

# Tipton Dialysis Unit

## Quality Report

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

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

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

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

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Tipton Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The facilities include 21 dialysis stations including one within an isolation room. Facilities also include a patient consulting room. The unit is located within a standalone building in Tipton and is located approximately five miles from the referring hospital; Russells Hall Hospital.

The service provides dialysis services to patients with chronic kidney disease (CKD). Patients are referred by Russells Hall Hospital. This hospital forms part of the Dudley Group NHS Foundation Trust and is located in Dudley.

The trust refers patients who are stable on haemo-dialysis to this service.

Using our comprehensive inspection methodology we carried out the announced inspection on 2 May 2017, along with an unannounced inspection on 12 May 2017.

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

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

### Services we do not rate

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

We found the following areas of good practice:

- Completion of root cause analyses following reported incidents was effective and highlighted areas for the unit to develop.
- Learning following incidents at the unit and at other Fresenius units was shared with staff.
- Staffing was in line with national guidance for satellite dialysis units, although a receptionist vacancy had negatively impacted upon staff workload. We saw that a receptionist had been very recently recruited and was undertaking induction training.
- Policies and procedures were in line with national guidance, staff were made aware of updates as required.
- The unit worked with the NHS trust to ensure regular monitoring and assessments of patients.
- There was flexibility in patient appointments; this allowed patients to change their treatment time or day if needed.
- We saw that new members of staff undertook a comprehensive induction and training package to ensure they were competent to work safely with patients.
- We saw patients were treated with care and compassion. Patients generally reported a welcoming environment in which they were listened to.
- Staff worked well with patients who had additional needs such as learning difficulties, or cognitive impairment.
- The management of the unit presented as open and supportive, with a visible clinic manager who regularly undertook clinical duties to support the team.

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

- Staff were using a specific technique called 'dry needling' in a way that could cause significant harm to a patient.
- Medicines were not always managed safely in line with professional guidance and the services' policies.
- We saw that patients who did not speak English may struggle to communicate with staff during treatment sessions; also there was limited literature in languages other than English.
- Compliance with infection prevention and control practice amongst staff was variable.

# Summary of findings

- The building was not completely fit for purpose; for example there were inadequate handwashing facilities for staff.
- Two privacy screens were available for patients which meant that some patients may be unable to receive treatment in a private manner.
- There was only one set of weighing scales, which meant if these were faulty, treatment could be delayed or affected.
- There was no sepsis policy and staff did not routinely screen for this.
- Patient records were not always securely stored.
- We saw patients and carers opening secure doors to allow entry to other patients and visitors. This may compromise security.
- Staff were not trained to level two safeguarding of vulnerable adults.
- The local risk register for the unit did not incorporate all risks identified during our inspection.

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.

We also issued the provider with a requirement notice) that affected dialysis services. Details are at the end of the report.

**Heidi Smoult**

Deputy Chief Inspector of Hospitals

# Summary of findings

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# Location name here

**Services we looked at**

Dialysis

# Summary of this inspection

## Background to Tipton Dialysis Unit

Tipton Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service, a private unit in Tipton, West Midlands opened in 1996. The provider is contracted to complete dialysis for local patients under the care of nephrologists at the local NHS trust.

The clinic manager had been registered with the CQC since 2014.

The service is registered for the regulated activity of treatment of disease, disorder or injury.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector; Anna Carrick-Leaver, a CQC inspector and a specialist advisor with expertise in renal medicine. Tim Cooper, Head of Hospital Inspection, oversaw the inspection team.

## Information about Tipton Dialysis Unit

Tipton Dialysis Unit has 21 dialysis stations; which includes an isolation room. The current contract with Russells Hall Hospital started in 2014 to provide dialysis treatment to patients with chronic kidney disease (CKD).

The service is registered to provide the following regulated activity:

- Treatment of disease, disorder or injury

During the inspection we spoke with eight staff members, sixteen patients and two relatives of patients. We reviewed eight sets of patient records; and observed staff as they provided treatment to patients including connection to and disconnection from dialysis machines. We received 45 comment cards completed by patients and/ or carers prior to the inspection.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service was last inspected by CQC in December 2013. The findings of this 2013 inspection were that the service was meeting all standards of quality and safety it was inspected against.

Activity (February 2016 to January 2017)

- During the reporting period above, the unit delivered 3794 dialysis treatment sessions to patients aged 18-65 and 4198 to patients over the age of 65. This totalled 7992 dialysis sessions undertaken.
- In February 2017, the number of patients between the ages of 18 to 65 receiving treatment was 27, and the number of patients over 65 was 30. This totalled 57 patients receiving treatment at the clinic at this time.
- The unit is open Monday to Saturday from 6.30am to 6.30pm with treatment sessions starting at 7am for morning sessions and 1pm for afternoon sessions. No evening sessions are currently undertaken.
- Monday, Wednesdays and Fridays are busier days with approximately 20 patients in the morning and 20 patients in the afternoon receiving treatment. On Tuesday, Thursday and Saturdays, approximately 10 patients are dialysed in the morning and 10 in the afternoon.
- On average, 730 treatment sessions are delivered per month.

Track record on safety (February 2016 to January 2017)

- No Never events reported.
- The service reported one safety incident within the last 12 months which was a patient fall. No serious incidents reported.
- No serious injuries reported.

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- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA).
- No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA).
- No incidences of hospital acquired Clostridium difficile.
- No incidences of hospital acquired E-Coli.
- One complaint regarding the temperature in the unit.

## **Services accredited by a national body:**

- The unit is accredited against ISO 9001 quality management system and the OHSAS 18001 health and safety system and are therefore subject to regular audit and review.

## **Services provided at the hospital under service level agreement:**

- Clinical and non-clinical domestic waste removal.
- Cleaning and domestic services.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

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

- We saw staff use a technique called 'dry needling': using a dry (not filled with saline) needle to cannulate the fistula prior to commencing Dialysis treatment. We saw that staff were pushing air into the venous and arterial needle tubing which carried a rare but significant risk of an air embolus entering the blood stream.
- Medicines management was not consistent; when collecting patient prescriptions from the medicines cupboard, we saw that at times, only one nurse was checking this as opposed to two nurses as per medicines management requirements. We also saw several prescriptions were out of date within patient records.
- We saw infection prevention and control was inconsistent. For example, several staff contaminated sterile areas whilst connecting patients to dialysis machines.
- We noted limited handwashing facilities for staff to use in between patients. In general facilities were not fit for purpose.
- We saw patients did not have emergency call bells to alert staff if they were feeling unwell. Patients had to call out to gain staffs' attention.
- We found the provider had no sepsis policy for staff to follow.
- Staff were not trained to the required level in safeguarding vulnerable adults.

We also found the following areas of good practice:

- We saw that management completion of root cause analyses following incident reporting was robust and highlighted areas to develop practice.
- We saw learning from incidents across units was evident; and staff regularly discussed updates to practice in relation to patient safety.
- The unit had a patient concerns register which detailed patients who required extra nursing supervision or care.
- The staff at the unit underwent basic life support simulations to ensure they were prepared for an emergency such as a cardiac arrest.



# Summary of this inspection

## Are services effective?

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

We found the following areas of good practice:

- Patients received haemodiafiltration (HDF) at Tipton Dialysis Unit which is regarded as providing better patient outcomes.
- Policies and procedures were based upon national guidance and best practice.
- Data provided by the unit demonstrated that patients receiving treatment between February to April 2017 had good outcomes.
- Staff regularly checked patients' pain and discomfort levels.
- We saw nursing staff were registered and up to date with competency requirements. All staff, including the clinic manager, had an up to date appraisal.
- We saw that the unit had supportive links with the referring trust; enabling effective oversight of patient treatment.

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

- We saw that the IT system used by Fresenius Medical Care to record electronic patient records was not accessible to consultants at the trust.

## Are services caring?

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

We found the following areas of good practice:

- Patients reported that staff were helpful, supportive and respectful.
- Patients told us that their dignity was preserved during treatment; and they felt confident to speak openly to staff.
- Patients were kept informed and updated with their care and treatment. Staff discussed monthly blood results with patients, with any fluctuations clearly explained.
- Patients told us they felt that staff listened to them, and answered any questions.

## Are services responsive?

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

We found the following areas of good practice:

- We saw a flexible approach to treatment sessions was offered to patients. Treatment was fitted around patients' lives.
- Staff provided additional support to enable patients with additional needs to receive their treatment within the unit.

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- There was no waiting list to access the unit at the time of our inspection.
- Following a group complaint, action was taken to ensure patients concerns were actioned and dealt with appropriately.

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

- We saw that there was a lack of provision for patients who did not speak English. Although the trust could provide an interpreter for clinic appointments, we saw there was no interpreter for patients who were attending their regular session. All written information in the waiting area, with the exception of one out of date poster, was in English.

## Are services well-led?

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

We found the following areas of good practice:

- Management of the clinic presented as open and visible. Monthly team meetings were held, and staff had a number of ways to communicate messages to each other.
- Staff reported an ethos of positive team work, enabling them to carry out their duties and to care for patients. We saw the clinic manager supported the team with administration and clinical duties.
- The unit had a risk register to document risks relevant to the unit, with appropriate actions. However, we identified additional risks which may impact the unit were missing, such as the impact of not having a receptionist for the unit.

## Detailed findings from this inspection

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|            |  |
|------------|--|
| Safe       |  |
| Effective  |  |
| Caring     |  |
| Responsive |  |
| Well-led   |  |

## Are dialysis services safe?

### Incidents

- The service reported and recorded incidents as one of three classifications. These were clinical incident reports (CIR), treatment variance reports (TVR) and non-clinical incidents (NCI). We were told CIRs included incidents such as a medicine error or a heart attack, TVRs covered patients not completing a treatment session, high blood pressure or fluid overload and NCIs were described as incidents such as a fall or a scalding.
- Data from the unit showed that between January to May 2017, 302 TVRs had been reported. The most common TVRs reported were non-compliant patients, treatment variance and hypotension (low blood pressure).
- We saw that two NCIs had been reported between August 2016 and May 2017; these comprised one patient fall and one break in to the unit.
- We were told about a total of two CIRs which had occurred during the 12 months prior to inspection; one was a prolonged bleeding and one was a needle dislodgement. The service also recorded a patient fall as a safety incident during this time period.
- The unit used an electronic system to record incidents. Nursing staff could directly report incidents themselves. However, staff told us their process was to report any incidents to the deputy manager or manager who would then follow further incident reporting procedures. The manager confirmed most staff reported the incident to them who reported it on staff members' behalf electronically. This is not considered best practice; best practice is for the member of staff who identified the incident to report it directly using the provider's incident reporting system. However, we did see examples where nursing staff had directly reported incidents.
- The service reported no serious incidents, patient deaths or never events from April 2016 to May 2017.

Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious harm or death but neither need to have happened for an incident to be a never event.

- We saw copies of incident investigations completed by both the clinic manager and chief nurse for Fresenius Medical Care; these investigations identified a root cause for the incidents in addition to action plans to reduce the likelihood of recurrence. Staff told us they received feedback and learning following incidents from managers during handover and team meetings. For example we saw evidence of learning following a needle dislodgement incident.
- Staff we spoke to had an understanding of duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. There was a Fresenius Medical Care policy relating to duty of candour, which outlined actions to be taken when something went wrong. Staff described a process of 'being open and tell everything to the patient; no secrets'. One established member of staff told us they had not read the policy, however had been provided with an information leaflet around duty of candour whilst waiting for formal training.
- The service reported zero incidents requiring duty of candour to be initiated between April 2016 to May 2017.
- We saw, and staff told us that CIRs and NCIs were discussed during handover and within team meetings, whereby the incident cause would be discussed and learning shared.

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- We saw learning was shared from other clinics; on the staff room wall, bulletin summaries of incident investigations were displayed 'patient safety alerts', with a request for staff to read and sign to confirm they had read these.

## Mandatory training

- We saw evidence of a robust induction process for new staff including competency and training checks. We saw in newer staff records that the manager had followed this process.
- We saw that any contractors entering the premises were required to complete a brief induction highlighting essential health and safety information.
- We saw training matrixes produced in February 2017, which indicated staff training requirements and completion dates, and highlighted upcoming or out of date training.
- The majority of mandatory training was up to date with the exception of data security level one; all staff but two were out of date with completion of this module. Furthermore, no staff were trained in immediate life support (ILS), despite this being identified as mandatory for the clinic manager, clinic deputy manager and team leader.
- Staff had a contemporaneous training record to manage their ongoing training and competency in dialysis related tasks.

## Safeguarding

- Staff received online and classroom based training for safeguarding vulnerable adults and children. We saw that three members of staff out of nine (66%), including the safeguarding lead, had completed safeguarding children e-learning training. We saw that all staff were trained in safeguarding vulnerable adults e-learning level one and were up to date with this training at the time of our inspection. As nursing staff have direct patient contact; best practice is they should be trained to a minimum of level two in safeguarding vulnerable adults.
- Staff were aware that the clinic manager was the safeguarding lead for the service should they have any safeguarding concerns. The clinic manager told us the process for dealing with safeguarding concerns depended on the urgency. We saw that staff could easily access phone numbers for safeguarding contacts displayed around the unit, such as local authorities

- We were told that children were not permitted to accompany patients to the unit; and that this was explained to parents or carers prior to treatment. On both of our inspection visits, we saw that no children were present in the unit.

## Cleanliness, infection control and hygiene

- We saw that staff remained 'bare below the elbow' at all times; and wore minimal jewellery in order to reduce infection risk. Staff uniforms appeared clean and tidy.
- We saw staff clean dialysis access sites for 30 seconds after disconnection and allow these to dry for 30 seconds prior to dressing which was good practice for prevention of infection.
- During the unannounced inspection, we observed a patient returning from a holiday to a high risk of blood borne viruses (BBV) area had been located within the isolation room. We spoke to the patient who was aware of this process and understood they would be required to remain in this room for treatment for three months post-holiday. We observed staff discuss the results of the patient's swabs to identify BBV during handover. We were told that should more than one patient require the isolation room due to BBV risk, these patients would be accommodated on a different session.
- The unit contained one isolation room, which is below the recommended number of one or two isolation rooms per 12 stations within the Department of Health building requirements. However, we saw that this was well managed, with patients who needed to use this room scheduled in such a way that all were accommodated.
- Staff wore personal and protective equipment when connecting and disconnecting patients to dialysis machines.
- Staff did not use aseptic non-touch techniques (ANNT) at all times when it was needed. ANNT are methods designed to prevent contamination from microorganisms. They involve actions to minimise the risks of infections. Specifically, during our announced inspection visit, we saw staff create a 'sterile field' to place equipment needed for connecting a patient to a dialysis machine. However we saw non-adherence to some parts of ANNT, such as staff touching non-sterile equipment and then not decontaminating hands before touching items on the sterile field. During our

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unannounced inspection, we observed some staff had improved upon their aseptic technique, however, we also observed other staff continued to contaminate sterile areas.

- During our unannounced inspection we saw several staff not wearing gloves whilst preparing dialysis machines for use; staff were also seen to not decontaminate hands prior to moving onto the next machine.
- Staff hand washing facilities were limited. Staff had to exit the immediate patient area to use the sink. On one occasion we noted staff had to queue to use the sinks. According to Health Building note 07-01-Satellite dialysis unit; units should have at least one wash-hand basin between two stations. The basin should be located as near to the station as possible without causing risk of splashing and cross-infection. We did, however, see that all staff and patients had access to hand gel to decontaminate hands in this way.
- We saw patients not wearing face masks during the application of dressings; whilst talking to staff, which may compromise infection prevention and control.
- We observed staff use fabric tourniquets which may present a risk of infection.
- The unit used an external cleaning company to clean the unit for three and a half hours on Monday to Friday, and two and a half hours on a Saturday. The premises appeared visibly clean, tidy and free from clutter.
- We saw that patients were able to order hot and cold food from a local café who delivered this. However, the delivery person entered the clinical area and dropped the food off at numerous individual dialysis stations, whilst collecting payment. They did not decontaminate their hands or follow any infection prevention and control guidelines whilst doing this. It was clear that this was a regular occurrence due to the delivery person's familiarity with this process.
- The clinic manager undertook monthly audits of infection prevention and control including inspections of the clinical areas, dialysis machines and hand hygiene procedures, in addition to daily rounds. We were told that despite being assessed as 100% by the most recent corporate audit completed by the head nurse, the clinic manager awarded the clinic a score of 93% as they felt standards could be improved. This was consistent with what we saw during the inspection. We saw evidence of action plans that staff had signed to

confirm they had read regarding improvement of infection prevention and control (IPC). Of 15 actions from this audit, one was outstanding and referenced redecorating the unit.

- We saw that staff checked the water treatment plant daily and these checks were recorded; Staff were required to be competent prior to checking water; records seen at the time of inspection confirmed staff were appropriately trained and competent.
- Trained staff undertook monthly microbiology sampling of water. Staff told us no organisms had been identified since April 2016. We saw there was a contingency plan for failed water sample tests which included retesting the water, escalating the concern to the technical department and medical director, to suspend haemodiafiltration (HDF) but continue with haemodialysis and to inform patients.
- The water sample fridge was kept in the clean utility room; the temperature-recording log was checked for the last month and we saw temperatures were within the correct range.

## Environment and equipment

- We saw that the area in which patients received dialysis was situated in a large room. There were two rows, each with nine dialysis stations with reclining chairs in use. A third row contained two dialysis stations with beds. This meant this third row had plenty of extra space. There was also one isolation room. The beds were provided by the linked trust; the linked trust were responsible for the maintenance of these.
- Space between dialysis stations which used reclining chairs was limited and staff had to work around each other at times when caring for patients who were seated in adjacent chairs. We saw that this was despite there being plenty of unused space within the third row which only housed two viable dialysis stations.
- We were concerned that should a medical emergency occur within the more cramped areas, there would be less space to attend to the patient. Also, if a patient wished to have a privacy screen; this would further impact upon space for nurses to work.
- We observed only two privacy screens which meant there was limited access to a private space should a patient wish for this.
- Two nurse stations were positioned facing patients; and nurses reported that they walked round every 30

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minutes to check patients. However, there were no nurse call bells at any of the dialysis stations; Patients told us if they needed assistance they either called out to staff, or raised their hand.

- We saw call bells were located within patient toilets.
- We saw that when dialysis machines alarmed to indicate a potential problem; staff attended to resolve these and did not silence them without checking the reason first.
- Staff told us there were always two spare dialysis machines as a minimum on site. If these had not been used by patients, they were disinfected every 72 hours on site.
- Staff reported they had no problems with contacting in-house Fresenius Medical Care technical services who provided a 24 hour on call service, and that the service was quick to arrive to resolve problems.
- Technical services managed the servicing and maintenance of dialysis machines and chairs within the unit.
- Blood pressure machines, weighing scale and oxygen saturation monitors were serviced and maintained by the manufacturers. We saw there was only one weighing scale available which could cause treatment delays should this break down. We were told that the weighing scales had not had a failure to date.
- We saw maintenance records highlighting that all routine servicing had been completed within appropriate timescales for dialysis machines, chairs and beds, water treatment components and other auxiliary equipment used within the unit. Dates for re-servicing were clearly documented and colour coded.
- The resuscitation trolley contained appropriate equipment and supplies to deal with a medical emergency. We saw logs showing staff had checked the trolley daily over the previous three months. On the unannounced inspection we saw these checks had been maintained consistently by staff. All equipment and medical supplies were in date with the exception of a high concentration mask which expired April 2017. A full oxygen cylinder was located next to the resuscitation trolley.
- Part of the building was used as a water treatment plant. Within this area we observed the floor was uneven and patches of cracked floor were present. We were told by staff that the building which housed Tipton Dialysis Unit was not fit for purpose and was identified as an environmental risk on the risk register. Within the

risk register the flooring area of the water treatment plant was highlighted as a concern due to cracks and holes in the ground; and the general condition of the physical environment of the whole unit. We saw that improvements to the actual water treatment plant had been made; however the unit itself would not be upgraded due to a short time left on the contract.

- The water treatment plant was newly installed in April 2016 and was due for service in April 2018.
- We saw there was no physical barrier between the water treatment equipment and the rest of the area in which this was kept; meaning there was no flood prevention. However, there was a vent used as a contingency to drain water off should a leakage occur.
- We saw waste was appropriately discarded in a clinical waste bin; and needles placed in sharps bins. However, the clinical waste bin was some distance away from nurses' actual working space which resulted in staff walking over to dispose of contaminated materials.
- We saw two sharps bins incorrectly labelled. This was brought to the attention of the staff who labelled and sealed the bins safely.
- We saw the facilities in general were not fit for purpose in some areas. For example, as previously mentioned there was not a handwashing basin per two dialysis stations as per NHS estates guidance (HBN 07-01). We saw there was only two privacy screens for patient use. We saw the facilities and environment at the unit was a concern which had been added to the risk register. As the contract in place at the time of the inspection did not have long to run, management of the unit were not planning to conduct a major refurbishment at this stage. However, some identified risks had been identified such as updates to the water treatment plant.

## Medicine Management

- Training records provided by the service highlighted six out of eight staff had completed the training 'preventing medicine errors' within 2015 and 2016, which Fresenius Medical Care identified as mandatory for new staff, and all other staff who have not completed within the last 12 months.
- We saw nursing staff collect patient medicines in batches rather than individually; such as collecting four patients' medicines at the same time. This included Tinzaparin, an anticoagulant drug which is used with dialysis patients to prevent blood clots. Although two nurses were present during these times, we saw several



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instances where Tinzaparin was intravenously administered to a patient, but not actively checked by two nurses prior to administration. Although we saw some improvement upon the unannounced inspection following feedback to the unit regarding this after the first inspection visit, we still saw incidences where staff were not following good medicines management guidelines.

- During the unannounced inspection, we saw that after staff had collected a batch of medicine, such as Tinzaparin, these were left within patient folders for over one hour prior to administration.
- On both inspection visits, we saw that staff checked the saline and medicine they were planning to administer to patients based on notes within patient medicine administration charts, rather than using the formal prescription.
- We saw that the nursing staff checked patients' name and date of birth on medicine charts when collecting medicine, but did not follow the 'six rights' of medicine administration as per the nursing and Midwifery Council standards (right patient, right drug, right dose, right time, right route and write down i.e. document the administration or refusal of the drug). We saw that staff did not consistently check the validity of prescriptions or medicine expiry dates prior to administering to patients. However, we did see staff check allergies with each patient prior to administering medicine during the unannounced inspection.
- We saw that several prescriptions were out of date within patient records. This included both medicine prescriptions and dialysis prescriptions. Best practice requires prescriptions to be updated every three months; even if the treatment remains the same. We observed that several prescriptions ranged between being one month out of date to ten months out of date. We saw that patient record audits completed in November and December 2016 identified that certain prescriptions were out of date or required revision. These concerns had been signed to confirm that required changes had been actioned. This was not in line with what we saw during the inspection.
- Medicines were stored in the utility room, which did not have a lock on the door.
- We saw medicines to be kept at room temperature were kept in a locked cupboard and were in date.
- Medicines stored in the refrigerator were all noted to be in date; however when we initially entered this area we

saw the refrigerator was not locked. We raised this with the clinic manager who ensured this was subsequently locked appropriately. Refrigerator and room temperatures were measured daily and logs for the last three months demonstrated there was no deviation from the maximum and minimum range.

- We saw the refrigerator being used was showing signs of wear and tear. We conducted an unannounced inspection visit 10 days later. At this time we found that a new refrigerator was being brought to the correct temperature before transferring the medicines over.
- Patients brought their own personal medicine as required. We were told that any changes to non-dialysis medicine was reported to the clinic via either the patients' GP (via letter) or consultant (verbal update); staff at the clinic updated patients' records accordingly to reflect any changes. We observed that staff were aware of these non-dialysis medicines, and that staff discussed these during handover to ensure no contraindications were present.

## Records

- During the inspection, we looked at eight sets of records. With the exception of one record, we saw information was recorded accurately and legibly. Within one patient record we observed contradictory information regarding a diagnosis. This was raised with a staff member who stated they would report this to the manager.
- Patient notes were kept in a folder on the patient's dialysis station during treatment. Current patient notes were in a lockable cabinet in a room off the main unit, however we saw that the door was open throughout the inspection, and cabinet was not locked.
- Archived notes were kept in folders on open shelving in a room that was unlocked in the day as nurses required access to supplies. Staff locked the room at night, however patients or relatives could easily access any of these rooms during the day as this room was in the same area as the treatment main clinical area.
- We saw that nursing staff uploaded patient information following treatment onto a Fresenius system; European Database (EuCliD); information included details of the treatment received, and any other observations or information recorded. However, trust consultants were unable to access EuCliD.



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- We saw that staff from the trust, such as the consultant, shared information about patients such as medicine changes, which was then recorded in the patient records.
- Patients used electronic record cards to record details such as their weight; staff left these out for patients in the waiting area. During the inspection we noticed three cards had been left on a chair in the waiting room. We notified the manager who removed these. However, during the unannounced inspection we noted that patient cards were left out again for patients to find their own.
- We saw copies of patient record audits completed from November 2016 to April 2017. These audits were comprehensive; looking at all nursing documentation. We saw only one audit that showed 100% compliance with the requirements of good record keeping as specified on the audit check sheet. The remainder of the audits identified various gaps such as incomplete admission paperwork, incomplete care plans, out of date medicine information, lack of personal emergency evacuation plans (PEEP), lack of assessments such as Waterlow assessments to identify risk of pressure ulcers and manual handling assessments. We saw that the manager or deputy manager completing the audit identified action plans and referred these to relevant staff to complete these actions. Staff then signed to confirm they had completed these actions. However, as above, we saw that despite this, issues were ongoing at the time of inspection such as out of date medicine. We saw a further audit completed in May 2017, which specified that the recurrent issue of medicine information had been raised with named nurses to ensure compliance.

## Assessing and responding to patient risk

- We were told that assessments were conducted to ensure patients' were fit to undertake dialysis; for example conducting pre-treatment observations to check for anomalies in blood pressure, breathing, fever or chest pain. We were told that patients were asked about how they had been since their last treatment.
- We saw that staff had several means of communicating with each other. A daily handover was conducted to discuss patients both that day and the previous day. We saw the handover was comprehensive and included any updates to the patients' medical care, concerns or questions raised by the patient and any changes of which staff needed to be aware.
- We saw nursing staff conduct regular observations of patients throughout their treatment. If a machine alarmed during treatment, we saw nurses attend to identify the cause of this and resume treatment if appropriate.
- We saw that staff did positively identify patients by asking them to confirm their name and date of birth before connection to a dialysis machine.
- We saw patients let each other into the secure reception area and collected their dialysis card from a pile at the front desk which were left out. We were not assured that patients with visual impairment, or severe cognitive or neurological impairments would manage this system independently; in addition to any patients who may be using the facilities on holiday, or who were new to the unit. One patient told us they take their card home after each treatment session.
- We saw staff use a technique called 'dry needling'; using a dry (not filled with saline) needle to check the needle was placed properly prior to commencing treatment. Although 'wet needling' (purging the needle of air and using saline to flush the needle prior to treatment) is considered safer and therefore preferable to 'dry needling' as per the National Kidney Foundation DOQI 2006; it is acceptable to use 'dry needling' should staff be competent and the unit have policies to support this use.
- We observed 'dry needling' on three occasions by two separate members of staff. On all three of these occasions we observed that air was present in the syringe and line; staff did not purge the air prior to commencing treatment. This creates a risk of air embolism causing a blood vessel blockage which is rare but can be fatal. This was observed for both venous and arterial needles. We raised this concern with the clinic manager; who took steps to address this including the temporary ceasing of the 'dry needling' technique until staff competencies were assessed.
- During the unannounced inspection, we saw all but one staff use the 'wet needling' technique. The one staff member we observed to use the 'dry needling' technique did so competently and safely. We further witnessed this issue being discussed within the daily staff handover in terms of managing patient safety.

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- Staff told us that if they had concerns regarding unsafe practice or patient care they would inform the clinic manager and deputy manager.
- We saw a self-care patient connect themselves to a dialysis machine. The patient was clearly competent in doing so, however once they had commenced dialysis were not observed by staff for 45 minutes. However the patient reported they were happy with this arrangement and knew to call out for staff if help was required.
- We also saw the unit had a 'patient concerns register' which identified patients that were considered to be 'higher risk' or requiring extra support due to additional needs. We saw that there were three patients identified on this list; concerns were clearly documented and clear care plans were in place to manage the patients' care and treatment effectively and supportively.
- The clinic manager told us that the unit did not accept additional referrals if this would impact upon patient safety; for example if the staff: patient ratio would be too low.
- We were told how a patient who frequently did not attend (DNA) treatment sessions was managed; this included contacting the patient, and if concerns were raised as to the patients' safety, the police. Following this, the unit referred the patient to their consultant at the trust for review.
- Staff told us that if a patient wished to end their treatment session earlier than prescribed; staff required them to sign a waiver form indicating this was a patient decision.
- We were told that patients were checked for signs of infection; but Fresenius had no Sepsis policy for staff to follow. However, staff were asked to follow an alternative format for identification of infection 'MR VICTOR' (multi-racial visual inspection catheter tool observation record). This assessment allowed staff to score patients based upon clinical indicators. If a patient reached a threshold score; follow up actions were taken such as referring back to the consultant, and this was recorded in the patient notes.
- We saw a recent list of patients with difficult access routes for staff to be aware of; and audit results indicating no patients had sustained an infection through any access routes.
- We were told that generally, the clinic did not treat patients with advanced pressure ulcers; however if a patient was assessed as at risk, pressure relieving equipment was provided by the trust. Patients at a higher risk were offered the available beds with appropriate mattress to use, rather than the chairs.
- We observed that a coloured bandage, provided by the trust, was used to clarify if a patient's old fistula was not to be used to avoid patient harm.
- Data from the service reported seven unplanned patient transfers from February 2016 to January 2017. We were told that in the event of an emergency, staff could contact the on call renal consultant for advice. We saw a further three patients had been transferred to hospital from February to May 2017, for reasons including shortness of breath and cardiac problems. We saw an incident log which reported upon these; all were appropriately transferred and two patients returned to the care of Tipton Dialysis Unit following discharge from hospital. One patient remained under the care of the trust as they were deemed too unwell to be treated within a satellite unit.
- We saw an up to date Fresenius document named 'complications, reactions and other clinical event pathways' which provided details of what to do in the event of a patient medical emergency or unexpected event. This also covered technical failures and other incidents such as slips, trips and falls.

## Staffing

- Data provided by the unit about the contract agreement between Fresenius Medical Care (FMC) and the trust who referred patients to Tipton Dialysis Unit required a staffing ratio of one nurse to four patients; with a 70% split of registered nurses to dialysis assistants.
- On Tuesdays, Thursdays and Saturdays staffing comprised two registered nurses and a dialysis assistant; on Monday, Wednesdays and Fridays four clinical staff were present. The clinic manager was supernumerary to clinical staff on weekdays. Therefore, we saw during the inspection that staffing was as contracted.
- We were told that agency use was minimal despite the unit having a current vacancy for a nurse. We were told that it was much more likely that shifts would be covered by Fresenius staff from nearby units if required. Data from the service showed that from November 2016 to January 2017, only one shift was covered by bank staff and no agency staff were used in this time period.

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- We saw, and were told that there was no receptionist in post at the time of the inspection, although this position had been successfully recruited to. The new member of staff was undertaking checks and training prior to commencing within the unit. However, this resulted in reception being unstaffed; therefore patients coming in had no staff to greet them, or to 'buzz' them in. We were told this post had been vacant for three months at the time of inspection. Instead we saw patients opening the secure front door to allow others entry. On the unannounced inspection; the door was opened to us by a patient as a result of no staff member being present. Patients commented that the lack of a receptionist resulted in staff having to fulfil extra duties such as admin and telephone answering, which took them away from caring for patients. Staff reported that the unit was busy in terms of staff numbers but reported that they managed this.
- We were told that a health care assistant (HCA) position had been lost following a change of previous contract to a new trust. Staff commented that this had impacted upon their workloads.
- Staff told us it could be difficult to find time to take annual leave due to lower staffing numbers; particularly at peak times of year such as August or December.
- Data from the service reported that for the time period November 2016 to January 2017, sickness rates were 2% for nursing staff and 1% for dialysis assistants.
- We saw that all patients weighed themselves prior to attending their usual dialysis chair or bed. We noted that this was the case for patients in wheelchairs, or who clearly had reduced mobility.
- Data from the service reported, and we saw, that a consultant from the trust visited weekly to address any questions or concerns regarding patient care. The service employed no medical staff.

## Major incident awareness and training

- We saw there was an emergency preparedness plan for Tipton Dialysis Unit dated February 2015. This outlined different emergency scenarios and what to do in the event of these, such as a gas leak, minor or major water leak, or collapse of the building. We saw this plan contained an up to date list of key personnel to contact in the event of an emergency, with out of hours contact details provided.

- We were told that a fire drill was conducted annually to ensure staff were aware of how to respond in the event of a fire evacuation.
- We saw that at the time of inspection all patients had a personalised emergency evacuation plan (PEEP) in the event of an emergency, such as a building fire.
- We were told that staff undertook simulations of basic life support to ensure staff were prepared if a medical emergency was experienced. We saw paperwork that demonstrated these simulations had been carried out; with any improvements to practice identified and shared with staff.
- We were told that the unit did not get affected by adverse weather; however patients' attendance could be reduced. If patients were unable to attend a treatment session in bad weather; they were offered an alternative session or referred back to the trust for alternate treatment during this time.

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

### Evidence-based care and treatment

- We saw that staff had access via the intranet to policies and procedures regarding treatment which were cross referenced with National Institute for Health and Care Excellence (NICE) guidelines. For example, we saw that staff monitored and maintained vascular access for all patients receiving treatment. A patient concerns record was also used to raise any issues with the nephrologist. This was in line with the National Institute for Health and Care Excellence (NICE) QS72 statement 8.
- The unit met certain national recommendations outlined in the Renal Association 'Haemodialysis Guidelines' (2011). For example, Guideline 6.2: 'Monthly monitoring of biochemical and haematological parameter (blood tests)'.
- Patients were assessed using risk assessment tools based upon national guidelines and standards. For example, skin integrity assessments were recorded in patient records.
- Quality assurance (QA) meetings were held monthly between the renal consultant from the trust, the clinic manager and the team leader of Tipton Dialysis Unit. The attendees discussed patient outcomes; this included a review of all patients' blood results, progress with treatment and any changes or referrals to other

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services. We saw meeting minutes which confirmed this. Following this meeting, information would be disseminated to the wider clinical team at the Tipton Dialysis Unit, in addition to being fed back to patients. We saw this information was recorded in a communication diary within the unit, and discussed at handover. Patients reported they received updates on their blood results and treatment changes.

- Data from the service reported that several outcomes were audited on a regular basis. These outcomes included achievement of quality standards (as per Renal Association Guidelines), patient observations, dialysis access specific data, treatment variances and infection control interventions.
- We saw a folder of updates to clinical practice, and new information following Fresenius incidents or events was made available to staff at handover. These were up to date, with the most recent dated May 2017. Any changes, or messages that needed highlighting were discussed at this time, and staff asked to read and confirm this with a signature at their earliest convenience. For example, we saw a guideline on how to manage a needle dislodgement following an incident; all staff signed this to indicate they were familiar with the process to follow.

## Pain relief

- We saw that staff checked patients' pain and discomfort level when connecting to dialysis machines. We observed nursing staff made effort to work with patients to minimise discomfort.
- Staff did not prescribe or provide painkillers on site; however, patients were free to bring and use their own prescribed medicine.

## Nutrition and hydration

- Patients were offered a choice of one hot or cold beverage with biscuits during their dialysis session. Patients we spoke with told us they were happy with this.
- Patients ordered and paid for their own food from a local café which delivered the food directly to the unit. Patients also had the option to bring their own food, which we saw that some did.
- Staff could refer patients to a dietician within the referring hospital to manage nutritional and hydration requirements in line with medical needs.

## Patient Outcomes

- The unit did not directly submit data to the UK Renal Registry; this was undertaken by the 'parent' NHS trust. The data from the Tipton Dialysis Unit was combined with the NHS Trust data and submitted as one data set.
- Clinical outcomes for renal patients on dialysis can be measured by the results of their blood tests. The blood results were monitored on a monthly basis before and after dialysis treatment as directed by the NHS trust and in accordance with the Renal Association Standards. Results were collated on the EuCliD database used at the unit. The data was available for the clinic manager and consultant to review so they could see individual patient outcomes.
- The results showed how the unit performed in achieving quality standards based on UK Renal Association guidelines. We reviewed results of blood tests for three months from February to April 2017. These comprised of a number of outcomes, for example:
- Two standards we looked at showed how much waste products were removed from the patient and how effective the dialysis is. These are called the urea reduction ratio (URR) and Kt/V.
- On average just over 97% of patients had effective dialysis based on Kt/V readings.
- The average URR of over 65% for the patients at the Tipton Dialysis Unit from February 2017 to April 2017 was 99%. Patients with these levels of waste reduction through dialysis have better outcomes and improved survival rates. The unit was performing better than the UK average against this standard.
- We also looked at the standards indicating patients' haemoglobin (Hb) was at safe levels; therefore lowering the risk of anaemia. Anaemia can be a complication of renal failure and dialysis associated with increased risks of death and cardiac complications. From February to April 2017, the average number of patients with the NICE recommended target of Hb (100-120 g/l) was 61%. This meant 39% of patients had lower Hb levels. Where patients had low levels they were given injections of a stimulating agent to help their body produce more blood cells. This meant the unit were appropriately monitoring patients and managing patients' conditions when required.
- Potassium levels in the blood were monitored by the unit as part of the Renal Association standards. From February to April 2017, an average of just 1.35% of

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patients had high levels of potassium. If potassium levels are higher than 6mmol/l, it can cause acute cardiac problems. This means around 98.65% of patients had potassium levels within acceptable ranges.

- In the same timeline, outcome standards for the unit showed 100% of patients received haemodiafiltration (HDF) treatment. This is a more effective treatment for kidney failure.
- In the 12 months leading up to our inspection, 100% of patients received high flux dialysis. High flux dialysis is a form of more effective clearance of the waste products and fluid. High flux dialysis delays long-term complications of haemodialysis therapy.
- We saw an overview of a balance score card which highlighted how well Tipton Dialysis Unit were performing against other Fresenius Medical Care dialysis units across different measures. For December 2016, we saw that Tipton Dialysis Unit achieved 69% of patients achieving their weekly treatment time target which placed them in the middle of the range as compared with other Fresenius Units. The highest unit at this time achieved 92% and the lowest achieved 43%. We saw that from June to December 2016; Tipton Dialysis Unit had dropped by 5.6% in achieving this particular target. However, we saw from February to April 2017, 97% of patients who attended three times a week were dialysed for the prescribed four hours treatment time. This is more than the minimum standard of 70%. It also meant that only 3% of patients did not have the prescribed four hours of treatment.

## Competent staff

- We checked four nursing staff registrations and found them to be in date; therefore these staff were able to practice nursing in line with the Nursing and Midwifery Council (NMC). We were told, and we saw within records, that the clinic manager checked this on a monthly basis and encouraged staff to ensure they had undertaken all steps required for re-validation. We saw where this was not done, staff were suspended from duty until they were fully validated as a nurse.
- Staff underwent a six-month probationary period on commencement at Tipton Dialysis Unit. A robust induction programme was described to us whereby staff worked on a supernumerary basis and were closely

supervised in order to achieve competencies. We were told that staff did not start to undertake dialysis with patients until they had worked at the unit for six weeks, and at this stage were still supervised whilst doing so.

- We were told that staff appraisals were completed annually and saw a sample of personnel files which showed recent completed appraisal documentation. The clinic manager confirmed they also received annual appraisals from the area lead nurse, which identified further training and development such as additional management training. We were told that Fresenius offered a renal course and all staff were encouraged to attend this through the appraisal process. Staff members who were currently undertaking the course at university reported that they felt supported to do so.
- Staff told us that there were opportunities for professional development and promotion within the company.
- We were told that staff underwent supervision on a spot check basis by the area lead nurse and clinic manager. Staff received immediate feedback following the observation; such as if a staff member had been observed to be non-compliant with hand hygiene.
- We saw documentation confirming the area lead nurse made both announced and unannounced inspection visits to observe clinical practice within the unit. These observations included direct observation of clinical care of the patient in line with professional guidelines.
- Resuscitation simulations were undertaken several times a year; managers made a record of these which were submitted to Fresenius training department for updates to staff files. We saw documentation confirming these simulations had occurred; with good practice and areas for future improvements noted.
- We saw that staff discussed issues relating to patient care during handover, such as a problem inserting a needle into a patient's line. This aided the shared learning and development of all staff in attendance.

## Multidisciplinary working

- We were told, and we saw that links with the commissioning trust were good. Staff from the trust attended on the day of inspection to provide support for Tipton Dialysis Unit staff. We were told by these trust staff members that relationships between themselves and the clinic manager were positive, with open lines of communication which supported the care and treatment of patients.



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- The clinic manager, deputy manager and trust consultant attended monthly quality assurance meetings. At these meetings, all patients were discussed, including patient blood test results. Following these meetings, the trust consultant communicated these results, including any prescription changes, to patients' GP. We were also told about quarterly meetings between the trust and the clinic whereby service planning and review, in addition to discussion about concerns or issues, was undertaken.
- We were told about good links with the trust dietician; and regular referrals being made. There was a link nurse for vascular access who linked with the access nurse at the trust; if necessary the trust staff would attend the unit to support with a new fistula.
- We saw that other health care professionals had input into patient care; for example during handover, we observed the team discussing a request from a dentist to avoid certain medicine on the day of a treatment session due to a scheduled dental procedure.

## Access to information

- Staff had access to a communications diary in which Tipton Dialysis Unit staff and the trust staff both recorded patient updates and information.
- Staff had access to policies and procedures. These were available via both the intranet and hard copy. We saw that changes to policies or procedures were discussed via handovers and team meetings; staff were asked to sign to confirm they were aware of the changes.
- Data provided from the service confirmed that consultants sent information and correspondence, including changes to medicine to patients' GP following monthly quality assurance meetings held between the trust and Tipton Dialysis Unit.
- We saw that nursing staff uploaded patient information following treatment onto a Fresenius system; European Database (EuCliD); information included details of the treatment received, and any other observations or information recorded. However, trust consultants were unable to access EuCliD. Following the inspection we asked how consultants access information contained within EuCliD and were told that 'consultants do not have access to EuCliD in Tipton' therefore we could not be assured of effective information sharing via electronic patient records.

## Equality and human rights

- From 1 August 2016 onwards, all organisations that provide NHS care were legally required to follow the Accessible Information Standard. The standard aims to ensure that people who have a disability, impairment, or sensory loss are provided with easy to read information and support to communicate effectively with health and social care providers. We saw that leaflets provided were in English only, although the unit had access to an interpreter via the referring trust for formal appointments. For general dialysis treatment sessions, the unit relied upon patients' families and carers to translate which is not best practice due to risk of mis-communication.
- The unit provided care for a patient with a learning disability at the time of the inspection. Staff were able to facilitate patients who required additional support by allocating staff accordingly and working with the patient's usual carers.

## Consent, Mental Capacity Act and Deprivation of Liberty

- Staff were able to identify patients who may lack capacity, and steps taken to ensure appropriate care and treatment, including consent measures, were in place for these patients. For example, in one case, a close family member provided consent on behalf of a patient as detailed in the patient's care plan. This had been assessed and decided by the patient's consultant in the patient's best interests. The unit should in this case, ensure, that unless powers of attorney have been granted to this patient's family member, there is no legal right for the family member to provide consent; and therefore MCA assessments including best interest decisions must be regularly reviewed as part of a multidisciplinary meeting (MDT).
- We saw from training records that all staff were up to date with training on the Mental Capacity Act, and the Deprivation of Liberty safeguards.
- We were told that if a patient required a mental capacity assessment, a doctor from the referring hospital would be asked to conduct this and unit staff would record the decision made.
- We saw that staff gained verbal consent from patients as they were connecting them to dialysis machines, to ensure the patients were willing to continue with this process.
- Staff reported that if patients wished to terminate their treatment session early, they asked the patient to sign a

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waiver form confirming this was the patient's choice, documenting the reasons for this. Staff told us that they referred patients who chose to non-attend their treatment sessions back to the trust for a consultant review.

## Are dialysis services caring?

### Compassionate care

- Prior to the inspection, 45 patients completed CQC feedback forms. Of these; 42 reported positive experiences, and three reported negative comments which included a lack of privacy at times and there was a lack of staff at times.
- Through comment card responses and patient comments at the time of inspection, we saw that staff provided patients with a caring service. Patients referred to staff being helpful, thoughtful and respectful of their needs. Patients generally felt their dignity was protected; however we received a comment that reported this could be improved with regards to patient privacy.
- We saw that staff were friendly and engaging during treatment sessions; and observed that staff worked to respect patients' cultural requests; providing dignity within the unit.
- Staff and patients told us that patient birthdays and other occasions were celebrated at the clinic.
- We saw staff make an effort to assist a patient who had mistakenly parked in the wrong area outside of the clinic, rather than within the dedicated car park, and as a result was issued a parking ticket. Staff were actively seeking ways to support the client have this ticket overturned.
- We saw results of a patient survey completed in 2015 which indicated 100% of patients felt the atmosphere in the dialysis unit was friendly and welcoming. Results from the 2016 patient survey found this result was replicated. In addition, 90% of patients would recommend the unit to family and friends and 92% reported having complete confidence in the nursing staff.

### Understanding and involvement of patients and those close to them

- We saw that patients were allocated to a named nurse who they could speak with about their ongoing care.

Patients we spoke with told us they knew the name of their named nurse. Staff and patients confirmed that monthly blood test results were communicated to patients in a timely manner, with any changes explained clearly.

- We saw that staff involved patients in their care and explained procedures to patients. For example, when discussing fluid levels pre and post treatment. Patients told us they felt staff explained changes in blood results or treatment well and in detail, which enabled patients to fully understand their condition.
- We received feedback from one patient via a CQC comment card that staff did not always consider patient views, and did not always respect that the patient was the expert in their own condition. Due to the anonymous nature of the CQC cards, we had no further information to elaborate.
- Staff told us, and we saw, that patients could have a family member or carer to attend their dialysis session with them if this was felt necessary. This was particularly encouraged if a patient had additional needs. We saw that staff provided the family member or carer with a seat at the patient's dialysis station.
- We saw that following a patient survey, staff at the unit had placed 'you said, we did' information on a board in the waiting room. However, two patients told us this was placed too high for them to read it.
- Staff were not assisting patients who needed help to weigh themselves during both our visits. Therefore other patients, or carers helped the patient get onto the scales.

### Emotional support

- The clinic manager told us they were attending a patient's funeral that week at the request of the patient's family.
- Patients told us they felt listened to by staff; and felt that the unit had a warm and open environment.
- If a patient required additional support such as a renal social worker, or psychological support this was arranged directly through the referring trust. Tipton Dialysis Unit did not make any referrals.

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

### Meeting the needs of local people

- Data provided from the unit confirmed there was no transport user group for those patients who used patient transport services. Both staff and patients told us that the patient transport services caused occasional problems such as patients being delayed following treatment. The clinic manager told us of liaison between them, the patient transport services and the trust to identify solutions to better manage this.
  - The unit did not monitor patient travel times as per the National Institute for Health and Care Excellence (NICE) guidelines therefore could not provide confirmation that adults using transport services were collected pre and post treatment sessions within 30 minutes. However, anecdotal evidence from patients and staff indicated that patients were generally collected on time; collection following treatment was more variable and regularly could exceed 30 minutes. Patients told us the unit was easily accessible and close to home.
  - We saw there was a covered 'dropping off point' by the front entrance allowing patients to disembark from patient transport services and taxis close to the door. However, if this area was in use, and the disabled parking space was in use; this restricted other car movement in and out of the car park.
  - We saw there was adequate free parking for patients who drove themselves; including one disabled parking space.
  - The unit provided morning and afternoon shifts between Monday to Saturday. Patients we spoke to said this met their needs with regards to managing their personal commitments outside of dialysis, including working patients.
- ### Service planning and delivery to meet the needs of individual people
- Dialysis services were commissioned by Russells Hall Hospital (part of Dudley Group NHS Foundation Trust) on behalf of NHS England.
  - Staff at the unit told us that the service was provided to those patients who were medically stable upon dialysis. Inpatients and those patients with major co-morbidities or complications received dialysis at the local trust.
  - Televisions and earphones were available for patient use during dialysis sessions.
  - We saw that staff identified and cared for patients with learning disabilities; a thorough care plan was in place outlining specific needs demonstrating patient and care involvement. Guidance had been provided by the consultant as to how best care for the patient and this patient was on the 'patient concern register' as an individual to review regularly. We were given examples of how staff worked with patients with learning disabilities and difficulties, such as maintaining set routines and rituals, and allowing extra time to start treatment.
  - One patient was 'self-care' therefore connected and disconnected themselves to the dialysis machine. They told us they were happy with this arrangement, and had been assessed as competent to undertake their own care.
  - We were told of adaptations made to treatment to accommodate individual needs, for example a patient who deteriorated in cognitive function was moved closer to the nurses station and re-assessed by the consultant.
  - We were told that as the clinic was not at capacity; flexibility was offered to patients as requested. Patients that worked were offered treatment sessions and appointments that fitted in best with their lifestyle. Patients that were non-compliant with sessions were offered an extra session on a Saturday to provide the option for treatment should they fail to attend during the week.
  - There were no bariatric patients treated at the clinic at the time of our inspection, however the unit had two beds which would be suitable for use with this patient group. Specialist equipment such as bariatric wheelchairs and hoists could be requested from the trust, or other Fresenius units should these be required.
  - Translation services were not provided via Tipton Dialysis Unit; although the trust could provide interpreters if requested. We were told that if staff needed to speak with a patient who did not speak English, they would ask family members to translate on



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the patient's behalf. Whilst this is acceptable practice when asking basic questions, such as drink choices, this is not best practice when discussing clinical information or gaining consent for treatment or procedures.

- We observed a patient receiving treatment who was unable to communicate effectively through spoken English language. Staff reported they would ask a family member to translate should the patient need anything, however the family member accompanying this patient reported they leave the patient shortly after arrival, returning towards the end of treatment for collection. This meant should the patient be feeling unwell, or need to express any concerns or questions, they would be unable to do so as there was no way of communicating with them.
- We saw one poster in a language other than English in the waiting room, however this was clearly out of date and related to the unit's previous NHS contract. With the exception of this, all other written communication was only available in English.
- Patients provided us with varied responses regarding access to information. All patients stated they received blood test result information and updates to treatment. However, when we asked about introductory information received at the start of treatment not all patients had received this. Those that had received information reported that they had received a booklet. A patient who did not speak English had not received a booklet or any information in any alternative format.
- The unit had two beds available for use by patients. We were told, and we saw, that patients were offered these beds on a needs basis; for example if a patient had a back condition, or arthritis. However, if the beds were free for a session, and a patient requested to use this, we were told that staff enabled this to happen.
- We observed a patient request to end their treatment session early due to personal reasons. This was discussed with staff who empathised and offered an alternative treatment session.
- Patients and staff told us that the unit provided support to arrange holiday dialysis for patients that requested this. For holidays within the UK, patients generally contacted dialysis units within the area they were hoping the visit themselves to identify availability. If availability was found, the staff then organised the required medical documentation to enable the dialysis away from base to be approved and enabled.

- The unit provided dialysis for patients who were holidaying in the local area if capacity was available and the patients met the unit's required criteria.

## Access and flow

- We saw, and patients confirmed, that they were able to attend treatment sessions at times suitable for them. Data provided clarified that patients were allocated slots based upon individual needs and social requirements; such as patient working hours, social care requirements, length of journey to the unit.
- We saw the clinic had a consulting room for appointments with the consultant and dietician to be held. Staff told us the trust consultant visited the unit every week.
- At the time of inspection, the unit had no waiting list for treatment. Data provided by the unit reported that they had space to accommodate more patients. Utilisation for November and December 2016 was 68% per month, with 73% utilisation reported in January 2017.
- We were told that a total of 15 planned treatment sessions were cancelled between February 2016 to January 2017. These cancellations occurred on the same day and was due to equipment failure, specifically the water treatment pump broke down. Staff told us how this was managed; with patients being dialysed at the trust or at alternative locations.. Some patients were offered a different appointment that week to ensure their treatment needs were fulfilled.

## Learning from complaints and concerns

- We were told about a complaint received in 2016, which was submitted through a letter by a group of 28 patients, about the temperature in the unit being too cold. In response to this complaint, which was upheld, a replacement heating system was installed. Whilst this work was completed, portable heaters were acquired for patient use to resolve the concern.
- This was the only complaint to be reported by the service between January 2016 to the date of inspection. When we attended for the purpose of inspection; the temperature was warm; patients were able to also use their own blankets for additional warmth if required.
- Patients told us they were aware of how to make a complaint should they wish to do so.

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- We saw that following a patient satisfaction survey conducted in 2015, an action regarding patients' ability to complain was identified. This action; to send all patients a letter explaining how to make a complaint was completed February 2016.

## Are dialysis services well-led?

### Leadership and culture of service

- The clinic manager reported to the area head nurse. They reported positive and supportive relationships with senior management which enabled them to raise and escalate issues and concerns. We saw the clinic manager was up to date with training and competencies; and was knowledgeable about the service provided.
- The clinic manager was also a registered nurse; they described their work split as 60% management time and 40% clinical time. The clinic manager reported they felt this was enough time to complete management duties; although often did cover additional clinical and administrative duties in order to support the team. We saw the clinic manager was visible and approachable with an office off the main clinical area.
- Staff reported being happy working at Tipton Dialysis Unit and highlighted an ethos of 'positive team work'. Staff reported feeling supported and motivated by local management, and felt more senior managers were also approachable.
- We saw results of the 2016 staff survey which indicated mostly positive results. Of nine respondents, 0% felt they were pressured to come into work by their manager or colleagues, and 100% reported they would recommend the unit as a good place to work. However, 33% reported they felt blamed or punished if involved in incidents, errors or near misses. Management told us they were working on an action plan to address staff concerns.
- We saw minutes of team meetings held monthly. We saw topics discussed included learning updates, training and appraisal reminders, health and safety and incident updates and general management information such as organising annual leave. We saw appraisals were discussed in these meetings in terms of staff being prepared for their appraisal date.
- We saw photographs of the senior management team within reception so that staff and patients would be

familiar with these individuals. The senior manager's office had previously been located within the same building; therefore all staff that had worked at Tipton Dialysis Unit for some time were familiar with management team.

- We saw that where appropriate, staff had been subject to performance management and discipline proceedings. The clinic manager described steps taken to manage staff performance effectively.
- We saw that support was offered to any staff who may have concerns regarding the UK leaving the EU; several staff members were not born within the UK.

### Vision and strategy

- We were told that the corporate vision and values were communicated within staff meetings. Although staff did not directly quote the vision and strategy for the service, they were aware of the concepts.
- Fresenius set four 'C's as part of their values; with regards to managing patient feedback. These incorporate compliments, comments, concerns and complaints. The clinic manager was familiar with these; and described the general principle of this ethos was to make sure patients were happy whilst using the service.
- We saw a list of corporate objectives for Tipton Dialysis Unit dated in 2016 which took into account patients, the community and shareholders. This outlined different aims for the unit to achieve; some of which were signed off as achieved such as staff completing health and safety training to improve the health and safety of the organisation. However, other objectives were recorded as not adopted by the unit such as every employee to have at least two objectives set as part of their appraisal; and clinic to ensure 90% of all new patients admitted to the clinic achieve their prescribed treatment time.

### Governance, risk management and quality measurement

- Tipton Dialysis Unit was part of Fresenius Medical Care (the provider); therefore, the unit operated within the corporate management structure of the provider.
- We were told about a risk register process, which was being piloted; Tipton Dialysis Unit being part of this pilot. We reviewed the risk register at the time of inspection and noted that one risk specific to Tipton Dialysis Unit was identified as environmental issues; namely the age and condition of the building. As the

# Dialysis Services

unit only had a short duration left to run on the current contract, any plans for renovation were on hold pending this outcome. We felt that the unit could have added more risks to this register such as a lesser ability to communicate with non-English speaking patients during treatment, concerns around infection prevention and control and the impact the lack of a receptionist had upon the staffs' workload.

- We saw that other risks had been identified which were considered to affect all Fresenius Units. These including a lack of formal patient identification and a lack of a formal early warning score being used to identify deteriorating patients.
- We were told that clinical objectives and key performance indicators (KPIs) were discussed within staff meetings. We reviewed minutes of both team meetings and quality assurance meetings (QA). Key individuals from the trust, such as the referring consultant attended the QA meetings. We saw that within team meetings changes to practice and policies were discussed; and staff signposted to further reading where necessary. We also saw evidence of the unit's performance against other Fresenius units being discussed. Within the QA minutes; evidence of specific patient updates were documented.
- We noted that concerns raised following the announced CQC inspection visit had been disseminated to staff. We saw this during handover, and within team meeting minutes.
- We were told by both patients and staff that patient transport impacted upon the clinic; for example if patient transport was late to collect afternoon patients; staff had to stay late at work with the patient until the transport arrived. The clinic manager told us that staff generally took it in turns to do this to dilute the impact upon staff staying late. The clinic manager also told us of steps taken to manage this problem including reporting each incident to the trust who liaised with patient transport service to feed back.
- We saw the unit had an annual audit schedule which included clinical audits such as measuring against Renal Association Standards, to environmental audits such as infection prevention and control. We looked at the schedule for 2016 and noted it was up to date with completed audits recorded.

## Public and staff engagement

- We saw, and patients told us, that patients were asked to complete patient satisfaction surveys which were used to identify changes. We were told the response rate for this survey was 87% within 2015. The unit had issued a further patient survey within 2016. We saw this survey had a response rate of 76% (48 patients). Results showed 90% would recommend the unit to family and friends, and 91% had complete confidence in the nursing staff. 100% of patients felt the atmosphere was friendly and happy and 98% felt confidentiality was respected. 87% of patients felt the unit was clean and well maintained, and 72% reported that dialysis started on time. Management told us they were working on an action plan to address lower scoring items, and provided us with an example as to where they had already addressed one area.
- Staff completed an annual employee satisfaction survey with the latest being completed within 2016. Results from this survey reported that 100% of staff (nine staff completed the survey) would recommend the unit to family and friends for treatment, and would recommend the unit as a place to work. However, 33% felt they had experienced discrimination or harassment from patients. As discussed above, we were told that management were working on an action plan to address staff concerns.
- The Workforce Race Equality Standard (WRES) is a requirement for organisations that provide care to NHS patients. This is to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The centre was located in a culturally diverse area and staff employed by the service reflected this. However, there was not a formal report for the location.

## Innovation, improvement and sustainability

- We saw the unit was delivering haemodiafiltration (HDF) to all patients where this was possible. HDF is seen to promote more successful outcomes than haemodialysis (HD) which was previously used.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that any staff undertaking 'needling' of patients when connecting to dialysis machines must follow the Fresenius Policy. Following this inspection, the policy was changed to reflect that 'dry needling' was not a technique that should be used with patients.
- The provider must ensure the safe and effective use of medicines for example: prescriptions are regularly reviewed and re-authorised; patients are correctly identified prior to treatment and staff follow the providers medicines policies.
- The provider must implement a standard operating procedure or policy for staff to access about the management of suspected sepsis

### Action the provider **SHOULD** take to improve

- The provider should ensure that staff, including contractors and visitors to the unit, are consistently compliant with infection prevention and control measures.
- The provider should ensure there is provision for patients who do not speak English to communicate with staff during routine treatment sessions. In

addition, the provider should consider their use of written materials in order to ensure patients who do not read in English are able to access relevant information.

- The provider should review the facilities as per national standards. This should include reviewing standards regarding nurse call bells at each station, the space between patient dialysis stations, access to privacy screens and handwashing facilities.
- The provider should consider the need for an additional set of scales.
- The provider should ensure patient records are securely stored when not being used.
- The provider should consider the security system for entry into the unit; at the time of inspection patients and carers were opening the door to other patients and visitors.
- Staff should be trained to safeguarding vulnerable adults level two. Any safeguarding lead should be trained to level three as a minimum.
- Identified staff should be trained in immediate life support, as per the provider policy requirements.
- The provider and unit should reflect upon their local risk register to ensure all risks to the service are included, reviewed and monitored.

## Requirement notices

### Action we have told the provider to take

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

| Regulated activity                       | Regulation   |
|--|--|
| Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12.—(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;</p> <p>(g) the proper and safe management of medicines.</p> <p>We saw that staff were using a technique ‘dry needling’ in such a way air could be transported into patients’ blood stream potentially causing an air embolus.</p> <p>We saw that two nurse checks were not being completed when collecting and administering medicine.</p> <p>We saw that medicines were being collected in batches rather than individually for each patient.</p> <p>We saw a room which housed medicines was not secure.</p> <p>We saw several prescriptions were out of date.</p> <p>We saw patients were not being positively identified prior to administering medicines.</p> <p>We saw the provider had no sepsis policy for staff to follow, and sepsis was not routinely checked for at the time of inspection.</p> |