

Boston 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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Summary of findings

Letter from the Chief Inspector of Hospitals

Boston Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The site is situated on a business park and was opened for this service in 2005 and a refurbishment took place in 2015. The facility has 12 dialysis stations and provides haemodialysis services six days a week. Facilities include a consulting room, isolation room, nurses office and patient kitchen.

Dialysis units offer services, which replicate the functions of the kidneys for patients with advanced chronic kidney disease. Dialysis is used to provide artificial replacement for lost kidney function. At the time of inspection these services were commissioned by a local NHS trust.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 19 April 2017 along with an unannounced visit to the unit on 2 May 2017.

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

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

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:

- The unit was visibly clean with evidence of thorough infection control practices.
- Equipment was serviced and fit for purpose.
- Staff knew how to report incidents and treatment variances.
- Staff demonstrated a good understanding of their responsibilities around safeguarding.
- All staff were up to date with mandatory training.
- Medicines were administered in line with national guidelines.
- Staff carried out structured patient risk assessments throughout dialysis treatment.
- Staff followed evidence based treatment and best practice guidance
- All staff had received a recent appraisal.
- The service monitored closely patient outcomes and reported these to the commissioning trust.
- The commissioning trust submitted Boston Dialysis Unit figures to the Renal Registry.
- Staff received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards as part of their induction training.
- All patients received regular multidisciplinary reviews.
- Information sharing between the NHS trust and Boston Dialysis Unit was seamless.
- Staff demonstrated compassion to both patients and family members.

Summary of findings

- Patients were treated with privacy and dignity.
- Where possible patient's wishes were considered on dialysis appointment.
- Transport services were provided by Fresenius drivers located at the unit.
- Patients were involved in decisions around their care.
- The service received low levels of complaints. Those that were received were resolved appropriately and in a timely way.
- There was a company vision, strategy and values, which most staff were aware of and shared.
- Locally staff were well supported by the clinic manager.
- The service performed regular staff and patient surveys and responded to feedback.

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

- Some risks were not reported or monitored appropriately due to the two tier incident reporting system.
- Action plans developed in conjunction with a staff survey were not completed in a timely fashion.
- Although no errors had occurred in relation to patient identification there was no formal process to follow.
- Currently no guidelines were in place for staff to follow when monitoring and identifying patients at risk of developing sepsis.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Central Region

Summary of findings

Our judgements about each of the main services

Service

Dialysis Services

Rating Summary of each main service

Boston Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service has 12 dialysis stations and provides haemodialysis services six days a week. At the time of inspection these services were commissioned by a local NHS trust. We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 19 April 2017 along with an unannounced visit to the unit on 2 May 2017.

We regulate this service but at the time of this inspection, we do not currently have a legal duty to rate independent providers of dialysis services. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

There were effective systems, processes and practices in place to keep patients safe. Training systems were effective. Patients were cared for in line with current guidance.

Care was shared with the referring NHS trust including clear reporting processes.

Staff levels and skill mix were planned, implemented and reviewed to keep people safe at all times.

Policies and care was in line with best practice and relevant guidelines.

Patients received planned and co-ordinated care.

Patient consent was obtained throughout care.

Patients felt well cared for.

Staff treated patients with dignity and respect at all times.

Staff supported patients to be involved in their care. Staff worked hard to meet the individual needs of all patients.

Patient transport facilities reduced appointment waiting times for patients.

The organisation had a clear set of visions and values. Staff received good local support from the unit manager.

The unit worked closely with the referring NHS trust. Locally the voice of the staff was heard and acted upon.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Boston Dialysis Unit	7
Our inspection team	7
Information about Boston Dialysis Unit	7
The five questions we ask about services and what we found	9

Detailed findings from this inspection

Outstanding practice	28
Areas for improvement	28

Boston Dialysis Unit

Services we looked at

Dialysis Services

Summary of this inspection

Background to Boston Dialysis Unit

Boston Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service opened in February 2005 and is a stand-alone 12 station dialysis unit in Boston, Lincolnshire. The main referring NHS trust provides a multidisciplinary team including a consultant

nephrologist. Unit staff are employed by Fresenius Medical Care. We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 19 April 2017 along with an unannounced visit on 2 May 2017.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, Sarah Cooper, a second CQC inspector, a specialist advisor with expertise in renal dialysis services and an expert by experience. The inspection team was overseen by an Inspection Manager.

An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer.

Information about Boston Dialysis Unit

Start here

Boston Dialysis Unit comprises of 12 stations, one of which was situated in a side room for isolation purposes. At the time of inspection the unit provided three dialysis treatment sessions a day, six days a week, Monday to Saturday. The unit is open 6.45am to 11.15pm, each session provided dialysis for 12 patients with chronic renal failure.

Boston Dialysis Unit is registered to provide the following regulated activity:

- Diagnosis and treatment of disease.

The unit has had a registered manager in post since February 2005.

During the inspection we spoke with 12 staff including; registered nurses, health care assistants, reception staff, dietician and drivers. We spoke with 19 patients and one relative. We also received 24 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed eight sets of patient records.

There were no special reviews or investigations of the service on going by the CQC at any time during the 12 months before this inspection. The service has been

inspected once before, and the most recent inspection took place in February 2014, which found that the service was meeting all standards of quality and safety it was inspected against at that time.

Activity (January 2016 to December 2016)

- In the reporting period January 2016 to December 2016 there were approximately 11,232 treatments performed at Boston Dialysis Unit. All patients were NHS funded patients.
- The service currently has 72 patients receiving care on a regular basis. All patients treated are over 18 years of age.

Track record on safety (January 2016 to December 2016)

- No never events were reported.
- Two clinical incidents were reported.
- No serious injuries were reported.
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA) were reported.
- No incidences of hospital acquired Methicillin-sensitive Staphylococcus aureus (MSSA) were reported.

Summary of this inspection

- The service received four formal complaints.
- A dietician visited weekly and a consultant nephrologist attended weekly.
- Interpreting services
- Pathology and histology
- Dietician support.

Services provided at the unit under service level agreement:

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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 renal dialysis services.

We found the following areas of good practice:

- Staff reported incidents using one of the two incident/variance reporting systems. These were monitored and lessons learnt reported to staff
- Extensive training was provided for staff and compliance was closely monitored by clinic managers.
- Staff took a proactive approach to safeguarding.
- Staff levels and skill mix were planned, implemented and reviewed to keep people safe at all times.
- Staff followed good practice detailed infection prevention control policies and maintained good IPC links with the referring NHS trust.
- The environment was designed and maintained to keep people safe. Equipment was serviced and fit for purpose.
- Staff administered medication in line with current guidance.
- Records were detailed and included risk assessments for each patient.
- Plans were in place to respond to emergencies and major situations.

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

- There was no formal patient identification process.

Are services effective?

We found the following areas of good practice:

- Patients care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- Staff performed regular monitoring of patients throughout treatment.
- Staff had an understanding of the process to follow in the event of suspected sepsis.
- The unit managers monitored quality standard data to improve care.
- Staff were supported to deliver effective care and treatment, including through meaningful and timely supervision and appraisal.

Summary of this inspection

- Staff were qualified and had the skills they needed to carry out their roles effectively.
- Care within the NHS trust and Boston Dialysis Unit was monitored and well-co-ordinated
- Consent to care and treatment was obtained in line with legislation and guidance.

Are services caring?

We found the following areas of good practice:

- Feedback from people who use the service, those who are close to them and stakeholders was positive about the way staff treated people.
- People were treated with dignity, respect and kindness during all interactions with staff.
- People felt supported and say staff cared about them.
- People were involved and encouraged to be partners in their care and in making decisions.
- Staff were compassionate with patients and helped people to cope emotionally with their care.

Are services responsive?

We found the following areas of good practice:

- Staff used a variety of discussions to determine and meet the needs of individual patients.
- The needs of different people were taken into account when planning and delivering services.
- Facilities and premises were appropriate for the services being delivered.
- Staff were supportive of patients wishing to change dialysis sessions due to personal circumstances.
- An in house patient transport system reduced patient waiting times.
- A link nurse monitored vascular access and supported discussions with referring NHS trust.

Are services well-led?

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

- Due to two incident reporting processes some incidents did not appear to be investigated.
- Staff felt that a key focus was achieving optimal bed occupancy and the scrutiny of figures increased pressure on managerial staff.

Summary of this inspection

- Staff at the unit did not have an understanding of the role of clinical governance team within the organisation.
- Staff did not have an awareness of the unit's performance in relation to other local services.
- Local clinic managers were not involved in identifying and monitoring local risks

However, we found the following areas of good practice:

- The Fresenius Services vision and strategy was visible within the unit.
- Staff were aware of the company desire to be open and honest whilst achieving good results.
- Management staff had close links with regional managers.
- Local leadership was strong and staff felt very well supported.
- Staff reported to clinic manager for support.
- The unit worked closely with the referring NHS trust.
- Locally the voice of the staff was heard and acted upon.

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are dialysis services safe?

Safe means the services protect you from abuse and avoidable harm.

Incidents

- The organisation had a clinical incident reporting policy that provided a framework for reporting and managing all incidents and near misses, to improve the quality and safety of its service. The policy was in date and set out the accountability, responsibility and reporting arrangements for all staff in relation to incidents. The policy and procedure provided clear guidance for staff on the processes and expectations in relation to incident reporting and learning and included; the process for reporting incidents, the process for investigating incidents, open and honest communication including duty of candour requirements and the process for shared learning.
- Staff reported incidents using an electronic reporting system. Between January 2016 and December 2016, there were two notifications to CQC and three clinical incidents reported. These were all low or no harm incidents that were investigated by the service. We saw evidence of investigation and lessons learnt, for example, the need for staff to focus on relevant documentation.
- However, despite 21 episodes of 999 calls, just two incidents were reported for 999 emergency transfers to hospital. In the same reporting period, eight patients were transferred to the hospital. This meant we could not be assured all incidents were being reported.
- Incident and complaint investigations were discussed at the monthly multidisciplinary meeting with the commissioning trust.
- In addition to the clinical incident reporting, in the event of a minor clinical or patient safety incident pre, during or post dialysis treatment, staff completed a treatment variance report (TVR) or unit variance report (UVR) within the electronic patient record. The data within the system was reported on a monthly basis to both the area head nurse and the renal nurse at the referring NHS trust.
- The incident reporting policy outlined a need to provide information and support to all service users and any other relevant person in the event of a serious incident. Staff explained patients were informed in event of all incidents or TVRs. We saw evidence of this during the investigation of a medication error. Minutes of staff meetings, colleague update notices and learning bulletins shared learning from other units, such as the practice of re-sheathing needles due to the risk of needle stick injury and management of access to patient lines.
- In addition to inclusion in the incident reporting policy, the service had a duty of candour policy. 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. The policy highlighted the top ten principles of being open and honest, and included a letter template to support staff when writing to a patient or relative.
- Between January 2016 and December 2016, there were no incidents requiring duty of candour to be applied, however leaders were aware of the actions they should take should a duty of candour incident occur. Staff we spoke with understood the need to be open and honest with patients and family when something went wrong.

Dialysis Services

- Between January 2016 and December 2016, the service had no never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Mandatory training

- Fresenius Medical Care (FMC) had an extensive training and educational manual. This outlined the expectations of all staff on mandatory training, additional training, accessing training and the use of the electronic systems.
- Staff training files included a contemporaneous training record. This included details of training undertaken, including induction, fundamental skills, advancing and management training. Records demonstrated that most clinical staff were up to date with essential (fundamental) training. This included; basic life support, automated external defibrillation training, anaphylaxis, safeguarding adults level two training, moving and handling, infection prevention and control, dialysis reassessment (relevant to grade), fire safety, control of hazardous substances, falls, standard good dialysis care, hygiene guidelines and information governance. Due to sickness three members of staff were due to complete safeguarding training and mental capacity act training. Plans were in place for these staff to complete their training.
- All nurses and health care assistants working in Boston Dialysis Unit had received theoretical and practical basic life support training. This was in addition to the ad hoc simulations that occurred. Between June 2016 and February 2017 four unannounced basic life support simulations took place at the unit. The simulated basic life support sessions included feedback forms and a quiz for all staff. In the event of a lack of understanding, the head nurse and training lead developed a programme of support for the individual member of staff.
- Clinic managers ran monthly checks of the electronic training records and informed staff of any training due for renewal.

Safeguarding

- The clinic manager was safeguarding lead for the unit and trained to level two. They had a link to the NHS trust lead for safeguarding.
- Staff were trained to recognise adults at risk and were supported with an effective safeguarding policy in place. All four staff we spoke with could give examples of raising safeguarding concerns with the local authority. Safeguarding contact numbers and a flow chart were visible in the waiting area.
- People under the age of 18 were not treated within the clinic. Visitors were not permitted to bring children into the clinical area due to the unsuitability of the environment.
- Ten out of 13 staff had received safeguarding adults, level two training. Dates were set for the remaining three to receive the update on return from sickness.
- During the visit staff demonstrated an awareness of patients who would be at risk of physical, emotional and financial abuse. This was highlighted and relayed to staff during the handover period.

Cleanliness, infection control and hygiene

- Fresenius services had an infection prevention and control policy (IPC) in place which aimed to establish and maintain a common approach to safe hygiene practices in dialysis clinics.
- The clinic had a lead nurse responsible for IPC and related audits, such as hand hygiene and supporting the annual IPC audit.
- A recent campaign had promoted hand washing by patients to reduce the risks of infection. This was highlighted in the patient newsletter and on posters throughout the unit. Sinks and hand gels were accessible throughout the unit with prompts on the World Health Organisation hand washing guidance.
- Between June 2016 and December 2016, staff monthly hand hygiene audits demonstrated 97% to 100% compliance. Recommendations such as prompting staff to complete hand hygiene testing and hand washing assessments were communicated through team meeting minutes.
- The service reported all infections to both the commissioning authority and centrally to Fresenius. Between January 2016 and December 2016 there were

Dialysis Services

no cases of methicillin resistant *Staphylococcus aureus* (MRSA) bacteraemia or methicillin sensitive *Staphylococcus aureus* (MSSA) bacteraemia. MRSA is a bacterium responsible for several difficult-to-treat infections. MSSA differs from MRSA due to antibiotic resistance.

- Annual commissioning trust IPC audits made recommendations for areas of improvement. We saw evidence of actions taken after the audit in 2016. We also saw feedback to staff from the chief nurse around national themes in IPC audits. This included the lack of lumen cleaning of lines, maintaining a sterile field, staff following uniform policy and the use of personal protective clothing. Staff signed to confirm reading these recommendations.
- Staff performed disinfection of dialysis machines between each patient and at the end of each day. These followed manufacturer's and IPC guidance for routine disinfection. We saw documentation of the cleaning of dialysis machines previously used for infected patients. This was in accordance with Fresenius guidelines. Spare dialysis machine were stored clean and ready for use. Notices attached to the machine stated last cleaning date.
- The IPC policy included recommendations for the cleaning of critical (items that enter sterile tissue, body cavities or the vascular system), semi-critical (contact with mucous membranes) and non-critical (skin contact) items. Where possible, single use items were in use in the unit. We saw evidence of staff following the appropriate cleaning regime. This was however complicated by following commissioning trust guidance that differed from Fresenius guidance. Discussions took place to develop a compromise that was in place.
- We saw staff following the IPC policy using an aseptic non touch technique when connecting and disconnecting dialysis lines.
- Staff at Boston Dialysis Unit attended infection control meetings and study days at the local NHS trust. This gave opportunity to discuss concerns and issues surrounding infection control practices. We saw minutes of meetings highlighting feedback on latest infection control guidance.

- Procedures were in place to assess patients as carriers of blood born viruses (BBV) such as Hepatitis B and C. This included routine testing of susceptible patients in line with best practice guidelines and using a nominated machine after a patient returned from holiday dialysis in another unit. Policies gave staff clear guidelines in regard to appropriate infection practice, for example MRSA and MSSA screening, BBV, no-touch aseptic technique and the use of isolation rooms.
- There were guidelines for staff in the event of a patient testing positive for a BBV such as Hepatitis B and C. These included the use of a separate room for dialysis and appropriate protective equipment for staff. Between January 2016 and December 2016, there had been no patients with a blood born virus at Boston Dialysis Unit.
- Staff training included classroom based and online training, which included an annual assessment. All staff at Boston Dialysis Unit had completed all elements of the training.
- All water testing for the unit was carried out in line with the recommendations by the UK Renal Association and European standards for the maintenance of water quality for haemodialysis and haemodiafiltration.
- Daily water quality tests were performed by staff trained to do so. Between January 2016 and December 2016 no samples were outside the acceptable range. Guidelines outlined the process in event of an out of range measurement. In addition, Fresenius and the local NHS trust monitored the bacteriological testing of the water surveillance system monthly.

Environment and equipment

- The layout of the dialysis unit was compatible with health and building notification (HBN07-01) guidance. Access was good for both able bodied and disabled patients, parking plentiful with a secure entry point. A nurse's station allowed visibility of all patients during dialysis although curtains were available when required. Patients could, if they wished, speak with each other during dialysis in line with HBN recommendations. There were nurse call bells accessible at each station.

Dialysis Services

- The Fresenius facilities management team were responsible for both reactive and preventative maintenance work of dialysis and the water treatment plant. This included monitoring and organising work requested by the dialysis unit. This work included annual service testing of all equipment. All equipment checked during the inspection was service tested and in date. In the event of faulty equipment, staff completed a fault report and decontamination certificate and stored the equipment away from the clinical area in a non-conformance area.
- Dialysis sets were single use and disposed of within clinical waste. The record number of the set was noted within the electronic patient record at the time of dialysis.
- Water testing was completed weekly to ensure that water used during dialysis was free from contaminants. This was in line with guidance on the monitoring the quality of treated water and dialysis fluid. We saw the record log that recorded the testing and the results. Staff were aware of the processes for obtaining samples, and actions to take if results showed some contaminants. There had been no reported incidents of contamination.
- Patient weigh scales were available on the unit and we saw where they had been appropriately service tested. Staff told us, in the event the weigh scales developed a fault or were unfit for use, a replacement set was available on the unit and the fault would be reported to an external company for repair.
- A spare dialysis machine was stored, clean and available for use.
- Emergency equipment was checked consistently, with items appropriately packaged, stored and ready for use.
- The commissioning NHS trust performed environmental audits to ensure the premises met the recommended guidance. The May 2016 audit made recommendations on refurbishment that would improve infection prevention and control, such as repairing laminate work tops and replacing rusted waste bins. At the time of our inspection these actions had been completed.

- An environmental audit by the NHS commissioning authority demonstrated areas for improvement. Some of these related to the aging décor of the unit. All areas visited were visibly clean. External contractors visited the unit twice a day to perform cleaning duties. All 19 patients we spoke with reported how clean the area looked and how hard staff worked to maintain cleanliness.
- We saw staff having due regard for alarms on the dialysis machines. Staff responded appropriately to machine alarms. Alarms were not overridden. This ensured staff would be notified promptly of significant incidents such as needle dislodgement. Needle dislodgement can increase the risk of significant blood loss or cardiac arrest.

Medicine Management

- The clinic manager had lead responsibility for the safe and secure handling and control of medicines. On a day to day basis the shift leader was responsible for the drug cupboard keys.
- Medicines were stored in locked cabinets within clean utility rooms. We saw records of receipt and monitoring of medication. No controlled drugs were stored at the unit. Medicines were ordered via the local commissioning trust or a private pharmaceutical company.
- Staff had access to pharmacy support from the local NHS trust pharmacy for additional advice relating to dialysis drugs. Fresenius head office had pharmacy support for staff to access.
- Staff received annual medicine management training. A virtual classroom session was provided around preventing medication errors. All clinical staff had completed this training.
- Most medication prescriptions were completed by the NHS consultant, where care was shared some medicines was prescribed by the GP. Any changes in medications were made in consultation with the renal consultant. These were communicated to GPs via electronic records. Staff within the unit did not prescribe medications.
- We saw staff administering medications following best practice; this included patient identification, checking

Dialysis Services

of medication by two staff members, one of whom (the registered nurse) then administered it, not leaving medications unattended and confirming all prescriptions were administered during dialysis.

- No controlled drugs (prescriptions controlled under the Misuse of Drugs legislation) or patient group directions (PGDs) were used during dialysis treatment or stored within Boston Dialysis Unit. PGDs allow some registered health professionals (such as nurses) to give specified medicines (such as painkillers) to a predetermined group of patients without them seeing a doctor.

Records

- Boston Dialysis Unit used a combination of a Fresenius electronic and paper records. In addition the staff had access to the local NHS trust's electronic records. Data was automatically shared between the electronic databases. This ensured that consultant nephrologists had access to the patient records at all times.
- All patients had a named personal information card which facilitated access to treatment records. These were collected by patients and cross checked by staff against the planning book at the start of treatment. In the event of a missing card staff could create a new card for access to the data.
- When not in use paper records and cards were stored securely in locked cabinets in the main office.
- During dialysis the electronic patient care plan was updated, including an audit trail of treatment. We reviewed eight sets of paper and electronic records. All records included among other details, care plans, consent, three monthly blood results, routine observations, intravenous line checks, a named nurse, named nurse checklist, evidence of multidisciplinary review, prescription and screening results.
- All new patients had a comprehensive patient referral/admission document completed. This included information from the referring unit and the dialysing unit. A data quality confirmation check was also included on the form to ensure the data provided by the referring trust reflected accurate patient information. Any discrepancies were documented on the records.

Assessing and responding to patient risk

- Patient referral letters and admission documents included documentation that the patient had been assessed by the consultant nephrologist as in a stable condition, and suitable for care within a satellite dialysis unit.
- Electronic systems included a three monthly assessment of the screening status of all patients for potentially infectious blood born viruses.
- Staff assessed each patient's suitability for care at a satellite dialysis unit. In the event of a change in condition staff liaised with the NHS consultant to discuss a plan of care. We saw evidence of carers attending the dialysis unit and staff making provisions to use rooms with larger areas for carers. We read minutes of a meeting that described steps taken to support a patient to receive home dialysis.
- Pre, post and during dialysis staff monitored patient's blood pressure and pulse. They also monitored patients visually throughout the dialysis. We saw documentation of staff discontinuing a dialysis session due to a patient feeling unwell and an instance of stopping due to a patient suffering from hypotension (a drop in blood pressure). Appropriate actions were taken to prevent further deterioration in the patient's physical health.
- Staff performed observations on all patients before and during dialysis. The electronic monitoring system alerted staff to a deterioration in a patient's blood pressure or heart rate. If a patient appeared unwell or showed signs of deterioration staff monitored them more closely and would either continue monitoring, or return the circulating fluid and discontinue the dialysis as per guidelines. They would assess whether the patient required transfer to an acute hospital via emergency services.
- The service did not use a distinct early warning scoring system to monitor deterioration in the patient's Staff explained their observations and alarms meant that continuous monitoring was in place.
- Staff reported any non-urgent patient concerns to the clinic manager who either escalated these to the consultant nephrologist or kept notes on a patient

Dialysis Services

concerns record until the next consultant visit. In the event of an urgent concern staff could access the on call nephrologist registrar or consultant at one of the two referring NHS trusts.

- Guidelines were not in place on the process to follow in the event of a patient showing signs of sepsis. Staff told us they would follow the referring trusts guidance. We saw these were readily available for on the computers in the unit.
- Staff told us and we saw patient identification performed by a name and date of birth confirmation prior to commencing treatment and on administration of medication. The service did not have a documented patient identification policy in place. Some staff told us that they knew the patients so well that they did not feel formal identifications were necessary. They gave an example of two patients having the same name, but were distinctly different. The details on the electronic system made the identification possible by weight, ethnicity and age of the patient. This meant that new or agency staff, or when dialysing patients away from base, there was a risk misidentification could occur.
- Patients did not receive blood transfusions at this unit. Where a blood transfusion was required this would be carried out at the referring trust.
- At the time of our inspection a sepsis pathway was not being used and was not available in the unit. The service was looking at the arrangements for monitoring a patient for signs of sepsis. The patient assessment prior to dialysis included monitoring the intravenous catheter for signs of infection following a multi-racial visual inspection catheter tool (Mr VICTOR). This guide provided nursing staff with a consistent and recognised description of the condition of the fistula using a score of 0-4. Staff we spoke with had an understanding of the signs of sepsis and told us they would follow the NHS trust pathway.
- Fresenius had a patient transfer policy in place. Emergency transfers of care were undertaken via local emergency ambulance services using a 999 call. Any non-urgent transfers were performed in consultation

with the nephrology consultants. Between January 2016 and December 2016, 21 transfers of care occurred; three of these were via emergency ambulance services.

Staffing

- At the time of inspection the unit did not have any staff vacancies. One newly created health care role had recently been filled.
- Boston Dialysis Unit worked to a predetermined patient to staff ratio and skill mix, of one qualified staff member to every four patients, as defined by the commissioning NHS trust. At the time of inspection this included ten whole time equivalent (WTE) qualified nurses and 1.5 WTE healthcare workers. Compliance with staffing ratios was maintained using an electronic rostering system. Unfilled shifts were filled with re-rostering permanent staff, requesting staff from the Fresenius medical services flexi bank or using an approved external nursing agency. For the reporting period October 2016 to December 2016 agency staff had not been used to fill shifts.
- The nurse in charge of each shift was identifiable via an in charge badge.
- Bank and agency staff completed a documented induction on arrival to the unit. Due to the minimal use of agency staff the unit did not have any completed forms.
- Boston Dialysis Unit was a nurse led unit. Access to medical staff was described as good by the staff. Staff in the unit would contact local trust renal registrars and consultants for advice.
- There were no medical staff employed at the unit. Every week a dedicated renal consultant employed by the commissioning NHS trust attended the clinic for renal outpatient appointments. The day of the week changed to prevent patients having to attend on an additional day to their dialysis.

Major incident awareness and training

- The service had an Emergency Preparedness Plan. This highlighted the actions taken in event of an emergency. These were defined as; a situation which poses or has already caused a serious risk to health,

Dialysis Services

life, property or environment. The document highlighted staff's individual responsibility in the event of an emergency situation. All staff we spoke with were aware of the plan for each patient.

- Plans were in place with local water authorities to prioritise the service in the event of a water failure.
- The unit had suffered a water pump failure that had disrupted service. We saw information relating to the event that was reported and fixed within two hours, causing minimal disruption to patient treatments.
- In the event of power failure, all dialysis machines had a battery backup system to permit patient's blood to be returned to them
- Staff described a good working relationship with local independent health and NHS providers in event of a local emergency, for example inclement weather reducing patient accessibility.
- Each patient's notes included patient personal emergency evacuation plans. These were patient specific summaries on the individual needs of each patient in the event of an emergency evacuation. Ambulant level, weight, height and days of the week attended were all documented.

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

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Evidence-based care and treatment

- Staff within the unit used a Fresenius own 'Good Dialysis Care' policy and procedure document, which was compliant with European Renal Best Practice (ERBP) and the Kidney Disease Outcome Quality Initiative (KDOQI) guidelines. It contained instructions for staff in how to use the specific dialysis equipment and there was clear referencing to other policies and best practices. The Good Dialysis Care policy excluded medication for units in the UK, as Fresenius had created a separate UK medicines policy in accordance with the UK Nursing and Midwifery Council Standards for medicine management.
- Within the policy guidance, staff followed current evidence based guidance, including National Institute of Health and Care Excellence (NICE) and The National Service Framework for Renal Services in providing care for patients. For example the Standards of good Dialysis care guideline 2016. This guidance was incorporated into the local NHS and Fresenius (Nephrocare) guidelines followed. We looked at five policies, these were all version controlled and in date.
- Policies and procedures were reviewed yearly via the certified international organisation for standardisation integrated management system (ISO). The 2016 quality management system audit demonstrated compliance in monitoring of out of date policies.
- All staff monitored patient vascular access as part of their pre-dialysis assessment and following treatment. The vascular access lead was responsible for contact with the renal consultant at the local NHS trust. Timely creation of fistula access was the responsibility of the NHS consultants. At the time of inspection, 65% (47) of patients had an arteriovenous fistula. This was less than the UK Renal Association guidance of 85%. An arteriovenous fistula is an abnormal connection or passageway between an artery and a vein. This is created surgically for connection of haemodialysis treatment. At the time of inspection ten out of 72 patients had declined creation of an arteriovascular fistula, and ten were in the process of having one created.
- All patients had their weight, temperature, pulse and blood pressure checked at the beginning and end of dialysis. This was documented within the electronic record.
- Medical advanced planning and end of life care decisions were made in conjunction with the NHS trust responsible for care. Staff described circumstances where end of life care plans had been developed for patients.
- Due to the nature of referrals from the NHS trust, the unit did not have a waiting list.

Pain relief

- Patients were responsible for supplying any analgesia required. The service did not use patient group directions (PGDs) and none of the nurses were trained

Dialysis Services

in non-medical prescribing. A PGD allows some registered health professionals (such as nurses) to give specified medicines (such as painkillers) to a predetermined group of patients without them seeing a doctor.

Nutrition and hydration

- Patients who have renal failure require a strict diet and fluid restriction to maintain a healthy lifestyle.
- Patients were supplied with tea and biscuits during their dialysis session and a water cooler available in the reception area.
- The dietician attended weekly to speak with patients and advise them on diet, they performed three monthly dietetic reviews on all patients.
- A programme of dietetic care and education was created for new and established patients. This included all patients having their mid arm circumference and tricep skinfolds measured three monthly, and height measured every five years. New patients received two dietetic appointments in the first month of dialysis. This programme followed the local renal network dietetic standards.
- We saw a recommendation for greater dietician input for patients who had recently been in hospital and were consuming a convalescence diet.

Patient outcomes

- Monthly patient quality standards data was collated in the form of a scorecard in order to monitor the achievement of quality standards. These had been set by the Renal Association guidelines. Between October 2016 and December 2016, Boston Dialysis Unit achieved above average in figures used to quantify haemodialysis adequacy. The percentages ranged between 82% and 96%, which was significantly better than the British Renal Society recommendation of 70%. This is a measure of how effective the dialysis treatment is at removing the harmful waste products.
- Information was also submitted to the commissioning NHS trust to include in the renal network's submission to the renal registry. Due to the inclusion with other units, Boston Dialysis Unit could not benchmark the effectiveness of the service against other providers.

- A monthly clinic review took place monitoring many areas, including the adequacy of dialysis. Examples of this included; are patients dialysed for long enough, was enough volume removed and methods of venous access. These details were measured against a red, amber, green (RAG) rating, and reported to the area head nurse. The unit achieved a green rating in nine out of the 26 areas measured and improved on a further seven areas. Plans were in place to address the remaining areas.
- Data demonstrated between February 2017 and March 2017, 75% of patients were dialysed for the prescribed period of time. This was better than the recommendation of 70% of patients. Fifty nine percent of patients achieved the prescribed infusion or blood volume during dialysis. This was worse than the company target of 70%. Staff were advised to monitor the effectiveness of the arteriovascular fistulas.
- Actions were included on audits and addressed at unit meetings in a drive to improve patient outcomes. For example, when the number of patients with a permacath (a form of access to veins and arteries for dialysis) was high, staff were reminded to refer patients to the consultant for discussions around the patient having an arteriovascular fistula formed. When monitoring dialysis times, staff were reminded of the importance for patients to complete the prescribed dialysis time.
- The unit also monitored variances in treatment in order to monitor and audit patient outcomes. This included areas such as problems with cannulation, clotting concerns, episodes of poor blood flow and equipment malfunction.

Competent staff

- All members of nursing staff completed a 'Standard of good dialysis' training session and annual reassessment.
- Two senior members of staff held an external renal qualification and a further two staff had completed an in-house Fresenius renal qualification.
- Staff files including training records were held for each member of staff. These were up to date and monitored by the regional chief nurse and clinic manager. Staff

Dialysis Services

were notified four weeks prior to mandatory training becoming out of date. The files included details of up to date Nursing and Midwifery Council registration and revalidation.

- Staff received online training in conflict resolution as part of their initial induction process.
- The Training and Education Progression Plan included a complex induction and preceptorship programme for all new staff. This included a wide range of essential training. Following the supernumerary period staff commenced a probationary and supervised period. Staff were not to perform dialysis alone until they had achieved all relevant competencies, such as supervision in catheter dressing, vascular accessing techniques, safe injection practices, management of intravenous cannula, tunnelled and temporary central lines, AV fistulas and grafts and transfusion of blood. During this time staff were supported by the clinic manager, training manager and regional chief nurse. We saw new staff receiving training and support during our inspection.
- Staff received medical device training as part of their induction/ supernumerary process. This was managed locally and we saw documentation confirming that all staff had received medical device training.
- Training was made up of face to face, online electronic learning or virtual classroom sessions. Staff also received simulation training within the clinic environment.
- Staff performed annual self-assessments of competence prior to their annual appraisal. This followed company guidance and highlighted training and development needs. We saw evidence in staff files of completion of annual competency declarations. Between January 2016 and December 2016, all staff at Boston Dialysis Unit had received an annual appraisal.
- Staff held lead roles for vascular access link nurse, electronic records, water treatment, health and safety, diabetes link nurse, holiday link nurse and infection prevention control.
- When we carried out our announced inspection, staff had not received training on the management of sepsis, however by the time of the unannounced visit the clinic manager had received guidance from the

commissioning NHS trust and had given staff a 'signs of sepsis presentation'. Ten out of 11 staff had received the training on recognition and actions to take in the event of suspected sepsis in a patient.

- In the event of poor performance staff received performance improvement plans (PIP) designed to help employee's performance. These followed a structured process laid out in the employer's handbook.
- Fresenius employed drivers who received training in managing patients post dialysis. In the event of an emergency staff were aware of how to manage the patient and who to report to. All taxis contained first aid kits supplied by Fresenius medical care.
- The Fresenius staff handbook (April 2016) stated that employees must notify their manager if they are convicted of a criminal offence or receive a caution. All new staff undertook criminal records checked at recruitment.

Multidisciplinary working

- The consultant nephrologist from the local NHS trust reviewed patients every three months. New patients were seen within a month of commencing treatment. We saw evidence of this within the records reviewed.
- Patients had access to a visiting dietician who also attended the multidisciplinary discussions. They reviewed patients each month and patients could make contact in between appointments if required.
- Blood results and treatment plans were discussed in multidisciplinary meetings. Despite these not being face to face, the electronic database enabled all staff to have access to patient records and results. Physiotherapists and dieticians were involved in the reviews if required.
- The clinic manager created a correspondence log for staff to maintain. This included patient concerns to discuss non-urgent cases with the consultant. This was in addition to the multidisciplinary review meetings.

Access to information

Dialysis Services

- The Fresenius patient treatment database automatically transferred patient data into the commissioning NHS trust's clinical database. This information was accessed by GPs.
- All staff had access to blood results from both Fresenius and the local NHS trust.
- Patients were not treated without up to date signed prescriptions. Changes to the prescription were sent via fax to the unit after review of the monthly bloods.
- In all records reviewed, we saw evidence of review of care plans. In addition the named nurse monthly checklist included prompts for updating care plans and assessments. Monthly notes audits monitored the completion and updating of care plans. Between October 2016 and December 2016, 93% (27 records) of care plans were completed and up to date.
- Staff received information from hospitals in the event of a patient admission, however, staff told us they would often have to wait for the discharge summary. Due to communication with the renal consultants this did not delay patient treatment.
- Electronic policies and procedures were accessible throughout the unit. These included both Fresenius policies and those of the commissioning NHS trust. Staff training folders included a signature sheet confirming staff had read updated policies.

Consent, Mental Capacity Act and Deprivation of Liberty

- All patient records included a consent to treatment record. Staff obtained verbal consent from the patients. These were audited in the unit monthly record audit with 100% compliance.
- The staff demonstrated a clear understanding of the right of a patient to decline treatment and the impact of someone with mental health conditions. Staff would discuss concerns around mental health with the GP and supported referrals in the past.
- During the time of our inspection no patients were receiving care who lacked capacity to make decisions in relation to consenting to treatment. Staff informed us that in the event of a patient lacking capacity they would be referred to the nephrologist with family or carer support.

- Patients whose understanding was limited either due to a language barrier or due to learning disabilities were accompanied by a family member or carer for support. If required the unit had access to the local NHS trust language line for interpreting purposes.
- Equality and human rights and Mental Capacity Act (2005) training was included in the company mandatory training. All staff in Boston Dialysis Unit had completed this training.

Equality and Human Rights

- Fresenius did not currently have or maintain a WRES report or action plan to monitor staff equality.
- The Workforce Race Equality Standard (WRES) is a requirement for organisations which provide care to NHS patients. This is to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
- WRES has been part of the NHS standard contract, since 2015. NHS England indicates independent healthcare locations whose annual income for the year is at least £200,000 should produce and publish WRES report.

Are dialysis services caring?

Compassionate care

- Staff understood and respected patient's personal, cultural, social and religious needs. Where possible, they altered dialysis sessions to accommodate these. Staff felt the low numbers of patients not attending or cutting short sessions was due to this understanding of patient and family needs.
- We saw staff pulling curtains around patient couches to maintain dignity whilst attaching dialysis lines.
- Where time permitted we saw staff, including drivers, chatting to patients and putting them at ease during dialysis.
- Staff were aware of the vulnerability of their patients and described supporting them during difficult family times.

Dialysis Services

- One patient told us, “All the staff here are special in my opinion and the way I’m looked after and how they work with all they have to do to keep up good hygiene standards is amazing.”

Understanding and involvement of patients and those close to them

- A process was in place to support patients during initial appointments; this included giving the patient time to discuss their care and to ensure they had understood the information. Second and third sessions were also tailored to suit the needs of the patient, both physically and emotionally. A patient confirmed that this was the case and they had received appropriate information.
- Staff told us and we saw, if necessary a family member staying in order to give greater support to the patient.
- Patients were reviewed regularly and involved in decisions around vascular access or considering the option of renal transplantation. The patients we spoke with were not keen on performing aspects of the dialysis treatment for themselves.
- Following a complaint, communication and information sharing had been a focus of the unit. Patients we spoke with all said they felt informed and involved in their care.
- Previously complaints had been made around staff not speaking English, as this was not their first language, within the unit. We saw evidence of this being raised with staff and patients told us this had improved. This meant patients felt more included in conversations and created a friendlier atmosphere.
- On our initial inspection, we saw staff making plans to support a patient with changes in circumstances. On our return staff were very pleased that despite the challenges, the patient was attending appointments and doing well.
- A patient described a staff member helping them to access the GP surgery for appointments that were unrelated to the dialysis. They told inspectors, this reduced the stress that they were under.
- A patient explained to inspectors how care had changed over the nine years of attending. They felt very included in the care now.

- During the inspection we were told, “they (staff) have more time to talk, ask questions and look after me.”
- If a patient raised a concern staff called them at home to discuss it and offer a chance to talk further.

Emotional support

- Staff recognised the emotional impact that dialysis and their illness had on individual patients.
- The lack of a local support group was a concern for the manager and meant they gave greater support to patients and families. At the loss of a patient, staff were visibly saddened and had changed their shift to attend a funeral.
- We saw evidence in patient’s notes of regular discussions with patients and the presence of a named nurse, however four out of 12 patients spoken with, could not tell inspectors who their named nurse was.
- Patients told us, “staff are kind, helpful and brighten my day,” and that, “I find staff gentle, professional in what they do. They have sympathy.”

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

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

Meeting the needs of local people

- During the monthly named nurse discussion and matron’s two monthly clinical rounds, patients were asked about the transport facilities and given the chance to discuss issues and concerns. We saw evidence of drivers responding well to the groups of patients they transported.
- The service held monthly meetings with the commissioning NHS trust to discuss service provision and any concerns, such as training provision and patient concerns.
- Fresenius ran a transport service specifically for the patients of Boston Dialysis Unit. Drivers were located

Dialysis Services

on site which prevented patients waiting for the transport to arrive. Patients told us that drivers and dialysis staff would keep them informed of delays due to bad traffic or an emergency.

- Staff supported patients to visit the toilet during sessions. An additional healthcare assistant had been employed to assist with patient care.
- Patients had access to televisions during dialysis and were encouraged to bring headphones and blankets for comfort.
- Parking and access facilities were convenient and allowed safe patient access to the dialysis unit for ambulant, disabled, self-driving and transported patients.
- A full range of dialysis sessions were available for patients, taking into consideration working, cultural needs and family responsibilities. Staff told us of times when an extra session would be added to accommodate a patient in exceptional circumstances. We saw evidence of and patients told us they could change their dialysis session in order to accommodate family events and trips away.

Access and flow

- Allocation of dialysis sessions was initially organised according to availability with the patient's wishes in mind. If the patient requested a different time every effort was made to accommodate this. We saw the unit accommodating a patient from a different unit who needed a specific timed session. One patient told us they had experience of changing their dialysis session without any problems.
- The unit worked towards 90% chair occupancy at all times and were measured against this. Between November 2016 and January 2017, the unit achieved a 93% chair occupancy (utilisation) rate.
- As far as possible consultant reviews were organised at a time to suit a patient and prevent additional visits to the unit. This was made difficult due to the availability and limitations of the NHS consultant.
- Staff told us patient waiting time was kept to the minimum; however, this was not audited and we did not see any evidence to support this. Appointment

start times were staggered by ten minutes to reduce waiting times. Patient surveys and the results of matron's rounds with the patients did not highlight any transport concerns or long waiting times.

- Patients gave an example of a two hour delay in treatment due to a pump failure. This was dealt with in a timely fashion and patients said they were kept well informed. Those due to arrive were notified prior to leaving home of the delay.
- Between January 2017 and March 2017, no appointments had been cancelled. During the inspection we saw staff rearranging appointments due to a technical fault. This meant that staff were able to give patients care in a safe and timely fashion. Prior to the rearranged appointment staff checked blood results and the previous dialysis session to ensure patient safety.
- A lead nurse was responsible for vascular access. They discussed patient vascular access with the referring NHS trust. A protocol was in place for the monitoring of vascular access via digital images, this was supported by the NHS trust. The process was monitored closely to improve the access to appropriate care for patients.

Service planning and delivery to meet the needs of individual people

- Patients were referred to the service via the local NHS renal services.
- Staff were sensitive to patient's wishes in making decisions around care. This included cultural or religious needs. The commissioning NHS trust had strict assessment criteria to establish a patient's suitability for dialysis within the satellite dialysis unit. Patients who were pregnant or had more complex needs were dialysed within the main NHS unit.
- A lead nurse supported patient away from base (holiday) dialysis. Staff told us good links were made with other units to support this. Patient notice boards in the waiting area included holiday dialysis information for patients to consider their options. During away from base dialysis, patients and staff from

Dialysis Services

other units could contact Boston Dialysis Unit to discuss any concerns. If other units did not have appropriate equipment the patient could take the necessary supplies with them for dialysis.

- During away from base dialysis patients and staff could contact the unit to discuss any concerns. On the rare occasion the unit did not have appropriate equipment the patient could take the necessary supplies with them for dialysis.
- Staff were sensitive to patients who required additional support due to complex needs, for example those living with dementia or those living with a learning disability. They described measures taken to dialyse a patient in the side room due to the need for a family member to attend too. We saw evidence of discussions with care home staff around a patient's altered mental state.
- A hoist was available for use if a patient found transfer to the couch too difficult. The couches were suitable up to 180 kilograms, which meant that patients over this weight would be treated at the specialist NHS renal unit.
- Dialysis patients may be susceptible to cold as such the unit performed on-going monitoring of the temperature of the unit. During our inspection the temperature was comfortable and no patients we spoke with complained about the temperature. The unit temperature was maintained around 22 degrees to ensure patient comfort.
- Counselling facilities were available at the referring NHS renal unit.
- The unit provided information in formats which supported and reflected cultural diversity with the patient guide available in a number of language options. Access to translation services was arranged via the parent unit.
- We saw staff liaising with drivers to ensure a patient in vulnerable circumstances was considered. They discussed what measures should be taken in the event of the patient refusing to attend for dialysis.
- Three patients told inspectors the introduction of dialysis assistants had meant they received more support and they felt that coming on and off dialysis was quicker.
- No patients at Boston Dialysis Unit were fully self-caring. Some would weigh themselves, but no patients would self-needle prior to commencing dialysis.
- A staff member explained how following a complaint patient transport drop off and pick up was organised on a rotational basis. No-one wanted to be first on and last off the transport, so they organised a rotation for pick-up and drop off.
- If required, the NHS translation service was available for patients for whom English was not their first language. Staff described using family members if necessary, although this is not considered good practice within the healthcare setting. Currently, no patients within Boston Dialysis Unit required the aid of translation or sign language services.

Learning from complaints and concerns

- People we spoke with told us they felt happy to complain to the nurse in charge or the nurse caring for them.
- Patient surveys were completed annually with 'Message to Matron' cards and 'tell us what you think' leaflets situated in the waiting area. Four out of the ten patients asked said they did not receive feedback from the patient's survey. However, staff told us that feedback from the next survey would be given via the Boston Dialysis Unit newsletter.
- We also saw an action plan from the 2016 patient survey on displays in the waiting area. Actions taken included reminding staff to improve patient understanding via better communication and the introduction of a monthly checklist for nurses to encourage better patient understanding. Patients also requested more information on commencing dialysis treatment. Staff had increased the use of the patient guide and allowed time to discuss it and the patient's concerns.
- Between January 2016 and December 2016, the service received four formal complaints. The service monitored complaints, including themes and trends. We saw evidence in minutes of meetings that

Dialysis Services

complaints were taken seriously and dealt with appropriately. This included involving the referring NHS trust in the complaint and the outcome for the patient.

- Staff followed the Fresenius complaints policy. Staff we spoke with were aware of the process of dealing with complaints via the four C's ethos. This involved dealing with compliments, comments, concerns and complaints in a sympathetic and understanding way.

Are dialysis services well-led?

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Leadership and culture of service

- The management team within Fresenius was split into regions. An overall clinical service director supported the clinical staff. The regional head nurse had close contact with the unit and attended regularly. The regional head nurse attended unit meetings, supported new staff, provided training such as simulation training and worked closely with the clinic manager. The clinic manager welcomed the support of the head nurse and described a good working relationship.
- The clinic manager received annual appraisals from the head nurse, with access to in house training, although support for external training was limited despite assurance that funding and support could be requested.
- We saw clinic managers juggling managerial time and clinical support effectively despite many challenges including faulty equipment and changes to patient appointments by the referring NHS trust. Staff described the clinic manager as supportive and always accessible. Although there was no formal on call process staff could contact the manager at all times for support. The formal on call process was to contact the area head nurse if out of hours support was required.

- The staff described a good working relationship with the local NHS trust. This was supported by information received from the referring NHS trust. We received information from the referring trust describing the service as well led with an experienced manager who expertly supported patients with complex medical needs.
- Staff felt respected and valued and worked well as a team, although some did say that the continual scrutiny of figures and patient activity felt critical and a key focus.
- The teamwork extended to the regional team nurse, but most staff said they would report to the clinic manager. This included reception staff and drivers. Managers reported good support from other clinic managers within the region.

Vision and strategy for this core service

- Fresenius services core values were to put patients and partners first, consistently striving to deliver an exceptional service. The service's vision was to always do the right thing with honesty and integrity, whilst never compromising regarding safety and health of their patients. The other two service visions were for staff to work together in teams to accomplish more together than what is possible individually and the service promises to be results orientated, and execute care urgently and consistently using best practice.
- Staff were aware of the service vision to achieve great results through openness and honesty, describing the Fresenius logo as a clear diamond to represent transparency.
- Their mission was to deliver superior care that improved the quality of life of every patient, every day, setting the standard by which others in the health care industry are judged.
- Twice yearly conferences for managerial staff were centred around the values, with breakout sessions that focused on sharing the values with the clinic staff.
- An information board highlighting the company commitment to patients, staff, shareholders and community was on the wall in the patient waiting area.

Dialysis Services

- Staff we spoke with were aware that achieving high standards and ensuring patients' treatment was effective was a key strategy for the unit.

Governance, risk management and quality measurement

- Fresenius had a clear governance structure within the managers in the organisation. The recent employment of a quality and risk manager was in support of the process.
- The clinical governance strategy highlighted the strategic aims of clinical governance within a supportive environment. The clinical governance committee monitored performance of the organisation and was overseen by the medical director. The monitoring of performance was supported by five objectives; to identify and manage expectations, provide clinically effective services; develop and empower staff; engage patients and provide open management.
- The clinic manager collated performance clinical review reports, which included patient outcome data and showed month on month trends, targets, action plans and who was responsible. The patient data was colour coded (red, amber and green), with red for outside the expected range and green for within. These were reported to the corporate governance team. However, staff at the individual clinic could not identify the role of the clinical governance team.
- Policies and regular audits of data supported the governance strategy, but the transfer of information to the clinical areas was not consistent. Clinic managers received regular feedback from head nurses on the unit's performance in the clinical variance report. However, staff were not familiar with the performance in relation to other renal services or learning from lessons in other units.
- Agendas from six monthly regional meetings included data monitoring and discussion of the risk registers. We did not receive completed minutes to highlight actions or discussions around risks.
- Corporate objectives were created each year that focused on the patient, the employee, the community and the shareholder. These objectives were centred

around improving patient outcomes and clinical effectiveness. All units received these and described actions taken to improve compliance with clinic objectives.

- After the inspection we received a new local risk register (May 2017), although local clinic managers were not involved in identifying and monitoring local risks. This meant that there was no alignment between what the managers identified as their greatest concerns at a local unit level and what the provider identified as a corporate risk.
- The two tier incident reporting system appeared to cause clinical incidents to go unreported as they featured in the treatment variance statistics. As these were not investigated staff lessons could not be learnt, for example incidents related to patient falls or equipment failure.
- The Boston Dialysis Unit worked closely with the local NHS trust. Monthly meetings included senior staff from both the NHS trust and Boston Dialysis Unit. Staff told us and we saw evidence of actions taken to reduce risks identified around the care of a challenging patient. Staff complaints were considered by the NHS trust and they supported alternative care pathways. At the time of inspection the suggested conflict resolution training had not been provided.

Public and staff engagement

- Fresenius Medical care performed annual patient surveys. The response rate for Boston Dialysis Unit was 34%. This was below the national average of 55%. Staff thought this was due to the continual feedback they had from patients. Patients we spoke with and received comment cards from (24 patients) were all very happy to discuss their treatment and care with the staff. Five out of 12 people we spoke with complained that they did not like having to complete feedback forms. Changes had occurred as a result of patient feedback, such as improving communication with patients by performing monthly clinic manager reviews and providing more information for new patients to take away.
- The British Renal Association patient advocate had close links with the unit. They attended engagement

Dialysis Services

meetings between the unit and the local referring NHS trust. The representative told CQC staff were busy but cared about the patients. They supported that patients wanted more information from staff.

- The 2015 annual staff survey highlighted areas for improvement for the 2016 action plan. This included more equality and diversity training and staff described receiving harassment and abuse from patients. The clinic manager encouraged proper reporting of this when it happened. At the time of inspection the staff requiring additional training were being identified and training had not yet been provided.

Innovation, improvement and sustainability

- Staff liaised regularly with the referring NHS trust to ensure available dialysis sessions were filled. During our inspection staff transferred a patient to the unit for a few weeks to suit the patient's wishes and ensure sessions were filled.
- The clinic manager described changes to machines and the service to meet the demands of the commissioning/referring NHS trust and to improve dialysis quality. This included the machines used and the functions available, such as blood temperature monitoring.
- Senior management staff attended conferences to promote good practice; however of the seven staff we spoke with none had ever attended.
- Staff were aware that a new focus would be extending the NHS contract in 2018, although planning around this had only just begun.
- The service promoted recycling and minimising waste. The unit manager collected monthly figures of waste reduction and electricity and water savings. This highlighted the need to ensure leaks were reported promptly and unused lights and computers turned off. In the reporting period January 2017 to March 2017, the unit had demonstrated an improvement in all three measures.

Outstanding practice and areas for improvement

Outstanding practice

- The unit patient transport system worked well with the clinic manager to provide a seamless service for patients. We saw an excellent working relationship between all staff and an inclusive partnership with patients.
- The nurse in charge was easily identifiable with a 'nurse in charge' badge meaning all patients and staff knew who to report to.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all incidents are reported and monitored appropriately.
- The provider should ensure that actions identified in staff surveys are addressed and completed.
- The provider should develop a standardised process for identifying patients prior to treatment.
- The provider should develop guidelines for staff to follow when monitoring and identifying patients at risk of developing sepsis.
- The provider should ensure that staff had an understanding of the role of governance and the benchmarking performed within the service.