

Renal Services (UK) Limited- Havant

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Renal Services (UK) Limited Havant is operated by Renal Services (UK) Limited . It provides dialysis services and is commissioned by a local acute trust, as part of their renal service.

We undertook a follow up unannounced inspection on 24 April 2018. The previous inspection in June 2017 identified some serious areas of concern, against which a warning notice was issued to the provider to improve. There were also some requirement notices and must and should actions. This inspection was focused on the areas which were identified as needing improvements.

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

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

Services we do not rate

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

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

The provider had made significant progress in addressing the issues identified at the last inspection in June 2017, these are detailed throughout report. We were not assured of the overall effectiveness of the audit program , but consider the requirements of the warning notice to have been met.

We found the following areas of good practice:

- Staff understood the principles of duty candour, an organisation wide policy had been introduced and incident reporting forms included prompts to remind staff to consider their duties under principle of Duty of Candour.
- Staff completed their mandatory training and had completed the required level of safeguarding training for both adults and children training.
- The unit was visibly clean and free from dust and clutter and there were robust processes for ensuring equipment was cleaned between patients although staff were unsure of the extra precaution to take when a patient had a known infection. Staff were observed to use personal protective equipment to protect themselves and others from the risk of cross contamination.
- Area where access needed to be managed or restricted were secured using key pads. However, staff did not always ensure access to the treatment area was controlled with doors being left unsecured. This meant patients continued to walk in and out of the unit when not accompanied by staff without challenge.
- There were safe system in place for the use by staff of patient group directions (PGDs) and patient specific directions (PSDs) designed to support the safe administration of medicines.
- Records were securely stored. Individual patient risk assessments were being completed and used to inform plans of care.

Summary of findings

- There was a standard operating procedure and a new policy for the recognition and management of sepsis. Staff could describe how to recognise the signs of sepsis and the actions they would take.
- All new competency frameworks and policy documents were based on Renal Association Guidelines, the National Institute for Health and Care Excellence (NICE) and any guidelines from the commissioning NHS trust.
- Pain assessments were included in the patient's record and where there were known long term condition impacting on an individual's pain additional information was also available.
- Staff received an annual appraisal and the form used included a checklist to confirm the staff had received the annual updates as identified by the provider.
- Patient consent was to be revisited on an annual basis, to ensure the patients continued to consent to their ongoing treatment.
- For all patients' staff had formally considered and recorded how the patients would be evacuated in an emergency such as fire.
- Patients were assisted in finding suitable holiday dialysis elsewhere and out of area patients could also be provided holiday dialysis by the service. There was a strict criteria for these patients to ensure the unit could safely meet their needs.
- Organisation wide complaints were regularly discussed at the quarterly Integrated Governance Committee and at the monthly clinic managers and sisters meeting. However, we did not see any reference to them or any shared learning from them in any of the unit meeting notes, therefore it was not clear how learning was shared with unit staff.
- Staff were positive about the leadership team and felt supported by them.
- A local risk register was being maintained and reflected known risks.
- An audit plan was in place and audits were being completed as part of the providers system for monitoring the quality of the service and to provide assurance risks were being managed.

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

- Some patients continued to have concerns and issues with their transport and while the provider was not responsible for this, there was no support network for these patients such as a patient transport group.
- Patients were offered three sessions per week, however on occasions, to maintain patient choice for dialysis times, the unit was potentially compromised by too many patients with high infection risks during an afternoon session.
- The provider had not produced and published a Workforce Race Equality Standard (WRES) report. Although they told us they were now collecting additional information about staff characteristics which enable them to produce a report.
- While audits were being used as part of the assurance process their actual effectiveness' in driving best practice and improvements was not always evident as we observed some poor practices that were not reflective of the audit findings.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with a requirement notice that affected this service. Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals on behalf of the chief inspector of hospitals

Summary of findings

Our judgements about each of the main services

Service

Dialysis Services

Rating Summary of each main service

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

Summary of findings

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Renal Services (UK) Limited Havant

Services we looked at

Dialysis Services.

Summary of this inspection

Background to Renal Services (UK) Limited- Havant

Renal Services (UK) Limited Havant is operated by Renal Services (UK) Limited. The service opened in 2008. It is a private dialysis unit in Havant, Hampshire providing dialysis to NHS patients referred from the local NHS trust. The unit primarily serves the communities of the surrounding area. It also accepts patient referrals from outside this area.

The unit's registered manager had been in post since 2008. The nominated individual had been registered with the care quality commission (CQC) since 2012.

NHS consultant nephrologists, from the local NHS trust renal centre who are the service commissioners, held the responsibility for the patients' clinical care. They ran clinics on site and referred appropriate patients for dialysis.

An unannounced follow up inspection was carried out on the 24 April 2018, to inspect whether concerns raised from the previous inspection in June 2017 had been acted upon and the service improved.

Our inspection team

The team that inspected the service comprised a CQC inspection manager, a CQC inspector, and a specialist advisor with expertise in renal dialysis. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection.

Information about Renal Services (UK) Limited- Havant

The Havant Renal Dialysis service occupied two floors in an office block close to a large commercial centre. The service comprised 28 dialysis stations including two side rooms on the lower floor for the segregation of high-risk patients. It was open for three sessions per day, Monday to Saturday from 7am until 11.30pm. The upper floor was not used for evening sessions.

There was a training service for patients who wanted home dialysis at the location, which the local NHS trust staffed and organised, this was not inspected.

The service was registered with the CQC to provide the following regulated activities for adults over 18 years old:

- Treatment of disease, disorder or injury

Havant Dialysis Unit did not provide a service for patients requiring peritoneal dialysis. When able they would accommodate patients requiring dialysis while on holiday subject to there being available space.

The unit was accessed through an unsecure door which had a doorbell; patients were asked to weigh themselves and wait in the lower unmanned reception area. Staff aimed to collect patients and take them to their allocated dialysis station.

The unit was previously inspected in June 2017, after the inspection a warning notice was issued to the provider as the service was not meeting the legal requirements of Regulation 17, Good Governance. The provider was also issued with requirement notices for Regulation 12, Safe Care and Treatment, Regulation 17, Good Governance and Regulation 20, Duty of Candour.

The provider was also advised of areas for improvement that must and should be undertaken to maintain the patient's safe care and treatment. The provider created a detailed action plan as requested which was shared with the CQC. We were notified of its completion in January 2018 which was within the required timescales.

Summary of this inspection

The focus of this inspection was to follow up on the warning notice, requirements notices, and the must and should action from the June 2017 inspection.

During this follow up unannounced focussed inspection, we visited both floors of the unit. We spoke with nine staff including; the unit clinic manager, registered nurses and health care assistants. We spoke with seventeen patients across the morning and afternoon sessions. During our inspection, we reviewed ten sets of patient records.

At the time of this unannounced follow up focused inspection, there were 132 NHS patients registered at Havant for dialysis. The service had provided 20,039 dialysis sessions over the past 12 months.

The accountable officer for medicine safety was the registered manager

Track record on safety

- There were no never events between 31 March 2017 and 1 April 2018
- There were no deaths in the unit between 31 March 2017 and 1 April 2018

- There were 31 incidents reported between 31 March 2017 and 1 April 2018 of which one was a serious incident which resulted in a root cause analysis.

Services accredited by a national body:

Whilst there were no services accredited by a national body, the provider had ISO 9001 quality management certification.

Services provided at the unit under service level agreement:

- Clinical and or non-clinical waste removal through an external contract.
- Water treatment plan and dialysis equipment through an external contract.
- Environmental cleaning through an external contract.
- Medical equipment through an external contract.
- Pathology through the local NHS trust.
- Transport through the local NHS trust.
- Interpreting services through the local NHS trust.
- Training and development provided by external contract.

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 where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Staff understood the principles of duty candour, an organisation wide policy had been introduced and incident reporting forms included prompts to remind staff to consider their duties under principle of duty of candour.
- Information reviewed showed staff were either up to date with their mandatory training or booked onto the next available session.
- Staff had completed the required level of safeguarding training for both adults and children training.
- The unit was visibly clean and free from dust and clutter and there were robust processes for ensuring equipment was cleaned between patients although staff were unsure of the extra precaution to take when a patient had a known infection. Staff were observed to use personal protective equipment to protect themselves and others from the risk of cross contamination.
- The general security of the unit had improved with the use of locked key pads. The clean utility room and the store rooms were all secured. The internal doors of both floors of the unit were secured. However, patients continued to walk in and out of the unit when not accompanied by staff without challenge.
- Each patient had a personal emergency evacuation plans in case of an emergency.
- Equipment was serviced and maintained.
- There were safe system in place for the use by staff of patient group directions (PGDs) and patient specific directions (PSDs) designed to support the safe administration of medicines.
- Records were securely stored. Individual patient risk assessments were being completed and used to inform plans of care.
- There was a standard operating procedure and a new policy for the recognition and management of sepsis. Teaching sessions had been set up for staff on this subject and there was a poster by each nurse's station. Staff could describe how they would recognise the signs of sepsis and the actions they would take.

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

Summary of this inspection

- Handwashing techniques were not robust and we observed variations in the aseptic and clean techniques of staff, which had the potential to place patients at risk.
- The providers own policy and national guidance about the management of patients with a known infection was not being followed at all times and when they deviated from the policy there was evidence that the potential risk had been considered.

Are services effective?

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

We found the following areas of good practice:

- All of the new competency frameworks and new policy documents were based on Renal Association Guidelines, the National Institute for Health and Care Excellence (NICE) and any guidelines from the commissioning NHS trust.
- Pain assessments were included in the patient's record and where there were known long term condition impacting on an individual's pain additional information was also available.
- There was a dietician available for patients requiring support with their diet.
- Staff received an annual appraisal and the form used included a checklist to confirm the staff had received the annual updates including sepsis updates, duty of candour and medicines management including NMC standards.
- There was an annual peer review of staff non- touch aseptic technique and they had a competency assessment to maintain standards. There were also plans to include an observational audit of practice.
- Patient consent was to be revisited on an annual basis, to ensure the patients continued to consent to their ongoing treatment.

Are services caring?

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

We found the following areas of good practice:

- Patient felt they were treated with dignity and respect, although they were not aware of who their named nurse was.
- Patients we spoke with were fully informed about their care and their blood results.

Summary of this inspection

- Staff had a friendly supportive relationship with the patients which patients appeared to respond to and feel comfortable with.

Are services responsive?

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

We found the following areas of good practice:

- For all patients' staff had formally considered and recorded how the patients would be evacuated in an emergency such as fire.
- Patients were assisted in finding suitable holiday dialysis elsewhere and out of area patients could also be provided holiday dialysis by the service. There was a strict criteria for these patients to ensure the unit could safely meet their needs.
- Organisation wide complaints were regularly discussed at the quarterly Integrated Governance Committee and at the monthly clinic managers and sisters meeting. However, we did not see any reference to them or any shared learning from them in any of the unit meeting notes, therefore it was not clear how learning was shared with unit staff.

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

- Some patients continued to have concerns and issues with their transport and while the provider was not responsible for this, there was no support network for these patients such as a patient transport group.
- Patients were offered three sessions a week, however on occasions, to maintain patient choice for dialysis times, the unit was potentially compromised by too many patients with high infection risks during an afternoon session.

Are services well-led?

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

We found the following areas of good practice:

- For all patients' staff had formally considered and recorded how the patients would be evacuated in an emergency such as fire.

Summary of this inspection

- Patients were assisted in finding suitable holiday dialysis elsewhere and out of area patients could also be provided holiday dialysis by the service. There was a strict criteria for these patients to ensure the unit could safely meet their needs.
- Organisation wide complaints were regularly discussed at the quarterly Integrated Governance Committee and at the monthly clinic managers and sisters meeting. However, we did not see any reference to them or any shared learning from them in any of the unit meeting notes, therefore it was not clear how learning was shared with unit staff.

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

- The provider had not produced and published a Workforce Race Equality Standard (WRES) report. Although they told us they were now collecting additional information about staff characteristics which enable them to produce a report.
- While audits were being used as part of the assurance process their actual effectiveness' in driving best practice and improvements was not always evident as we observed some poor practices that were not reflective of the audit findings.

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are dialysis services safe?

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

Incidents

- Renal Services (UK) Limited- Havant unit had reported 31 incidents between 31 March 2017 and 1 April 2018, one was a serious incident which was investigated using a root cause analysis. We saw that this was an improvement on the reporting culture from our previous inspection when Renal Services (UK) Limited had identified Havant Dialysis Unit as a low reporter.
- No never events had been reported by the provider for this location between 31 March 2017 and 1 April. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- The provider used an online incident reporting tool, staff completed a paper based log initially, and the unit clinic manager completed the online form. We saw minutes of the monthly clinic manager and sister's meetings where incidents and shared learning were discussed. Individual clinic managers and sisters were formally requested to share with their team and confirm that this had been done. The Havant dialysis unit meeting minutes did not detail the shared learning, although staff told us this take place. The lack of a documented record may mean staff unable to attend the meeting but

reading the minutes would miss the learning from incidents. However, we were told that incidents would be discussed at hand over meetings which are not documented.

- 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.
- At our previous inspection in June 2017 we found that staff we spoke with were not familiar with the term Duty of Candour or when it should be used. The risk management and reporting policy in use did not give staff specific guidance on its application.
- During this inspection, staff we spoke with now understood their responsibilities with the Duty of Candour; we were told that all staff had been trained on line since the last inspection. Staff we spoke with confirmed their training. We also saw that the unit incident reporting tool now incorporated a prompt for the Duty of Candour with apologies and explanation to the patient recorded. We saw a completed incident tool that recorded the details of Duty of Candour being used appropriately.
- The Renal Services (UK) policies had been reviewed and cross referenced in 2017 to ensure that references to the Duty of Candour were included when appropriate. A specific Duty of Candour policy was now used across all the Renal Service (UK) dialysis units.

Mandatory training

- Renal Services (UK) Limited commissioned the delivery of nineteen mandatory training topics during an annual training day which both permanent and bank staff were

Dialysis Services

required to attend. These included for example, basic level two life support, health and safety, fire safety, safeguarding level 2 for both adults and children and infection prevention and control.

- There were 14 staff employed at Renal Services (UK) –Havant, 13 of them were in date for their mandatory training, one member of staff was one month out of date and was booked to attend.

Safeguarding

- Renal Services (UK) Limited had updated policies for the protection of vulnerable children and vulnerable adults. The service lead for safeguarding was the organisations head of nursing supported by the unit manager. The safeguarding lead had received level 3 training in safeguarding children and training in adult safeguarding to equip them for the role.
- Although no young person under the age of 18 years was dialysed in the unit, the organisation acknowledged the role that staff could play in the reporting of suspected concerns. The compliance for safeguarding children training was 93% and for safeguarding vulnerable adults was 85%.

Cleanliness, infection control and hygiene

- The unit was visibly clean and free from dust and clutter when we visited on the unannounced inspection on 24 April 2018. However, we observed more variation in the staff standards and competency relating to infection prevention and control since our last visit in June 2017.
- We saw that staff wore clean uniforms, were bare below the elbows, but, saw that some staff wore stoned rings which could potentially be an infection risk.
- Handwashing techniques were not seen to be robust; with just one member of five staff we observed using the correct six steps hand washing technique. One example was, despite previously washing their hands a member of staff had retained clear writing on the back of their hand which indicated a poor technique. This was not reflective of the hand hygiene audit results which were for February 2018 98%, March 97%, and April 100%
- We observed staff wearing personal protective equipment (PPE) including face visors to protect them against fluid splashes when connecting and disconnecting patients to the dialysis machines. There were adequate supplies of gloves and aprons for use

when undertaking high risk procedures. However, we witnessed one member of staff wandering around into different bays whilst wearing PPE which could potentially cause cross contamination.

- Despite frequent infection control audits by the senior team, we observed variations in the aseptic and clean techniques of staff that were initiating and completing dialysis sessions. Six staff we observed contaminated the sterile area and used differing techniques to lay the area out. Some did not clean the table at all, or just half of it before using it to lay out their sterile field. Most were seen to frequently re- sheath their needles which carried a additional risk of needle stick injury and consequent serious infection to staff. This was against current best practice guidance.
- When placing extension lines into the sharps boxes some nurses were seen to use their fingertip to push into the box, which was a risk of injury and cross infection.
- There were nine patients with known infections being dialysed in the unit, all but one patient was transferred with a known infection and the other had acquired it whilst an inpatient recently. There had been no infections attributed to Renal Services (UK) Limited, Havant.
- According to best practice and the unit's policy patients who were a high infection risk to others should be dialysed segregated in a side room. We observed that during one session there were three patients who needed segregation for different reasons. One patient was dialysed in an open bay with other patients, which was a high risk to others and against the organisational policy. We asked about whether a formal risk assessment had been carried out or an alternative session suggested to the patients, there was nothing documented. We raised our concerns at the time of the inspection to the senior nurse on duty.
- The Renal Service (UK) Limited has responded to our concerns and acknowledged the patient was not isolated against their policy. The commissioning trust's infection prevention and control team had been consulted and had suggested the placement of patients, which we were told the unit had to follow. The unit was not following current infection prevention and control guidance or guidance issued by the renal association guidelines.
- One of the patients who needed to receive their dialysis in a side room was seen to wander freely around the

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unit, shaking hands and kissing some of the other patients. There were no signs used to inform staff or visitors that the segregated patients were high infection risks.

- We observed staff actively cleaning stations between patients, wearing appropriate PPE; this included the reclining chair, table, the television and nurse call handsets and dialysis machine. One station got inadvertently cleaned twice as there were no signs indicating they had already been cleaned. The pillows had disposable single use covers which were changed between patients. We saw that one of the chairs had a seating cover that had started to split, which could not be cleaned properly and could be a source of fluid ingress.
- The dialysis machines were decontaminated at the end of the session, the surface was cleaned appropriately. However, the staff appeared to be unsure when questioned about the cleaning protocol of a machine used for an infective patient. We saw a 'segregated' machine for an infected patient inappropriately undergoing its disinfection cycle within the clean utility room, which housed clean and sterile items.
- The cleaning audit for February 2018 showed positive outcomes with the cleaning service scoring 99%, nursing 100% and estates 100% with an overall score of 99%.

Environment and equipment

- The unit's lack of security was raised at the previous inspection and a requirement notice was issued to improve this. At this inspection, we saw that efforts had been made to encourage the use of locked key pads, the clean utility room and the store rooms were all secured. The main external doors were open access and had no key pads but the internal doors leading to the clinical areas were secured. However, we noticed that patients, despite clear signs asking them to wait wandered in and out of the clinical area via the internal doors without being challenged, when staff did not ensure the doors were secure.
- In our previous inspection in June 2017 we did not see personal emergency evacuation plans for the patients having dialysis. Each set of patient records now had their evacuation plan clearly identified; this meant that staff had considered the safe way to evacuate each patient should there be an emergency.

- The resuscitation equipment was located on an open trolley and was appropriate to the needs of the unit. It was checked daily and recorded on the daily checklist. The oxygen cylinders were stored in appropriate trolleys. However, there were no warning signs seen to warn people of the increased fire risk where the gases were stored.
- All the medical equipment had labels affixed indicating the last service or safety checks, they were all completed and in date. The weighing scales had all been recalibrated within the past six months. We observed a service company arrived to undertake environmental checks whilst we were there.
- The unit had received some new dialysis machines in July 2017; all staff had received training for their use. We were told that all staff had been trained and were competent on their use. However, on inspection we saw one staff member struggling with trouble shooting, staff told us there were always senior colleagues who could assist them.
- Sharps boxes were seen correctly assembled and signed, each patient table had one attached. However, one was seen to be obviously full and over the recommended level for changing.
- The dialysis chairs in use were seen to have thick padded mattresses. There were additional full length, pressure relieving mattresses available and being used for those patients who had been assessed as a high risk of developing pressure ulcers. This was an improvement on the last inspection when there were none available, only seat cushions.
- Previously we noted that a call bell located in the unmanned reception area for use on the reception weighing scales was a hazard for a patient to reach; this call bell has now been removed.

Medicine Management

- Staff used a combination of patient group directions (PGDs) and patient specific directions (PSDs) designed to support the safe administration of medicines, these were provided by the commissioning NHS trust. A PGD is a document which, when appropriately authorised allows for the administration of medicines to a group of patients for the treatment of specific conditions by named, authorised registered health professionals. A

Dialysis Services

PSD is an instruction, generally written and signed by a doctor allowing for medicines to be administered to a named patient after the prescriber has assessed the patient on an individual basis.

- Following the previous inspection in June 2017, serious concerns were raised relating to the unit's safe use of PGDs and PSDs. A warning notice was issued covering their use, specifically using PGDs and PSDs safely and in line with current legislation. Since this, a new organisational policy had been developed based on the 2017 National Institute for Clinical Excellence (NICE) guidance.
- Renal Services (UK) Limited had confirmed that dialysis related medicines were now prescribed via PSDs, staff had been instructed in their use, had signed the master copy and been appropriately authorised by a manager. They had each been given a copy of the PSD as per regulations. The service showed us a record of the staff, permanent and bank staff that had been trained and had signed to use PSDs.
- The service still had some specific PGDs; authorised registered staff had signed the documentation as an agreement to practice within the requirements of the PGD as trained and competent to do so. The service showed us a list of staff, permanent and bank staff authorised to use the PGDs. The non-registered staff inappropriately using PGDs before had been stopped.
- When we undertook the last inspection in June 2017 we identified that there were gaps in the signing of some prescriptions. There had been no regular audits of the safe administration of medicines, so these gaps had not been identified previously. A warning notice was issued for improvements to be made. As a result, Renal Services (UK) Limited had immediately undertaken staff education and developed an observational medicines administration audit tool. The audit was being undertaken weekly to ensure that staff were following policy and using three means of patient identification.
- We observed the staff asking the patients for the three identifiers prior to administering medicines when we were on inspection.
- Five dialysis prescriptions and administration records for ten different patients were reviewed (a total of 50), these were seen to have been completed consistently when Enoxaparin Sodium had been administered. A batch sticker from the medicine was affixed to the record to allow for traceability in the event of a problem.

- The medication administration observation audit tool results we reviewed for January to April 2018 were overall positive. On one occasion when one staff member had to be reminded to check the patient identification and on another one was reminded that two registered nurses needed to check the medication.

Records

- At the previous inspection in June 2017 we saw that patients who had identified safety risks did not have individualised care plans to lessen the risks. Following this issue being identified the organisation told us it had carried out a detailed audit of 131 patient's records, with any issues subsequently addressed by the senior team.
- To ensure that the new standards were maintained, monthly audits of records were being undertaken within a newly designed audit tool which included all updated elements of care planning and documentation.
- We saw on this inspection how the patients' records had been reorganised and were now clearly laid out with dividers. Staff could locate certain records easily for example, consent to dialysis record or risk assessments for falls prevention, pain and the risk of pressure ulcers.
- For patients where communication could be an issue there was an assessment relating to accessible information within the record.
- We saw how the risk assessments led to interventions which were detailed within care plans. For example, the procurement of a pressure relieving mattress when the patient was assessed as high risk of a pressure ulcer. The care plans were now seen to be adequate for day care type patients. On our previous inspection in June 2017 patient risk assessments and care plans were identified as a concern, we could see that improvements had been made.
- We also saw records relating to referrals for support, for example when a patient was assessed as at risk of malnourishment, there was a referral to the commissioning trust's dietician team.
- There were printed out copies of consultant clinic outcome letters also in the patient records, to ensure that all staff had access to the latest information of the patients' care.
- The documentation audit for January 2018 was 100% and for February 95% as there was an issue with multidisciplinary notes.
- Records were securely stored in a locked office when not in use, or on the nurse's station when the dialysis

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had been completed ready for filing. The files were out of sight in the downstairs unit but in plain sight upstairs. However, patients were immobile whilst dialysis was underway therefore the risk was small.

- The use of large unit diaries had continued since we last inspected. They contained patient details and any updates and were retained for up to one year whilst the diary was in use. The diary was locked away out of hours.

Assessing and responding to patient risk

- At the last inspection in June 2017 it was noted that the organisation had not fully implemented a protocol for the recognition and treatment of sepsis, although we were assured by the senior leaders that it was underway. We issued a requirement notice for improvements to take place in this area. Since then Renal Services (UK) Limited, had written a standard operating procedure and a new policy. Teaching sessions had been set up and we saw a new poster was positioned by each nurse's station.
- Whilst the nurses previously relied on close observation of the patients having dialysis and appropriate timely escalation to the commissioning trust. When asked on this inspection, they confirmed having had training and could describe the recognition of sepsis and their actions.
- The organisation now included the recognition of sepsis and the deteriorating patient on new staff's induction and yearly updates were scheduled for September.
- We saw on our last inspection how new implemented safety risk assessments had yet to be embedded into practice, we saw that without exception on this inspection all patients had been initially risk assessed and regularly reassessed using the appropriate documentation.
- Personal evacuation plans for emergencies (PEEPs) were seen completed in each patient's folder for use in an emergency. Although we were told these were in the process of being completed at the last inspection we did not see them, they were seen to be fully completed at this inspection.
- Renal Services (UK) Limited had commenced using the National Early Warning Score (NEWS) at some of its units; however, the commissioning trust did not currently use NEWS in any of its satellites. The organisation was planning to adopt the revised early

warning score (NEWS 2) ahead of the required national deadline of March 2019. This would ensure organisational compliance with the patient safety alert which was issued in April 2018.

Staffing

- The commissioning trust set the staffing ratio and monitored them as part of performance monitoring; rotas were based on one registered nurse (RN) to each four patients. The ratio of 70% RNs to 30% non-registered staff or health care assistants (HCAs) was used.
- There were 12.8 WTE RNs and 4.6 WTE HCAs employed, which meant 5.1 WTE or 30% RN and 1.5 WTE or 32% HCA vacancies. In total the unit had 6.6 WTE or 29% staff vacancies.
- We were told by the provider the clinic manager should be in addition to the staff numbers, however due to the level of vacancies was currently able to be so for only 40% of the time. On inspection we saw from the off-duty rotas that this was often less than 40%.
- Despite the numbers of vacancies, the unit had not used any agency staff in the past 12 months. The internal bank used a combination of permanent bank staff, staff who worked extra hours from other units and some NHS renal staff who worked additional shifts in the unit. The unit was using an average of three bank shifts daily. The bank staff were usually well known to the unit which gave better continuity and care to the patients.
- Renal Services (UK) Limited- Havant used an average of 137.5 RN hours per week or 3.7 WTE and 45 HCA hours or 1.2 WTE per week. This would not fully cover the gaps hence the use of the clinic manager to cover shifts. This meant that certain tasks that could only be done by a senior nurse may be delayed.
- The staff rotas showed that staff worked flexibly between the hours of 7am and 11.30pm to cover three dialysis sessions Monday to Saturdays.
- Active recruitment was ongoing by the organisation but the unit faced similar challenges to the remainder of the organisation. Recruitment and retention updates were discussed at the monthly managers and sisters' meetings.

Dialysis Services

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

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

Evidence-based care and treatment

- The patients care was led by the consultant nephrologists from the commissioning NHS trust, which also assessed their suitability for inclusion on the kidney transplant list when they were referred for dialysis.
- Dialysis was offered to all patients three times a week, in line with Renal Association Guidelines. The unit offered patients Haemodiafiltration, which is dialysis that promotes the efficient removal of large as well as small molecular weight solutes from the blood. Clinical evidence suggested that this dialysis achieves better outcomes for patients.
- The patient's blood results were monitored by the nephrologists on line and down loaded and discussed with the patients every month. This was to assess the effectiveness of the dialysis in removing waste products from the blood.
- All the new competency frameworks and new policy documents produced by the organisation's head of nursing, were based on Renal Association Guidelines, the National Institute for Health and Care Excellence (NICE) and any guidelines from the commissioning NHS trust.

Pain relief

- In an improvement to the previous inspection we saw that all patients had a documented assessment for pain within their record. We saw how one patient with a long-term condition causing pain had details of interventions which may help ease the pain of a 'flare up'.

Nutrition and hydration

- Patients were offered a hot drink and toast whilst they were undergoing dialysis, we saw that they welcomed the distraction, some brought other snacks with them.

- There was an opportunity for patients to access the support of the NHS trust dietician, patients were referred by their named nurse and could be seen on a site during one of the monthly visits.

Competent staff

- As a result of the concerns we raised at the previous inspection in June 2017, the service had developed a new annual written staff competency test for the safe use of PSDs and PGDs which was rolled out in November 2017. We saw evidence that twenty staff members of thirty-four staff (58%) had undertaken this or had a date to do so. In addition, staff had received updates on how to recognise anaphylaxis or acute allergic responses to medicines, posters were displayed identifying staff emergency actions.
- Staff were supported by an annual performance review, we saw that 11 members or 79% of staff had received an annual appraisal, with 3 or 21% of staff members due. The appraisal process was used to agree a personal development plan for the individual staff member. The performance review forms now contained a checklist to confirm the staff had received the annual updates which included all the concerns raised by the CQC. For example, sepsis updates, Duty of Candour and medicines management including NMC standards.
- Following the previous inspection and concerns we raised about no re-assessment of competencies. Staff were now annually peer reviewed for their non-touch aseptic technique and had a competency assessment to maintain standards. However, following our feedback on the poor aseptic practice observed on this inspection, the service told us it was intending to implement more observational audits of practice.

Access to information

- The service told us that information relating to patients' blood results and clinic reviews was collated and discussed with patients every month by their named nurse. We saw from the notes review that every patient had monthly blood results recorded, but some (seven of the ten) did not have the discussion recorded as taking place every month.

Consent, Mental Capacity Act and Deprivation of Liberty

Dialysis Services

- Consent forms were signed on the patient initial visit and filed appropriately in the patient's record; they covered the dialysis treatment and sharing of information such as blood results.
- We saw from the minutes of the organisation's Integrated Governance meeting that there were new plans for the consent form to be updated annually.
- Staff were allocated study leave for training in Mental Capacity and Deprivation of Liberty safeguards. The unit staff told us that patients with declining capacity or understanding were referred back to the trust for dialysis as not considered suitable for the environment.

Are dialysis services caring?

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

Compassionate care

- The latest annual patient satisfaction survey, which had 62 responses (47% of the patients receiving dialysis). Approximately two thirds of the respondents were men and just over half were between 55 and 74 years old. Most responses were positive, for example 96% of patient were happy with the cleanliness of the unit and for staff treating them with respect and dignity. 69% of patients indicated that they knew who to contact if they were worried, and 98% would recommend the unit to others.
- At the previous inspection in June 2017, we raised concerns that privacy screens were not readily available for patient having chest lines exposed and attached. On this inspection while the portable screens were wheeled out and utilised for certain patients, patients told us they did not normally get offered them. One even thought they had a problem because they were being used.

Understanding and involvement of patients and those close to them

- Patients we spoke with appeared to be fully informed about their care and their blood results, the unit spoke of a 'named nurse' approach and we saw posters in the reception area with the nurse's names listed. However,

similar to the previous inspection patients were unaware of who their 'named nurse' was and stated they had their blood result discussed with a number of staff.

Emotional support

Staff had a friendly supportive relationship with the patients which patients appeared to respond to and feel comfortable with. Discussions took place in a calm reassuring manner. We saw that call bells were answered promptly by staff cross covering for each other.

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

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

Service planning and delivery to meet the needs of local people

- The service had been commissioned by the local NHS trust since 2008; it was located in the ground floor of an adapted office block close to a commercial centre. The unit was divided into clearly defined patient and staff only areas. The unit was compliant with NHS Estates guidance (Health Building Note 07-01). However, it was not compliant with the DOH guidance (2007) on gender specific toilet facilities in health care environments, as there was only one toilet per floor which catered for all.
- The transport was commissioned by the local NHS trust. There was no transport user group for patients to discuss their issues, one patient told us they had complained but had received no response. The lack of support for patients experiencing difficulties with their transport arrangements was raised at the last inspection but changes had been made to ensure there were support system for these patients.

Meeting people's individual needs

- We saw how on this inspection, the patients' individual needs and preferences were considered and documented in their individual folders. Their risk assessments were regularly undertaken and documented, and care was planned.

Dialysis Services

- The patients we spoke with felt that their needs were being addressed and staff worked hard to respond to them.
- Patients were assisted making suitable arrangements for dialysis treatment while on holiday. Patients on holiday from other areas could be provided holiday dialysis at this location by prior arrangement. The organisation had a dedicated coordinator to ensure that the strict acceptance criterion was met to prevent cross infection. The unit was also careful to make sure that the fitness and dependency of any potential holiday patients were compatible with the unit.
- We were told by the service that any patient who wished to participate in their care was able to do so. However, we did not see any patient involved in self-care at this inspection or the previous one.

Access and flow

- There had been 20,039 treatment sessions provided over the past 12 months which had been an increase of 547 from the previous 12 months. There had been no cancelled dialysis sessions. There were no patients waiting to be accepted and the unit had capacity.
- All patients were offered three sessions a week, each lasting a minimum of four hours. The unit was able to accommodate longer, twice weekly or additional sessions if required.

Learning from complaints and concerns

- The patients guide included details of the organisations complaints procedure; this was issued to the patients at their first visit. This followed a similar four stage format as the approach used by the NHS.
- The Renal Service (UK) Limited – Havant had received one complaint in the 12 months between 31 March 2017 and 1 April 2018. During the same period the unit had received over 50 compliments.
- We saw from the meeting minutes that organisation wide complaints were regularly discussed at the quarterly Integrated Governance Committee and at the monthly clinic managers and sisters meeting. We did not see however, any reference to them or any shared learning from them in any of the Havant unit meeting notes. The minutes were all available for staff to read, but there was a risk staff may miss critical information if not locally discussed.

Are dialysis services well-led?

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

Leadership and culture of service

- There was a clinic manager with responsibility for the running of this unit.
- There was a friendly atmosphere on the unit staff and patients were obviously comfortable with their clinic manager who we saw was visible and accessible within the ground floor of the unit.
- The clinic manager was seen to be clinically involved when we inspected, we were told that the staffing levels meant that management time often suffered in order to keep the unit safely staffed. This meant that sometimes management tasks took longer due to the competing priorities.
- The latest staff survey results (2017) showed that some staff were concerned about the delay in rotas being issued. The delays could be linked to a lack of management time for the manager to complete rotas. The survey action plan indicated that the rota should be issued with three weeks notice. This was not the case when we inspected, with just the current rota available.
- Staff we spoke with, told us that the senior leaders of the organisation had been very visible since the previous inspection. All staff members we spoke with felt that there had been many positive improvements, which they had felt supported with.
- The Workforce Race Equality Standard (WRES) is a requirement for organisations which provide care to NHS patients. This is to ensure employees from a black and minority ethnic (BME) background have equal access to career opportunities and receive fair treatment in the workplace. It had been part of the NHS standard contract since 2015. NHS England indicates that independent healthcare locations whose annual income is at least £200,000 should produce and publish WRES reports.
- The WRES report had not yet been completed and drafted by Renal Services (UK) Limited. We highlighted this omission following the previous inspection in June

Dialysis Services

2017; we were told by one of the the organisations executive team they had started requesting more detailed information from new starters in order to comply.

Governance

- Renal services UK Ltd board met every three months, the senior management team also met three monthly as did the clinical governance committee and the integrated governance committee. The clinic manager and sisters met monthly and there was an expectation there would be monthly local team meetings. It was through these meetings that information was cascaded.
- A review of the local unit meeting notes demonstrated they met every 6 to 8 weeks. They included as standard agenda items company and unit up dates, feedback from meetings attended, documentation, fluid balance, health and safety, infection control and team responsibilities. There was no information on complaints or complements, incidents or audit outcomes. Staff told us incidents and audits were discussed at hand over meetings which we observed.
- Renal Services (UK) Limited had a clinical governance and quality assurance strategy 2017-2019; this was last reviewed in February 2017 and had a next review date of 2019. The key points which this covered were, staff appraisal, training and development, system for reporting, complaints and the review of policies and procedures.

Managing risks, issues and performance

- There was a risk management policy last reviewed in March 2017 with a review date of March 2019. This document included the providers risk management strategy.
- The process was for a risk assessment process to be completed for any identified risk. The provider maintained a corporate level risk register reviewed quarterly by the integrated governance committee.
- At our last inspection we found there was no local clinic risk register. Local risk registered had been introduced and were maintained by the clinic manager and reviewed at the monthly clinic managers meeting and quarterly by the integrated governance committee. On review of the local risk register we found it had been up dated to reflect a broken service lift, the associated risk and the impact this was having and how this was being managed. There was evidence this had been discussed and action agreed at the integrated governance meeting in March 2018
- There was a schedule of audits, checklists and testing regimes which indicated daily, monthly, quarterly and annual requirements. From a review of documents, we saw a number of audits had been completed with actions and responsibility for the unit to report back to the lead nurse. These included cleaning, uniform, documentation, use of patient's specific direction and patient group directions, hand hygiene and medication administration observation. However, we were not assured of the effectiveness of these audits as we observed poor hygiene practices and poor non- touch aseptic technic and staff wearing jewellery.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must take steps to ensure the audit program is effective in monitoring the quality of the service and assuring risks are managed.

Action the provider **SHOULD** take to improve

- Improve ways of supporting patients with concerns about the transport service.
- Take additional steps to ensure patients do not gain unauthorised access to the treatment areas.
- Review the process for monitoring the number of patients requiring isolation during their treatment so the unit can safely patient the number planned for each session
- The provider should ensure they are compliant with the Workforce Race Equality Standard

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The audit program was not effective in assuring good quality of care where risks are managed.</p> <p>Regulation 17 (1)(2)(a)</p>