

Kings Norton Kidney Treatment Centre

Quality Report

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

Overall summary

Kings Norton Kidney Treatment Centre is operated by Diaverum Facilities Management Limited. It was awarded the contract as part of a partnership agreement with a local NHS trust. It provides haemodialysis services for adult patients living with chronic kidney failure including those with hepatitis B infection. The centre has 20 dialysis stations including four isolation rooms.

The nurse-led centre is supported by renal consultants employed by the local trust who contract the service. The nursing director for Diaverum Facilities Management Limited has overall responsibility for nursing staff.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 25 April 2017, along with an unannounced visit to the centre on 3 May 2017.

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

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

Services we do not rate

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

We found the following areas of good practice:

- Nursing staff used appropriate infection prevention and control practices when treating patients.
- The whole centre was visibly very clean and tidy.
- IT systems between the centre and trust allowed healthcare professionals to communicate easily and coordinate care effectively.
- The centre had effective processes for reporting and management of incidents.
- The centre held monthly quality assurance meetings to discuss all issues relating to service delivery.

Summary of findings

Heidi Smoult

- All patients knew how to complain, the centre responded to complaints in line with its local policy.
- We saw all staff worked well together and supported one another during busier periods.
- The consultant nephrologist and dietitian from the NHS trust regularly held clinics at the centre to review patients' medical and nutritional needs.
- Nursing staff treated patients with care and dignity.
- Patients we spoke with told us all nurses were kind, caring and hardworking.
- The centre had access to additional support from a clinical psychologist and renal social worker if patients needed additional support.
- Treatment was provided in line with national guidance.
- The centre was one of the best performing centres within Diaverum Facilities Management Limited during October and December 2016.
- Patients and staff told us the centre's manager was accessible, supportive and responsive.
- The centre's opening hours were appropriate to allow patients to attend for their regular treatment.

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

- Oxygen cylinders were not stored safely in line with regulations.
- Staff were not labelling clinical waste bags in line with regulations.
- Patients sat in the waiting area could overhear conversations held in consulting rooms.
- Some patient records were not always stored securely.
- The manager had not completed their yearly clinical competencies since 2016.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements to help the service improve. We also issued the provider with three requirement notices. Details are at the end of the report.

Summary of findings

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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Kings Norton Kidney Treatment Centre

Services we looked at

Dialysis Service

Summary of this inspection

Background to Kings Norton Kidney Treatment Centre

Kings Norton Kidney Treatment Centre is operated by Diaverum Facilities Management Limited. The service opened in 2014. It provides haemodialysis services for adult patients from a local NHS trust who are living with chronic kidney failure. The service has 20 dialysis stations including four isolation rooms.

The nurse-led centre is supported by renal consultants employed by the local NHS trust who contract the service. The nursing director for Diaverum Facilities Management Limited has overall responsibility for the centre's nursing staff.

The centre primarily serves adults from the local trust. It also accepts referrals from outside this area for adults who may be visiting the area on holiday.

The centre's manager had been registered with the CQC since 2 November 2015.

Kings Norton Kidney Treatment Centre is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury.

Kings Norton Kidney Treatment Centre has not been inspected previously. We inspected the centre using our comprehensive inspection methodology. We carried out the announced part of the inspection on 25 April 2017, along with an unannounced visit to the centre on 3 May 2017.

Our inspection team

The team that inspected the service comprised a CQC lead inspector Raj Bains, one other CQC inspector, and a specialist advisor with expertise in renal dialysis. The inspection team was overseen by Tim Cooper, Head of Hospital Inspections.

Information about Kings Norton Kidney Treatment Centre

Kings Norton Kidney Treatment Centre is a purpose built building. The service provides haemodialysis to adults, and is registered to provide the following regulated activity:

- Treatment of disease, disorder or injury.

The centre is open six days per week Monday to Saturday and has three shift patterns per day including a twilight (evening) shift.

The centre had a good relationship with the NHS trust that contracted the service, to provide coordinated care between the two services. There were weekly visits to the centre by the consultant nephrologists employed by the

NHS trust and monthly multidisciplinary team meetings, which included the consultant nephrologist, clinic manager, nursing staff, dietitian, and the trust's satellite dialysis coordinator.

During the inspection, we spoke with 17 staff including; registered nurses, health care assistants, reception staff, and senior managers. We also spoke with managers employed by the local trust. We spoke with 11 patients and one relative. We also received 23 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed three sets of patient records and four medication prescription charts.

This was the service's first inspection since registering with CQC.

Summary of this inspection

In the reporting period April 2016 to March 2017:

- There were 13,740 haemodialysis sessions. Of these, 100% were NHS-funded.
- There were no overnight stays during the same reporting period.

The centre employed one clinic manager, one deputy clinic manager, 13 registered nurses, five health care assistants and one part time receptionist. The registered manager was responsible for the storage of medicines. Controlled drugs were not stored at the location. Diaverum Facilities Management Limited employed one practice development nurse to provide training and development to staff within the Midlands area.

Two consultant nephrologists, two dietitians and a renal social worker/benefits officer who were employed by the local trust that contracted the service also worked at the centre.

Track record on safety April 2016 to March 2017:

- No never events.
- Six deaths.

- 10 serious incidents.
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA).
- Two incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA).
- No incidences of hospital acquired Clostridium difficile (c.diff).
- No incidences of hospital acquired E-Coli.
- Three complaints.

Services provided at the hospital under service level agreement:

- Clinical waste removal
- Cleaning
- Maintenance of machines
- Maintenance of water treatment plant
- Supply and removal of oxygen cylinders
- Laundry

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:

- There was an effective system for reporting and management of incidents.
- Staff knew how to respond to and escalate safeguarding concerns.
- Nursing staff used appropriate infection control practices when connecting and disconnecting patients from their venous access device.
- Nurse staffing numbers met guidelines published by the British Renal Society's National Renal Workforce Planning Group in 2002.
- The water treatment equipment was monitored remotely 24 hours a day, seven days a week. This ensured issues were dealt with promptly, allowing the service to continue.

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

- Oxygen cylinders were not stored safely.
- Staff were not labelling clinical waste bags correctly.
- While the majority of records were stored safely, we found some records containing confidential information, were not stored securely.

Are services effective?

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

We found the following areas of good practice:

- All policies and procedures were based on national guidance.
- Staff monitored key performance indicators monthly as recommended by the Renal Association. The centre was one of the highest scoring centres within Diaverum Facilities Management Limited between October and December 2016.
- IT systems at the centre allowed staff access to up to date records, this meant all healthcare professionals could coordinate care effectively and communicate with one another easily.
- The dietitian reviewed patients' nutritional status regularly and provided specialist advice.

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

Summary of this inspection

- The manager's yearly clinical competencies had expired in 2016. The competency matrix was not accurate and showed the manager as compliant.
- Nursing staff were not consistently completing records to show they had actioned changes following monthly quality assurance meetings.

Are services caring?

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

We found the following areas of good practice:

- Patients were treated with care and compassion.
- Patients described nursing staff as kind, caring and hardworking.
- Patients received regular support from staff with taking medication, maintaining a renal diet and fluid management.
- The centre had access to a clinical psychologist and a renal social worker if patients needed additional support.

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

- Patients sitting in the waiting area could overhear conversations held in the consulting rooms.

Are services responsive?

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

We found the following areas of good practice:

- The centre's opening hours allowed all patients to attend for their regular appointments at a time that suited them.
- Books, free to view television and free patient WIFI were provided to make patients' time at the centre more comfortable.
- Patients knew how to complain and we saw the centre had responded to patient complaints.
- Healthcare professionals from the trust attended the centre to see patients.
- The centre did not have to cancel any appointments between April 2016 and March 2017.

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

Summary of this inspection

- Many patients who arrived at the centre by patient transport were regularly delayed by 30 minutes or more. Staff at the centre were in regular contact with staff from the NHS trust and the patient transport service, to inform them about patients who were arriving late and if this was affecting their treatment.
- The centre only provided written information in English.

Are services well-led?

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

We found the following areas of good practice:

- We saw all staff were centred on caring for patients and supporting their colleagues.
- There was evidence of strong local leadership, with accessible and responsive managers.
- There were monthly governance meetings and there was a strong focus on quality and improvement.
- The centre engaged with patients and staff to make improvements to the service.

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

- Four months before our inspection, the centre had identified risks relating to the storage of oxygen cylinders. During our inspection, we saw no progress in resolving these risks.

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

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

- There were no never events reported by the centre from April 2016 to March 2017. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- Staff used an electronic incident reporting system to report incidents and feedback was discussed at monthly staff meetings. During April 2016 to March 2017, the centre's manager reported seven incidents to the NHS trust that contracted the service where harm had occurred. These included five incidents relating to falls, and one incident relating to pressure ulcers
- The centre reported 10 serious incidents between April 2016 and March 2017. The manager completed root cause analysis records and included input from the consultant nephrologist employed by the trust.
- Of the 10 serious incidents reported, one was a medication error. Staff had received refresher training following identification of the medication error to ensure it did not reoccur.

- Staff told us they always reported incidents of late or shortened treatments and discussed the effect on the patients' treatment at monthly quality assurance meetings. We spoke with a manager from the NHS trust, who confirmed this process took place.
- Staff told us the incident reporting system alerted staff if an incident requires duty of candour to be completed. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. The centre had a policy for duty of candour and although no incidents have arisen where they would need to use it, staff informed us they knew what they had to do.

Mandatory training

- Mandatory training included fire safety, manual handling, adult safeguarding level 2 and basic life support.
- From January 2017, all staff had their mandatory training split and delivered quarterly. In quarter one, basic life support and fire safety training were offered. 100% of staff attended. Different courses were planned for quarter two to four.
- In 2016, all staff attended training for basic life support, manual handling and fire safety.
- The centre used e-learning and practical sessions to complete training. Staff were given allocated time to complete e-learning.
- The centre's manager and practice development nurse could easily identify from the training matrix those staff that had not completed training.

Dialysis Services

- We saw evidence of an induction programme for new starters and were told bank and agency staff had to complete mandatory training, and local induction was given.

Safeguarding

- Staff did not treat patients under the age of 18 at the centre.
- 18 out of 21 staff had received safeguarding adults level 2 training at the time of our inspection. The nursing director for Diaverum Facilities Management Limited was the safeguarding lead.
- Staff we spoke with knew how to identify and escalate adult and children safeguarding concerns.

Cleanliness, infection control and hygiene

- The whole centre was visibly clean and tidy. An external company provided the cleaning every day the unit was open. The supervisor from the cleaning company visited the centre once a month to check the standard of cleaning. We were told a health care assistant would do any additional cleaning in the day if it was needed.
- We saw hand-sanitising gel available at every entrance, nurses' station and treatment area.
- Patients told us they felt staff were very thorough with hygiene.
- We saw staff complied with 'arms bare below the elbows' guidance, and used appropriate personal protective equipment while carrying out any interaction with patients.
- Every treatment station had a hand basin, and we saw staff washing their hands in line with the World Health Organisation 'five moments for hand hygiene' guidelines. All hand wash basins on the premises were operated by 'no-touch' sensors, and had paper towels and soap.
- Nursing staff used aseptic non touch technique when they were connecting and disconnecting patients from their venous access device. Aseptic non touch technique is the standard intravenous technique used for the accessing of all venous access devices. This meant nursing staff were minimising the risk of patients getting a healthcare acquired infection.
- There was a hand basin in reception for patients to use pre-treatment. There were posters displaying five steps to hand hygiene above hand basins to remind patients and staff on how to wash hands effectively.
- The target for hand hygiene was 90%. Between January and April 2017, nursing staff had met this target three out of the four months. Nursing staff were made aware of the audit results and had received refresher training in February 2017.
- We saw central venous access audit results for the past six months were consistently 100%. This meant nursing staff were caring for central venous catheter devices appropriately.
- We saw staff performing effective cleaning and disinfection of dialysis machines between sessions of patient use. This meant staff were minimising the risk of patients being exposed to infection.
- The loop and all dialysis machines that were connected to the loop were heat disinfected at 4am each morning. The loop is the water that is supplied from the treatment plant room to all the dialysis machines.
- Water samples were taken once a month from the loop by the centre's manager and a health care assistant and sent off for testing. We saw evidence of recent testing which showed the water was pure and safe to use. Haemodialysis machines were tested twice per year. We saw records to show water testing was carried out each morning to check for any impurities and ensure the water was safe to use.
- The water treatment room was in a locked room in a restricted access corridor ensuring only authorised staff could access it.
- We saw some dialysis chairs had sheets on them at the patients' request. A new sheet was used for each patient. The centre had a contract with a laundry service.
- Patients who had transmittable infections were cared for in isolation rooms. We saw the nurse looking after the patients in isolation rooms was only allowed to look after those patients on that day. The centre used colour coded equipment in the isolation rooms to prevent cross contamination between patients.

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- The centre screened patients for all blood borne viruses and treated patients with hepatitis B. The centre referred any patient found to have hepatitis C or human immunodeficiency virus (HIV) back to the local NHS trust in line with its contract with them.
- The centre had a process to assess and manage patients returning from holiday. For patients returning from low risk countries, staff took blood samples that were sent for routine analysis at the NHS trust's laboratory. Patients who returned from higher risk countries were treated in isolation at a different centre, arranged by the NHS trust, for three months following their return to the UK.
- The centre used single use dialysis membranes to reduce the risk of infection and contamination. Dialysis membranes help to remove harmful products and excess water from the blood.
- Clinical waste awaiting collection was stored in lockable skips in a secure compound outside the building. However, we saw staff were not labelling the centre's clinical waste bags when placing them into the skips. This did not comply with the Department of Health's Health Technical Memorandum 07-01: Safe management of healthcare waste, which states "the container should be tagged or labelled in a manner that identifies the individual producer" and "it is not sufficient to label bulk containers, as waste is often removed from these carts during subsequent waste management". The manager was informed of this during the inspection. At the unannounced inspection, we saw staff were still not labelling the waste bags correctly. This was a breach of a regulation.
- We found staff were not consistently labelling sharps bins correctly. On the announced visit, staff had recorded all relevant information. However, at the unannounced visit, information was missing. Sharps bins must be labelled completely at the time of assembly and disposal in case a source of contamination needs to be identified in the future.
- We saw the toilets in the waiting area were clean. However, cleaning schedules had not been updated to show when they were last cleaned.
- On arrival at the centre, patients gained access to the building using a CCTV-linked intercom system from within the building's lobby. The intercom could be operated from the centre's main reception desk, or the nurses' station in the clinic area.
- Access into the main treatment unit from reception and into the corridor where the water treatment plant and store room were was controlled by electronic fobs. This ensured only people allowed access could enter these areas.
- The main treatment area was separated into three bays and four side rooms, providing a total of 20 treatment stations. Staff worked from three nurses' stations, which ensured every patient undergoing treatment was visible to at least one member of staff at all times.
- The treatment bays were separated by low partition walls, which were topped with transparent screens. The screens provided protection from fluid contamination during treatment or cleaning.
- Every treatment station had a nurse call button. When a call button was pressed, an audible alert sounded in the clinic area and in the staff room, and a light above the station was illuminated. This ensured all staff were aware of the call and clearly indicated which patient needed assistance.
- The maintenance company monitored the water treatment equipment remotely 24 hours a day, seven days a week. They had access to the premises out of hours and responded to alarms whenever they activated. Staff told us if the alarms activated it tended to be when the centre was closed at night, and the maintenance company had usually attended and rectified the fault before staff arrived to open the centre in the morning. There was also a light in the main unit that alerted staff if there was a problem with the water system.
- The machine store room contained three spare machines that were ready to be used. This meant patients' dialysis would not be interrupted or cancelled in the event of equipment failing.
- We saw evidence of yearly portable appliance testing to ensure electrical equipment was safe to be used. The centre's dialysis machines were serviced annually

Environment and equipment

Dialysis Services

on site by the manufacturer's technicians. Staff had contact details for the technicians and told us they responded quickly to any reports of faulty machines, outside the normal maintenance schedule.

- We were told the dialysis machines were less than two years old and they would start looking to replace them in line with Renal Association haemodialysis guidance.
- Shelving in the centre's storeroom was made from metal racking, which could be wiped clean, and was constructed in a manner that ensured no items could be stored on the floor, under the bottom shelves. We checked a random sample of 25 items in the consumables store room. We found they were all in date, in sealed packaging and correctly stored.
- The centre had two sets of basic life support equipment, including automated external defibrillators and manual ventilation devices. We saw the kits were positioned so staff could access them quickly in an emergency. We saw records to show a nurse checked the equipment every day. We checked 10 items at random and found three items where the expiry date was fading and could not be clearly seen, these were removed immediately.
- Nursing staff and patients used alarm guards on the dialysis machines appropriately, there was sufficient space between stations, in line with the Department of Health building requirements (Satellite dialysis units: planning and design HBN 07-01) to prevent the risk of cross-infection and for a degree of privacy. Staff also used screens for additional privacy.
- We found oxygen cylinders in the centre's storeroom that were not stored in accordance with The Department of Health: Medical gases. Health Technical Memorandum 02-01 (2006). The storeroom had a rack for two cylinders; however, we saw there were two more cylinders freestanding next to the rack, one of which was empty. We raised this with managers at the time of our inspection, and we were told they were aware their gas cylinder storage was not suitable and had been on their risk register since January 2017. This was a breach of a regulation.
- On the unannounced inspection, the spare cylinders had been removed. The manager informed me they now had a date for moving the rack for the cylinders into the clean utility.

Medicine Management

- There were no nurse prescribers at the centre. The consultant and/or the matron from the trust reviewed the patients' prescription charts in the monthly quality assurance meetings.
- We observed two patients when they were receiving their intravenous medication; two nurses checked it was the correct medication and patient. Nursing staff told us they retrieved medicines for individual patients, as they were needed. They used a system called the 'five rights' to minimise the risk of the wrong medicine being given to the wrong patient.
- We saw the medicine fridges were kept locked and records for April and May 2017 showed the temperatures for the medicines fridges were checked daily. There was guidance above the fridge on what to do if the temperature was out of range.

Records

- Staff at the centre had full on-line access to their patients' NHS records, including clinic letters, x-ray reports, prescriptions and blood test results. Similarly the centre's electronic notes could be accessed by the consultants and other healthcare professionals working at the trust. This ensured all staff were kept updated with patients' progress.
- We saw current patient records were stored in lockable cabinets behind the nurses' station in the main treatment unit. Although these cabinets were not kept locked at all times during the day, the doors were kept shut and they were in full view of the nursing staff, so nursing staff would be able to see if anyone unauthorised was trying to access them. Nursing notes were kept by the patient when in use. Archived records were stored securely in a locked room.
- We checked three sets of written nursing notes, all entries were legible, dated and signed, providing an accurate record of the patient's treatment.
- Patients used a card system to record their weight before and after their treatment. Cards were stored in small plastic boxes, which could be accessed as patients entered the treatment unit. Each box was

Dialysis Services

labelled with a colour and the number of the dialysis station to help patients identify their own box, but contained no patient identifiable information, this ensured confidentiality.

- After patients had checked their weight, they gave the card to the nurse, who would insert the card into the machine. Nurses told us if a patient had accidentally picked up the wrong card, the nurse would see this when the card was put into the machine and the data easily could be erased.
- At the end of each session, nursing staff uploaded data about the patient's treatment, weight and blood pressure to the electronic record system. Patients were given a paper copy of those days notes too including their prescription, to keep them informed.
- While record keeping in the centre was good, we did find folders on top of the cabinets behind the nurses' station with records for holiday patients and details about hepatitis B vaccinations. The manager told us these folders would be put away at the end of the day. The cabinet was in full view of nursing staff and they would be able to see if anyone unauthorised was trying to access them.
- We also found another folder which was not labelled, it contained a patient letter that needed to be filed away. The manager was informed and removed the folder from the unit immediately.

Assessing and responding to patient risk

- Nurses regularly checked on patients during dialysis to check if the patient was well. Staff told us if a patient became acutely unwell during treatment they would inform the most senior nurse at the centre and consultant at the trust and arrange for the patient to be transferred to an acute hospital by ambulance.
- Nursing staff told us they used the trust policy for sepsis management, and they used a dialysis access scoring system to monitor the patient and their access device. We observed one nurse checking a patient's central venous catheter exit site and correctly completing the scoring sheet.
- Patients were monitored for signs of a high temperature, confusion, shortness of breath, and any

redness at the exit site. We saw in patients' notes temperature and blood pressure were checked pre and post dialysis as well as during if the patient became unwell.

- In an emergency, if a nurse was concerned the patient had sepsis, staff told us they contacted the registrar at the trust. If the registrar advised the patient needed to be admitted to hospital, this was arranged. One nurse told us often patients refused to go to hospital, even though this had been advised by the registrar. In this case the registrar faxed them a prescription for intravenous antibiotics. The first dose was prescribed on the faxed prescription and the registrar would post a written prescription for the remaining days.
- Patients told us before starting each dialysis treatment nursing staff asked the patient to confirm their name and date of birth. Nursing staff told us they know the patients very well and the name of the patient appears on the dialysis machine, so if the wrong patient's card has been picked up, they will be able to check this.
- In patient records, we saw patients were assessed for risk of falls, manual handling and risk of pressure ulcers. The manager informed us they were working with the local trust to form an action plan for patients at risk of pressure ulcers. In the meantime they had purchased pressure relieving aids. Nurses also assessed the risk of venous needle dislodgment. The manager told us nurses could use detectors to help reduce the risk of dislodgment.
- The centre provided information to show during January and March 2017, they had transferred one patient back to the local NHS trust who was going on holiday to a country considered as high risk. There had been four planned admissions for access creation and 19 unplanned admissions to hospital.

Staffing

- The nurse-to-patient ratio at the unit was one nurse for every four patients, which is the ratio recommended by the British Renal Society's National Renal Workforce Planning Group 2002 staffing guidelines and is in the contract with the local trust. There was one healthcare assistant for every 10 patients.

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- The centre employed one clinic manager, one deputy manager, 12.9 whole time equivalent nurses and 4.6 whole time equivalent healthcare assistants. In April 2017, the unit was fully staffed and had no vacancies. In the previous three months there was one shift in January where they did not meet the ratio of 1:4. Staff told us if the centre did not meet the staffing ratio, this was reported back to the trust at the end of the month. This was confirmed by a manager at the NHS trust that contracted the service.
- In the three months prior to inspection there had been no use of agency staff, and three shifts had been covered with bank staff, this meant the patients received care from nursing staff who were familiar with them and the centre.
- Managers told us if patients were delayed at the end of their treatment due to transport issues, staff were paid overtime to remain at the centre until the last patient was collected. At least two staff remained on site, so no member of staff was left on their own with a patient. Staff rotas confirmed this.
- Nurses and healthcare assistants were paid during their meal breaks and were asked to remain on the premises during their break. This meant there were sufficient staff present at all times to deal with any emergencies.
- The centre did not employ any medical staff. Consultant nephrologists from the NHS trust that contracted the service attended the centre to hold clinics.
- Patients told us they felt they could call their consultant if they wanted to.
- Nurses told us they could easily contact the consultant by email, if they had a general query. If the query was urgent they would telephone the registrar for advice.
- The centre maintained four 'contingency' treatment stations, to provide mutual aid to other local dialysis units in the event they were unable to operate due to incidents such as equipment, water or power failure. The centre had similar arrangements with other local dialysis centres if it was unable to provide treatment for its patients.
- In case of adverse weather the centre had an agreement with the NHS trust, where the trust decided where to send the patient for dialysis and the trust accepted the responsibility of the patient dialysing at that unit. Nurses told us if snow was forecast, they would contact patients beforehand and keep them informed.

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

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

Evidence-based care and treatment

- The centre provided haemodiafiltration for all of its patients (in line with its contract with the trust) apart from a small number who did not tolerate it well, for whom they provided traditional haemodialysis.
- Nursing staff checked weight, temperature, pulse and blood pressure at the beginning and end of dialysis and carried out relevant monitoring during the haemodialysis session. Staff delivered dialysis therapy in line with clinical practice guidelines published by the UK Renal Association and accredited by the National Institute for Health and Care Excellence (NICE).
- Staff at the centre took monthly blood samples from patients, which were analysed by the laboratory at the NHS trust. Staff at the centre had direct access to their patients' test results. This meant all staff at the centre and NHS trust used the most recent test results when making changes to treatment plans.
- The UK Renal Association's clinical practice guideline on vascular access for haemodialysis recommends 80% of all long-term dialysis patients should receive

Major incident awareness and training

- The centre had contingency plans to deal with the most common situations affecting dialysis units, such as loss of power and water supply failure. Staff we spoke with were aware of the plans and were familiar with the actions they would take in the event of an incident occurring.

Dialysis Services

dialysis treatment through 'definitive access'. Definitive access for haemodialysis patients means using an arteriovenous fistula or graft. The centre had achieved this target three times between April 2016 and March 2017. Vascular access was monitored every treatment, audited on a monthly basis and reported at monthly quality assurance meetings.

- The manager told us an arteriovenous fistula is not possible in all patients because of poor access and those patients who do not have arteriovenous fistula have a risk assessment and access plan in place. Staff reviewed access plans at monthly quality assurance meetings.
- Staff from the centre and from the trust discussed all patients and updated patient care plans at monthly quality assurance meetings. In addition to this, the consultant nephrologist regularly reviewed patients. How often they were seen was dependent on the patients' needs.
- The centre did not directly contribute data to the UK Renal Registry. The local NHS trust reported this data for all of its patients including those treated at this centre. The UK Renal Registry Renal Association and provides independent audit and analysis of renal replacement therapy in the UK.

Nutrition and hydration

- The centre provided patients with at least one hot drink and biscuits. They had a suitable option for diabetic patients.
- The centre encouraged patients to bring in their own food. Cold food could be stored in the fridge in the patients' beverage room.
- We saw patients weighed themselves before starting dialysis and on completion, to monitor their weight and fluid balance.
- The trust provided specialist dietary support twice weekly. The dietitian informed us most patients received advice about a renal diet before starting dialysis however they would all be seen shortly after starting dialysis and patients were able to access them as needed on the days they work at the centre.

Patient outcomes

- The centre used a scoring system based on patients' monthly blood tests to assess the effectiveness of their treatment in line with the Renal Association Standards. These included tests for haemoglobin (sign of anaemia), albumin (sign of malnutrition or fluid management), renal clearance (how effective the dialysis treatment is), and phosphate/calcium balance (risk of developing bone disease).
- Diaverum Facilities Management Limited, the centre's parent company compared the performance of all its centres throughout the country, and published results for staff and patients. The centre provided data that showed it had performed better than most of the other treatment centres throughout October to December 2016.
- The centre also provided data to show 96% of patients received effective dialysis during January to March 2017.
- Staff monitored waiting and treatment times at each session, and reported this data to the trust at quality assurance meetings. Staff discussed those patients whose treatment had been delayed by more than 30 minutes and those patients who had received less than 240 minutes of treatment per session.
- The centre actively managed patients who regularly did not attend appointments or chose to shorten their treatment. Staff encouraged these patients to attend by exploring the reason for the non-compliance and by explaining the health risks. Staff completed incident forms and reviewed clearance levels for patients receiving less dialysis time at monthly quality assurance meetings. If it was patient choice, the consultant wrote to the GP. If it was due to transport and the patient was consistently more than 30 minutes late with treatment times and/or receiving less than 240 minutes per session the consultant wrote to the transport provider to tell them of the risk to the patient.

Competent staff

- The clinic manager and deputy manager had a renal qualification from university.

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- Staff at the centre showed they worked well as a team. All staff knew what their roles and responsibilities were and carried these out independently. They effectively cared for patients to ensure all patients' needs were met during their dialysis treatment.
- The centre encouraged nurses to become link nurses for several specialities including health and safety; this meant that they could support their colleagues with advice and the latest information regarding their speciality.
- All staff had completed basic life support training. This meant they had received training to respond to patients in an emergency.
- All staff at the centre had received an annual appraisal and all nurses had valid professional registration.
- On starting work at the centre, nurses underwent a six-week induction programme where they were not counted as part of the staffing numbers. This gave staff time to complete their competencies to work safely with patients
- Nursing staff had yearly competencies for infection control and central venous catheter assessment. We checked two nurses training files, both had completed their yearly competencies.
- Other competencies included training for the dialysis machines, performing dialysis, which included recording observations, priming the line, cannulation, monitoring, and disconnecting. All nursing staff had to complete basic dialysis e-learning, theory behind the competency.
- There was also a competency for aseptic non touch technique, the trust competency for dialysis catheters and cannulating a fistula, and there was a trust competency on blood borne virus. All nurses had to complete intravenous drug competencies. We were told if there was a change to practice regarding medications then staff would have more training. We saw evidence of a nurse receiving refresher training after a medication error.
- Latest figures showed all staff nurses had completed the yearly infection control competency. 12 out of 15 nurses had completed the blood borne virus competency. We spoke with one nurse who had not

completed the competency. The nurse told us patients could only be cared for by nurses who had completed the competency. This meant both the nurse and patients were kept safe.

- Healthcare assistants had completed competencies for taking monthly water samples. This meant they were safe to carry out this procedure.
- The manager used a matrix to identify which staff had completed their competencies. At the time of our inspection, it showed the manager was compliant with all their competencies. However, we saw the manager's yearly competencies for infection control and central venous catheter assessment had expired in 2016. This meant, until they had repeated and passed these two competencies, they should not have been assessing other staff members' competencies or carrying out processes they were not competent for. This was a breach of a regulation. More details are available at the end of this report.
- Records showed nursing staff had training and competency assessment for taking daily water samples when the centre first opened. The matrix showed most of the nursing staff as red, indicating they needed further training. Despite this, managers were not aware that staff needed refresher training. Managers told us nursing staff have had recent training on daily water testing however, there were no records to show this.
- Following our inspection, the matrix had been amended to correctly show which staff needed to complete their competencies.

Multidisciplinary working

- Staff from the centre told us they had a good relationship with the renal team at the trust and felt they could be open and honest with them. Two managers from the NHS trust confirmed this.
- Consultant nephrologists and dietitians from the contracting NHS trust visited the centre to conduct clinics for their patients and attend monthly quality assurance meetings. This meant patients did not have to travel to a different site for their appointments.
- IT systems allowed effective communication between nursing staff at the centre and healthcare professionals at the trust.

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- The consultant employed by the trust had overall responsibility for the patients attending the centre. Nursing staff told us the consultant would update the patients GP as necessary. Patients did not complain of delays in their GP receiving this information.
- Multidisciplinary team meetings were monthly and involved the consultant nephrologist, clinic manager, nursing staff, satellite coordinator and the dietician. Meeting minutes showed the centre used a holistic approach to treat patients with diabetes and renal disease.
- Two dietitians attended the clinic weekly, as well as the monthly quality assurance meetings to optimise calcium/phosphate levels, fluid and weight management. If calcium/phosphate balance is not maintained as close to normal as possible, it can lead to weak bones, increasing risk of falls and other serious health problems.
- The centre also had access to a renal social worker/benefits officer and could access counselling services at the trust.
- However, nursing staff were not always documenting to show they had actioned changes or informed patients about changes that were made to patients' treatment plans in quality assurance meetings. The manager had raised this at the staff meeting in February and documentation had improved

Seven-day services

- The unit provided services between 6.30am and 11.30pm, Monday to Saturday. This was sufficient to allow all current patients to attend for the required amount of dialysis, three times a week.

Access to information

- Nursing staff at the centre had direct access to the NHS trust's electronic patient records system, and to its laboratory test results as soon as they were available. Access was restricted to patients treated by the centre.
- Healthcare professionals employed by the trust were able to access information relating to the patients'

dialysis treatment, this ensured they were up dated with the patient's progress. They could also access the trust IT systems while working at the centre allowing them to update patient records immediately.

- The satellite coordinator from the trust would inform the staff at the centre by telephone and email of any patients being discharged from hospital who needed their dialysis sessions to restart.
- On inspection, we saw that nursing staff had access to up to date Diaverum Facilities Management Limited care pathways, however some of the trust protocols were out of date. The manager checked on the trusts website and informed me they had all of the current versions, and would update them when they were made aware of an update.
- Following the inspection, we were sent policies for water loop testing and monitoring of the water treatment system, both had expired in January 2017.

Equality and human rights

- The centre did not provide dialysis to patients who were pregnant, these patients were treated at the trust's main renal unit.
- Staff told us the satellite coordinator from the NHS trust would assess any patients with learning disabilities and dementia before starting dialysis to see if was appropriate for them to dialyse at the centre. This meant patients were being cared for in the correct setting.
- Staff at the centre had access to interpreters for non-English speaking patients. However, most of the written information provided by the centre was in English. This meant patients who were not able to read English would be reliant on someone else to translate the information for them.

Consent, Mental Capacity Act and Deprivation of Liberty

- The centre reviewed written consent for continued dialysis treatment yearly.
- In every interaction we saw between staff and patients, we heard staff asking for the patient's consent before carrying out any procedure or carrying out any assessments or tests.

Dialysis Services

- Nursing staff told us they had recent mental capacity act training. Staff we spoke with demonstrated a good understanding of mental capacity.

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

- We saw staff engaging in friendly, chatty conversations with patients, and addressing them by their preferred name.
 - Patients told us all of the nurses and healthcare assistants looked after them well, and did everything they possibly could to make patients comfortable during their treatment.
 - Patients told us staff were friendly, very kind, caring and hard working. All aspects of treatment were very good. One patient told us “the care and support I receive is outstanding”. “The team is led by a driven and professional manager who is always available to discuss care and treatment”.
 - Patients told us staff were respectful, the service was smooth, there was a good atmosphere and they felt safe receiving their treatment at the centre.
 - We observed staff treating patients with great care and dignity. Privacy screens were used to maintain dignity. We saw staff assisted a patient who was visually impaired with care and respect to the seating area after their treatment.
 - However, there was no option to receive treatment in an isolation room, if a patient wanted more privacy. The isolation rooms were used for patients with a transmittable infection only.
 - There were facilities for patients to have a private consultation if they did not want to discuss clinical care on the unit. However, we found conversations held in the consulting rooms could be overheard by patients sitting in the waiting area. We informed the centre managers of this finding at the time of our inspection.
- One patient informed us their speech is not always clear and they do not feel like the staff always have time to listen to them and felt staff are rushed at times.

Understanding and involvement of patients and those close to them

- The centre held education days for patients and their relatives and carers. This allowed patients’ relatives and carers to understand the treatment patients would be undergoing.
- Patients were encouraged to weigh themselves before starting treatment. This encouraged the patient to take an active role in their treatment.
- Patients told us they felt they understood their condition and they felt involved in decisions made about their care.
- The patients we spoke with felt supported with taking medications, the renal diet, and fluid management and reported they were given a choice of treatment type.
- Patients told us they were updated with changes made to their treatment plan. However, documentation by nursing staff to say when a patient had been informed of changes was variable. This meant all patients might not have been informed of changes relating to their treatment.
- The manager told us there were no facilities for patients to provide self-care at present. This meant patients had to rely on nursing staff to care for all of their needs. The patient would have to be referred back to the trust if they wanted to self-care.

Emotional support

- Staff welcomed patients who were due to start dialysis on visits to the centre, and provided reassurance about the process before patients attended for their first treatment. Staff told us this helped to allay new patients’ fears and meant patients were more relaxed when they came for their first treatment session.
- Nursing staff told us they would be able to recognise if a patient needed support and they would try to support patients as needed, if the patient needed additional support they could refer them to a psychologist at the trust or to the patients’ GP.

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- Patients' family members were able to stay with them for the duration of their treatment, to provide emotional support.

Are dialysis services responsive to people's needs?

(for example, to feedback?)

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

Meeting the needs of local people

- The centre was contracted by a local NHS trust to provide haemodialysis services for its patients. The trust had defined the specifications of the service. The centre reported its progress in delivering the service against the defined specifications at monthly quality assurance meetings and through the collection of key performance indicator and quality outcomes.
- The centre had a large parking area, which provided sufficient space for staff and patients. The centre could be accessed by public transport.
- The building met the Department of Health building requirements (Satellite dialysis units: planning and design HBN 07-01). It was all on one floor, there was a covered entrance to protect patients from bad weather when patients were transferring from a vehicle. There was separate access for staff, waste disposal and for delivery of goods. There was lots of natural light in the main unit, as well as additional lighting. Sink basins were placed in line with requirements.
- In the main treatment unit there were three bays, with a nurses' station at the end of each bay to improve visibility for both the nurse and the patient.
- The reception area was large enough to accommodate two shifts of patients. It included 20 chairs, all in good condition, handwashing facilities, and a call bell in case a patient needed assistance. There was also a water cooler and access to the manager's office.

Access and flow

- The centre had 20 dialysis stations, which provided capacity to treat 104 patients per week. At the time of our inspection, the unit was treating 92 patients per week. The extra capacity allowed the centre to assist if another dialysis centre was unable to operate due to equipment or premises problems. It also allowed the unit to treat holiday patients.
- Holiday patients were all pre booked and staff obtained all relevant information before the appointment.
- The centre offered three treatment sessions each day: mornings, afternoons and 'twilights' (evening sessions). Patients were able to choose which session fitted best with their lifestyle and any other commitments.
- The manager told us if a patient had been an in-patient, they would be prioritised and the consultant would see the patient sooner to prevent a further hospital admission. If there were no concerns with a patient's treatment, the consultant would see the patient every three to four months.
- Patients told us staff kept them informed about delays and any disruption to their transport arrangements.
- The centre reported no cancelled dialysis sessions between April 2016 and March 2017.
- However, the centre was consistently not meeting the standard (90%) of treating patients within 30 minutes of their appointment time. This had improved January to March 2017 (86-87%) but had been as low as 81% in December 2016. We were told many patients did not meet the standard because of patient transport. Patient transport was provided by an outside company, organised by a local clinical commissioning group (CCG). Patients told us they were often delayed and this affected their treatment times. We saw staff were completing incident forms and contacting the transport office on behalf of patients. Staff discussed delays in treatment times and the effect on patient care at monthly quality assurance meetings with the NHS trust.

Service planning and delivery to meet the needs of individual people

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- There were two toilets in the reception area and one in the main unit, all had disabled access. This allowed patients to visit the toilet before dialysis commenced, reducing the need to interrupt their treatment.
- Car parking included disabled spaces. There was disabled access into the building and throughout patient areas. The weighing scales could also be used by someone in a wheelchair.
- Seats in the centre's waiting area included two large chairs for bariatric patients.
- The consultant and dietitian from the NHS trust attended the centre to hold clinics. This meant patients did not have to travel to a different site to see them. We were told the centre had a close working relationship with the renal social worker/benefits officer, who also regularly attended the centre.
- The centre had access to a clinical psychologist through the trust if patients needed further emotional support. There was access to a renal social worker/benefits officer through the trust who had helped patients reclaim bus/taxi fare, and obtain bus passes.
- The centre provided free Wi-Fi for its patients. Each treatment station at the centre had an individual television, with a choice of free-to-view digital channels. Patients were provided with personal-issue headphones so their choice of viewing did not disturb others in adjacent bays. The waiting area also contained a wide range of books for patients to borrow.
- Managers and staff told us they were able to arrange for their patients to access dialysis treatment while on holiday in the UK or abroad, through a network of mutual support from other dialysis centres.
- Patients in the side rooms had a separate control for air conditioning to the rest of the unit. This meant they could alter the temperature to suit them.
- Staff told us the satellite coordinator from the NHS trust would assess any patients with learning disabilities and dementia before starting dialysis to see if was appropriate for them to dialyse at the centre. This meant patients were being cared for in the correct setting. If an existing patient demonstrated signs or symptoms of a learning difficulty or cognitive impairment, the nursing staff would contact the coordinator for advice.
- The centre had a safeguarding policy that said patients with learning disabilities would be encouraged to bring their hospital passport into the clinic. A copy of this would be made so that staff were aware of the individual's needs and likes. Where a patient with learning disabilities does not have a hospital passport they would be encouraged to complete the Diaverum clinic passport.
- Staff told us they could access interpreting services from the trust, it was identified on admission paperwork if one was needed.
- The dietitian showed us they had access to information in a range of languages. However, we noted all signs and patient information in the waiting area were in English.
- The centre had a range of patient information leaflets to help patients understand their condition. However, all of the leaflets we saw were in English.
- The patients' handbook was very comprehensive and included details of how to complain. However was also only in English.
- At the time of our inspection there were no non-English speaking patients that we could speak to. However, staff nurses told us non-English speaking patients did attend the centre for treatment. This meant, they would be reliant on a relative or carer translating information for them, if there was no information available in the language they spoke and read.
- The patients' handbook advised If patients had difficulty with language or mobility, it was advisable to bring someone with them on every visit. However, this may not have been possible for all patients.
- There was no 'self-care' facility for patients, which meant patients were reliant on staff to care for all of their needs.
- Patients told us they have to wait for more than 30 minutes at times for their treatment to start. One

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patient told us he never has the same nurse and does not know who is consultant is, but did feel if he needed to contact the consultant he could ask the nurse

- Patients also told us they cannot always find the television remotes and the temperature does not always suit all the patients.
- The centre had two consulting rooms, located off the main waiting area. We found conversations held in the consulting rooms could be overheard by patients sitting in the waiting area. We informed the centre managers of this finding at the time of our inspection. This was a breach of a regulation. You can read more about it at the end of this report.

Learning from complaints and concerns

- We saw there was a clear process for dealing with complaints. The patients we spoke with all knew how to complain and staff knew how to respond. Staff told us incidents and complaints were discussed in staff meetings and monthly quality assurance meetings. This meant all staff were updated with concerns relating to the centre.
- During April 2016 to March 2017, there had been three complaints, two verbal and one written. All were investigated and responded to in line with the centre's policy.
- Patients told us the centre's treatment station chairs became uncomfortable after about three hours' use. Staff told us they have purchased pressure relieving aids in response to patient feedback, and have four hospital beds. The trust satellite coordinator assessed if a patient required a bed before they started treatment at the centre.
- The centre provided Patient Advice and Liaison Service (PALS) leaflets for the transport provider in reception if patients want to complain directly to them.

Are dialysis services well-led?

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

Leadership and culture of service

- The centre's manager had 30 years' experience as a renal nurse and had a specialist renal qualification through university.
- All the staff we spoke with were friendly and accommodating, approachable and easy to talk to. They took pride in the unit, and in caring for their patients.
- We saw nursing staff and healthcare assistants worked together as a team. They were all aware of their roles and responsibilities and supported one another during busier periods to help deliver safe care.
- Staff told us they had good support from senior managers at Diaverum Management Facilities Limited. The manager said they had freedom to negotiate service contracts and improve their own service, without having to refer decisions to senior managers. This meant changes and improvements could take place quickly.
- Patients and staff told us the centre's manager was visible, supportive and approachable. The location of the manager's office meant they was accessible to both patients and staff.
- The manager informed us they had invested a lot of time in their staff and had confidence in their staff, they could manage when they were away and they knew how to escalate if necessary. The manager was able to describe how they would manage staff who needed additional support to perform their job role.
- The dietitian told us they felt part of the team, even though they were not employed directly by the centre.
- Managers from the trust confirmed relationships were positive and staff at the centre were always open and honest with them.
- All staff including the manager had yearly appraisals with an action plan.
- However, the manager's competencies for infection control and central venous catheter assessment had expired in 2016. This meant, until they had repeated and passed these two competencies, they should not have been assessing other staff members' competencies or carrying out processes they were not competent for.

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Vision and strategy for this core service

- The centre's mission was to improve quality of life for patients. We saw from staff interactions with patients and their co-workers, staff were working hard to try to achieve this for patients.
- The manager told us staff appraisals were based around the company values of caring, inspiring and passionate. Staff had to give examples of how they were performing against these values.
- The manager told us key objectives and goals of Diaverum Management Facilities Limited were open and everyone knew what the priorities were. We saw from the company's intranet home page, staff could easily access the chief executive officer's latest updates and messages, this ensured staff were kept up to date with changes within the wider company.

Governance, risk management and quality measurement

- The clinic manager and consultant nephrologist from the trust were the leads for governance and quality monitoring.
- The centre had monthly quality assurance meetings with the trust to discuss its performance against its contract. Meeting minutes for January to April 2017 showed a comprehensive standard agenda was followed and included discussion around any incidents affecting the delivery of the service, any changes to patient treatment, current patient numbers, appointments, number of sessions not attended and deaths.
- The meeting also discussed complaints, monthly audit results, training and appraisal rates, access problems and number of central venous catheters, list of hospitalised patients, diabetic patient review, dietitian report, building problems, and updates in trust policies.
- The centre audited dialysis records, prescription delivery, hand hygiene and care of central venous catheters monthly and infection control every three months.
- Action plans were formed for nursing staff following the meeting to ensure changes to patients' treatment

plans were made. Completion of these action plans by nursing staff was variable, we saw this had been raised by the manager in the February 2017, and compliance had improved after this.

- We were told the area manager for Diaverum Facilities Management Limited attended the contract review meetings with the trust and fed back to the centre manager through email.
- We were told safety alerts were escalated down from the lead nurse for Diaverum Facilities Management Limited to the clinic manager, who informed the nursing staff at hand over.
- The clinic manager, lead nurse and area manager would all be alerted through email if a serious incident had occurred. We saw evidence of root cause analysis being completed, including input from the consultant nephrologist from the trust. Root cause analysis helps an organisation identify the reasons for an incident happening in the first place, so that the organisation can put measures into place to prevent it from happening again.
- There were regular managers meetings between the managers of the different renal centres within the local area. They discussed issues and learned from centres that were performing well.
- All new staff had an induction programme that allowed them to complete competencies before treating patients, ensuring they were safe.
- The centre did not collect or report the Workforce Race Equality Standard (WRES) data.
- The centre had been using a risk register since January 2017 to record details of any potential risks identified at the centre. There was an action plan for all risks identified. However, the centre had identified in January 2017 that storage of oxygen cylinders was not adequate. We saw during our inspection, the centre had not made any progress in resolving this issue.
- Before the risk register, we were told the manager and area manager would discuss risks in one to one meetings. However, the centre did not provide any evidence of these discussions when we asked for evidence to show risks had been discussed.

Dialysis Services

- The centre's manager was unaware they were out of date with their yearly competencies. The centre had not correctly updated their competency matrix. Following the inspection, the centre had updated the matrix to correctly reflect the current levels of training.

Public and staff engagement

- The centre invited patients to complete a patient experience survey, called "I want great care" three times a year. We saw the overall score for the centre had improved since the last survey. The centre had formed an action plan following the survey, we saw this had been completed. Both the survey and the action plan were displayed for patients to see.
- The manager told us they were aware the response rate to the patient survey was not as good as other centres. However, they had an open door and patients could complain at any point. Patients we spoke with confirmed this. The manager gave an example of patients wanting a teapot and actual mugs rather than paper cups to drink from, so the centre purchased mugs and a teapot. When patients complained they did not like it when the centre changed the biscuits supplier they went back to the original. Wall clocks were also purchased in response to patient feedback, these could easily be seen from their position in each bay.
- The centre also had a suggestion box in the waiting area, patients could use this to leave comments.
- We saw information about the centre's performance against targets, patient experience feedback, holiday planning for patients, and how to reclaim travel costs displayed on a notice board for patients in the centre's waiting area.
- Another notice board in the waiting area displayed photographs of the managers responsible for the centre, together with their names, email addresses and direct telephone numbers.
- The staff survey was completed yearly with an action plan being formed afterwards. All staff had completed the most recent survey, and more than the national average voted they would recommend it as place to

work. Nursing staff had commented there was not enough time to complete e learning, as a result, the manager had allocated each nurse with time each month for e learning.

- The centre used a newsletter to update staff on new and existing policies, events at other centres, and there were details of an email address if staff wanted to give feedback.
- We were told patients wanted nursing staff and the manager to be visible, this feedback had been included in the design of the building. The manager's office was accessible from the waiting area and from the main unit. Nursing staff were positioned at the end of each bay, so they were visible to patients at all times.

Innovation, improvement and sustainability

- We saw there was a strong focus on quality and improving. The manager told us safe care did not always have to be expensive, and gave examples of items they have purchased to improve care and experience. This included a small device that is placed over the dialysis needles and alerts nurses if needles have been displaced.
- Managers told us they were keen to develop staff and keep staff working at the centre or within the wider company. The manager used a talent matrix was to identify which areas a nurse needed development in. The centre offered opportunities for progression, to attend a renal course at university, to attend a mentorship course, become a link nurse or be involved in trials such as the paperless project.
- We were told one nurse would be attending the Diabetes Mellitus champions study day, to improve her knowledge and skills as the centre were seeing an increasing number of patients with Diabetes. The sickle cell specialist nurse from the trust would be working with nursing staff to improve their knowledge of sickle cell disease and the renal nurses would help improve the knowledge of the sickle nurse in renal disease.

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- We were told the manager or deputy manager would carry out time and motion studies to try to identify improvements. Last year, they identified time saving improvements for nursing staff by reorganising the dirty utility room.
- The clinic manager and deputy manager did peer reviews at other centres within the wider company. They fed back to the manager there, but also used any learning for their own centre. We were told this helped with the deputy's training, as part of succession planning.
- The centre was looking to employ band 4 dialysis support workers who will be able to cannulate. The manager described a comprehensive training program, which included practical assessment, computer based training, competency in practice and practical sessions with a nurse.
- The centre were working towards a paperless environment, they have recently taken part in a trial which involved nurses using a handheld device to record data instead of paper notes.

Outstanding practice and areas for improvement

Outstanding practice

- The service had direct access to electronic information held by the local NHS trust. This meant that staff could access up-to-date information about patients, for example, details of their current medicines and blood results. Employees of the local

NHS trust who worked at the centre could also access their own records and those of the centres while they were at the centre. This meant they had access to up to date information and could update their own records immediately.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that conversations in the centre's consulting rooms cannot be overheard by people in the waiting area, to ensure patients are treated with dignity and respect.
- The provider must review its compressed gas storage arrangements to ensure cylinders are stored safely in accordance with The Department of Health: Medical gases. Health Technical Memorandum 02-01 (2006).
- The provider must ensure its clinical waste bags are labelled in accordance with the Department of Health's Health Technical Memorandum 07-01: Safe management of healthcare waste.

- The centre's manager must ensure their yearly clinical competencies are completed and they review any staff competencies they signed off in 2016 and 2017.

Action the provider **SHOULD** take to improve

- The centre should ensure the competency matrix is regularly updated to correctly reflect the level of completion by staff.
- The centre should ensure all records with patient identifiable information are stored safely.
- The centre should make available written information in languages to meet the needs of all of its patients.
- The centre should label all sharps bins correctly at the time of assembly and disposal, in case this information is needed in the future.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>Service users must be treated with dignity and respect. The registered person must ensure the privacy of the service user.</p> <p>Conversations between patients and clinicians in the provider's consulting rooms could be overheard by people in the centre's waiting area.</p> <p>Regulation 10 (1)(2)(a)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. The registered person must ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.</p> <p>The centre's manager had not completed their yearly clinical competencies since 2016.</p> <p>Regulation 12 (1)(2)(c)</p>
Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

All premises and equipment used by the service provider must be suitable for the purpose for which they are being used and properly used.

The registered manager must review its compressed gas storage arrangements to ensure cylinders are stored safely in accordance with The Department of Health: Medical gases. Health Technical Memorandum 02-01 (2006).

The registered manager must ensure its clinical waste bags are labelled in accordance with the Department of Health's Health Technical Memorandum 07-01: Safe management of healthcare waste.

Regulation 15 (1)(c)(d)