training and site evacuation drills.
- Patients records we reviewed had personal emergency evacuation plans applicable to patients whilst on and off dialysis. This included specific reference to their mobility needs during evacuation. Staff updated these plans on a regular basis.
- We saw evidence of provision of emergency equipment in the clinic for example firefighting equipment.
- Dialysis machines had battery back to allow staff time to safely remove patients in the case of power failure.

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

- We saw that policies and procedures were developed in line with guidance and standards from the UK Renal Association and had been incorporated into the organisations policies and procedures.
- Clinical care was led by NHS consultant nephrologists. The clinic was nurse led based on plans and pathways individual to the patients. The team spoke with us about the expectations to work in line with the UK Renal Association Standards to achieve dialysis quality outcomes.
- The clinic used an International standards organisation ISO accredited Integrated Management System (9001) to ensure all policies and procedures supported best practice evidence. An annual review was completed to ensure that the evidence remained current. Policies were stored on the shared drive and staff said they were able to access them.
- Individual care pathways and treatment prescriptions were available for dialysis patients. These were based on relevant national guidance. We saw evidence of a range of standardised, documented pathways and agreed care plans that had been individualised for patients by named nursing staff. Examples of these included pressure care and falls care plans.
- Patients came to the clinic with fistulas for vascular access already, created at the local NHS trust. The staff monitored the patients' vascular access/ fistula site in line with the NICE quality standards.
- We observed that staff followed best practice guidelines when connecting and disconnecting patients' lines from the dialysis machines. Staff flushed the needles with saline before connecting to the dialysis machine and we saw no air was in the needles during cannulation.
- The clinic participated in audits of infection prevention and control, fire safety, equipment, medicines and records management.

Pain relief

- Nursing staff assessed and managed patients' pain appropriately. Patients were offered pain relief, prior to dialysis. Patients we spoke with said they were offered pain relief if required and staff checked that pain relief administered had been effective.
- The clinic used a number of different medicines for relieving pain such as, local anaesthetic, painkillers and ice packs.

Nutrition and hydration

- Patients, who have renal failure, require a strict diet and fluid restriction to maintain a healthy lifestyle. The dietitian reviewed all patients routinely as part of multidisciplinary team (MDT) care and review and visited the clinic twice a week.
- Patients were advised on their fluid intake. Patients had monthly discussions with their named nurse on hydration and nutrition.
- Staff supported patients to bring their own food and drinks in during treatment and during the inspection. We saw staff offer patients regular drinks and biscuits.

Patient outcomes

- Clinical outcomes for renal patients on dialysis can be measured by the results of their blood tests. The clinic manager and consultants held monthly meetings to monitor patient outcomes. The multi-disciplinary team (MDT) reviewed patients' results and changes to care, treatment plans and prescriptions were made. The clinic measured treatment adequacy, Infection prevention data and vascular access to ensure that patients were receiving optimum treatment. This information was also used to measure performance in the unit. Action plans were developed where the results fell outside of the anticipated range. The clinic did not directly submit data to the UK Renal Registry. Data from the clinic was combined with data from the commissioning NHS trust.
- The clinic undertook a monthly needle taping (securing of dialysis access) audit and results over the period January 2017 to June 2017 showed consistent adherence to procedure with 99% compliance.
- 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 home within 30 minutes of finishing dialysis. The quality standard indicates dialysis providers should collect evidence at clinic level to ensure the standard is being met. The clinic had e key performance indicators for the service including 30 minute collection times. Records we reviewed showed the compliance was 100%. However, we did not receive assurance that that the clinic met NICE quality standards about patients being returned home within 30 minutes of finishing dialysis. All patients we spoke with using transport, complained about the service.
- The clinic manager was aware that transport issues could cause delays for treatment and that transport to and from the clinic was a concern for patients. The clinic manager told us that the clinic secretary monitored transport informally and issues were discussed with the transport liaison officer from the transport service if problems were persistent. We were given examples of where discussions with the liaison officer had resulted in improvements for individual patients.
- Clinical patient outcome results were available for the clinic and could be benchmarked against other Diaverum clinics. There did not appear to be an action plan in place to improve clinical outcomes where they were below expected standards.
- The clinic measured the urea reduction ratio (URR) post dialysis; renal association guidelines indicate a target of 65%. The average URR for the patients at the clinic January to March 2017 was 68.3%. Patients with these levels of waste reduction through dialysis have better outcomes and improved survival rates.
- Potassium levels in the blood were also monitored as part of the renal association standard as abnormal levels can be life threatening. From January to March 2017, 91% to 96% of patients had potassium levels within normal range. (3.5-6 mmol/l)
- We also looked at the standards indicating patients' haemoglobin (Hb) was at appropriate levels. Anaemia can be a complication of renal failure and dialysis associated complication, with increased risks of mortality and cardiac complications. From January to March 2017, the average number of patients with the NICE recommended target of Hb (100-120 g/l) ranged between 55% and 68%. Where patients had low levels they were given injections of a stimulating agent to help, their body produce more red blood cells.
- The clinic measured the proportion of symptomatic hypotensive episode during dialysis session this was

0.07% from January to March 2017 and the proportion of haemodialysis patients who had ultrafiltration rates in excess of 10ml/kg/hour, ranged between 3.6% and 13.3%.

- Further outcome standards for the clinic showed that 67% of patients received haemodialysis treatment and 33 % received Haemodiafiltration (HDF) treatment (May 2017). HDF is a more effective treatment, however not everyone is eligible and these decisions are consultant led.
- Effective weekly treatment time was recorded; records we reviewed showed that on average 53.4% were dialysed for the prescribed four hours treatment time. This is less than the minimum standard of 70%.
- Information collected from April 2016 to February 2017 indicated that there were on average 25 missed treatments each month due to unplanned hospital admissions or patients not attending for their sessions.(Approximately 4 of these each month were due to hospital admission)
- Data from February 2017 showed that 74 % of Stockton patients had an arteriovenous fistula (AVF), 3% had an access graft (AVG) and 23% of patients had a central line access. The renal association standard for the proportion of patients with an AVF or AVG is 80%. 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 the best form of access for haemodialysis. An AVG is a connection of the artery to a vein using a looped plastic tube. However, the consultant nephrologist makes decisions regarding vascular access.
- A patient who was relatively new to dialysis told us that their treatment had been very positive and had made them feel much better.

Competent staff

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a comprehensive training programme available for staff. Registered nurses and dialysis assistants were required to complete a series of mandatory clinical competencies, to support their role and responsibilities. Staff said they felt they were experienced and were competent to carry out their role.
- From 2016 to 2017, 100% of the clinic staff had received an appraisal and all registered nurses had their professional Nursing and Midwifery Council (NMC) registration checked by the clinic manager. All staff we spoke with said they had received an appraisal in the last year and thought these had been beneficial. Nurses we spoke with said that they had been supported through the revalidation process.
- An assessment of clinical practice was carried out in November 2016 looking at the practice of 15 members of staff of all grades ranging from the ward clerk to the clinic manager. The audit assessed 216 criteria and results showed that all of the 17 mandatory standards were met, overall compliance was 94.1%. Areas identified for improvement included: access and needling, anti-coagulation, set up and priming, patient assessment, prescription and hygiene and maintenance of dialysis fluid pathway. We saw that an action plan was developed and actions needed were discussed with all staff through team meetings. Additional training was arranged where needed.
- The senior management team were committed to the development of competent staff and staff had access to a regional professional nurse with specific responsibility for training. Staff all had a personal education record, which showed training requirements and training achievements. Records showed that the majority of staff had undertaken the training required for their roles.
- A senior member of staff usually the clinic manager, deputy or practice development nurse signed off staff as competent. We saw evidence that staff had undertaken an induction into their clinical area including emergency procedures. The clinic used competence assessments during their probationary period and records we reviewed showed that staff had been signed off by senior staff.
- New starters had a supernumerary period and period of probation and supervised practice; this was for a period of approximately eight to 12 weeks. Staff we spoke with corroborated this. During this time, staff

had a significant number of competences to complete. Staff we spoke with said that supernumerary periods could be altered and increased if the member of staff or the mentor felt that this period needed to be longer. Newly qualified staff had a period of preceptorship following employment; during this period, staff were to complete specific competencies for example administration of medicine and included use of resuscitation equipment.

- New nursing staff undertook a basic dialysis programme, which covered areas such as the dialysis machine and handling of equipment. For registered nurses training was also included for fistula cannulation.
- Orientation programmes for new staff included mandatory training in safe working practices and processes. The practice development nurse said that these training programmes were regularly reviewed to ensure they were up to date with the national service framework and current best practice guidance. Managers told us that training plans were tailored to individual staff requirements based on their previous experience and training. There were four qualified nurses with additional renal qualifications.
- The organisation offered various continuing professional development opportunities for staff including mandatory and statutory training, access to external training i.e. accredited renal courses and dialysis specific study days, e-learning and virtual classroom training. Staff we spoke with corroborated this. Some staff said that training opportunities were excellent, offered in a variety of methods, delivered locally by the practice development nurse or online or classroom based. External training was supported where applicable.
- The clinic had procedures detailing how to report suspension or unfitness to Practice on clinical or professional grounds to the regulators and a process for monitoring qualified nurse registrations. They also had internal performance management systems to manage staff who were not performing to the expected standards.
- There were four qualified nurses with mentorship qualifications in order to support student nurses learning. Students were allocated placements at the clinic and evaluations were reported as positive.
- Dialysis assistants were given training and competency assessed to enable them to administer Tinzaparin injections (this medicine prevents patients developing blood clots or thrombosis). This followed company guidance and was intended to highlight training and development needs to discuss in annual appraisals.
- We reviewed four personnel files and noted good compliance with recording of training undertaken and competence assessments.
- Staff we spoke with had a good understanding of the drugs used within renal care and had medicines competency assessments to allow them to deliver medicines safely.
- The clinic used a talent management matrix to identify staff with potential for development and areas of interest / expertise. This facilitated retention of talented staff and supported those looking for development opportunities.

Multidisciplinary working

- Monthly multidisciplinary (MDT) meetings were held where all patients' blood results were reviewed, progress and general condition was discussed. The named nurses and dietician discussed outcomes and changes with all patients. MDT meetings were held in the commissioning trust and included attendance from dieticians, the renal social worker and the clinic manager as well as members of the medical and nursing teams.
- Staff were made aware of changes for patients in their care, following the MDT. Written information was also provided as standard to ensure the patient has an ongoing record of their treatment outcomes. Patients we spoke with were very clear about their treatment and care plans.
- We observed good communication and support between members of the team. Nursing staff and

patients described good working relationships amongst all staff involved in care and treatment, including clinical and ancillary staff and transport services.

- Staff told us there were good working relationships with the trust, visiting consultants and other trust staff such as the vascular access team, dieticians and social worker.
- Vascular nurse specialists from the parent NHS hospital attended the clinic to provide clinical expertise and review patients if needed.
- Dieticians attended the clinic on a twice-weekly basis and staff referred patients to the renal social worker as needed.
- Patients told us they had regular contact with dietitians and social workers when they were needed.

Access to information

- Staff said they had all the relevant information they required to look after patients safely.
- The team used a handover sheet, this contained appropriate information about patients that needed sharing for example dressing changed, current chest infection, issues with equipment or current staffing levels.
- Patients had access to patient view a national initiative to review their blood results and information about their care and treatment. They also had access to an online patient telephone application (app) which had been developed by Diaverum. This allowed them to monitor their blood results, weight and record their mood and general wellbeing during and after treatment. The use of the app was encouraged by staff to enable patients to have greater control over their treatment.
- We saw the clinic had a process in place to share information for patients going to other units for holidays or for acute care and vice versa.

Consent, Mental Capacity Act and Deprivation of Liberty

- We found that patients gave formal, informed written consent for dialysis treatments and for the use of anonymised clinical information.
- We reviewed consent forms in seven patient files. All were found to be fully completed. We observed nurses seeking verbal consent prior to undertaking care and treatment.
- We saw that patients were asked to sign a form to say they understood the implications of finishing treatment before the end of the prescribed time and that this was done against clinical advice.
- Staff were clear that where patients lacked mental capacity then an assessment needed to be made. They told us that assessments and best interest decisions would be made at the trust as patients lacking capacity would not be treated at the unit.
- Staff had an understanding of Deprivation of Liberty Safeguards (DoLS) which was covered under Mental Capacity Act training.
- We saw that all but one staff member was compliant with Mental Capacity Act training.

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

- All patients in the clinic were treated with dignity and respect. We noted that patients knew all the nursing staff by name and a professional caring approach was evident during the discussions between staff and patients.
- We spoke with eight patients during the inspection. All patients were very happy with the care they received and the relationships they had with the team.
- We saw staff interact with patients in a respectful and considerate manner. They greeted them in a friendly personal manner on arrival, and said goodbye as patients left the unit.
- All patients we spoke with were happy with the standard of care they received, they had drinks and call buzzers located within easy reach. Staff moved the call buzzer to the opposite side from where the patient was receiving dialysis, this ensured patients were able

to call for help if they required. During the inspection, we saw that staff answered call buzzers promptly and attended to staff requiring assistance with warmth and compassion.

- The privacy and dignity of patients was prioritised. All patients we spoke with said that staff ensured that the patient's dignity and privacy was maintained.
- We observed that the patients comfort was prioritised and use of additional mattresses on beds and adjustable reclining bed controls were used to advantage, whilst patients either slept or watched television during treatment. We observed staff checking with patients during dialysis that they were comfortable.
- Staff made efforts to keep noise levels low, respected the patients privacy and gave additional pillows where needed.
- The clinic used a 'named nurse' approach to care. The named nurse updated care plans, care pathways and adjusted individualised dialysis prescriptions in detail, after consultant reviews. Patient we spoke with said that they were aware of who their named nurse was.
- We observed conversations between patients and nursing, medical staff and dieticians. These discussions appeared caring, staff appeared to be listening to the patients and genuinely enjoying the conversation. Staff kept patients informed at appropriate times and pace, and provided opportunities for questions.
- We received 46 "tell us about your care" comments cards and these were all positive about the staff on the clinic and their experience of care. Patients told us the care was excellent, they were always treated with dignity and respect, the clinic was a happy place and staff went out of their way to provide good care and meet their needs. Patients were very appreciative that staff arranged activities such as Christmas parties for them in their own time as this made them feel supported and that they were not alone. Patients described staff as kind, confident and responsive, they said they could talk to nurses about anything that concerned them and felt nurses always prioritised their interests.
- The latest patient survey was undertaken in October 2016. Key questions were; regarding trust in the clinic team, involvement, understanding of diet, waiting time before treatment, care and would patients recommend the unit. The overall score indicated that the clinic was ranked fifth out of 15 Diaverum units with and overall score of 91 out of a possible 100. Trust in clinic team scored 93; involvement scored 90, understanding of diet - 95, waiting time before treatment - 84, care - 90 and would patients recommend the clinic scored 93. Following the survey, an action plan was developed and was available for all staff and patients.
- The clinic also collected feedback through a 'tell us what you think' approach. This was an anonymous leaflet system, which allowed patients to comment on the services received direct to the head office. This feedback was shared with the Regional Business Managers and they determined follow up actions with their units where necessary. We did not see any feedback from this survey.
- Staff we spoke with understood the impact that chronic renal failure and dialysis treatment had on patients' personal life and their family.
- Staff told us they used a consultation room or the quiet room, to have confidential discussions with patients about their care.

Understanding and involvement of patients and those close to them

- The use of the 'named nurse' approach and nurses holding a caseload of patients allowed relationships to build over a long period. The named nurse was responsible for updating the patient about changes in treatment following MDT meetings.
- Patients said that they had been fully involved in their care decisions. This included discussion of the risks and benefits of treatment.
- Patients said they would know who to approach, if they had issues regarding their care, and they felt able to ask questions, however they were clear about having no issues or concerns.
- The patients we spoke with were aware of their discharge arrangements and actions that were required prior to leaving the unit.

- On the day of inspection, we saw that the clinic manager was visible in the clinic and had a close relationship with patients and staff. Relatives and patients were able to speak with the senior nursing staff if required.
- Staff we spoke with also said that they engaged regularly with their patients keeping them informed about their care, involving them and their families in decisions and ensuring that they have the opportunity to participate in their own care.
- For example, we heard patients being offered opportunities to be involved in their own care for example, discussing how much fluid to remove, when they were ready to cannulate and when they were ready to have cannula removed. A comprehensive shared care checklist and booklet was also available. Two comments cards indicated that those patients would like to be more involved in carrying out their own care
- Patients had access to their blood results and performance outcomes through .patient view.

Emotional support

- Patients and those close to them received the support they needed to cope emotionally with their care, treatment and condition.
- Staff we spoke with said that as many of their patients attend the clinic over a long period of time, staff build up a good relationship with the patients and they get to know patients very well and understand any changes in the patients emotional, social, cultural, spiritual, psychological and physical state.
- Staff we spoke with could explain the process to commence end of life care planning for renal patients, and how they would support patients at this time. However, they did not refer to the 'End of life care in advanced kidney disease framework'.
- Patients diagnosed with cancer were supported by clinical nurse specialists and provided with written and verbal information; patients were offered contact details of the CNS team as required.
- Patients told us they felt the atmosphere in the clinic was friendly and happy and feedback was positive about the emotional support provided by nursing staff.
- We saw information was available for patients regarding accessing support groups and advocacy services.
- Patients had access to psychological support through a renal counselling service.

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

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

Service planning and delivery to meet the needs of local people

- Services were planned and delivered to meet the needs of local people.
- Staff told us the recent contract had enabled improved collaborative working, greater ownership and direction to the renal unit.
- Senior clinic staff attended business meetings at the commissioning NHS trust to review the service and ensure that key performance indicators were being met. The clinic reported progress in delivering the service against the defined requirements in their monthly contract meeting, which reviewed key performance indicators and quality outcomes.
- The service offered different dialysis sessions to meet individual needs including an overnight service where patients had dialysis treatment during the night. This practice had started as an initiative when European dialysis units were suggesting improved outcomes for patient undergoing nocturnal treatments. The consultants and Stockton clinic managers had researched the feasibility of providing this service locally, which was then implemented and was proving successful.

- The service did not formally monitor patient transport and there was no service user group or recognised mechanism for patients to feedback any transport issues.
- The unit's design and layout, including the water plant, adhered to the recommendations of the Department of Health's Health Building Note 07-01: Satellite dialysis unit. The unit was located on the ground floor, with a designated entrance, which was accessible for patients living with mobility issues.

Access and flow

- Patients could access care and treatment in a timely way. In the reporting period from April 2016 to March 2017, there were 71 patients treated at the clinic, all of these were NHS-funded. At the time of the inspection, thirty-three patients were aged 18 to 65 years and 38 were over 65 years.
- There were 10,839 dialysis treatments carried out from April 2016 to March 2017, 4948 dialysis sessions carried out for 18-65 year olds and 5891 sessions for people over 65 years of age.
- The utilisation of capacity in the clinic in the 3-month reporting period was as follows: December 75%, January 75% and February 71% and so had spaces to accommodate for holiday treatment sessions for people staying in the local area.
- The clinic had not cancelled or delayed any dialysis sessions for non-clinical reasons in the 12 months prior to the inspection.
- There was no waiting list for treatment at the clinic and staff we spoke with said that this was consistent.
- The clinic used an appointment system, which staff said ensured structure, timeliness and minimises delays as far as possible. The clinic offered a flexible approach to the patient's dialysis sessions changing dialysis days and or times as far as possible to accommodate external commitments/appointments or social events the patients may have. Sometimes this may necessitate a dialysis session being relocated to the referring hospital.
- Referrals for admission came from the consultant nephrology team at the commissioning trust. Admissions were arranged directly between the referring team and the clinic manager or deputy. Patients needed to meet acceptance criteria to have dialysis at the satellite unit.
- The clinic monitored treatment delays on a monthly basis. The current action plan indicated that delays were usually due to; transport problems, patients having complications during treatment that delayed the next shift and problems with machines. There were mitigations in place to address these problems if they arose.
- Transport of patients was via a specific contract and patients we spoke with highlighted many issues with transportation. During the inspection, we saw patients waiting for long periods for transport.

Meeting people's individual needs

- The service took account of the needs of different people, including those in vulnerable circumstances and admission criteria was non-discriminatory.
- A range of leaflets was available for patients within the unit. For example, there were leaflets providing information about holiday dialysis and of how to access the patient advice and liaison service (PALS) at the commissioning NHS trust. Patients also had access to the organisational and national kidney association's magazines. Within the waiting area, patients had access to previous Care Quality Commission reports on the unit, statements of purpose and clinic profile.
- Patient information was available in four main languages. Staff said they were able to obtain information in other languages if required. We spoke with staff who had arranged interpretation services through the GP.
- Diaverum did not have a policy in place for translation services. However, the clinic had access to and used a language solutions service for patients who were non-fluent English speaking.
- Patients had access to Wi-Fi, personal televisions in each bed space and reading materials. Patients were able to bring anything in from home to help pass the time during their dialysis sessions.

- Staff we spoke with told us that patients were allocated dialysis appointment times to fit in with social care and work commitments and that they would change these if a patient's needs required it.
- Patients were offered visits to the clinic as part of the pre-assessment process prior to commencing dialysis.
- The clinic was accessible for people with limited mobility and people who used a wheelchair.Disabled toilets were available. Personal evacuation plans in place for all patients, which took into account mobility needs. We observed the nurses assisting patients with mobility problems in a patient and caring manner.
- Patients commencing dialysis were offered the use of the toilet pre-commencing treatment.
- Staff encouraged and supported patients to arrange dialysis away from base and welcomed patients to the clinic for temporary 'holiday' treatment' following medical approval and available dialysis session. We spoke with some patients, who said they had been supported in accessing and arranging holiday dialysis services across the UK. One patient described using holiday dialysis services across the country and told us that staff organised these visits well.
- The service was able to offer dialysis to patients from out of area who may be on holiday. Arrangements for referrals were managed by a dedicated holiday co-ordinator. Once all relevant information has been collated, the clinic manager reviewed and ensured medical acceptance was sought.
- Every dialysis chair had access to a nurse call bell. Patients said that staff did not take long to answer call bells or equipment alarms. During the inspection, we did not hear call bells or alarms ringing for long periods.
- All nursing staff we spoke with said that when offering patients dialysis time appointments were given, which considered a patients social needs and work commitments, length of journey, transport required and number of days and times of dialysis required. The clinic offered overnight treatment to patients and at the time of the inspection, six people were accessing this service. The overnight service was accessible for people outside of the usual treatment area. The clinic had dedicated mattresses and bedding packs for patients staying overnight, to make them feel more comfortable.
- We noted that preference and consent to receiving treatment in a mixed sex bay was taken into consideration as part of initial assessment and consent. Patients' needs and preferences were taken into consideration.
- The clinic was not meeting the 'Accessible Information Standard' (2016) at the time of our inspection. The standard aims to ensure people who have a disability, impairment, or sensory loss are provided with information that they can easily read or understand. In addition, the standard requires people are given support so they can communicate effectively with health and social care services. Senior staff told us the clinic had no evidence of meeting this legal standard.

Learning from complaints and concerns

- People's concerns and complaints were listened to and the clinic responded to and used this information to improve quality of care.
- The clinic had a process and complaints policy that addressed both formal and informal complaints that were raised via the clinic manager. It was the responsibility of the clinic manager or deputy manager to ensure all complaints were sympathetically dealt with, within a maximum of 20 working days. Performance date indicated the clinic dealt with complaints in a timely manner.
- In the reporting period from April 2016 to March 2017, the clinic received six complaints and two compliments. The service had managed three of the complaints under the formal complaints procedure; one of the complaints had been upheld. The practice development nurse and operations manager told us complaints were reviewed at senior level and there had been no themes apparent. None of the complaints had needed to go to second stage.
- Staff we spoke with could describe their roles in relation to complaints management and the need to accurately document, provide evidence, take action, investigate or meet with patients or relatives as required.

- Staff we spoke with recognised that lessons for continuous quality improvement for people using the service might develop as a direct result of concerns or complaints. The approach was said to mirror the NHS approach.
- Staff told us complaints were shared with staff via team meetings and individual conversations. We saw from minutes of staff meetings that complaints and patients concerns were discussed.

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 clinic manager, who was also the registered manager for the unit, led and managed the Stockton dialysis clinic on a day to day basis. The clinic manager worked the majority of their time undertaking management duties; however, on occasions it was necessary for them to provide cover if there was a staff shortage. This meant undertaking clinical duties as part of the team delivering direct care to the patients.
- A deputy clinic manager and two senior staff nurses supported the clinic manager from within the nursing team. The clinic manager was also supported by the area operations manager, who was responsible for the oversight and performance management of this and four other units. There was a corporate management team including a nursing director, who was available to provide support when needed.
- The clinic manager told us they also received support and training regarding their management role at the six monthly national meetings, with other managers and the nursing director. The clinic manager had received some management training through the twice-yearly meetings such as various aspects of managing people and handling complaints. The manager had plans to enrol on an external management course but some issues with the local provider had delayed this.
- The clinic manager was clearly proud of their team. They described the team as being committed, nothing was a problem for them as they had a 'can do attitude' and demonstrated a good work ethic. Commitment to the clinic and patients was also demonstrated in fundraising and team building activities outside of working hours.
- From our discussions with staff, all nursing staff said that clinic manager was available and approachable. Staff we spoke with said that the clinic manager was visible daily in the clinic and the management team visited regularly and was accessible if needed. Staff said they had positive working relationships with the management team.
- Staff survey results from 2016, confirmed good team working, supportive relationships and good leadership. The results were more positive than other clinic scores across every question. Issues raised through the survey had been discussed with staff and explanations given regarding actions where staff had expressed some frustration or suggested improvements. For example, the clinic had held team building event in response to a request to improve team relations further.
- We saw cohesive leadership between the clinic manager, the practice development nurse and the area the operations manager. From our discussions with nursing staff, they said that senior leadership were accessible for advice. They also spoke about their confidence in senior leadership and the responses they had received when raising concerns.
- The clinic manager held staff meetings most months. We reviewed four sets of meetings and saw, discussion was held regarding patient complaints or concerns, staff concerns and improvements required from recent performance results. However, we did not see evidence of discussion from recent incidents or shared learning from other units.
- Staff we spoke with described the morale of the clinic as good, they noted that this had recently improved because of staff changes and staff said they felt supported. Staff described their peers in a positive way and spoke about them supporting each other.
- Nursing staff turnover rates in the 12 months prior to the inspection were reported as no registered nurses

leaving and no registered nurses joining the service. One health care assistant had left the service, none had joined. Current vacancies were one WTE registered nurse.

- Nursing staff sickness in the clinic was low, 4.7% registered nurse and 1.7% healthcare assistants.
- The clinic had received a company award for staff retention.
- The culture and leadership within the clinic represented the vision and values of the organisation, which were to encourage openness, transparency, and promote quality care. Staff described the culture as open and supportive.
- Patients told us that staff worked well as a team and that the clinic was well- managed.

Vision and strategy for this core service

- The clinic had a corporate vision, mission and values for the service to improve the quality of life for renal patients and "to be the first choice in renal care".
- The management team were aware of the strategy and values of the organisation, staff we spoke with could describe in their own words the values of the unit.
- The clinic contributed to strategic priorities and progress was monitored against these priorities.
- The clinic manager told us it was one of their aims to improve the continuous improvement measures for the unit.

Governance, risk management and quality measurement

- Governance is a term used to describe the framework, which supports the delivery of the strategy and safe, good quality care. The nursing director and operations director oversaw the clinic manager and reviewed performance information submitted by the clinic manager and area operations manager. The newly appointed Quality and Compliance director held overall responsibility for Diaverum governance and quality.
- We saw from board of director minutes that the company directors had oversight of quality and performance indicators, which enabled them to highlight risks in the different units across the UK. We did not see how units were benchmarked although it was clear some units had risks identified or were noted as underperforming.
- The clinic manager was responsible for undertaking clinic audits and reviews and for providing information to measure the unit's performance against key performance indicators. The clinic took part in nursing audits for example; infection prevention and control practices, medication and pressure area care. The head nurse used the results to compare performance in the organisations they managed, but there was no requirement from an organisational level for a dashboard, comparing and benchmarking the results with other units.
- Clinical patient outcome results were available for the unit however; the clinic manager told us that other than for patient survey results, they were not able to benchmark their clinic's results or performance against other Diaverum clinics.
- Monitoring meetings took place with the trust to review performance against the service contract. Other arrangements were in place with to monitor maintenance of equipment, provision of medicines and other stores and waste management.
- Monthly performance measures were monitored and included: clinical patient outcomes, compliance, staff usage, retention, absence, accidents, training, waste management, water testing results, electrical consumption and other costs. The clinic manager looked at this information monthly and identified trends or areas for improvement. However, we did not see any formal action plans for improving things like training compliance or patient outcomes.
- The clinic had a clear management structure and the management team had a good understanding of the issues facing the unit.
- The operations manager told us the company retained the services of an external consultant to advise on clinical matters and act as a resource for the clinical advisory board.
- The clinic had a risk register which recorded five risks; service interruption due to breakdown of equipment and facilities, supplier management / supply of

consumables, patient safety / medicine management, IT breakdown and employee well-being / back or shoulder injury. Each risk also included a description, assessment of likelihood and severity of the risk, overall risk level, mitigating actions, target for completion of actions, risk status and responsible persons. All risks were identified in May 2015 and had review or closure dates.

However, we found some areas for concern relating to governance.

- The risk register was not reflective all of the current risks relevant to the operational effectiveness of the clinic for example; overall performance, non-attendance for dialysis, training compliance and environmental risks were not recorded as local risks. Risks the clinic manager had identified during the inspection as the water treatment plant, staffing and shared care were not on the register.
- Investigation into incidents was not thorough enough to identify learning. For example, an investigation of a medicine error had not identified all contributory factors and paperwork did not lend itself to robust investigation.
- There was no policy for safeguarding children and staff had not received any children's safeguarding training. There were some other areas where training compliance was low and it was not evident what actions were being taken to improve this.
- The clinic did not meet the Workforce Race Equality Standard (WRES) (2015) at the time of our inspection. This is a requirement for locations providing care to NHS patients with an income of more than £200,000) to publish data to show they monitor, assure staff equality, and have an action plan to address any data gaps in the future. 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.
- We did not see how performance information or learning from incidents and complaints was benchmarked or shared across the organisation.

Public and staff engagement

- The clinic participated in the organisational employee satisfaction survey that measures the staff's satisfaction at the unit. The clinic compared the results against other clinics satisfaction data. Overall, staff working in the clinic were positive about the work the carried out and scored 4.2 out of a possible score of five. Following the last staff survey, a suggestion box for staff had been introduced.
- The clinic participated in the organisational national patient survey, the clinic manager had identified actions required to improve results regarding trust in staff, involvement in care and staff caring.
- The clinic encouraged engagement with patients through direct access to the clinic manager in the clinic or via feedback cards and suggestion boxes in the clinical and waiting areas.
- The clinic organised a Christmas party for patients and relatives every year, celebrated milestone birthdays and organised decorations and banners for patients.
- Within the unit, they had good links with local renal groups and they helped to fund the birthday celebrations. Patients had access to an organisational magazine, which highlighted key issues for dialysis patients and showcased the different events taking place at different dialysis clinics.
- There was a policy and process in place to enable staff to raise concerns at work through a nominated compliance officer. The policy also detailed how staff could access support or raise concerns outside of the organisation through 'public concern at work'. Poor practice concerns could also be raised through this policy, which was introduced following an NHS peer review in August 2016.

Innovation, improvement and sustainability

- The clinic had recently received an award for Diaverum for excellent retention of staff.
- The clinic has offered nocturnal dialysis since 2014 this is associated with both improved patient outcomes and improved quality of life. The clinic had received extremely positive feedback for this service and demand for nocturnal dialysis was increasing.

Dialysis Services

- Patients had access to an online patient telephone application (app) which had been developed by Diaverum. This allowed them to monitor their blood results, weight and record their mood and general wellbeing during and after treatment.

Outstanding practice and areas for improvement

Outstanding practice

- The clinic has offered nocturnal dialysis since 2014 this is associated with both improved patient outcomes and improved quality of life. The clinic had received extremely positive feedback for this service and demand for nocturnal dialysis was increasing.
- All patients were encouraged to clean their arm prior to dialysis taking place and we saw patients complying with this request without being asked. This process reduces the risk of infection to the patient during dialysis.

Areas for improvement

Action the provider MUST take to improve

- The provider must develop and implement a children's safeguarding policy in line with current national guidance and ensure all staff are trained to an appropriate level, relevant to their role.
- The provider must ensure all clinical staff receive training regarding identification, assessment and management of the deteriorating patient to include SEPSIS and implement an appropriate method of early warning.
- The provider must ensure all staff check patients' identity before administering all medicines including dialysis medicines / treatment.

Action the provider SHOULD take to improve

- The provider should consider reviewing how incidents are investigated and recorded to ensure all contributory factors are identified to maximise learning points and highlight areas for improvements. To include a review of how lessons learned are shared across the organisation.
- The provider should take action to improve training compliance with infection prevention and control training, water quality / testing, PREVENT training and review how training regarding female genital mutilation (FGM) can be offered to staff.
- The provider should review the system of setting up boxes for the next session of patients as this process was open to human error (boxes were labelled by bed space) and had the potential to cause harm to patients.
- The provider should consider screening patients for Carbapenemase-producing enterobacteriaceae (CPE) when patients returned from receiving healthcare treatment abroad or when they returned from being an inpatient in UK hospitals, known to have had problems with the spread of CPE.
- The provider should consider how transport arrival and pick up times could be monitored against NICE quality standards.
- The provider should discuss with the commissioning trust and patient transport provider how patients could take part in a transport user group.
- The provider should consider how treatment compliance and patient outcomes could be improved.
- The provider should consider how it can best meet the Accessible Information Standard (2016) and the Workforce Race Equality Standards (2015).
- The provider should consider reviewing the risk register in line with the findings of this report and any other risks identified, that are not already recorded.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment • Staff did not always check patients' identity before administering dialysis treatment. • **Staff had not received training regarding identification, assessment and management of the deteriorating patient, including SEPSIS the early warning tool was being used inappropriately.**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment • **The service did not have a children's safeguarding policy and staff had not received children's safeguarding training relevant to their role.**