

K C Holiday Dialysis 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

Summary of findings

Letter from the Chief Inspector of Hospitals

KC Holiday Dialysis Centre is operated by K Chengadu. The unit is accommodated in a residential detached house in Southbourne, Bournemouth. The service consists of eight stations in a main room and one station in a side room used for isolation purposes.

KC Holiday Dialysis Centre has a contract with the local NHS trust to provide haemodialysis for approximately 20 regular patients. The unit also has a contract with NHS England to provide a holiday dialysis service to patients who visit the area. All the patients remain under the care of the NHS consultants at their host NHS trust.

We inspected this service using our comprehensive inspection methodology. We carried out the announced inspection on 24 May 2017.

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

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

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:

- Staff reported incidents which were investigated and actions taken in response to share learning.
- The unit was visibly clean and organised. There was one isolation room which was used to minimise the risk of cross infection when needed.
- We reviewed the records which demonstrated the service monitored and maintained the environment, equipment, including dialysis machines and water systems to ensure dialysis services were provided safely.
- Registered nurses delivered the service. There was sufficient nursing staff to meet the Renal Workforce Planning Group guidance (2002) of one nurse to four patients.
- Patient outcomes were monitored and reported to the host NHS trust for submission to the Renal Registry.
- Staff followed evidence based treatment and best practice guidance to ensure patients' care was planned and delivered effectively.
- The unit had close links with the NHS trust to ensure care was coordinated and appropriate communication was shared between the unit and NHS trust.
- Staff demonstrated a caring and compassionate attitude to patients.
- Patients we spoke with were overwhelmingly positive about the care they received. They felt they were consistently treated with respect and dignity. The 2016 patient survey results showed 100% of patients would recommend the service.
- Patients we spoke with were confident to raise their concerns and complaints. Although the service had not received any complaints in the period between May 2016 and April 2017.
- An experienced manager and senior team who were directors of the service led the unit. Two nursing staff held renal qualifications.

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

- There was a lack of effective governance arrangements including processes for updating policies in line with national guidance and collation of service risks and mitigating actions.
- Not all staff were up to date with mandatory training requirements. Nursing staff were not trained to safeguarding children level 2 in accordance with national guidance.

Summary of findings

- The service did not have formal arrangements for checking patient's identity before administration of medicines in line with Nursing and Midwifery Council (NMC) Standards for Medicine Management (2007).
- Staff did not consistently follow infection control procedures to ensure the clean field was always maintained.
- Staff had not received training on the requirements of the duty of candour regulation.
- The service had not implemented the Workforce Race Equality Standards (WRES).

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

Professor Edward Baker
Chief Inspector of Hospitals

Overall summary

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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KC Holiday Dialysis Centre

Services we looked at

Dialysis Services

Summary of this inspection

Background to K C Holiday Dialysis Centre

KC Holiday Dialysis Centre is operated by K Chengadu. The service has been established over 20 years. It is an independent service in Bournemouth, Dorset. The unit is contracted by an NHS trust to provide a dialysis services to a small number of regular adult patients (18 years and over). The unit also cares for adult patients who visit the area on holiday.

The service is registered to provide the regulated activity of Treatment of Disease, Disorder or Injury.

The service had a registered manager in post since 1 October 2010.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, Kouser Chaudry and a second CQC inspector. The team was overseen by a CQC inspection manager, Lisa Cook.

Information about K C Holiday Dialysis Centre

The unit is accommodated in a residential detached property in Southbourne, Bournemouth. The unit consists of eight stations in a main room and one station located in a room for isolation purposes. The unit operates Monday to Saturday, 8am to 7pm. There are two treatment sessions for patients daily: morning (8am) and afternoon (1pm).

The unit is contracted by an NHS trust to provide haemodialysis to adult patients who are referred by the NHS trust. The service also provides dialysis for patients who visit the area on holiday. All the patients remain under the care of NHS consultants.

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury

During the inspection, we visited the unit, we spoke with four staff including; registered nurses, and the unit manager and we spoke with 10 patients. We also received 17 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed six sets of patient records.

Activity (February 2016 to January 2017)

- In the reporting period February 2016 to January 2017, 20 patients attended the unit for haemodialysis; approximately 60% of patients were over the age of 65 years. The total number of haemodialysis sessions in the same period was 829.
- Staffing on the unit consists of four registered nurses
- Track record on safety
 - No never events
 - No incident of death
 - No serious incidents
 - No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA),
 - No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
 - One incident of bacteraemia
- No complaints

Services accredited by a national body:

There were no services accredited by a national body

Services provided under service level agreement:

- Maintenance and servicing of dialysis equipment
- Cleaning contract

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We found the following areas of good practice:

- The unit and equipment was visibly clean and maintained to keep people safe. Infection control practices were monitored to provide assurance.
- Staff reported incidents which were investigated and learning shared.
- Nurse staffing levels were planned, implemented and reviewed to keep patients safe at all times.
- Patient records were maintained, updated and stored securely.
- Plans were in place to respond to emergencies and major situations.

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

- Nursing staff were not trained to safeguarding children level 2 in accordance with national guidance. One member of staff out of four was not up to date with the unit's mandatory training requirements.
- The arrangements for checking medicines before administration was not in line with Nursing and Midwifery Council (NMC) Standards for Medicine Management (2007).

The service did not have a specific policy with regards to identification and management of sepsis.

Are services effective?

We found the following areas of good practice:

- Patients care and treatment was planned and delivered in line with Renal Association and National Institute for Health and Care Excellence standards.
- Staff performed regular monitoring of patients throughout their treatment.
- The unit manager monitored and reported patient outcomes to the trust for regular patients to improve care for patients.
- Staff were supported to deliver effective care and treatment, including through training.
- Staff were competent and had the skills they needed to carry out their roles effectively.

Are services caring?

We found the following areas of good practice:

Summary of this inspection

- Feedback from patients was overwhelmingly positive.
- Patients were treated with dignity, respect and kindness during all the interactions we observed with staff.
- Patients told us they felt supported and empowered to make decisions about their care.
- Staff displayed compassion with patients and helped patients to cope emotionally with their care.

Are services responsive?

We found the following areas of good practice:

- The needs of different people were taken into account when planning and delivering services.
- Facilities and premises were appropriate for the services being delivered.
- The service provided written information to patients on the service and information was accessible on the KC Holiday Dialysis website.
- The service made arrangements for patients to continue their dialysis treatment when they went on holiday.

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

- The complaints procedure did not reflect up to date national regulations, for example, it referenced the Care Standards Act 2000 which has been superseded by the Health and Social Care Act 2008.

Are services well-led?

We found the following areas of good practice:

- Local leadership was effective and accessible to staff on a day to day basis.
- Staff were aware of the vision and aims of the unit.
- There was effective patient engagement through the annual survey and informally on a day to day basis.

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

- The governance processes were not effective. Not all policies had been updated to take account of national guidance and legislation.
- The risks to the service were not collated and documented in order to ensure they were all mitigated against.

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are dialysis services safe?

Incidents

- Staff were familiar with the organisation's incident reporting system. Staff reported incidents on a paper incident form and informed the unit manager. The unit manager or deputy carried out an investigation if necessary and implemented changes if needed.
- Data provided by the unit showed, from February 2016 to May 2017 staff had reported seven clinical incidents. Of which four were rated as high or severe and three as moderate. The grading of the severity level was not consistent with the NHS revised serious incident framework (2015). The recorded severity level did not clearly consider the impact of the incident and likelihood of recurrence as a basis for the incident grading. Three incidents related to signs of infection and two of these highlighted delays to the ambulance arrival when the emergency service was called to transfer a patient from the unit to the hospital.
- From November 2016 to May 2017, nine patient transport incidents were logged during this period, which related to attitude of the driver and/ or delays to pick up. These had been addressed individually with the patient transport provider.
- There were no never events reported between April 2016 and 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.
- The unit manager was responsible for investigating incidents and had undertaken training on this and root cause analysis to enable them to fulfil their role.
- The incident reporting policy (2015) did not take into account the NHS revised serious incident framework (2015) or duty of candour regulation.

- 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 unit had reported no duty of candour incidents. Staff were aware of the requirements to be open and honest with patients in circumstances which resulted in harm or potential harm.

Mandatory training

- The mandatory training plan identified training requirements for staff. For example, all staff were required to undertake basic life support, moving and handling, safeguarding, infection prevention and control, fire safety, information governance and equality and diversity.
- The mandatory training records showed all staff except the unit manager were up to date with all their training requirements. One member of staff was not up to date with safeguarding vulnerable adults and mental health awareness training; training certificate had expired in December 2016.
- The unit did not use agency staff and had not employed agency staff in the previous 12 months.

Safeguarding

- KC Holiday Dialysis Centre had a safeguarding adults and children's policy (2016) which was accessible to staff. However, the policy did not take into account the statutory guidance on working together to safeguard children 2015 or safeguarding policy protecting vulnerable adults (2015). One of the nurse director's was the unit safeguarding lead. All staff had undertaken safeguarding adults training. All the registered nurses (RN) had undertaken safeguarding children level 1

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training. The intercollegiate document (2014), safeguarding children and young people: roles and competencies for healthcare staff, recommends clinical staff should have participated in level 2 training.

- Staff we spoke with had an awareness of how to identify safeguarding concerns. They were aware that they nurtured long term relationships with their patients and may be in a position to identify potential risks to patients and family members through conversations or observing a patient's change in mood or behaviour. Safeguarding information including contact numbers of the local safeguarding team was accessible on the unit.
- Staff at the KC Holiday Dialysis Centre had raised no safeguarding incidents in the 12 months up to the inspection in May 2017.

Cleanliness, infection control and hygiene

- We observed all areas of the unit and equipment were visibly clean. The manager employed contract cleaners to clean the unit every evening after the second dialysis session. A cleaning schedule was on display which recorded daily, weekly and monthly cleaning tasks. The clinic manager carried out monthly cleaning audits which showed compliance in all areas except cleaning of external windows; however, there was no actions to address this non-compliance. The improvement plans for February 2017 to May 2017 showed actions for staff to take to improve compliance, for example, ensuring surfaces are kept clear at the end of the day to enable efficient cleaning of the area.
- The unit manager carried out an infection control risk assessment dated March 2015, with a review date of March 2018. Although the manager said the risk assessment had been updated since then.
- Staff we spoke with said they had no concerns regarding the standard of cleaning in the unit. Patients we spoke with and comments cards we reviewed highlighted patients thought the clinic was clean.
- We observed staff were bare below the elbow and had access to personal protective equipment, including gloves, aprons and visors and these were used appropriately. Adequate supplies of hand sanitiser were available at every station and entrance to unit, which we observed staff used appropriately
- Staff carried out strict cleaning procedures before, during and after the connection and disconnection processes, in accordance with KC Holiday Dialysis Centre infection control procedures.
- Procedures were in place to assess patients as carriers of blood borne virus (BBV), this included routine testing of regular patients in line with best practice guidelines and as part of the admission requirements for all holiday patients before they were accepted for treatment.
- At KC Holiday Dialysis Centre between February 2016 and January 2017 there were no reported cases of hospital acquired infections: methicillin resistant staphylococcus aureus (MRSA), methicillin sensitive staphylococcus aureus (MSSA). There was one reported case of bacteraemia during the same period which had been investigated.
- Protocols were in place to screen patients returning from holiday from regions where there was a high risk of infection for BBV, such as HIV, hepatitis B and hepatitis C. The unit did not provide holiday dialysis for patients infected with HIV, hepatitis B and hepatitis C. The unit had one side room which could be used to accommodate patients with a known or suspected infection. Where patients were identified as carriers of BBV, they were dialysed using a dedicated dialysis machine in a side room to mitigate the risk of cross infection. We observed blood pressure cuffs and tourniquets in use were made of fabric and not named patient which increased the risk of cross infection. Although staff cleaned them between patients, this was not the most effective way to remove bacteria from fabric.
- The unit's infection control policies and procedures gave staff clear guidelines to reduce the risk of cross infection, for example MRSA and MSSA screening, BBV, no-touch aseptic technique and the use of the isolation room.
- The unit manager was the designated lead for infection control. They undertook infection control audits. This included monthly observational hand hygiene audits to check staff
- complied with aseptic and clean procedures. The results showed between February 2017 and May 2017, staff were compliant with effective hand hygiene techniques. All staff had training on infection control as part of their mandatory training requirements.
- We observed staff carry out two patient connections and four disconnections of patients to the dialysis machines using clean and aseptic techniques. We observed five clean and one aseptic no touch

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technique. On one occasion we observed staff used same hand to touch the monitor and the patient during the clean technique procedure. This increased the risk of cross infection and compromised the clean field.

- Staff wore appropriate masks/ visors in accordance with agreed procedures. Equipment was arranged appropriately on the trolley for use and segregation of clean and dirty items was adhered to.
- We observed staff disposed of clinical waste including needles appropriately. Clinical waste facilities were secure and only accessible to authorised staff. A dedicated waste disposal contractor removed clinical waste weekly.
- Records showed staff carried out daily tests which showed the bacteriological surveillance of haemodialysis fluids water quality. The results were within safe limits.

Environment and equipment

- The KC Holiday Dialysis Centre was located on the ground floor of a residential detached house. There were eight stations in the main area and one station in a room used for isolation purposes. The dialysis room itself was in a good state of repair, however, some parts of the unit, the entrance and waiting room showed peeling paint and small cracks in the walls. The manager said there was a programme of redecoration and we saw the isolation room had recently been renovated.
- Access to the unit was secure through the front door. There was a small waiting area which staff said was rarely used as patients' appointments were staggered. This meant patients were shown straight to their station. During the inspection we observed patients did not use the waiting room.
- The stations all had reclining chairs and there was a bed available in the isolation room. There was sufficient space surrounding each unit to ensure compliance with Health Renal Care Health Building Note 07-01: Satellite Dialysis Unit. Portable screens were available if needed to provide separation and privacy between stations.
- The unit had an agreement with the local NHS trust for the provision of maintenance of the dialysis equipment. A rolling preventative maintenance plan was in place to ensure all medical and non-medical equipment was

serviced according to manufacturers' recommendations. As of May 2017, the records we saw showed all maintenance was up to date for the equipment.

- There was close monitoring of the water treatment and daily checks took place to monitor constituents. Microbiological and chemical analysis records showed water quality was satisfactory. We checked records including water treatment maintenance, electrical safety, service records and filter change records. Monthly water testing and bacteriological testing was carried out off site by sending samples for analysis to specialist laboratories. Full chemical analysis was performed every three months. Chlorine levels were checked daily and were in range.
- We observed resuscitation equipment was appropriate for the clinic's use. Medicines and equipment were in date and records showed that the trolley was checked daily.
- At the time of the inspection the dialysis machines we reviewed were all below 30 000 hours of usage. Renal Association guidelines recommend machines should be replaced every seven to ten years or between 25 000 to 40 000 hours of use. One spare machine was also available.
- The unit did not carry out an annual health and safety audit to review the ongoing environmental issues of the service.

Medicine Management

- KC Holiday Dialysis centre had a medicines management policy (2016). However, it did not refer to the Nursing and Midwifery Council (NMC) Standards for Medicine Management (2007) or take in to account all the standards.
- We observed medicines were stored in tidy locked cupboards in a visibly clean utility room. One of the nurses on duty held the keys to the cupboard. Medicines we viewed were in date. However, the room which contained the medicines was not temperature controlled. A window allowed in warmth and sunlight, which meant there was a risk the temperature of the room could rise to above the recommended range and affect the integrity of stored medicines. Following the inspection the provider installed a room thermometer and had contingency plans if the temperature exceeded the maximum.

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- The medicines fridge was secure, clean and not overfilled to allow air circulation. Records indicated that fridge temperatures had been checked daily. However, although records indicated minimum and maximum temperatures had been recorded, there were occasions when the maximum temperatures had been above the recommended range and there was no explanation or note of action taken. This was raised with registered manager at the time to take action.
- Staff checked patient's identity through confirming their name and date of birth when patient's commenced treatment on the unit. The unit had eight stations and a maximum of four staff. We observed staff were familiar with their patients and knew them individually. However, we did not observe staff formally checked patient's identity with the patient each time they administered medicines. We requested the provider's policy on identity checks but this was not made available to us.
- A non-medical prescriber at the local NHS trust prescribed medicines for patients who were referred from the trust. At the time of the inspection, changes to prescriptions were communicated by email and this was raised as a breach in compliance with the legislation, Human Medicines Regulations 2012. However, following the inspection the manager said the process had been changed to ensure all changes to prescriptions were signed by the nurse prescriber and posted to the unit.
- We reviewed five medicines' prescriptions and the patients' dialysis prescriptions. Oxygen and pain relief was only administered in an emergency. The unit did not use patient group directions (PGD). PGDs are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- The unit did not store or administer medicines classified as controlled drugs.
- We asked about the arrangements for patients who go on holiday and those who attend the unit for dialysis whilst on holiday. The manager reported patients from KC Holiday Dialysis Centre who went on holiday had their medicine prescribed by the consultant, dispensed by the hospital pharmacist and delivered to the unit.
- Arrangements were in place to ensure the home unit of the patients who attended the KC Holiday Dialysis

Centre whilst on holiday provided a prescription. Holiday patients supplied their own medicines which would have been provided to them by their home unit, labelled for their individual use.

Records

- The unit used paper records. Records were stored securely in locked filing cabinets when not in use.
- Paper records included the admission forms, consent forms, care plans, and prescriptions and clinic letters were stored in the patient's file. Paper records were stored securely in a locked cabinet on the unit. They were placed at each station ready for patients when they arrived for their dialysis session.
- Information was shared with the trust. Records were sent to the trust by secure email. Clinic letters, monthly blood results were copied to the unit and stored in patient records.
- We reviewed paper care records for six patients during the inspection, five regular patients and one holiday patient. The records for each dialysis session contained observations: BP, temperature, prescription and dialysis details such as filtration rate and weight.
- For holiday patients, detailed clinical information was requested and provided by the patient and home unit.
- We saw records were kept up to date with care plans and risk assessments completed appropriately. For example, a monthly holistic risk assessment was completed including changes to physical condition, mobility, review of access site, pressure ulcer risk assessment and falls risk assessment.
- The clinic manager undertook a biannual records audit of the quality of nursing documentation of patients' records. The last audit (January 2017) showed improvements were needed in the completion of patient details on the records to confirm patient identification.

Assessing and responding to patient risk

- The consultant nephrologist at the NHS trust referred patients to KC Holiday Dialysis Centre who met the criteria of suitability to be dialysed at the unit. For example, they were stable and did not have complex care needs.
- All new patients were assessed through an admission procedure checklist. At each visit patients' observations were taken including weight, temperature, pulse and

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blood pressure at the beginning and end of dialysis. The dialysis machine monitored blood pressure and pulse during treatment and alarmed if this was higher or lower than the normal range.

- The staff cared for patients who practised varying dialysis techniques and some home patients who were fully self-caring. Staff said they risk assessed each patient and aimed to provide dialysis for the patient to meet their needs and ensure they were safe.
- We observed patients were assessed before, during and after dialysis. If any concerns were identified, for example, if the patient's temperature was high and they were showing signs of infection, advice was sought from the renal consultant at the NHS trust or renal ward. Staff followed pathways in the event of a patient deteriorating during dialysis, for example, if the patient was hypotensive or had a high temperature.
- Alarms on the dialysis machines would sound for a variety of reasons including, sensitivity to patient's movement, blood flow changes, or leaks in the filters. We saw the alarms were used appropriately and not overridden; when alarms went off we saw nursing staff check the patients and the lines before cancelling the alarms.
- During the inspection we observed a patient (a home dialysis patient who practiced self-care) had a 'blow out.' A blow out refers to when some blood had leaked out of the vein into the surrounding tissue of the fistula site. This may lead to bruising and swelling in the area. We observed staff took appropriate action in accordance with the pathway to manage the blow out. The patient who was a holiday patient appeared relaxed and reassured throughout the incident. The patient recovered and safely left the unit.
- Data showed there had been two emergency patient transfers (via 999) from the unit to the trust hospital between 1 April 2016 and 31 March 2017. The reasons for transfers related to patient deterioration due to suspected infection and suspected stroke. The admission criteria for holiday patients were that they should be stable, fit and healthy to travel and have approval from their consultant. If a holiday patient deteriorated whilst at KC Holiday Dialysis Centre, staff would call the emergency service or the patient's home unit depending on the patient's condition.
- There was a team of five renal consultants who were responsible for patients and a rota which informed unit

staff who to contact if they were concerned about a patient. Data showed no patients had been referred to the consultant team from KC Holiday Dialysis Centre between April 2016 and March 2017.

- Risk assessments were updated monthly for regular patients or if the patient's condition changed, for example, following an admission to hospital.
- KC Holiday Dialysis Centre did not use a sepsis toolkit to assess patients for septicaemia, however, staff clinically assessed patients before they began their dialysis treatment and also used a recognised tool to assess the access site for signs of infection. This meant staff were able to identify a patient who was deteriorating and seek medical advice. The incident data for the period April 2016 to March 2017 showed three incidents of infection which had been escalated appropriately.
- All staff were trained to basic life support level and had automated emergency device training. The unit resuscitation policy (2016) did not reference the UK Resuscitation Guidelines 2015. The contract with the trust to provide dialysis service required each shift to have a nurse trained in advanced life support. The provider said this had been brought to the attention of the trust and the contract was due to be reviewed to bring it in line with national guidance, which did not require advanced life support trained staff for satellite dialysis unit.

Staffing

- The unit operated on a staff to patient ratio of 1:4 as stipulated in the contract with the NHS trust and in line with Renal Association guidelines. There were four registered nurses providing the service; three were directors of the company and one was employed.
- The unit's planned staffing levels were two registered nurses on each shift. No dialysis assistants or healthcare assistants were employed by the unit. No agency staff were employed by the unit or had worked on the unit in the previous two years.
- There were no medical staff employed by the unit. Patients had contact with their NHS consultants at three monthly appointments. Staff on the unit would contact the renal consultant on duty if needed.
- Technical staff were not based at the unit. However, the unit had a contract with renal technicians at the local NHS trust to provide a maintenance and repair service for the dialysis machines.

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Major incident awareness and training

- Staff were familiar with the unit's emergency preparedness plan in case of fire, service failure, gas leak, water leak and building damage. The manager said in the event of a major incident, such as water failure, holiday patients' bookings would be cancelled and they would be referred back to their home unit. Regular patients would be referred to the local NHS trust.
- There was appropriate provision of emergency equipment in the clinic. Staff had received relevant training to ensure they could use equipment safely.
- A fire risk assessment was in place (2015 review of 2018) for the premises and fire safety checks had taken place by a fire safety contractor.
- Arrangements were in place to ensure the electricity and water boards would contact the unit in case of planned disruption to the services to ensure work was carried out when the unit was closed. Secondary pumps were in place to provide back up if needed.
- Following the inspection the provider implemented personal emergency evacuation plans (PEEP) for each patient. The PEEP outlined the patient's individual assessment including mobility needs in the event of emergency evacuation during dialysis.

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

Evidence-based care and treatment

- Treatment protocols were based on national guidance, for example the Renal Association Guidance, National Kidney Foundation's Kidney Disease Outcomes Quality Initiative, European Dialysis Transplant Nurses Association and National Institute for Health and Care Excellence (NICE) Guidelines. Policies, procedures and protocols were developed and reviewed by the unit's directors.
- Individualised care pathways and treatment prescriptions were available for the dialysis patients in the clinic on the day of the inspection. The NHS renal consultants were responsible for ensuring dialysis treatment was prescribed in accordance with best

practice. Patients' pathways were observed in the healthcare record as per their individual needs for example; fluid management, specialised renal medication, and fistula or line access.

- Blood results were reviewed on a monthly basis and infection screening was carried out as scheduled within the calendar year. Adequacy of dialysis treatment was measured monthly and assessment of the patient's fistula site in line with Renal Association Guidelines.
- The majority of patients who were referred to KC Holiday Dialysis Centre had an arterio venous fistula in place. Those patients who had a central line, normally had an underdeveloped fistula or a plan to create an AVF. The trust monitored comparative data of the units it contracted with; data showed as of May 2017 KC Holiday Dialysis Centre had 100% patients with arteriovenous fistula (AVF). An AVF is the formation of a large blood vessel usually in the arm, created by surgically joining an artery to a vein, this form of vascular access is considered to be the best form of access for haemodialysis.
- Staff were knowledgeable about the types of needling techniques and confirmed they used the appropriate method in line with national guidance for different procedures.

Pain relief

- Patients were instructed to bring their own regular medication into the unit as needed for self-administration including pain relief for needling if required.

Nutrition and hydration

- Patients on dialysis are required to maintain a restricted diet and fluid intake to manage their condition. We saw patients were offered regular hot and cold drinks and toast/ sandwiches.
- The renal dietitian from the NHS trust attended the unit twice a month to see regular patients. Patients were aware of their dietary restrictions and how to obtain advice.
- In our review of six medical records we saw patients' weight was recorded pre and post dialysis and carefully monitored to ensure the appropriate amount of fluid was removed during the dialysis treatment.

Patient Outcomes

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- The unit did not directly submit data to the UK Renal Registry. However, all the relevant patient data including blood results, dialysis time and infection rates were submitted to the NHS trust. This data was collated with the trust and other units' data that the trust contracted with into one complete data set for submission to the UK Renal Registry. This allowed benchmarking and comparison of different trusts' performance.
- All patients at KC Holiday Dialysis Centre were on haemodialysis. The unit monitored clinical outcomes for patients receiving dialysis similar to the Renal Registry data. The NHS consultant reviewed patients' blood results and vascular access management monthly. NHS staff informed KC Holiday Dialysis Centre of any changes needed to their patients' dialysis treatment or medicines. The renal dieticians also reviewed the blood results and discussed concerns and recommendations around patients' dietary intake.
- The following outcomes were audited; achievement of quality standards (Renal Association Guidelines), patient observations, dialysis access specific data, and infection control interventions and body composition monitoring. This highlighted the opportunity to improve outcomes for patients.
- There are standard measurements in line with Renal Association Guidelines to monitor the quality of dialysis adequacy or how effective dialysis was; these include the urea reduction rate (URR) and Kt/v. As of April 2017 at KC Holiday Dialysis Centre, 100% of patients met the standard of URR greater than 65%, the average was 74.5%. As of May 2017, 100% patients met the standards of Kt/v greater than 1.2, an average of 1.4.
- Feedback from the trust indicated they were satisfied the outcomes for patients treated at KC Holiday Dialysis Centre was within the standards expected.
- Patients we spoke with said although there had been issues regarding delays to patient transport in the past, the service had now improved and they did not have any concerns. The patient transport service was contracted and monitored by the NHS trust. The NICE quality standards 72- statement 6) indicates that adults using transport services to attend for dialysis are collected from home within 30 minutes of the allotted time and collected to return home within 30 minutes of finishing dialysis. The quality standard indicates dialysis

providers should collect evidence at unit level to ensure the standard is being met. The KC Holiday Dialysis Centre measured this standard. Ten out of 19 regular patients used the patient transport service.

- In the period January 2017 to May 2017 there were no events when patients 'failed to attend' for their dialysis sessions,
- From May 2016 to April 2017, there were no site infections reported by the unit.
- The service conducted a clinical audit project to identify the number of hypotensive episodes during dialysis, however, the number of episodes was very small and it was not possible to draw conclusions.

Competent staff

- One of the nurse directors was the lead on education and training. They assessed nurses' dialysis competency annually to ensure staff had the correct skills to perform their roles.
- Staff were also invited to relevant NHS trust training and renal training at the NHS trust. All staff were members of the European Dialysis and Transplant Nurses Association and were kept up to date with advances in their field of practice. In house training was carried out but not recorded.
- The service had an induction competency programme in place. Employed staff had appraisals to meet revalidation requirements. Records showed employed staff had participated in an appraisal and all nursing staff had completed revalidation or were due to the following year. No agency staff were employed.
- At the time of inspection at KC Holiday Dialysis Centre there were two nurses with renal qualifications.
- The staff had links with NHS trust education nurse specialist, vascular access management nurse and the renal matron for support and advice
- Staff did not carry out blood transfusions at the unit.

Multidisciplinary working

- We observed effective team work and support within the unit between nurses on duty.
- The patients treated on the unit remained under the care of their NHS consultant. Staff we spoke with said they had excellent links and access to the medical team at the NHS trust both for routine and urgent contact. They also had ready access to the dietitian and renal social worker. For holiday patients the unit contacted the host trust.

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- A dietitian visited the unit twice a month to advise and support regular patients.

Access to information

- The unit received information by fax and secure email. The trust sent blood results and instructions to change medicines, to the unit by email. Documents were printed and filed in a patient record. At each visit patient records were placed at the station readily accessible for staff.
- Detailed renal and dialysis information was required by the unit before they accepted holiday patients for dialysis.
- We saw staff updated records during the patient's dialysis treatment or soon as possible after.
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Equality and human rights

- The unit had an equality and diversity policy in place and all staff completed an equality and diversity training course as part of the unit's mandatory training programme.
- From 1st August 2016 onwards, all organisations that provide NHS care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment, or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services. Staff on the unit were not familiar with the standard.
- The unit staff spoke languages other than English. However, they said all their regular patients spoke English and they rarely had holiday patients who could not communicate in English. They had access to an interpreting service if needed.

Consent, Mental Capacity Act and Deprivation of Liberty

- As part of the admission process patients' consent was sought and documented. We saw completed consent forms in all the records we reviewed.
- Staff completed training on The Mental Capacity Act (MCA 2005) training every three years as part of the KC Holiday mandatory training programme.

Are dialysis services caring?

Compassionate care

- We observed staff interacted with patients in a caring and compassionate manner. Staff put patients at ease and engaged them in light hearted conversation.
- We spoke with 10 patients during the inspection visit, eight regular patients who had been attending the unit for approximately two years and two holiday patients. All the patients we spoke with were very positive about the care they received at the unit. Patients praised the service highly and made comments such as: "I don't think I could get a better service anywhere", "Everything is perfect", "Treated as an individual",
- We received 17 completed comments cards from patients who attended the unit. All the comments reflected what we heard during the inspection, such as 'Complete confidence in the staff', 'As good as it gets on dialysis', 'Nothing is too much trouble'.
- Patients said transport had been an issue in the past but was much improved now; the temperature of the unit was fine. We observed staff were caring, attentive and engaged in light-hearted conversations with the patients, this created a friendly relaxed atmosphere on the unit.
- The 2016 annual patient satisfaction survey results based on 102 responses (46%) showed 100% of patients would recommend the service.
- We observed numerous thank you cards from patients on display in the entrance to the unit. Some had patient names and addresses; these were immediately removed before the end of the inspection to preserve patient confidentiality.

Understanding and involvement of patients and those close to them

Dialysis Services

- Patients and carers were involved in their care in line with NICE guidance (NICE QS15). Patients we spoke with confirmed they were provided with a sufficient patient information/ welcome pack on admission to the unit as part of the holiday information.
- The 2016 patient survey results showed all patients responded that they received enough information and felt they were involved in decisions about their care and treatment.
- Patients said they were regularly kept informed about their blood results and changes to treatment through their nurse and consultant appointments. One patient said “Nurse always comes to tell us what the results are”.
- The unit supported patients to participate in their own care as far as possible. However, the majority of regular patients preferred not to self-care, beside from weighing themselves pre and post dialysis.
- The unit manager recognised that holiday patients’ needs varied considerably, some were fully self-caring; for example the home patients and the majority were partial self-caring. Holiday patients were encouraged to continue their practice as normal, with staff supporting and adapting to their needs.
- Transport for patients who required it was organised by the NHS trust. There was no specific transport user group for patients at the unit. However, transport issues, for example, delays were logged by the unit, in line with NICE guidance (NICE QS72).
- Parking was available outside the unit including a designated ambulance bay in front of the unit entrance.
- The clinic had a small waiting room. The unit was wheelchair accessible. There was a disabled access toilet on the unit and one disabled access toilet in the isolation room. A range of patient information was available in the waiting room. For example, literature on diet and lifestyle and the local kidney association.
- Patients were allocated specific appointment times. This meant patients did not have to wait to be connected or disconnected from the dialysis machines. We observed staff gave patients individual attention from the time they entered the unit until they left.
- Patients on dialysis require treatment for four hours, hence suitable distraction/ entertainment to pass the time is essential. KC Holiday Dialysis Centre offered patients free Wi-Fi access and an individual TVs and DVD players if they wished.
- At the time of inspection the service did not have any patients with learning disabilities or living with dementia but would accept patients with special needs if the KC Holiday Dialysis Centre could meet their needs. There had been no referrals to the social worker at the NHS trust. The unit had access to interpreters via the NHS trust, from April 2016 to March 2017; the service had not used any formal interpreters. Staff said all regular patients spoke English and the majority of holiday patients also spoke English. They recalled one occasion when a holiday patient had a family member to provide interpreting. This is not recognised as best practice to meet patients' needs.
- The service aimed to offer a relaxed atmosphere with enough time to provide individual attention to each patient. The unit did not treat any patients with a learning disability between April 2016 and March 2017.
- Staff said they rarely had patients with learning disabilities or dementia and when they did they allowed extra time to meet their needs, for example settling them in to the unit. We spoke with patients with severe visual impairment who were supported, for example, by setting up the patient’s radio and ensuring personal possessions were arranged conveniently for the patient.

Emotional support

- Staff had built up relationships with their regular patients over a long period of time. Discussions we heard demonstrated that staff were aware of patients’ personal circumstances and could identify if a patient was in need of additional emotional support or counselling in line with NICE guidance (NICE QS5). Staff were familiar with the short and long term psychological impacts of dialysis. They were alert to the changes in patients’ moods or behaviours which may necessitate referral to the renal social worker at the NHS trust.
- For holiday patients, KC Holiday Dialysis Centre staff would raise concerns with the patient’s home unit as part of the discharge information provided.
- Staff aimed to spend sufficient time with patients to provide emotional support.

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

Meeting the needs of local people

Dialysis Services

- The unit was located on the ground floor. It was accessible for patients in wheel chairs and there was an accessible toilet.

Service planning and delivery to meet the needs of individual people

- KC Holiday Dialysis Centre had a contract with the NHS trust to provide dialysis services for patients identified as suitable (stable and not complex) to be dialysed in a satellite, nurse-led unit. The service also had a contract with NHS England to provide dialysis for holiday patients.
- The unit operated two shifts each day. Monday to Saturday. The service had flexibility to offer additional slots on the twilight shift and this was sometimes used for holiday patients, if needed.
- Patients had the option to be cared for by male or female staff to meet their cultural or preferred needs. This was particularly relevant for patients who had an access line in the chest or groin area.
- The unit accommodated eight stations. The premises complied with Department of Health Renal Care Health Building Note 07-01: Satellite Dialysis Unit. There was one side room used for isolation purposes.
- Staff at the unit made patients aware how to arrange holiday dialysis and the documentation and notice period needed by the unit.
- The unit supported regular patients to attend dialysis while they were on holiday. From April 2016 to March 2017, the unit arranged for five regular patients to have dialysis on holiday away from K C Holiday Dialysis Centre.

Access and flow

- Referrals were managed by the NHS trust and patients allocated to the unit when a suitable slot was available. The unit did not manage a waiting list for regular patients.
- Holiday patients were able to view availability of dialysis slots on the KC Holiday Dialysis Centre website calendar. Holiday patients completed a booking form and the unit staff liaised with the patient's home unit to obtain the necessary information such as screening, dialysis and consultant approval. Unit staff contacted patients shortly before their scheduled visit to confirm attendance and arrangements. The unit also operated a waiting list in case of holiday cancellations.

- Patients' appointments were staggered so patients did not have to wait and they were shown straight into the unit and connected to the machine. We also observed patients were disconnected within minutes of the end of their dialysis session. Patients said they did not experience any delays "To going on or coming off the machines."
- From April 2016 to March 2017 the unit provided 808 dialysis sessions this was an increase of 7% compared to April 2015 to March 2016 when the unit provided 754 sessions.
- In the period February 2016 to January 2017 there had been no cancelled dialysis sessions and no delayed sessions.
- For the period December 2016 to February 2017 the clinic operated at 63% capacity. This allowed sufficient flexibility to accommodate holiday patients.
- Patients said they did not have to wait to be connected; the unit did not collect data on wait times for connection but aimed to have patients connected within 30 minutes of their appointment time.

Learning from complaints and concerns

- The KC Holiday complaints and comments leaflets were on display in the unit's waiting area, accessible to patients. However, the complaints information incorrectly informed patients that if they were not satisfied with the outcome of the complaint they could raise their complaint with the Care Quality Commission. The complaints procedure also did not reference the NHS trust complaints procedure for patients who were referred by the local NHS trust.
- The service carried out an annual patient satisfaction survey and results were displayed on the unit's noticeboard.
- Between February 2016 and January 2017, the unit received no complaints,
- We observed a noticeboard with numerous thank you cards and letters of appreciation from patients on display.

Are dialysis services well-led?

Leadership and culture of service

- The unit was a family run unit. The unit manager demonstrated leadership of the unit and was dedicated to providing a patient centred service.

Dialysis Services

- The nurse directors had key leadership roles, for example, education and safeguarding. However, the unit manager had overall responsibility for the service.

Vision and strategy for this core service

- KC Holiday Dialysis Centre is a family run service. They did not have a documented vision or strategy but the website stated 'The KC Dialysis Holiday Centre is a friendly, family run dialysis centre ... help to improve the quality of life for patients who have denied themselves the holiday they have always wanted to take'.
- Staff described the aim to provide the best holiday dialysis service and have an excellent reputation in the holiday dialysis sector. They said they wanted patients to enjoy coming to the unit as part of their holiday experience.
- In our discussions with staff, they demonstrated a desire to provide a personal service to patients. They aimed to spend enough time with patients to facilitate a relaxed and supportive environment to meet their holistic needs.

Governance, risk management and quality measurement

- The unit had a clinical governance strategy which covered risk management, audit, incident and complaints management and staff education and training.
- Some of the unit policies we reviewed had not been updated to reflect current legislation, for example, the safety, dignity and privacy policy (2015) referred to the Care Standards Act 2000, the complaints policy (undated) referred to the Healthcare Commission, the safeguarding policy (2016) did not reflect up to date national guidance, medicines management policy (2016) and resuscitation (2016) policy did not reflect up to date guidance. Some of the policies we reviewed were adopted from the trust policies and procedures but not fully tailored and worded for local use. For example, duty of candour policy, isolation policy and clinical records management.
- The unit manager discussed the risks and challenges facing the service but these were not collated and clearly documented in order to ensure they were all mitigated against.

- The NHS trust matron visited the unit quarterly to discuss professional practice. However, these visits were not documented.
- We spoke with staff at the NHS trust; they told us that the relationship with the manager and staff at KC Holiday Dialysis Centre was positive and effective. The NHS trust monitored the quality of the contract with KC Holiday Dialysis Centre through quarterly business meetings. However, these meetings were not minuted and not always quarterly. For example, unit staff said the last meeting had taken place in December 2016.
- The unit had an annual audit programme which covered the audits undertaken to monitor the quality of the service provided. For example, monthly infection control audits, quarterly records audit and annual patient survey.
- Monthly team meetings took place where all staff discussed quality and performance across the service.
- The Workforce Race Equality Standard (WRES) is a requirement for organisations which provide care to NHS patients. This is to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
- WRES has been part of the NHS standard contract since 2015. NHS England indicates independent healthcare locations whose annual income for the year is at least £200,000 should have a WRES report. This means the unit should publish data to show they monitor and assure staff equality by having an action plan to address any data gaps in the future. The unit had a WRES implementation plan, although was not reporting data at the time of inspection.
- The KC Holiday Dialysis Centre had not implemented the WRES requirements.

Public and staff engagement

- The unit encouraged patient feedback informally and formally. We reviewed the annual patient survey results and action plan for 2016. The response rate was 46% in 2016. The results were overwhelmingly positive, the majority of areas scored 100%. One area for improvement involved providing patients more information about their treatment. The survey results were displayed on the unit noticeboard available for patients to view.
- KC Holiday Dialysis Centre is a small family run unit. Staff demonstrated respect for each other and worked

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as a cohesive team. Due to the small number of staff and personal relationships there was ample opportunity to exchange information. The unit also held regular team meetings to ensure staff were updated and involved in service developments.

- The notes of the unit's quarterly team meetings were brief and covered operational and clinical issues. For example, in October 2016, notes discussed staff training and audits, in January 2017, risk assessments and patient monitoring procedures and in April 2017, involvement in an audit conducted by the dietitian.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure there are effective governance arrangements including processes for updating policies in line with national guidance and collation of service risks and mitigating actions.
- The provider must ensure all staff are up to date with safeguarding children level 2 in accordance with national guidance.
- The provider must ensure formal procedures are in place for checking patient's identity prior to administration of medicines.

Action the provider **SHOULD** take to improve

- The provider should ensure all staff are up to date with mandatory training requirements.

- The provider take action to ensure staff follow infection control procedures to maintain the clean field.
- The provider should ensure staff are aware of the requirements of the duty of candour regulation.
- The provider should take action to implement the requirements of the Workforce Race Equality Standards.
- The provider should take action to ensure staff are consistently able to identify and manage deteriorating patients and those at risk of developing sepsis.
- The provider should ensure an appropriate interpreting service is used for patients who needed an interpreter.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The service did not have effective systems to update policies and procedures in line with national guidance.• The service did not have a system to collate and mitigate risks faced by the service. <p>Systems or processes must be established and operated effectively to ensure the provider to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity and assess monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Regulation 17 (1) (2) (a)(b)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Staff were not trained in safeguarding children level 2, as required by national guidance. <p>Systems and processes must be established and operated effectively to prevent abuse of service users.</p> <p>Regulation 13(2)</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The service did not operate effective medicines checking procedures to reduce the risk of medication errors.

Care and treatment must be provided in a safe way for service users. The registered person must ensure the proper and safe management of medicines.

Regulation 12 (1)(2)(g)