

# Purley Dialysis Unit

## Quality Report

5th Floor Capella Court  
725 Brighton Road  
Purley  
Surrey  
CR8 2BG

Tel: 02087636790

Website: <http://www.fmc-ag.com>

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

## Overall summary

Purley Dialysis Unit is an independent healthcare location operated by the provider, Fresenius Medical Care Renal Services Limited. Purley Dialysis Unit is commissioned by a local NHS trust to provide a dialysis service for NHS patients over the age of 18 years with renal disease, who are considered low risk and do not require dialysis in the hospital. The clinic has a contract with the trust for 24 stations, four isolation rooms and a consulting room for the consultant outpatient clinics.

We inspected this service using our new comprehensive inspection methodology. We carried out the announced part of the inspection on 9 May 2017, along with an unannounced visit to the clinic on 19 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?

Before visiting the unit, we reviewed a range of information held about the service and asked other organisations and stakeholders to share what they knew.

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 service had infection prevention and control systems and processes, which reduced the risk of cross infection.
- The clinic was visibly clean and there were arrangements in place for infection prevention and control. There was no reported incidence of infection. The environment met hygiene standards for dialysis clinics.
- Patient medical and nursing records and other personal information were stored securely.
- There was an effective process in place for the provision and administering of medicines. Staff stored and administered medicines appropriately. The service had an effective process in place for medication audit.

# Summary of findings

- There were robust policies and procedures in place that guided staff in their practice and ensured patients safety. Policies were based on national guidance and were accessible to staff.
  - Staff assessed and monitored patients' pain and nutrition regularly and referred appropriately to the hospital specialist for support when necessary.
  - Patients and staff had access to timely and relevant information that facilitated patients' care and treatment.
  - Staff received annual appraisals and competency assessments.
  - The service managed staffing effectively and there were enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
  - The clinic participated in and used the outcomes from local and external audits to develop and implement patient care and treatment pathways. The unit participated in the renal peer review audit through their local NHS trust.
  - The service had a consent process in place and we observed that documentation was accurate and signed.
  - Staff worked effectively and collaboratively with the commissioning NHS trust and other professionals to monitor patients regularly and support their treatment.
  - Staff understood the impact of dialysis treatment and worked to make the patient experience as pleasant as possible and meet individual patient needs.
  - Patients were treated with respect, dignity and compassion by staff.
  - Patients were provided comprehensive information and had access to support networks including social services, Kidney Patients Association and to the patients' representative.
  - The unit provided a person-centred, caring and compassionate approach in caring for patients through the named nurse system.
  - Patients were able to visit the clinic before commencing dialysis treatment in order to familiarise themselves with the facilities, staff and routine.
  - The service was planned and delivered to meet the needs of patients in the community.
  - The unit provided a flexible appointment system that ensured patients' preferred treatment sessions were met and could be adjusted to meet their work commitments or social needs.
  - The unit had the resources to provide care and treatment for patients with mobility, hearing or visual impairment to ensure safe and effective treatment.
  - There was a clear leadership structure in the Fresenius Medical Care organisation which was applied to the Fresenius Dialysis Clinic, with accessible managers.
  - The unit had effective systems in place to monitor patients risk and the newly developed risk register reflected local and organisational risks.
  - The unit and organisation sought and engaged effectively with patients and staff.
- However,
- The grading of harm from incidents and the classification of clinical and non-clinical incidents was not clearly described on incidents forms by staff and did not reflect the reported events. For example patient falls in the clinic were reported under 'non-clinical' incidents. We did not see detailed investigations or sharing of lessons with staff to support prevention of falls in the clinic.
  - The clinic did not have an early warning score system in place to support staff in recognising a deteriorating patient.
  - The unit's target for completion of staff mandatory training was 100%. At the time of our inspection, compliance with mandatory training was 68% and below the unit's 100% target.
  - Staff were not adequately trained on safeguarding. Staff had received level 1 safeguarding training and

# Summary of findings

the training matrix showed 50% compliance. Following inspection, the provider told us 85% of staff had now completed their safeguarding training in July 2017.

- The clinic did not audit travelling and waiting times for the dialysis patients as a way to ensure quality of the services provided were achieved pre and post treatment.

- We were not assured that staff could recognise patients living with dementia, or would know how to support them.

**Professor Edward Baker**

**Deputy 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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# Purley Dialysis Unit

**Services we looked at**

Dialysis Services

# Summary of this inspection

## Background to Purley Dialysis Unit

Purley Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service is a private unit and opened in 2010 to provide haemodialysis to NHS patients primarily from the local area of Purley in South London. This was in response to the agreement with the local NHS trust to provide dialysis to their patients within their local area.

The service has a 10 year contract ending in February 2020 with the local NHS trust to provide dialysis treatment for their NHS patients. The contract was a partially managed service with equipment and staff supplied by the provider. The building and some facilities, such as lifts, were managed by the building landlord.

The service had a registered manager in post since 2013.

The service is registered with CQC for the regulated activity of diagnosis and treatment of disease.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once using our old inspection methodology. The most recent inspection took place in April 2012 which found that the service was meeting all standards of quality and safety it was inspected against.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, Isimat Orisasami, another CQC inspector,

and two specialist advisors who were a doctor and a nurse with expertise in dialysis and nephrology. The inspection team was overseen by Nick Mulholland, Head of Hospital Inspections.

## Information about Purley Dialysis Unit

Purley Dialysis Unit is a 24 bedded dialysis unit that provides dialysis treatment for NHS patients with chronic renal failure over the age of 18. The unit is separated into two treatment areas. Treatment area one has 16 beds which are all standard stations and while treatment area two has eight beds which include four side rooms used for isolation purposes, and four standard stations.

The service is contracted by the local NHS trust to provide dialysis treatment for local NHS patients under the care of the nephrologist who was responsible for the patient at the hospital. Transport to and from the unit is provided by a separate company which is commissioned by the local NHS trust. The unit received support from the local NHS trust to provide medical cover, discharge coordinator support, dietitian, social worker and matron support. Purley had a close working relationship with the hospital and the hospital team visited the clinic regularly to assess and review patients in preparation for their multidisciplinary team meetings.

The service operates six days a week. People receive treatment during the day time opening hours from 7am until 11.30pm. The unit provides three haemodialysis sessions a day on Monday, Wednesday and Fridays. There are two haemodialysis sessions on Tuesday, Thursday and Saturday in the morning and afternoon.

The unit had 99 patients receiving haemodialysis treatment at the time of our inspection, and has capacity to have 144 patients within their contract.

The service provided 14,721 haemodialysis sessions in the 12 months before our inspection, of these 100% were NHS-funded. The service currently provide dialysis treatment for 42 adults age 18 to 65 years and 57 adults aged over 65 years of age.

We spoke with people attending the clinics and staff working at the service to seek their views about the service. During the inspection, we spoke with 19 staff including; registered nurses, dialysis assistants, reception

# Summary of this inspection

staff, medical staff, dialysis technician, and senior managers. We spoke with 10 patients. We also received 12 'tell us about your care' CQC comment cards which patients had completed prior to and during our inspection. We observed how young people were cared for during the inspection. We reviewed 17 sets of patient records and associated documents during our inspection. We also received feedback from the stakeholders and local commissioners about their views of the service.

The service employed 12 registered nurses, three dialysis assistants and one receptionist.

The unit is registered to provide the following regulated activities:

- Treatment of disease, disorder, or injury.

Track record on safety in the previous year:

- No never events
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA),
- No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (C.difficile)
- No incidences of hospital acquired E-Coli

- No complaints were received by the CQC or referred to the Parliamentary Health Services Ombudsman or the Independent Healthcare Sector Complaints Adjudication Service. The clinic had received 10 formal complaint in the last 12 months and eight were upheld.

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

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

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

- Clinical and or non-clinical waste removal
- Interpreting services
- Grounds Maintenance
- Maintenance of medical equipment
- Pathology and histology
- Medical staffing
- Renal dietitian
- Social worker



# Summary of this inspection

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

We always ask the following five questions of services.

### **Are services safe?**

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

We found the following areas of good practice:

- Patients' records were legible, accurate, thorough, and detailed, and were stored securely at all times.
- The clinic and equipment were visibly clean and tidy, arrangements were in place for infection prevention and control. The clinic reported zero incidents of serious or severe infection. All staff were observed practicing appropriate hand hygiene and aseptic non touch technique during patient procedures.
- There was an effective process in place for the provision and administering of medicines. Staff stored and administered medicines appropriately. The service had an effective process in place for medication audit.
- The service had contingency arrangements in place for emergencies.
- The service worked collaboratively with the local NHS trust to ensure patients' safety, care and treatment were managed effectively through regular monitoring and assessment.
- The unit had a system in place for the daily, weekly and monthly checks of equipment including the resuscitation trolley, medicines fridge temperatures, and water legionella checks.
- There was a regular process for audit of medicines management, patient prescriptions and dialysis treatment.
- The service managed staffing effectively and there were enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.

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

- The grading of harm from incidents and the classification of clinical and non-clinical incidents was not clearly described on incident forms by staff and did not reflect the reported events. For example patient falls in the clinic were reported under 'non-clinical' incidents. We did not see detailed investigation or sharing of lessons with staff to support prevention of falls in the clinic.
- The clinic did not have an early warning score system in place to support staff in recognising a deteriorating patient. There was no regular recording of respiratory rate and temperature.

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- Staff were not adequately trained on safeguarding. Staff had received level 1 safeguarding training and the training matrix showed 50% compliance. Following inspection, the provider told us 85% of staff had now completed their safeguarding training in July 2017.
- The unit target for staff having completed their mandatory training was 100%. At the time of our inspection, compliance with overall mandatory training was 68% and below the unit 100% target.

## Are services effective?

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

We found the following areas of good practice:

- The service had up to date, comprehensive policies, protocols and procedures in place which were based on national guidance and best practice.
- Staff worked effectively and collaboratively with the commissioning NHS trust and other professionals to monitor patients regularly and support their treatment.
- Staff assessed and monitored patients' pain and nutrition regularly and referred appropriately to the hospital specialist for support when necessary.
- The clinic participated in and used the outcomes from local and external audits to develop and implement patient care and treatment pathways. The unit had effective processes in place for gaining patients' consent for their dialysis treatment.
- The unit participated in the renal peer review audit through their local NHS trust.
- Patients and staff had access to timely and relevant information that facilitated patients' care and treatment.
- Staff received annual appraisals and competency assessment.

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

- The clinic did not measure or audit on travelling and waiting times for the dialysis patients as a way to ensure quality of the services provided were achieved pre and post treatment.

## Are services caring?

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

We found the areas of good practice:

- Staff treated patients with kindness, respect, compassion and dignity. Patients we spoke with consistently spoke highly and positively about the service.

# Summary of this inspection

- Patients were provided comprehensive information and had access to support networks including social services, Kidney Patients Association and patients' representative.
- The unit provided a person-centred, caring and compassionate approach in caring for patients through the named nurse system.
- Staff understood the impact of dialysis treatment and worked especially hard to make the patient experience as pleasant as possible and meet individual patient needs.

## Are services responsive?

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

We found the areas of good practice:

- The service was planned and delivered to meet the needs of various patients in the community.
- The unit provided a flexible appointment system that ensured patients' preferred treatment sessions were met and could be adjusted to meet their work commitments or social needs.
- The unit had the resources to provide care and treatment for patients with mobility, hearing or visual impairment to ensure safe and effective treatment.
- The unit had referral and acceptance criteria in place to ensure patient safety. There was no waiting list for dialysis treatment during inspection and there was capacity to admit more patients.
- Patients were able and given the opportunity to visit the clinic before commencing dialysis treatment in order to familiarise themselves with the facilities, staff and routine.

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

- We received mixed response from staff related to caring for patients living with dementia. We were not assured that staff could recognise patients living with dementia, or would know how to support them. Some staff we spoke with said they had a patient with mild dementia while other staff including senior staff told us there were no patients under their care who were living with dementia.

## Are services well-led?

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

We found the following areas of good practice:

# Summary of this inspection

- There was a clear leadership structure in the Fresenius Medical Care organisation which was applied to the Fresenius Dialysis Clinic, with accessible managers.
- The unit had effective system in place to monitor patients risk and the newly developed risk register reflected local and organisational risks. The risk register also included the risks we identified during inspection.
- Staff understood and implemented the organisation's objectives.
- The unit and organisation sought and engaged effectively with patients and staff. Staff and patients we spoke with told us they had seen changes made as a result of their feedback, or from complaints and concerns raised.
- The unit received various awards for their service which included the Nephrocare excellence award and the British Kidney Patient Association.

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

- Staff did not always feel supported, however many said they enjoyed working at the clinic and felt they worked well together as a team”.

# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Dialysis Services	N/A	N/A	N/A	N/A	N/A	N/A

## Notes

# 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

- The clinic had an up to date clinical incident reporting policy that detailed the responsibility of staff and clinic managers on the various types and categories of reportable incidents, incident investigations, duty of candour, staff involvement and support. The policy guided staff on the reporting requirements and escalation process. The policy further advised staff on the various organisations and services that may be contacted and notified based on the type and severity of the incidents.
- The organisation provided staff with a pocket guide that advised them on what to do if there was an incident. The pocket guide included pathways to follow and references to forms.
- There was an electronic system process in place for reporting incidents. Staff told us there were different processes for reporting incidents. We observed staff we spoke to had no clarity on how to report incidents. Staff reported minor incidents to the corporate incident team electronically via email, while they completed an incident form for major incidents. Some staff we spoke with said they reported incidents to the manager who completed the incident report form. The clinic manager informed the organisation, consultant and area head nurse via email of reported incidents with additional information. The area head nurse sometimes sent back the incident form if there were issues or it was not completed correctly before

notifying the corporate clinical incident team. The organisation had a corporate log and a process in place for their clinical incidents team to remind staff if an incidents review was outstanding.

- Some staff told us they had the same process for completing the clinical and non-clinical incidents form online. They said they emailed the corporate clinical incidents team first who advised them if they need to complete the clinical or non clinical incident form. The hospital, manager and link nurses will be informed of the incidents.
- Reported incidents were investigated by the clinic manager and/ or the chief nurse and in some cases a root cause analysis (RCA) was completed including an action plan to prevent future occurrence. We reviewed five incident records provided to us and noted incidents were investigated and root cause analyses were carried out. However, the investigation, action plan and root cause analyses were not what we would expect and not detailed enough. We did not see action points from these incidents to reduce the likelihood of similar incidents occurring.
- Following a root cause analysis, incident reports and updates were shared with staff and the local trust. Incident concerns were shared with the local trust immediately if they were urgent or quarterly at their governance meeting where review management, performance and quality improvement were discussed.
- Staff told us they understood their incident reporting process and were encouraged to report incidents when they occurred. Staff generally had a good understanding of when they would report incidents, for example, if a patient had hypotension, dislodgement, falls, sharps injury and much more. We noted that the clinic reported falls and sharps injuries

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as non clinical incidents which meant there was no trigger for scrutiny or investigation by clinical staff which was not in line with their policy. The clinic reported four falls in the last 12 months before the inspection. We observed and were told incidents like falls were also reported on the local NHS trust system.

- Staff we spoke with said some non-clinical incidents were reported differently. For example if the lift was not working, staff informed the clinic manager via email, phone or in person. The clinic secretary was then notified who escalated the issue with the building security on the ground floor who then informed the building landlords. The building landlords then contacted the contracted service for the lifts repair. Staff told us they rarely had lifts problems.
- We observed that when an incident involved a health and safety issue this was reported separately for example blood spillage. Also, if there was an IT issue staff informed the managers and also emailed their IT staff who they reported respond quickly and resolve the issue.
- There were four incidents reported for the period of May 2016 to May 2017. We noted one of the four incidents was reported in 2017. These incidents were related to falls/cuts/trips (75%) and needle dislodgement (25%).
- The service reported no serious incidents for the period of May 2016 to May 2017. However, we noted an incident was reported in March 2017 which was related to a venous needle dislodgement with minimal blood loss during dialysis. We noted that staff followed the trust policy when assisting the patient to the toilet during their dialysis, assessment and responding to risk following the incidents. An incident form was completed and patient was reported 'okay' following investigation like blood test for anaemia and vital signs. We noted staff reported this incident on their accident form and not reported as a serious incident and a venous needle detector was not used. However, we noted that this incident was added to their risk register.

- We noted that serious incidents were discussed at NHS mortality and morbidity meetings- at the local NHS trust as dialysis patients from the unit were discussed at these meetings.
- Staff gave us examples where learning and changes were made in the clinic and organisation as a result of an incident. For example, following a serious incident in November 2016 in another dialysis clinic within the organisation, staff were informed by the area head nurse and a form was introduced for staff to complete on the time of connection and disconnection of patients on the dialysis machine.
- Staff told us they learn and share concerns with other Fresenius dialysis clinics in the country. Learning and outcomes from incidents were posted in the staff room. We saw evidence that incidents were shared on their clinical update and learning bulletins. We observed that issues around needle dislodgement, red caps from discontinuation packs and access and connection security were shared with staff in the March 2017 and April 2017 bulletins.
- Staff received training on the duty of candour and generally understood its meaning, relation to moderate and severe harm and implication for practice.

## **Cleanliness, infection control and hygiene**

- The clinic used their corporate hygiene plan and policy on hygiene, infection prevention and control (IPC) which advised staff and detailed guidance on hand hygiene, personal protective equipment (PPE), skin care, gloves, foot wear, dialysis machine disinfection, dialysis station cleaning and isolation room. We noted that the service audited the infection prevention and control standards regularly at the clinic.
- Staff received training regarding infection prevention and control and this was part of their mandatory training. Training records showed 100% compliance for infection control training and assessment.
- There were no infection cases reported for the reporting period of 2016/17. This included surgical site

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infection, blood borne virus, bacteraemia, methicillin resistant staphylococcus aureus (MRSA), methicillin sensitive staphylococcus aureus (MSSA) and Clostridium difficile (C.Difficile).

- Staff completed MRSA, MSSA and virology screening for all dialysis patients regularly. We noted that monthly blood samples and quarterly swabs were taken by staff for analysis.
- The service had protocols in place to guide staff on steps to take to screen patients returning from holiday from high risk of infection regions for blood viruses, MRSA, MSSA and C.Difficile. There were procedures in place to assess carriers of blood borne virus (BBV) like hepatitis B and C. We noted that staff were aware, understood and followed the procedures and protocol which helped mitigate the risk of BBV cross infection.
- We saw that the unit had an isolation procedure in place that was adhered to by staff. The service had strict guidance on monitoring and segregation of holiday patients who returned from high risk areas which was in line with national guidance. The service had four side rooms which were made available for patients identified as being at risk or had a potential infectious condition.
- The senior managers from Fresenius undertook unannounced infection control audits to measure the extent that the clinic complied in relation to all aspects of infection prevention and control and to support the continual improvement process. Two unannounced audits were carried out in 2016. The July 2016 unannounced inspection showed 76% overall IPC compliance and 53% hand hygiene compliance which was below their 100% target. There were 27 actions identified in the audit for staff to improve on. Staff told us if the non-conformance report (NCR) result from the audit was poor, this triggered more frequent monitoring. The audit conducted in November 2016 was undertaken as a result of the low compliance of the previous one. Results showed improvements had been made with 92% overall IPC compliance and 88% compliance on hand hygiene. Senior staff told us the manager carried out monthly hand hygiene audits for staff and where the results were poor a weekly audit would be carried out till there was improvement. We noted that audit results were shared with staff and the clinic manager

followed-up on the action-plan and recommendations. Following this audit the link nurse for infection control and hand hygiene was delegated to continue observing staff compliance on hand hygiene.

- The local NHS trust carried out a monthly unannounced infection prevention and control audit of the unit to monitor compliance. The average staff compliance with the correct hand hygiene technique for the period of January to April 2017 was 96% and 99% for overall compliance on all standards audited. The 2016 audit showed an average 99.6% compliance on all standards audited and 94% on correct hand hygiene technique. The audit carried out on 24 March 2017 showed there were good infection control practices by staff on hand hygiene and equipment cleaning. However, staff did not clean the blood pressure machine on two occasions between patient usage. Dust was noted underneath patient beds and chairs and there was no weekly bed cleaning record. During inspection, we observed that the unit had implemented recommendations and action points from these audit findings.
- We observed that the infection control information and audit were visible to staff and visitors during inspection.
- Handwashing and sanitising facilities were in place for staff and visitors in the unit. Alcohol hand sanitiser were available at all dialysis stations. We observed that staff were compliant with bare below the elbows, hand hygiene and personnel protective equipment practices.
- Staff followed the correct process during the connection and disconnection of dialysis patient on the dialysis machine the central venous catheter (CVC) and Arteriovenous fistulas (AVFs) lines during inspection. AVFs are an abnormal connection or passageway between an artery and a vein formed through vascular surgery specifically for dialysis. Central lines are larger cannulas, which were inserted for long episodes for dialysis. We saw that staff wore appropriate PPE materials like aprons, gloves, visor and facemask. Patients were also given a facemask during the procedure. We saw that staff used the appropriate dressing packs during the procedures and washed their hands using the World Health



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Organisation (WHO) five steps hand hygiene, which was in line with good practice. We observed staff used the aseptic non-touch technique (ANTT) which helped reduce the risk of infection to them and patient. We saw that staff disposed of the clinical waste and domestic waste in the appropriate bins following the disconnection of patients.

- Staff were knowledgeable about handling of clinical waste and spillage. The service used the national color-coded cleaning equipment and bins to segregate clinical and domestic waste. Sharps bins were correctly assembled, labelled and not over-filled.
- The unit was visibly clean on inspection and staff told us the cleaning was subcontracted to an external provider. The sluice areas were suitably cleaned and maintained. We saw that the cleaning schedules were maintained with evidence of regular cleaning documented.
- We noted staff adhered to the guidance regarding cleaning of patients' equipment after use. We saw that there was a cleaning schedule in place for patient equipment.
- The service adhered to the clinical practice guidelines in regards to the water treatment systems, dialysis water and dialysis fluid quality.
- The service had an IPC lead and link nurse and staff knew who their IPC lead nurse was. The link nurses received training to enable them carry out their roles effectively.

## Environment and equipment

- The clinic was accessed through a single entrance into each treatment area on the fifth floor. Patients and visitors gained entrance through an intercom system to reception to ensure patients and staff safety. There was wheelchair access the unit.
- The clinic environment and equipment met patients' needs. The clinical areas were tidy and well maintained. We observed that the bed space was spacious, tidy and compliant with the Health Building Note 07-01- Satellite Dialysis Clinics.
- The larger treatment area was an open plan dialysis unit. We saw that each station had a call bell and

disposable curtains with the change date labelled attached. However we noted that fabric tourniquets were being used and not single or disposable ones. This might increase the risk of infections.

- We noted that health and safety posters were on display in the units to guide staff, patients and visitors.
- The unit treatment areas, clinical rooms and beverage rooms were visibly clean. Also, the store room, dirty room and clean room appeared clean and tidy during inspection.
- We saw that cleaning schedule were maintained, with evidence of regular cleaning documented.
- The 12 CQC comment cards completed by patients before and during inspection, were mainly complimentary about the comfort and cleanliness of the clinic environment. The comment included "environment is nice", "the unit is clean". Patients also commented that the temperature was an issue and the unit was too cold.
- The clinical waste bins in each treatment area were emptied after each dialysis shift and taken to the clinical waste room and disposed of twice a week by a contracted company. We observed that domestic waste bins were emptied on a daily basis by the domestic staff.
- We observed that staff responded within a few seconds when the dialysis machine alarms were on. Staff told us the alarm sounded for variety of reasons which included leaks, blood flow changes and patient movement.
- The clinic had facilities for patients with disabilities and equipment such as pressure relieving mattresses and bariatric wheel chair to support treatment of those with different care needs. We noted the unit had a hoist available in the clinical area to transfer patients.
- Staff were trained on the use of the equipment in the unit. We noted that the same equipment was used in all clinical areas, which ensured staff transferring between dialysis areas were familiar with the equipment. We saw evidence of assessment of medical device training and competency sign off used by staff.

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- We noted that staff were allocated to bays in the cleaning and disinfecting of machines.
- We observed the water-treatment plant room and saw the environment was in line with Health Building Note 07-02 Main renal unit guidelines. The plant room was close to the dialysis areas, as this shortened the distance covered by the distribution ring area, which was in line with all 'Renal care Health Building Note 07 01: Satellite dialysis unit (2013)' requirements. We observed that the plant room was locked and staff did not store any other equipment other than those specific to its function. The water used for dialysis were treated appropriately to remove impurities. The room had a leak detector to detect any water leaks and the water system had a reverse osmosis system membranes attached. The system was last serviced in August 2016 and the electricity testing in the room had been carried out. The salt tank in the treatment room was filled to the maximum level, the flooring, ceiling, pipes and water tanks were in line with the renal care guidelines. We reviewed records from January to April 2017, saw that nursing staff carried out daily and monthly testing of the plant room, and sent specimens to the laboratory for microbial, endotoxins, bacteria and total viable count. We saw that the last infected sample was on August 2015 and further testing showed no further organisms isolated afterwards. Staff told us patients were changed from haemodiafiltration to haemodialysis for 14 days during this period to avoid any risk.
- The health, safety and environment audit carried out by Fresenius in September 2016 showed 90% compliance with the treatment of the building and work equipment. The service was 89% compliant with the audit of physical premises and 81% on the audit of health and safety management system. The service performed well in risk assessment, employee training, communication, accident and incidents, equipment check, visitor safety, emergency preparation, site signage and general site safety. The audit result showed staff were experiencing issues in risk assessment on safety media, temporary staff did not have training records and hazardous materials were stored with flammable material. We noted that all actions were completed with the exception of two which were currently on hold.
- The service adhered to guidelines on the use and replacement of dialysis machines. The Renal Association standard states that dialysis machines should be replaced every 25000 to 40000 hours. We inspected five dialysis machine and saw that they were compliant and in line with the Renal Association guidelines. The service kept service history log of the dialysis machine and we noted they were all in date.
- Staff told us some blood pressure machines were broken and needed repairs. The delay in repair sometimes delayed their work during the shift. We noted there were 28 equipment malfunctions in 2016 and six in 2017. Staff told us the unit bought some blood pressure machines a couple of weeks before our inspection. Staff told us they used one blood pressure machine between four patients.
- Maintenance and calibration of dialysis machines, equipment, chairs and medical devices were scheduled and monitored using the machine maintenance and calibration plan. The service maintained the records that related to the maintenance and calibration of all equipment. However, we reviewed the maintenance record and inspected the equipment during inspection and noted that majority of the equipment had not been calibrated or maintained. We noted that most of the equipment like the dialysis chairs, machines and medical devices were overdue for servicing. For example, some dialysis chairs were due for servicing in April 2017 and while the medical devices were due servicing in March and April 2017. The medical devices included the hoist, thermometer and blood pressure monitor. Some of the dialysis machines were due servicing for the periods of January to March 2017. We highlighted this to the manager who told us they were aware of this and all the equipment was due to be serviced that week. When we carried out an unannounced inspection on the 19 May 2017 we noted that all the equipment have been serviced, tested and calibrated on the 12 May 2017.
- We saw that staff did not always check the blood glucose machines daily, some days were missing in April 2017 and on Saturdays for the month of May 2017 and April 2017.
- The service has two resuscitation equipment trolleys, emergency grab bags and oxygen to use during

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emergencies. All items seen in the emergency trolley were within date. We saw that staff checked the emergency trolley daily and which was recorded in the resuscitation record.

- We reviewed the daily and weekly staff checklist of equipment and noted records were generally compliant for the period of January to May 2017:
- store room temperature
- sporotal disinfection and residual disinfection
- sporotal expiry checklist for disinfecting machine
- flushing of infrequent used water rooms were completed three days a week.
- internal waste transfer log
- food fridge.

However, we noted six omissions for the period of January to May 2017 in the use of PPE like goggles, apron and sterile gloves.

## Medicines

- Fresenius had a medicines management policy that advised and guided staff on general medicines management, medicines administration, administration of hepatitis B vaccination, oxygen therapy and reporting error in medicine management.
- The service did not store any controlled drugs at the time of inspection. The clinic manager was the lead and responsible person for the safe and secure storage and handling of medicines.
- The team leaders on shifts mainly had the duties as a key holder for the medicines cupboard on daily basis.
- The service used anticoagulant drugs during the dialysis treatment. Staff followed the guidelines and protocols and were able to describe the anticoagulant process.
- Medicines were stored securely in a locked clinical room or medicines fridge. Medicines that required refrigeration were stored appropriately in the medicines fridge. We saw that staff carried out a daily check of the medicines fridge. We reviewed the

medicines fridge records for the period of January to May 2017 and noted that staff were compliant with the daily check and the temperatures were within the required range.

- We inspected the medicines cupboard and saw the room was in the normal temperature range. We selected a random sample of drugs from each shelf in the cupboard and noted all the medicines inspected were stored appropriately and in date. Some of the medicines used in the clinic include antibiotics, intravenous fluids (IVs) iron supplement, tinzaparin and citralock medicines.
- We observed that staff followed the process of two nurses when checking IV medicines before administering them to patients.
- The service carried out a monthly drug audit. The recent audit on the 29 April 2017 showed that all medicines were in date and stored appropriately.
- We reviewed the medicines prescription, dialysis prescriptions and medicine administration records of 14 patients. We noted that staff completed the medicine records and the prescriptions were clear and legible. We saw that patients' prescriptions were generally reviewed monthly at the multidisciplinary team meeting and consultant visit. We noted that two of the medicines prescriptions and one dialysis prescription seen were last reviewed in January and February 2017.
- We observed that all emergency medicines were available to staff and were in date and stored in the resuscitation trolley.
- The nursing staff liaised with the local NHS pharmacy informally and the Fresenius pharmacist for advice relating to dialysis drugs. All the dialysis patients had their prescription including the dialysis prescription written by their consultant before dialysis. The local NHS renal consultant prescribed patients' medicines. We saw that the MDT reviewed patients' medicines at the quality assurance meeting. Changes in patients' medicines were discussed with the patients and a letter was sent to their GP following each MDT meeting.
- The service assessed the staff annually on their competence in administration of medicine.

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## Records

- Fresenius had a clinical record keeping policy that gave staff guidance on record keeping to ensure a consistent approach in documentation, management and the quality of patients' clinical records. This policy also included principles of record keeping and completing clinical records, NMC code professional responsibility, patient file and storage of records.
- Patients' records were kept in a secured cabinet behind the nursing station. During patients' treatment or consultant clinic, records were moved to a folder beside the patient's bedside. This ensured staff had access to patient records during dialysis or clinic.
- The service used the Fresenius patient treatment database for documenting patients' records and this database automatically transferred patient data into the local NHS hospital clinical database system.
- Staff were unclear of the do not attempt cardiopulmonary resuscitation (DNACPR forms) process, staff told us if one of the forms was completed either at the hospital or community it applied for life and other staff told us the unit will complete their own DNACPR forms. Staff told us they had two patients who were not for resuscitation, however when we checked their records there were no DNACPR forms on their records. The consultant told us they were in the process of completing the forms and needed to get more clarification on the patients' hospital DNACPR form.
- When we visited the unit during unannounced inspection, we noted that staff had been retrained on the DNACPR policy. We saw that 63% of staff had completed the DNACPR policy training. At the time of the unannounced inspection the DNACPR forms had still not been completed. We raised this with staff. Four days after our unannounced visit the provider confirmed the forms had been completed by the consultant following their assessment.
- The service carried out regular nursing records audits and the recent audit was carried out on 2 May 2017. We reviewed the nursing record audit for the period of March to May 2017, we noted that staff were generally compliant with record keeping. However, the audit result showed that more care plans should be in place on some of the patients' records. For example there was no anaemia care plan for patients on iron medication or erythropoietin (EPO). The audit also noted that some patients' folders did not contain the updated or revised pathways, prescription not reviewed and the admission form was the wrong version (Ireland) and needed to be changed to the United Kingdom version. Some patients' risk assessments, such as manual handling, were due for reassessment. The audits also showed some patient allergies were missing on their prescription and some consent forms were not signed by patient. We noted that the unit used the corrective action prevention action (CAPAS) process following the nursing records audit. CAPAS are set of actions and improvements to an organisation's processes, taken to eliminate causes of non-conformities or other undesirable situations. During inspection, we noted that staff had implemented the action plan and recommendations from these audits and no concerns were noted.
- We reviewed 17 sets of patients' records and observed staff were compliant in the record writing and legibility. All patient records had the patient personal emergency evacuation plan, consent, dialysis prescription and summary change, drug chart, care plan, blood result, care pathways, manual handling, waterlow assessment, fluid management, special requirement, admission form from the hospital, labels, drug therapy and admission. We noted that patient's physical disability and medical conditions were also noted in their records. The records detailed good examples of MDT working, referral and acceptance criteria been strictly adhered to. All patient records contained the information of the named nurse. We noted that where patients had left the dialysis before the end of their treatment against nursing staff advice, staff completed the early termination of treatment against medical advice form with the patients name and signature on them.
- The 2016 patient satisfaction result showed 99% of patients felt the service held their information securely.

## Safeguarding

- Staff did not have appropriate safeguarding training. Staff were not clear what level training they had. Managers told us staff were trained to level one and they should be trained to level two. The training matrix

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showed 50% compliance on their safeguarding adult training. Following inspection, the provider told us 85% of staff had now completed their safeguarding training in July 2017. The provider told us that three staff were yet to complete their safeguarding training as they were on paternity and maternity leave, and returned back to work from four weeks leave of absence.

- The clinic manager was the local safeguarding lead and was also only trained to level one instead of at least level two. The provider was aware of the issues around safeguarding training and was working to ensure all staff had appropriate training. Following inspection, the provider told us
- Staff were not required to complete safeguarding children training as no children were treated at the clinic and patients were not allowed to be assisted by their children when receiving treatment. Staff we spoke to told us they do not have children that received treatment or visited the clinic.
- Staff were provided a safeguarding adult and children policy that advised them on when to raise safeguarding concerns and their training requirement. However, we noted that the policy did not include information on female genital mutilation and grooming people into gangs or terrorism.
- Staff we spoke to were aware of their roles and responsibilities for escalating safeguarding concerns.
- The feedback received from the stakeholders and from the local NHS trust showed they did not have any safeguarding concerns regarding the unit and staff were “open and honest”.
- We noted that the dialysis patients had the matron details at the local NHS hospital and they could contact them directly or during the clinic visit if they had any safeguarding concerns or issues about the unit.
- Staff told us they informed their line managers and also completed their online form when safeguarding concerns were identified. Staff said they were encouraged to report concerns with their clinic managers if they noted concerns about the children or family of the patients.

- Staff we spoke to told us they have reported or escalated safeguarding concerns. Staff escalated safeguarding concerns to the clinic manager and to the local NHS hospital safeguarding team. Staff told us the clinic manager or deputy manager escalated safeguarding concerns to their area head nurse when necessary. Staff gave us example where safeguarding concerns had been made. Staff raised safeguarding concerns and the consultant, staff, safeguarding team collaborated and patient was later transferred to a care home to ensure their safety. Staff told us they liaised with the GP, consultant and social workers if there were neglect concerns or thought a patient needed extra help. Another example was when staff raised concerns when a patient came in for dialysis treatment and observed to be unkempt or unwashed.
- Generally, staff knew how to recognise abuse and how to raise concerns. However, some staff were unclear on what safeguarding concerns will be and told us they discussed their concerns with the team leaders or manager if they were unclear.
- When we visited the unit during unannounced inspection we noted that staff have been sent a new e-learning safeguarding training and 75% of staff on duty that week had completed this training.
- Staff we spoke to during inspection did not know who their corporate safeguarding lead was. This meant when the clinical or deputy manager were not around staff were unaware who to escalate safeguarding issues with or to seek advice within the organisation.
- We noted that staff did not receive any safeguarding or clinical supervision. This was identified as a risk and was on their risk register.

## Mandatory training

- The mandatory training included health and safety, fire safety, infection prevention and control, hepatitis b immunisation, basic life support & automated external defibrillator, hand hygiene, information governance, preventing medicines error, anaphylaxis, medicines administration process, moving and handling and The Mental Capacity Act 2005 & Deprivation of Liberty Safeguards. The unit target for staff having completed their mandatory training was 100%. We reviewed the training matrix and noted 60 items were highlighted as mandatory training which showed overall 68%



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compliance. The unit was not meeting their target for practical moving and handling (88%), vascular access (87%), data security awareness level (75%), medicines (53%), fire marshal training (69%), immediate life support simulation (63%), blood-borne virus (93%), safeguarding adults (50%), Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (50%). The modules staff were compliant included and not limited to anaphylaxis, fire safety, hand hygiene, infection prevention and control, manual handling interactive, health and safety, legionella, hepatitis b immunisation, COSHH interactive, basic life support and automated external defibrillator. We noted that some of the mandatory training was carried out annually or three yearly. Staff told us some mandatory training was delivered face to face and some using the online learning modules. Staff we spoke with told us their training records were up to date.

- We noted some mandatory training was one-off and competency based; this included vascular access, water treatment, chronic haemodialysis integrated competency document for dialysis and health care assistants.
- Bank or agency staff were required to provide evidence of their mandatory training compliance from their employers. The clinic used the skills passport for their agency staff to track their mandatory training and appraisal which provided assurance of their skills and competence.
- Staff we spoke to told us the quality of the training received was good.
- Staff received automatic reminders by emails for their mandatory training.

## Assessing and responding to patient risk.

- Fresenius had a clinical incident reporting policy, which gave staff clear guidance for staff to follow for escalation of patient risk during specific circumstances. This included if a patient suffered a cardiac arrest or death in the unit, had an adverse drug reaction, acquired a bacteraemia or clostridium difficile or a data protection breach occurred. Staff we spoke with were aware of their roles in these circumstances and referred to the policy.

- Fresenius had a clinical risk management policy that advised staff on the management of clinical risk. Staff we spoke to were aware of the policy and process. The service used the commissioning NHS trust sepsis guidelines for the management of line-related sepsis.
- Staff received basic life support as part of their mandatory training and we noted 100% staff compliance. There was a basic life supporting simulation onsite that was an addition to their online training. Staff had a simulation exercise in April 2017 to help improve their skills and competency on basic life support. The simulation exercise report showed staff responded really well and were competent in responding to cardiac emergency. Staff basic life support training compliance was 100% and 63% compliance for immediate life support simulation. We noted both training was once a year and there were plans to change this to twice a year. Staff gave an example of where they have helped resuscitate a person who collapsed on the road.
- The unit had a strict admission, exclusion and acceptance criteria to ensure only patients that were clinically fit and stable attended the clinic to minimise risk.
- Staff recorded variances like falls risk, weight and changes in vital signs during dialysis in the patient records. This helped staff to plan for the next dialysis session and mitigate risk by identifying themes. The clinic also kept a record of these variances and which were reviewed regularly.
- The service had a policy that advised staff on steps to take when a patient missed a dialysis session. The service reported 508 dialysis patient failed to attend the clinic for the period of January 2016 to May 2017. The service reported they had 161 patients who were non-compliant to their dialysis treatment and care for the period of January 2016 to May 2017. Staff told us they faxed the hospital discharge co-ordinator, contact the patient, next of kin or contacts and the renal registrar at the local hospital when this occurred. We saw that staff understood how to respond and escalate their concerns when patients missed their dialysis session.
- The service had a process in place during emergency for who to contact at the local trust if a patient

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deteriorates. Staff understood their escalation process when a patient deteriorates or when there were concerns. Their first line of contact was the renal registrar and if there were urgent concerns they contacted the consultant. Staff had access to the consultant and renal registrar work phone at their local NHS hospital for advice when a patient deteriorate. Staff told us the consultant or renal registrar always pick up their calls during emergency and were able to advice them during emergency. There was also a process in place for staff to call the 999 for emergency when a patient deteriorates or when it was after 6pm and the doctors were unavailable. The unit reported no cardiac arrests for the period of 2016/17. Patients we spoke to told us staff responded appropriately when risk were identified. Also they felt safe and received their AV fistula surveillance monthly.

- We noted that the clinic did not use an early warning score to identify when a patient deteriorates. Staff had not had any training on the national early warning score (NEWS) or any other similar system and could only describe when they felt patient was unwell and not deteriorating. We saw that the lack of an early warning score was identified as a risk and was on their risk register. Patients' blood pressure was recorded at regular intervals during dialysis treatment and while respiratory rate and temperature were recorded routinely. We noted that the alarm setting on the dialysis machine were personalised to each patient and would indicate any variance to the patient normal reading. However, we were not fully assured staff were able to recognise if a patient deteriorated whilst on dialysis. Staff told us they escalated to the renal registrar if there were concerned about a patient and dial the 999 service if a patients clinical observations was a concern.
- We noted that the clinic had a patient concerns register which was implemented in April 2017 to enable staff to assess patients risk assessments and record any patient concerns. We saw that no concerns were raised in 2016 however staff raised one patient concern in 2017. The concerns related to a patient who was missing their dialysis session once a week. Fresenius had a DNA policy that guided staff on what to do when patient missed their treatment.

- The unit had a first aid box and two resuscitation trolleys to use during emergencies. The resus trolleys were located in the centre of the dialysis treatment areas next to the nursing stations which made them easy to access during emergencies. We saw that staff checked the trolleys daily, the trolley contained the first and second line emergency drug box which were both in date. We noted that the defibrillator and suction machine were both in order and the oxygen cylinder was full. We reviewed the resuscitation equipment checklist for the period of March to May 2017 and noted this was checked daily by staff.
- We reviewed patient records during inspection and noted that staff completed an evacuation plan each patient in case of emergency.
- We saw that each patient had a named nurse and their weekly risk assessment, patient education and monthly bloods were carried out regularly, which allowed staff to assess, identify and respond to risk appropriately.
- Patients who became unwell during their dialysis treatment were assessed by staff and transferred to the nearest emergency hospital by ambulance. There were six patient transfers to another healthcare provider in the 12 month reporting period. We noted this figure was lower compared to other similar clinics.
- Staff responded and referred patients to the hospital that had problems with their line access. We noted that staff made referral to the NHS Trust access time immediately they identify problems with a patient line access. Staff told us they have not had any problems with referring patients for their line access as they had direct contact with the access team, consultant, matron and renal team. We noted that the clinic had a log that recorded the dialysis patient that had problems with access to their lines. We noted there were 31 patients with access problem for the period of January to April 2017. The access problem were mainly related to arteriovenous fistula (AVF) line not working, stenosis, lines removal, dopper or clot. We noted that patients were referred to the hospital for their line to be reviewed or for surgery. Seventeen patients had access problems in April 2017 and three of the patients were given an appointment or procedure date. The patients with line access problem for the period of January to March 2017 had all been

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resolved. Staff told us the log helped them to identify the patients that had line access problem and to make timely referral or follow up with the hospital and this process helped manage patient risk effectively.

## Nursing and support staffing

- The unit employed three dialysis assistants and 12 full time dialysis nurses which included the clinic manager and deputy manager. There was one nurse vacancy post during inspection. The data submitted showed two nurses and one dialysis assistant were employed in the unit and one staff member left the service within the last 12 months.
- There was low turnover of staff and the staff sickness rate for the service was low at 2% in the last 12 months reporting period.
- The unit worked to a predetermined staff to patient ratio (1:4.5) and skill mix as defined by local the contract with the NHS trust. Staff told us the service ensured compliance with the staffing ratios with their e-rostering system that was approved by the regional business manager. In addition, the clinic manager reviewed the staff rota daily to ensure adequate staffing based on the number of patients attending dialysis or when there was staff shortage. When a staff shortage was identified the manager used the permanent staff, their flexi bank staff or external agency staff to cover the shifts.
- The local hospital monitored the staffing levels and head counts of the clinic during the monthly unannounced audit. We reviewed the audits results which showed the service have been compliant with their set staffing levels.
- Staff were supported by the clinical manager who was supernumerary. The clinical manager was entitled to 100% management hours and did clinical hours as part of these hours to update their skills or cover shifts when staff were sick or on annual leave.
- Staff told us if a member of staff was sick they normally called a day before shift to ensure the shift was covered. If the clinical manager could not cover the shift other nurses on days off or due to start the next shift were contacted. If they were unavailable the managers will contact the bank staff or agency for cover.

- We noted that the unit used three bank staff for 12 shifts in the period of March to May 2017. Staff told us they rarely used bank and agency staff in the clinics as the shifts were fully covered. However they had one shift which was not filled during the bank holidays. Staff called in sick on a bank holiday and the service was unable to find a permanent, agency or flexibank staff that bank holiday. We noted that the clinical manager or deputy manager were not on shift that day to cover the staff sickness. However, staff told us that patients care were not compromised on that shift.
- Staff told us the unit now used one agency company compared to previously when they used four agency companies. The use of one agency has helped ensured patients were familiar with the agency staff and they were familiar with the unit, their policy and procedures.
- Staff told us that the unit would be more efficient with health care assistant support. Staff said they need health care assistant to perform routine tasks such as making tea for patients. This would allow nurses to have more time caring for patients' and performing nursing duties. Staff told us the organisation was currently trialling health care assistants or housekeepers at other units.

## Medical staffing

- Medical care was provided by the local NHS trust and the unit had an allocated renal consultant and registrar. The renal consultant attended the unit weekly for clinics where patients were assessed and reviewed. The consultant and registrar were available to be contacted for advice through emails or telephone outside the weekly visit. The nursing and medical staff told us they had daily contacts with the medical staff for advice.
- The consultant reviewed and monitored each patient monthly in the clinic. This system ensured patients were seen when they attended for their dialysis treatment. Sometimes patients would be required to attend on a day that was not their routine dialysis day if the consultant was not available.
- The renal registrar was the first line to be contacted for any advice or for urgent patient referrals. The unit had a protocol an escalation pathway in place for this.



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- Staff told us Fresenius had a medical director that senior staff could also seek their advice on dialysis issues or concerns.
- The trust's medical team assessed new patients on dialysis at the hospital before referral and when ready to be transferred to the units.

## Emergency awareness and training

- The service had an emergency preparedness plan for staff to use in an emergency and during situations that posed or had already caused a serious risk to people health, life, property or environment. We saw that this plan was reviewed annually and observed the emergency kits were placed in the nurses' station and main unit reception, which was in line with their policy. The emergency preparedness plan also advised staff on calling 999 during emergencies. We saw that staff were aware of this plan and their role and responsibilities in delivering the plan. The plan also detailed what to do during fires, power failure and water leak.
- Staff gave us examples where the nursing and medical staff had ensured patient safety and acted during unexpected emergencies. For example, last year when there was a flood in the clinic, dialysis patients were transferred to other dialysis clinics to receive treatment for a number of weeks until the flood issues were resolved. Staff told us the flood lasted for approximately 2.5 weeks. Staff told us they had to contact every patient that were due to come the next shift and days and signposted them to nearby clinic for their dialysis treatment.
- We saw that staff knew what to do during fire emergencies. Staff knew how to raise the fire alarm, escalation process and where the access points were. Staff completed fire safety training with 100% compliance noted during inspection.
- Staff had an emergency evacuation drill in February 2017 and it was noted that staff failed to call for help and one staff was unsure of where to go, as that was their first evacuation drill despite having induction on their first day in the unit. The manager carried out a recent emergency evacuation drill and it was noted there was an improvement from staff and they responded appropriately during the drill.

- The patients record we reviewed all had a personal emergency evacuation plans which detailed individual assessments of patients mobility needs if they required emergency evacuation during dialysis treatment.
- The clinic had two evacuation chairs available to use during emergency.

## 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

- All Fresenius policy, protocols and procedures were reviewed yearly and developed in line with national guidance, standards, legislation and good practice. This included the National Institute for Health and Care Excellence (NICE), Fresenius Infection Prevention and Control Policy, Fresenius Decontamination Policy, National Service Framework for Renal Services and the Renal Association. The unit mainly used the Fresenius policies and some of the local NHS trust policies such as prescription of erythropoietin and iron management. There were processes in place to check the hospital policies used were in date and senior staff told us if they became aware any of the hospital policy was not updated then they did not use it and referred back to their own policy. The unit received the local hospital annual review and their updated protocols and policies. Also, the unit told us they used the Fresenius protocol if they observed the organisation protocol was more detailed and comprehensive than the hospital. For example, the Fresenius post-holiday protocol advised staff to isolate patient for 12 weeks which was more comprehensive and extended compared to the local hospital of eight weeks isolation.
- Staff completed individualised care pathways and had access to the treatment prescriptions for the dialysis patients in the unit. We noted that the pathways and treatment prescription were based on relevant

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national guidance. We saw that patients' pathways were included in the patients' healthcare record. For example, fluid management, specialised renal medicines and line access.

- Staff told us they used and followed the Nephrocare dialysis standard and Renal Association guidelines to inform their practice. Staff we spoke to said they also used evidence based research and guidelines on fistula care and central vein stenosis (CVS) to inform their practice and care of patients. The unit had a systematic system in place to ensure dialysis patients vascular and arteriovenous fistula were monitored and maintained which was in line with NICE guidance (NICE QS72 statement 4 and 8). We saw evidence which showed the unit monitored and referred patients with line access problem to the hospital.
- We saw that staff followed best practice, guidelines when connecting, and disconnecting patients' lines from the dialysis machine. Staff maintained aseptic non-touch techniques during procedure, flushed the needles with saline before connecting patient to the dialysis machine and we saw that no air was noted in the needles and during cannulation.
- Staff we spoke with told us the unit had an International Standards Organisation (ISO) accredited integrated management system (9001) which ensured all policies and procedures supported evidence-based practice. This worked alongside an annual review requirement which was stated as providing assurance that the evidence base is current.
- The service had a pathway for hypoglycaemia and hyperglycaemia that the staff were aware of. We saw evidence that staff followed the hypoglycaemia and hyperglycaemia for diabetic patients.

## Pain relief

- Staff accessed and managed patients' pain control needs appropriately on each shift. Patients' routine paracetamol prescription were prescribed as 'to be administered as necessary medication' and to be given when needed at each clinic.
- Patients we spoke with told us the nursing staff asked if they were in pain and felt their pain control was well managed.

- Staff completed pain competency and had access to the palliative medicine management in their local NHS hospital.

## Nutrition and hydration

- We noted that staff assessed and managed patients' hydration and nutritional needs appropriately using the malnutrition universal screening tool (MUST). Patients were weighed before and after their dialysis treatment that formed part of their assessment and treatment prescription.
- Patients with renal failure had a strict diet and fluid restriction and had access to the local NHS hospital renal dietitian. We noted that the dietitian visited the clinic to review patients nutrition, hydration and blood result. We saw that staff also referred patients to the dietitian where necessary.
- Staff also advised patients on the diet restriction and fluid intake. Patients had a monthly discussion with their named nurse on hydration and nutrition. The discussion included health education and promotion around their diets. During inspection, we saw that the unit had posters on patients diet and fluid intake to empower them to take control of their nutrition as well as seek advice when necessary.
- The service offered patients refreshments such as biscuits, sandwiches, water and tea to patients during their treatment. Patients could also bring their own food and drink to the clinic. Following the inspection the provider informed us that the commissioning NHS trust had written to all the patients and advised that sandwiches will no longer be provided to them from the 3 July 2017. This was a trust initiative to improve efficiency and to remove an area of inconsistency as not all of their other satellite dialysis units were providing this service.

## Patient outcomes

- The unit clinical manager, senior manager and consultant held monthly quality assurance meetings to monitor patient outcomes. Patients' results and treatment were captured by the clinic and hospital.
- The unit monitored patients dialysis vascular access monthly which included dialysis catheter, arteriovenous graft or fistula. We saw evidence that patients with vascular access problems were referred

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to the hospital and the unit monitored their appointment date. For the period of January to April 2017, 31 patients were reported to have problem with their vascular access problem. The access problems were mainly related to the arteriovenous fistula (AVF) line not working, stenosis, lines remover, dopper or clot. The patients with line access problem for the period of January to March 2017 have all been resolved during inspection.

- The local NHS hospital carried out a monthly audit of the unit to monitor performance. The April 2017 audit highlighted that staff should be proactive in delivering patient needs as patients felt there were delays in putting them on the dialysis machine.
- The clinic participated in the 2016 renal peer review through their commissioning NHS trust. The local NHS trust and the dialysis units attached to them were inspected during the peer review. The review findings indicated general findings of the trust and Purley dialysis unit. The findings of the review showed patients' outcomes were excellent, no immediate risk identified and patients rated the services highly. Patients commented that their feedback was sought and staff were friendly, approachable and were like their extended family. The results also showed that "patient education was impressive". The findings showed patient information sheet and leaflets at Purley were good including the named nurse booklet. The audit concerns included variation in practice between the unit and the NHS trust in the withdrawal of dialysis and diabetic care. Also, the hospital clinical guidelines were not available to staff at Purley. During inspection we noted that the unit had paper copies of some trust guidelines and policies such as anticoagulation on haemodialysis and line-related sepsis guidelines.
- The unit reported 508 non attendances for the period of January 2016 to May 2017. These were for a variety of reasons; some patients were admitted to the hospital or patients chose not to attend.
- The service sends their key performance indicators (KPI) to other units every quarter. The service benchmarks themselves (such as staff appraisal status

& NMC validation, staffing, vascular access, incidents and patient survey) to other six dialysis unit attached to their commissioning NHS trust. We saw that the unit met all KPIs.

- The unit did not directly submit data to the UK Renal Registry; this was undertaken by the 'parent' NHS trust. The data from the Purley unit was combined with the NHS Trust data and submitted as one data set. This data set included patients under the direct care and supervision of the trust.
- Clinical outcomes for renal patients on dialysis can be measured by the results of their blood tests. The blood results were monitored on a monthly basis before and after dialysis treatment as directed by the NHS trust and in accordance with the Renal Association Standards to audit the effectiveness of treatment. Results were collated on the database used at the unit. The data was available for the clinic manager and consultant to review so they could see individual patient outcomes.
- The results showed how the unit performs in the achievement of quality standards based on UK Renal Association guidelines. We reviewed results of the blood tests for three months from February to April 2017. These comprised of a number of outcomes, for example:
- On average just over 93% of patients had effective dialysis based on the rate blood passed through dialyzer over time.
- The average URR for the patients at the Purley Dialysis Unit from February 2017 to April 2017 was 96% which was better than the Renal Association guidelines 65% target. Patients with these levels of waste reduction through dialysis have better outcomes and improved survival rates.
- We also looked at the standards that indicated patients' haemoglobin (Hb) was at safe levels. Anaemia can be a complication of renal failure and dialysis associated with increased risks of mortality and cardiac complications. From February to April 2017, the average number of patients with the NICE recommended target of Hb was 65%. This meant the

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other 35% of patients had lower Hb levels. Where patients had low levels they were given injections of a stimulating agent to help their body produce more blood cells.

- Potassium levels in the blood were monitored as part of the Renal Association standard. From February to April 2017, 97% of patients had potassium levels within acceptable ranges. However, an average of just 3% of patients had high levels of potassium that was greater than the expected range. The high level can cause acute cardiac problems.
- In the period of February to April 2017, outcome standards for the unit showed 100% of patients received haemodiafiltration (HDF) treatment. This was a more effective treatment for kidney failure.
- From February to April 2017, we saw 99% of patients who attended three times a week were dialysed for the prescribed four hours treatment time. This was more than the minimum standard of 70%. It also meant that only 1% of patients did not have the prescribed four hours of treatment.
- In the 12 months leading up to our inspection, 100% of patients received high flux dialysis. High flux dialysis is a form of more effective clearance of the waste products and fluid. High flux dialysis helps delay the long-term complications of haemodialysis therapy.
- The unit monitored treatment variances such as cannulation problems, clotting, high and low blood pressure, changes in procedure, machine malfunctions and patients who did not arrive for dialysis. There were a total of 691 variations in 2016 and 278 variations for the period of January to May 2017. These results were used to look at issues and make improvements where possible.

## Competent staff

- All nurses had an induction and competency pack. Staff could access training through e-learning and were offered some face to face training at the regional office. Preceptors trained new staff and recorded training in their integrated competence document.
- Staff told us that the flexi bank and agency staff had received training on the 5008 dialysis machine.

- Staff told us they had a good process for continuous professional development (CPD).
- Staff received an annual competency reassessment to assess their skills and ensure their competence. All staff we spoke with had had their reassessment. We reviewed four staff annual reassessment records and noted that staff were included in the reassessment process. The annual reassessment competencies included staff self-declaration of their competency, demonstration of the skills and competence and peer review completion. We noted that the senior management also had an annual competence and peer review from the chief nurse and other clinical managers. The annual competence of staff were signed off by the clinical manager, deputy clinical manager, team leaders and peers.
- New staff and qualified nurses had access to an induction and preceptorship programme. Staff told us they received a “lot of learning” during induction and they had a well-structured preceptorship which facilitated their learning and competence. Staff told us where issues were identified on staff competency they received one to one support and supervision from the clinical manager.
- Staff received mentoring from senior staff on administering medicines, access competency and use of the dialysis machines.
- We noted that three of the nursing staff had completed their renal training course and one member of staff was going through the sponsorship process. Staff told us it was very easy to access training and managers advised them on training or courses that will help develop their skills and competence.
- Registered nurses were required to comply with a new yearly revalidation process since April 2016. We inspected staff records and saw that staff had completed their revalidation which ensured that nurses were fit to practice and able to provide a good level of care. The management monitored staff registration pin with the Nursing and Midwifery Council (NMC). The manager had a record of staff registration pins and renewal and we observed that all staff pin were up to date.
- The human resource department conducted enhanced Disclosure and Barring Service checks

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(DBS), reference checks and occupational health assessments for all staff before they resumed their post. The clinic manager used DBS checks to ensure that people are fit and proper to work with vulnerable people. All staff records reviewed during inspection had their DBS checked.

- We noted that all senior nurses and three of the junior nurses were link nurses for hepatitis b, infection control, access, training and coordinator and holiday coordinator.
- Staff told us there was available support from the local and corporate managers to facilitate their competence, skills and development. Staff told us they were encouraged to attend training and had access to the mentorship and renal courses. Two staff had completed their renal training during inspection and while a staff was currently enrolled on the renal course.
- The service used a corrective approach and preventative approach if there was any deviation in audits and staff competence. Following audits result and if there were poor outcomes staff were supported through additional training and supervision.
- Staff told us they also received training from the local NHS hospital when the hospital introduced a new protocol or competence which they were unfamiliar with for example connection and disconnection procedure.
- All staff had an annual appraisal which was a two way process to plan future training and development needs. The data submitted by the clinic showed 100% appraisal rate for the dialysis assistants and 80% for the dialysis nurses. Staff we spoke to during inspection had all had their annual appraisal.
- Staff were updated regularly on their clinical practice and competency through the corporate clinical update and learning bulletin. For example, we saw that the April 2017 clinical update advised staff on needle dislodgement process and how to report this incident. We noted that a learning bulletin was sent to staff or shared learning following serious clinical incidents. The March 2017 learning bulletin covered clinical practices like medical device training, cleaning

and disinfection and access and connection security. Staff told us the updated sections in the clinical update and learning bulletin kept them up to date on their practice.

- In staff meetings, staff discussed things that arose from the MDT and reviewed their progress against key performance indicators to discuss how to improve their competence and performance. We reviewed some of the staff meeting minutes and noted that policies, lone working, handovers, recording emergencies in the diary, clinical practice, escalation process, next of kin, staff level, complaints, compliments, medicines and incidents reporting were discussed.

## Multidisciplinary working

- The MDT team consisted of the consultant, nursing staff, clinic manager, matron, vascular, holiday coordinators, access team, psychosocial team, dietitian, pharmacist, anaemia nurse and the mental health nurse who staff contacted for any mental health or social issues.
- Staff we spoke to during inspection were happy with the multidisciplinary team (MDT) working within the unit and could access clinical help and advice from their colleagues and the commissioning NHS trust. There was good communication, referral process and access to information through their MDT working.
- The clinic manager and deputy clinic manager attended a monthly multidisciplinary team (MDT) meeting which was referred to as the quality assurance meeting with the commissioning NHS trust. Staff in the unit and the hospital told us they had good working relationship, helped each other a lot and had good engagement and collaboration. We saw evidence the clinic manager, consultant and hospital matrons worked effectively together to improve care and patients outcomes. Staff told us they discussed areas they need to improve on based on the CQC key lines of enquiries during their MDT meeting. We saw evidence of good MDT working. For example, a dialysis patient identified to be anaemic was discussed during their MDT meeting and the consultant later referred the patient to the specialist team at the commissioning NHS trust. Staff told us of another incident involving a psychiatrist, counselling service



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and social services. We saw another example of where the MDT have worked collaboratively to assess if a patient a patient was fit to continue receiving dialysis treatment in the unit. The MDT which included the hospital specialist, nursing home representative, GP and social worker. Mental capacity test and capacity assessment were carried out to inform the MDT decision making. Decision was made for the patients to be transferred to another dialysis clinic that could care for the patient appropriately.

- The MDT reviewed patients' blood result, progress and general condition at the monthly quality assurance meeting. All changes to patients' treatment parameters or referrals to other services were coordinated by the clinic manager and reported to the clinical staff for further action. Patient concerns register were shared and discussed at the quality assurance and MDT meeting..
- The service had an access team through their service level agreement with the trust that helped if anyone had problems with their vascular access. We saw evidence that patients with vascular access problem were referred and seen in a timely manner. The nursing staff worked collaboratively with the fistula service team at the local NHS hospital. The fistula team were responsible and managed the patients' dialysis with non permanent lines and those who had a clear plan to convert those wherever possible.
- The matron from the local NHS hospital visited the unit monthly for their MDT meeting, monitored the service performance, and spoke with the patients. The matron conducted a monthly audit of the unit during this visit and fed back directly to staff and managers as part of their continuous communication and audit trail. If there were issues with the patient transport or patient violence and behaviour the matron worked alongside the unit staff, patients, relatives and transport staff to address the issue.
- The matron attended a quarterly meeting with the Fresenius lead and nurses to discuss key performance indicators (KPI) and issues. The clinical director and business managers from Fresenius attended the KPI meeting. Staff described good communication with the hospital and they were able to call or email about issues such as transfer and received prompt

responses, which ensured patients' needs and treatment were not compromised. We saw evidence that the KPI meeting took place regularly and the last meeting was in March 2017.

- The unit also had a liaison with a local care home and we saw evidence that patients treatment, change in medicines or health were discussed with the care homes.
- The renal consultant from the commissioning NHS trust held weekly clinics at the unit mostly on Tuesdays which ensured collaborative working with patients and nursing staff. However, the consultant held clinics on Wednesdays if there were urgent issues that could not wait until the Tuesday clinic. Patients who were stable and had no concerns with their dialysis treatment were reviewed. The nurses and consultant were able to discuss, plan and escalate issues or concerns about the patients care and treatment at this clinic. The consultant or registrar received daily emails and at least once daily phone calls from nursing staff. Also patients sometimes call the consultant through the medical secretary.
- The trust dietitian attended the clinic regularly and we saw the dietitian reviewing patients during the inspection. The dietitian liaised with staff following their patients review for nursing staff to follow up on patients nutrition and hydration. Staff told us they worked well with the dietitian, psychologist, social worker.
- The unit worked alongside patients' general practitioner (GP) to deliver care. Staff told us where they had concerns regarding a patient this was discussed with the GP who does the referral for additional support and the renal consultant was informed.

## Seven-day services

- The unit was open from Monday to Saturday. The unit ran three dialysis sessions on a Monday, Wednesday and Thursday. Two dialysis sessions ran in the morning and afternoon on Tuesday, Thursday and Saturday. The evening sessions enabled people working or studying to be able to receive their dialysis treatment.

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- The unit had capacity to increase the number of patients attending dialysis treatment during these hours. Therefore, they were no plan to extend their opening days.

## Access to information

- Fresenius had a 'Patients request for access to their health care record policy' that advised staff and patients on the process for patients requesting and having access to their health care records.
- The unit used the Fresenius Medical Care patient treatment database. Staff told us patients had access to the database.
- The unit did not have an electronic system that allowed access to all dialysis treatment of the NHS trust system. However, the unit consultant had access to the system and updated staff regularly during the weekly clinic or contacted them via call or email if there were urgent updates and changes to the patient treatment.
- The consultant visited the clinic weekly and both patients and staff were updated on any changes to patient treatment, care or prescription. The patients' medical records from the clinic were stored at the clinic and nursing staff had access to the records. The consultant had access to renal database and other departmental notes from the hospital during the clinics or MDT meetings.
- The unit had access to the discharge summary and hospital prescription chart for the patients following their referral or discharge from the hospital. Staff told us patients were not accepted into the unit until their discharge summary was received and there were rarely delays in receiving this.
- The service offered dialysis to patients from out of area who may be on holiday. We saw that arrangements for referrals were through Fresenius head office or through the patient's own hospital to the dialysis clinic. Staff provisionally allocated dialysis space availability that was subject to receiving completed documentation and medical approval and acceptance. The unit treated the patient as high risk and ensured all relevant information were gathered that related to the holiday patient, to reduce risks to other patients.

- The unit did not have a renal patient view, which is a system that allowed patient to be able to access their own blood result. Staff told us the hospital and the unit both received the blood result of patients.
- Staff including the agency and bank staff had access to the unit and local NHS hospital policies and procedures online. The unit policies were reviewed yearly.

## Equality and human rights

- From 1 August 2016 onwards, all organisations that provide NHS care were legally required to follow the Accessible Information Standard. The standard aims ensure that people who have a disability, impairment, or sensory loss are provided with easy to read information and support to communicate effectively with health and social care providers.
- Staff told us that the unit did not provide care for patients with learning disabilities or those living with dementia and the majority of patients who required additional support received their treatment at the commissioning NHS trust where staffing numbers were higher. Patients with complex needs were assessed by the trust prior to making a referral to the centre for treatment to ensure that they received their care and treatment in the most appropriate location.
- The Workforce Race Equality Standard (WRES) is a requirement for organisations that provide care to NHS patients. This is to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The dialysis unit was located in a culturally diverse area and staff employed by the service reflected the diversity in the local area.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The unit had a policy and process in place for patient consent. All staff were aware of their roles and responsibility in relation to obtaining patient consent.
- Patients were required to sign a consent form for their dialysis treatment after they were referred from the NHS trust. All patient records reviewed during inspection had a signed consent form. Staff told us

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and we saw that staff gained verbal and informal consent from patients before giving care and treatment. Staff also gained consent from patients before contacting their relatives.

- We saw that a completed consent form highlighted that the patient wish for their relative to act as their interpreter when needed in future. Staff we spoke to told us they have not had to use the patient relative as an interpreter yet. However all patients had access to the translation service at the commissioning NHS trust and care home.
- We had mixed responses from staff about the service caring for patients with dementia. We were not reassured staff could identify or support patients living with dementia. Senior management told us they did not have a patient with dementia during inspection. Staff told us they had patients with dementia in the past who no longer received treatment in the clinic. However a staff told us they currently had a patient with mild dementia who also needed an interpreter. Staff told us an interpreter was used when delivering care for the patient. There was no clarity if the mild dementia was diagnosed or staff interpretation of patient's condition.
- We observed that patient capacity assessment was carried out in the clinic. All patients record we reviewed had a completed mental capacity assessment. Staff we spoke to told us the consultant reviewed patient capacity during their monthly reviews.
- Staff had received training on the Mental Capacity Act (2005) and virtual training on the Deprivation of Liberty Safeguards training. Staff told us they did not see and care for patients who lacked capacity. During inspection we noted that all patients attending the clinic had capacity to make decision in relation to their treatment.
- We noted that not all staff were aware of DOLS. The training matrix showed 50% staff compliance on DOLS training.

## Are dialysis services caring?

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

### Compassionate care

- Staff understood the impact of chronic renal failure and dialysis treatment on patients' personal life and their family. Staff told us many of their patients had been attending the clinic for years and they had got to know them well. This helped staff to understand the impact dialysis and chronic disease had on their patients' emotional, social, cultural, and holistic wellbeing.
- Staff showed empathy and compassion when delivering care to patients. We observed staff were caring, kind, smiling and interacted appropriately with patients when delivering care to them.
- Patients spoke positively about their care and treatment from the nursing staff, medical staff and allied health professionals. They told us they were treated with respect and kindness at all times.
- We saw and staff told us there was a quiet room for patients to have confidential discussions about their care with nursing staff or other MDT staff.
- Specific comments made by patients included "privacy and dignity respected", "fantastic staff", "staff are lovely". "my privacy was maintained", "can have my privacy if I want as there is a curtain to pull around", "no complaints", "drivers excellent", "excellent staff- 10/10", "wonderful nurses", "everything is fine, I am happy".
- The clinic's 2016 patient satisfaction survey results showed 98% of patients felt their confidentiality was respected by staff and 92% commented they were treated with dignity. The survey showed 84% of patients were likely to recommend the clinic to friends and family in need of dialysis. We noted that the survey result was displayed in the unit
- Patients who had attended the clinic for couple of years told us the dialysis staff and other patients were now like family to them.



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- Patients had their clinic with the consultant by their bedside during dialysis with the curtains drawn round to maintain their dignity and privacy which they found convenient and effective. Patients and staff told us patients were given the opportunity to use the clinic consulting room if necessary or requested to ensure confidentiality and privacy.
- Chaperoning was available to patients during the consultant clinics. Nursing staff working in the clinic offered this service to the consultant and patient when needed.
- We noted that the clinic received two complements in 2017 and one compliment in 2016. A patient complimented the nursing staff for how well they had been treated.
- As part of our inspection, we asked for people who used the service to give feedback through the CQC comment cards. The 12 CQC comment cards, which were completed shortly before and during inspection, were complimentary about the staff and service provided. Patients were consistently positive about how friendly and helpful staff were. Specific comments included “The nurses are always welcoming and friendly”, “willing to give any extra help if asked to”, “staff are caring, cheerful, patient”.

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

- We noted that the service used a named nurse process for the patients. The named nurse had a formal process for having a monthly discussion with patients about their care and treatment. This process ensured each dialysis patients had a named nurse who fed back patients treatment plans and clinical result like the blood test result to them. Patient told us they often saw the same nurse who taught them about their condition, and they could ask any questions.
- Patients were empowered to take responsibility for their treatment and nutrition. Staff encouraged patients and their loved ones to participate in their care and treatment. Patients were encouraged to weigh themselves prior to dialysis and inputting data to the dialysis machine.
- We observed staff discussing patient’s prescriptions with them patiently and took their time to answer

their questions. We saw that staff gave patients adequate information and discussed alternative options needed about their care, for example dietary options.

- We saw that patients had access to the dietitian who visited the clinic regularly. We observed the dietitian and patient spoke openly about their care and treatment and with action plan given to the patient. Patients told us they felt involved in their care.
- Patients told us staff involved them in their care and spoke to them in ways that allowed them to understand their treatment. Specific comments included “good communication regarding their care and treatment”, “staff gave me print out of my result”. “I receive education regularly from staff about my health and dialysis treatment”. “nurses are good, can ask them anything about the machine and they arrange for me to see the doctor if needed”. “nurses and dietitian give me advice on eating and fluid intake, I can call the unit if I need to for advice”.
- We received patient feedback from the CQC comment cards completed before and during inspection. Patients commented that staff explained things clearly to them and answered their questions patiently. Patients felt listened to and staff met their needs.
- Patients generally told us that the consultant was accessible to them, however a patient felt the consultant could be more visible in the clinic.
- Patients were given information leaflets about their treatment and condition. Patients new to dialysis or unit were given additional time and support before treatment by staff. Staff discussed the common risk, side effect and benefits of the treatment that was in the information leaflet given to them.
- Staff told us all new patients referred to the unit were encouraged to visit the unit with their family or loved ones.
- Patients we spoke to told us staff discussed their treatment and any changes with them. Also, they felt comfortable to approach staff and ask questions.

## **Emotional support**

- Patients had access to a social worker and psychologist. Staff told us if they identified any person

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with emotional issue, they referred them to the consultant, who then referred patients to the psychologist. Patients with financial or social issues were referred to the renal social worker for support.

- Staff showed kindness and understanding to patients. Staff told us they allocated a side room if available to new or anxious dialysis patients to help them settle in to the unit. They also ensured they spend time talking to them to reassure them.
- The unit used a named nurse approach for each patient to ensure on-going support. The named nurse gave patients and their relatives support and time to discuss their care, treatment and other issues that impacted on them. We saw that nursing staff encouraged patients to go on holiday and access support networks.
- The unit had a patient representative on each dialysis shift which enabled patients to discuss any issues or access support. We also noted that the unit held regular meetings with the patient representatives who then fed back to the patients in the unit. The comment received from the CQC comment cards showed that most patients knew their patient representative. However, some patients we spoke with were not aware of who their patient representative was.

## Are dialysis services responsive to people's needs?

(for example, to feedback?)

### Service planning and delivery to meet the needs of local people

- Purley Dialysis Unit was contracted by a local NHS trust to complete dialysis treatment. The local trust renal unit and consultant nephrologist team for haemodialysis treatment referred patients. The unit ensured patients referred and accepted for dialysis treatment were assessed, medically fit for satellite treatment and lived within the local area.
- The unit reported progress of the service delivery against established specifications at their monthly

contract review meetings, quality outcomes and key performance indicators. The senior clinic staff and managers at the unit attended the monthly meeting at the local NHS trust.

- The service ran the dialysis sessions at different times of day to meet people's different needs. There were three sessions on Mondays, Wednesdays and Fridays and two on Tuesdays, Thursdays and Saturdays. The third session on Mondays, Wednesday and Fridays was an evening session. Staff told us this session was popular with a lot of patients who worked. Staff said that the service was usually able to meet patient's needs in terms of their preferred session. However, they said it could sometimes be challenging to fit a patient in a session they requested if it was full. Staff said that sometimes other patients were willing to change their treatment day or time to accommodate this.
- Patients had access to free car parking on site and a nearby offsite car park. There were three dedicated car park bays available in the clinic building for the ambulance or transport team to park when dropping or picking up patients following dialysis. Patients who drove to the unit also had car park spaces available to them. Patients could also access a nearby car park through a walk bridge that was connected to the clinic building. Patients could access the walk bridge to the car park using the stairs or lift. Staff told us and we observed that this car park across the road had over 200 car parking space and there were designated bays for the dialysis patients at the nearby car park. Some patients drove to the clinic for their dialysis and told us they had no difficulty finding available car parking space.

### Access and flow

- The unit received referrals from the commissioning NHS trust who contacted them if there were new patients that they wanted to transfer into the clinic.
- There was a process in place for patients to be assessed for suitability before being accepted for dialysis in the clinic. The acceptance criteria and priority was to ensure the patients accepted were physically well enough for satellite treatment and they lived in the local area. Staff told us all the checklist criteria must be satisfied before the unit accepted a patient referral. We saw the hospital and unit followed

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the service criteria process, referral and acceptance. Patients were assessed for their appropriateness to receive treatment at the unit by the commissioning NHS trust. There was a pre-dialysis clinic at the hospital where patients were thoroughly assessed before transferred to the clinic. There was a two week assessment period from the hospital to check patients were suitable before transfer to clinic. The overall process from referral by the trust to being accepted in the unit was approximately four weeks.

- The unit received patients' paper work from the hospital and ensured they found a slot that met the patient needs before accepting the referral. The unit accepted patients over 18 years who had functioning haemodialysis vascular access, were clinically stable for satellite treatment and had medical approval from the consultant nephrologist.
- The unit also checked the patient recent medical test and if satisfactory, they can admit the patient same day for their dialysis treatment.
- The service did not accept patients who were not clinically stable, even if they lived nearby. The service did not take on patients with hepatitis b but accepted patients with hepatitis c and HIV, which was in line with their policy.
- Purley dialysis unit accepted holiday patients from another dialysis unit if they had capacity for a side room. They treated these holiday patient for 12 weeks in the side room before transferring them back to their local dialysis unit.
- The local NHS trust booked the patients' first dialysis treatment at the clinic. Patients were allowed to visit the unit prior to starting their treatment to help familiarise themselves to the unit. However, the unit told us the first time the clinic had contact with patients was when they came for dialysis as most patients declined the invite to visit the clinic before their treatment.
- Patients were orientated on their first day in the clinic. This involved showing them their chair, the card system for patients to weight themselves, introducing each nurse and educating patients about the clinic and the nurse's role.

- Staff told us they had a good referral system and there were rarely delays in the referring process. Staff told us if they had a delay in accepting a referral it was they tried to ensure the patient's needs were met. For example, if a new dialysis patient that was referred required an evening dialysis session and there was no available space, staff said they approached other dialysis patient to find out who wanted to swap their dialysis session and this might take a day or two days.
- We noted that the unit had capacity to accept more dialysis patients. During inspection we observed the unit had no waiting list for treatment and staff told us this was consistent. The unit level of utilisation for the period of November 2016 to January 2017 ranged from 72% to 74%. There was a three-shift system on Monday, Wednesday and Friday, and a two shift system on Tuesday, Thursday and Saturday.
- The service had six patients who were transferred from the service to another health care provider in the last 12 months. Staff told us the transfers were all unavoidable as the patients required consultant assessment.

## Meeting people's individual needs

- The unit had a flexible approach for patients dialysis sessions and were able to change dialysis days and or times to help accommodate external commitments, appointment or social events patients might have.
- Patients were allocated a dedicated appointment time for their dialysis that considered their social care, work commitment, length of journey to the unit, number of hours and days of dialysis and day slot availability for the elderly, vulnerable or those with more complex care needs.
- All bed area had a call bell and patients told us staff responded promptly to the call bell when used.
- During inspection we observed that staff had a name badge on their uniform which helped patients and visitor to identify them when needed.
- Staff had access to dietitian at the clinic who visited regularly. The dietitian gave dietary advice to patients and discussed the possible foods they could eat and the alternative options available to them.

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- Staff offered patients refreshments such as biscuits, sandwiches, water and tea during their treatment. Patients and staff told us that patients were allowed to bring their own food and drink while having their dialysis treatment.
- Staff sought the religious needs of their patients and were aware if a patient did not want blood transfusion due to religious needs.
- Patient specific comments during inspection included “staff are responsive to my needs”, “I was given drinks, sandwich and biscuit”, “food is okay”. Patients told us they were allowed to bring their own food which they said they loved, and thought the clinic was very understanding.
- Patient had access to Wi-Fi and individual televisions. Staff encouraged patients to bring resources like laptop and books from home to prevent boredom during dialysis treatment. Some patients commented that there was no headphone available for them to use for their television. We saw that some patients brought their own headphones to use.
- Patients were supported to go on holidays through the commissioning NHS trust holiday dialysis program. Patients had a dedicated holiday co-ordinator that supported them in arranging their holidays and dialysis treatment to ensure their safety.
- Patients had access to the organisation translation service. We noted that some patients who resided in a care home had their translation service organised by their care home. Staff told us they also relied on relatives for translation and language issues. Patient told us they could ask for an interpreter when they wanted, such as during discussions about their treatment or clinic with the consultant. However, during inspection a patient told us it could be difficult understanding nurses at times due to their accent and difficulty in hearing.
- Staff told us they have had dementia and learning disability training online two years ago but had not had recent training. Some staff told us they were not sure if the dementia training was optional. The training matrix showed 44% staff compliance on dementia training which was lower than their 100% target.

## Learning from complaints and concerns

- Fresenius had a policy that guided staff on how to handle and manage compliments, comments, concern and complaints (the “4Cs”) received. The policy highlighted that the 4Cs could be made on the phone, in person, by fax, email or written by post. We noted that the complaints received from the unit were all verbal complaints.
- Staff understood their complaint process and were able to tell us what to do if they received formal and informal complaints. Staff told us and we saw evidence learning from complaints were shared with staff during handovers and team meetings.
- The unit received 10 complaints in the last 12 months and eight were upheld following formal investigation. Staff we spoke to told us that informal complaints were documented on the complaints log. We saw that these complaint were dealt with in a timely manner and in line with their compliant policy. These complaints were mainly categorised into transport, equipment, cleanliness, staff attitude, quality of care, unit management and availability of medical staff. We reviewed the complaint log and noted that patients main complaints were the unit was too cold, problem with patient transport and Wi-Fi issues. We noted a patient complaint in June 2016 was related to staff arguing in front of the them. We noted that the clinical manager had dealt with complaints within 20 working day which was in line with their policy.
- Staff told us any issues or complaints regarding transport were directed to the coordinator at the local Hospital who was in charge of the transport team. We noted that transport issues were also discussed during the patient representative meetings where the transport teams were in attendance.
- During inspection we observed there was a poster in the clinic about how patients and visitors could make a complaint to staff and management.
- A patient told us they did not know how to escalate an issue as their was no patient representative on that shift.

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- A patient gave an example of when they had complained to a member of staff about the temperature in the clinic and the staff had addressed this.

## 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 / culture of service

- There was a clear leadership structure within Purley Dialysis Unit. The service had a registered manager, who had been registered and working at the unit for the past three years and had worked at Fresenius for 15 years. The registered manager who was also the clinic manager was based in the unit for 100% of their job role. There was a deputy manager and three senior team leaders in position in the unit.
- We noted the managers and team leaders were supported by the organisation in managing staff through their management performance training and coaching to improve their management competence.
- The service had an employee handbook and code of ethics and business conduct that highlighted what was expected from staff on areas like whistleblowing, equality and dignity.
- Staff told us they had a “family like atmosphere” and most said they enjoyed working at the clinic.
- Staff told us the local and corporate leaders were visible, approachable and accessible.
- Staff told us and we saw there were opportunity for staff to progress in the clinic and organisation. Staff were supported to complete revalidation and external training. We noted that the staff were trained and had career progression to be a team leader and managers. Staff had the option of taking up an advanced post in the clinic or transfer to another clinic if there was no available post.
- Staff told us they were proud of their job, role and senior management support. Staff were also proud of achieving renal guidelines standard and what the service have achieved. However, some staff felt they were not supported in their job and role.
- Staff told us they were encouraged to report incidents and there was no blame culture. Staff told us they helped each other and did not matter whose patients and they all help.
- Staff told us they were proud to work in the organisation and happy the management take on board on staff feedback. Specific comment received about the service included “happy and I love it here”, “very organised”, “supportive”, “good training opportunities”, “all the information is there too”.
- Staff felt there were some issues that were not being addressed. For example, staff felt that nurses were having to do tasks that could be done a health care assistants, such as making tea for patients, rather than using their time efficiently for nursing tasks. There were other staff issues which the organisation were aware of and trying to resolve in order to raise good standards among staff.

### Vision and strategy for this this core service

- The provider’s values were stated as: quality, honesty and integrity, innovation and improvement, and respect and dignity. Staff we spoke to during inspection were not aware of the organisation values.
- The Fresenius corporate vision was to create a future worth living for dialysis patients world-wide every day. Staff we spoke with were not aware of this vision. However, we saw that the vision was embedded in the clinic practice from the staff, patient and stakeholder feedback received.
- Fresenius had corporate objectives which were categorised into the patient, the employee, the community and the stakeholders. The patient objectives included submitting of first draft of clinical incident investigation reports within 30 days of the incidents, completing an annual patient satisfaction survey, and closing the gap between prescribed and delivered dialysis time to increase clearance, blood and substitution volume. The employee objectives included completing annual appraisal of all staff. The



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community objective was to improve the clinic IMC performance to less than 10 minor non-conformance report (NCR) per clinic. The stakeholder objective was to complete the core induction training including health and safety, compliance and information governance for 100% of staff within one month of joining the organisation. We observed that staff were aware of the strategies and worked towards achieving the objectives.

## Governance, risk management and quality measurement

- The service had a monthly quality assurance meeting that was part of their multidisciplinary team meeting (MDT) and quality assurance process. The team included the key trust staff, such as the nominated nephrologist consultant, the clinic manager, the regional lead nurse and the regional business manager. They reviewed the clinic performance against their key performance indicators during the quality assurance meeting.
- The service had a clinical governance committee that was part of the Fresenius Medical Care group strategy. The clinic manager was part of the committee and was responsible for monitoring and leading the delivering effective governance and quality monitoring in the unit.
- The service used a corporate and clinical governance framework and had plans in place to move to an integrated governance framework. The incident reporting fed into their clinical governance framework and clinical review process. Clinical incidents were monitored centrally with clinical updates and learning bulletins were sent by the chief nurse to ensure learning was shared with staff across the organisation.
- The clinic had a quarterly contract review meeting with the trust to discuss their contract and any governance issues.
- Patients' data and outcomes were submitted to the renal registry by the local NHS trust.
- We saw evidence that the service worked collaboratively with stakeholders and information was shared during the quality assurance meetings and clinic visit.
- The service had a pilot risk register, which commenced in January 2017. The risk register was split into three categories, which were clinical, operational and technical. The risks were reviewed monthly by the managers. We saw that all risks were last reviewed on the 02/05/2017. The operational risks included flooding, food safety issue, outbreak of legionella and pseudomonas, loss of gas supply, loss of water, electric, heating and telecom system. We noted that clinical supervision framework we identified as a risk during inspection as there was no formal clinical supervision within the clinic and organisation was added on the operational risk on the 24 April 2017.
- The clinical risk in the risk register had 22 risks for the organisation. However, we noted that four of 22 risks were raised by the Purley clinic. These risks were medicines management, medicines errors, dialysis away from base and venous needle dislodgement.
- The technical risk in the risk register had 23 risks which included water supply, high chlorine level, residual disinfection, unauthorised access and no access to the system.
- Staff were aware of what was on their risk registers and we noted that risk identified during the inspection were already identified by staff and on the risk register. For example patient identification, venous needle dislodgement, sepsis, medicines error and flood. We saw evidence that the risk were reviewed regularly by management and working towards mitigating the risk.
- The clinic had a risk profiler that was based on the CQC key lines of enquiry and are used to evaluate an individual or organization's willingness to take , as well as the threats to which an organization are exposed. to The risk profiler fed into their dashboards and updated quarterly. The clinic also had a risk monitor that was updated monthly.
- Staff told us they did not have an ICT issue and the IT staff were quick to sort out any issue they had.
- The service was moving to a more integrated system between corporate and NHS to manage their risk management process. Senior managers told us this was because they recognised there were gaps in their risk management process and not aligned with the NHS reporting system.

# Dialysis Services

## Public and staff engagement

- The provider performed an annual employment satisfaction survey. The 2016 result for Purley Dialysis Unit showed 100% staff response rates which was better than the 2015 survey of 69%. Also, 100% of staff felt their work was valued by the organisation 89% of staff would recommend their unit as a place to work. The survey findings identified that the unit needed to improve on the equality and diversity training. The result showed staff commented they put themselves under pressure to come to work.
- Staff told us they have seen some changes from the concerns raised with the management for example the internet and Wi-Fi issues have been resolved.
- The patient satisfaction survey for 2016 showed 83% response rate. The result showed 99% of patients felt the atmosphere in the dialysis unit was friendly and happy. Result showed 84% of patients would recommend the service to friends and family while 16% would not recommend the service. Senior management told us this was because patients did not wish their family to have kidney problems and be on dialysis. The result showed low satisfaction on patient dialysis beginning on time (59%), discussing how to raise grievance or complaint (57%) and discussing the difference between dialysis and haemodiafiltration. We noted that action plans were put in place to address the areas of improvement in the survey. We saw that staff were implementing the action plans during inspection. The 2015 patient survey action plan included staff should identify areas where patients were not comfortable in the unit, and adjust room temperature to suit patients' needs. We saw that staff had addressed the action plans and areas of improvement from the survey. We observed that the 2016 patient satisfaction survey result was displayed in the unit during inspection. Patient survey results were benchmarked against other Fresenius units.
- We noted that the service had patient representative from patients that were nominated by patients themselves and appointed for five years. Staff told us there was a patient representative on each dialysis shift. There was a patient representatives meeting with the management every three months.
- Staff told us patients had access and support from the Kidney Association Group at the local NHS hospital. There was a regular Kidney Association Group meeting at the local hospital and the unit clinical manager were informed of any issues or concerns raised at this meeting.
- Staff had monthly staff meetings; we saw this was not structured and there was no agenda. We saw discussions from the staff meeting were recorded in the meeting minutes and actions plan were addressed in the next meeting. Staff told us the managers discussed any issues or updates at the meeting and following this, staff had an open floor to discuss any issues or topic they wanted to discuss. Staff told us they covered training and enrolment and patient records at this meeting. Staff told us they did not have enough break time and had too much paper work and these have been raised at their monthly team meeting.
- Staff we spoke with told us the organisation listened to them and always took on board their complaints, suggestions and concerns. For example, the internet and Wi-Fi was an on going issue for a while in the unit which was now resolved following patient and staff feedback.

## Innovation, improvement and sustainability

- The unit received the Nephrocare excellence award for an outstanding achievement in delivering a responsive dialysis service in December 2016.
- The unit also received a certificate of appreciation from the British Kidney Patient Association in May 2014.
- The service was working towards an integrated framework and looking at improving their risk management process to make it more in line with the NHS framework.
- The service have plans to run a time system to improve on the waiting time patients were connected to the dialysis machine.

# Outstanding practice and areas for improvement

## Outstanding practice

- The service engaged well with staff and there was 100% response rate in the staff survey.
- The service received the Nephrocare excellence award for an outstanding achievement in delivering a responsive dialysis service.

## Areas for improvement

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

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- The provider should improve the incident reporting process and investigation for staff.
- The provider should ensure the Fresenius Medical Care UK values, vision and strategy are understood by staff at all levels.
- The provider should ensure a recognised early warning score system was implemented to support staff in recognising deteriorating patients.
- The provider should ensure staff received clinical and safeguarding supervision to ensure their competency and support.
- The provider should ensure staff including the safeguarding lead received the required level of safeguarding training.