Wells Community Hospital Trust Mermaid Dialysis Unit

Quality Report

Mermaid Dialysis Unit
Wells Community Hospital
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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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Mermaid Dialysis Unit is a nurse led dialysis unit operated by Wells Community Hospital Trust. Wells Community Hospital Trust is a charity. Patients attending the unit received NHS funded care commissioned by NHS England. The Mermaid Dialysis unit comprises four dialysis stations, and provides short term haemodialysis (dialysis) for adults aged 18 and over who are on holiday in the area. The service is open Monday to Saturday from April to November depending on patient bookings. Morning and afternoon dialysis sessions are provided. The service does not provide regular, long-term dialysis services.

We inspected the dialysis service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 20 June 2017 along with an unannounced visit on 4 July 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:

- The provider had clear criteria for ensuring that patients accepted for holiday dialysis had been appropriately screened, and were negative, for infections such as Methicillin-resistant Staphylococcus aureus (MRSA) and blood borne viruses. The provider did not have any isolation facilities.
- Staff were up to date with mandatory training, including basic life support.
- Dialysis sets were single use, to European standard (CE marked) and checked by staff to be intact and within sterility date. Staff recorded the lot number of dialyser and tubing sets used during each dialysis session. This was in line with Renal Association Haemodialysis Guidelines (2009) and meant that if there were any problems identified with consumable items, staff could contact the manufacturer and refer to the batch number.
- Staff kept detailed records of care provided. We reviewed four patient records and found that all were signed, dated and legible. Staff communicated with each patient's home dialysis unit to make sure they had all the relevant information about the patient's care.
- One registered nurse (RN) and one health care assistant (HCA) provided care to a maximum of four patients at any one time. This level of staffing met the nurse to patient ratio outlined within the Renal Workforce Planning Group guidance (2002) of one nurse to four patients.
- Staff referenced policies which were up to date and based on national guidance.
- Staff obtained written consent to treatment from patients before starting their first session of dialysis treatment. We reviewed four patient consent forms and found that all four were signed, dated and correctly completed.
- Feedback from patients about the service was consistently positive. An audit of patient satisfaction surveys for April to November 2016 showed positive results, with 99.6% of patients saying they would recommend the service.
- Patients were encouraged to self-manage aspects of their care if they wished to do so. Staff told us how they would be flexible to patients' needs and preferences, for example by offering flexibility in the timing of dialysis sessions, so that patients could enjoy their holiday.
- Staff offered patients support and reassurance while they were away from home. For example, nursing staff told us they were available as a point of contact for patients outside the hours of their dialysis sessions.

Summary of findings

- There was a clear complaints procedure, which was outlined in the complaints policy and shared with patients via a patient information leaflet. The service had not received any complaints in the reporting period January 2016 to December 2016.
- Staff were experienced in renal dialysis. The unit manager and the renal nurse both held the certificate in renal nursing.
- Nursing staff routinely monitored patient temperature pre dialysis. Nursing staff monitored patients' blood pressure pre, during and post dialysis in order to be able to identify and respond to a deteriorating patient.

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

- Staff had regular renal team meetings to discuss the service, but did not keep records of these meetings.
- The provider did not formally gather staff feedback.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Contents

Wells Community Hospital Trust

Services we looked at:
Dialysis Services

Summary of this inspection

Background to Wells Community Hospital Trust Mermaid Dialysis Unit

Mermaid Dialysis Unit is a nurse led dialysis unit operated by Wells Community Hospital Trust. The unit, based in the hospital opened in 2011. Wells Community Hospital Trust is a charity. The unit is registered for the regulated activity of treatment of disease, disorder and injury and provides short term haemodialysis (dialysis) to patients on holiday in the local area. Patients attending the unit received NHS funded care commissioned by NHS England.

The service has been inspected three times, and the most recent inspection took place in January

2014, which found that the service was meeting all standards of quality and safety it was inspected against. The registered manager has been in post since 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Information about Wells Community Hospital Trust Mermaid Dialysis Unit

The Mermaid Dialysis Unit is a unit within the Wells Community Hospital building. It has one main clinical area, a clean utility area, sluice area, storage area, waiting area and management office. The unit shares toilet facilities, reception area and car parking with the Wells Community Hospital.

Dialysis is available Monday to Saturday during the high season (April to November) depending on patient bookings. Mornings and afternoon sessions are available enabling the unit to provide a maximum of eight sessions per day (total 48 sessions per week). During the closed season (December to March) the provider arranged for machines to be serviced and nursing staff attended the unit three times a week to undertake machine decontamination and process any holiday dialysis bookings that had been received. Mermaid Dialysis Unit employed one full time and one part time registered renal nurse (RN), one health care assistant (HCA) and one bank HCA. Staffing in the unit was always one RN and one HCA.

During the inspection, we visited all the clinical and storage areas. We spoke with four staff; the unit manager, a RN, a HCA and the hospital general manager. We spoke with three patients. We also received 20 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed four sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

Activity (January 2016 to December 2016):

- In the reporting period January 2016 to December 2016 the unit treated 141 patients and provided 473 dialysis sessions. Of the 141 patients, 98% (138) were NHS funded and 2% (three patients) were self-funded (overseas patients on holiday in the area). Three patients were receiving dialysis at the time of our inspection.

In the reporting period January 2016 to December 2016 the provider reported:

- No never events
- No clinical incidents
- No serious injuries
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA),

Summary of this inspection

- No 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
- No complaints

Services provided at the hospital under service level agreement (SLA):

- Annual servicing & testing of all dialysis machines plus any technical support as required was provided by a third party under a service level agreement.
- The local NHS provider was contracted to undertake servicing, maintaining, auditing and testing of electrical equipment, fire extinguishers, pumps and heating.
- Clinical and non-clinical waste removal was via a SLA with an external provider.

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:

- Clinical areas were visibly clean and staff complied with infection prevention and control procedures.
- Patient selection was appropriate for a nurse led service. There were clear criteria for admission to minimise the risks of patients with more complex needs being treated at the service.
- There were clear processes in place for ensuring that patients accepted for holiday dialysis had been appropriately screened for infections such as MRSA and blood borne viruses.
- Staff were up to date with mandatory training, including basic life support training.
- Staff were trained in safeguarding adults (level two) and understood how to recognise and report safeguarding concerns.
- Dialysis sets were single use and CE marked and checked by staff to be intact and within sterility date. This was in line with Renal Association Haemodialysis Guidelines (2009).
- Staff recorded batch numbers for consumable items of dialysis equipment such as dialysers and tubing used during each dialysis session. This meant that if there were any problems identified with consumable items, staff could contact the manufacturer and refer to the batch number.
- Staff kept detailed records of care provided. Records were signed, dated and legible.
- Nurse staffing was one health care assistant (HCA) and one registered nurse (RN) to a maximum of four patients. This met the nurse to patient ratio outlined in the Renal Workforce Planning Group guidance (2002) of one nurse to four patients.
- Nursing staff routinely monitored patient temperature pre dialysis and blood pressure pre, during and post dialysis in order to be able to identify and respond to a deteriorating patient.

Are services effective?

Are services effective?

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

We found the following areas of good practice:

Summary of this inspection

- Staff referenced policies which were up to date and based on national guidance.
- Staff communicated with each patient's home dialysis unit to make sure that they had all the relevant information about the patient's care.
- Staff obtained written consent to treatment from patients before starting their first session of dialysis treatment. We reviewed four patient consent forms and found that all four were signed, dated and correctly completed.

Are services caring?

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

We found the following areas of good practice:

- Feedback from patients about the service was positive. An audit of patient satisfaction surveys for 2015 to 2016 showed positive results, with 99.6% of patients saying they would recommend the service.
- Patients were encouraged to self-manage aspects of their care if they wished to do so.
- Staff offered patients support and reassurance while they were away from home. For example, staff told us they were available as a point of contact for patients outside the hours of their dialysis sessions.

Are services responsive?

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

We found the following areas of good practice:

- Staff met patients' preferences by offering flexibility in the timing of dialysis sessions.
- Patients could book their holiday dialysis directly or via the holiday dialysis coordinator at their home unit.
- There was a clear complaints procedure, which was outlined in the complaints policy and shared with patients via a patient information leaflet. The service had not received any complaints in the 12 months prior to our inspection.
- The provider supplied televisions and headphones for patients to use during dialysis. Nursing staff offered patients extra pillows to provide comfort during their dialysis session.
- Nursing staff demonstrated how the sides of the dialysis chair could be opened up to allow patients who used a wheelchair to transfer easily.

Are services well-led?

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

Summary of this inspection

We found the following areas of good practice:

- The Trustees, hospital manager and the unit manager had oversight of the risks faced by the service.
- Staff were experienced in renal dialysis. The unit manager and the RN both held the certificate in renal nursing.
- Staff were open in their approach to discussing the service and told us they were confident to challenge each other.
- Two nursing staff told us that both the unit manager and the hospital manager were very visible and approachable and supported and encouraged them to develop their dialysis skills further by undertaking additional training.
- The provider was seeking out new areas to advertise the service to ensure financial sustainability.

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

- Staff had regular informal meetings to discuss the service, but did not keep records of these meetings or of risks to the service.
- The provider did not formally gather staff feedback.
- The provider did not provide safeguarding children training to ensure that any children who may attend the unit with family members were safeguarded.
- The provider did not have a secure email for the secure transfer of patient information to the home dialysis unit.

Detailed findings from this inspection

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Summary of findings

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. We found:

- The provider had clear criteria for admission to minimise the risks of patients with more complex needs being treated at the service and for ensuring that patients accepted for holiday dialysis had been appropriately screened for infections such as Methicillin-resistant Staphylococcus aureus (MRSA) and blood borne viruses.
- Staff were up to date with mandatory training, including basic life support.
- Dialysis sets were single use and to European standard (CE marked) and checked by staff to be intact and within sterility date. This was in line with Renal Association Haemodialysis Guidelines (2009). Staff recorded the lot number of dialyser and tubing set used during each dialysis session. This meant that if there were any problems identified with consumable items, staff could contact the manufacturer and refer to the batch number.
- Staff kept detailed records of care provided. We reviewed four patient records and found that all were signed, dated and legible. Staff communicated with each patient's home dialysis unit to make sure they had all the relevant information about the patient's care.
- A registered nurse and a health care assistant provided care to a maximum of four patients at any one time. This met the nurse to patient ratio outlined within the Renal Workforce Planning Group guidance (2002) of one nurse to four patients.
- Staff referenced policies which were up to date and based on national guidance.
- Staff obtained written consent to treatment from patients before starting their first session of dialysis treatment. We reviewed four patient consent forms and found that all four were signed, dated and correctly completed.
- Feedback from patients about the service was consistently positive. An audit of patient satisfaction surveys for April to November 2016 showed positive results, with 99.6% of patients saying they would recommend the service.
- Patients were encouraged to self-manage aspects of their care if they wished to do so. Staff told us how they would be flexible to patients' needs and preferences, for example by offering flexibility in the timing of dialysis sessions, so that patients could enjoy their holiday.
- Staff offered patients support and reassurance while they were away from home. For example, nursing staff told us they were available as a point of contact for patients outside the hours of their dialysis sessions.
- There was a clear complaints procedure, which was outlined in the complaints policy and shared with patients via a patient information leaflet. The service had not received any complaints in the 12 months prior to our inspection.
- Staff were experienced in renal dialysis. The unit manager and the renal nurse both held the certificate in renal nursing.
- Nursing staff routinely monitored patient temperature pre dialysis and blood pressure pre, during and post dialysis in order to be able to identify and respond to a deteriorating patient.

However:

Dialysis Services

- Staff had regular team meetings to discuss the service, but did not keep records of these.
- The provider did not formally gather staff feedback.

Are dialysis services safe?

Incidents

- Information supplied by the provider prior to our inspection stated there had been no never events and no serious incidents in the reporting period January 2016 to December 2016. 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 provider had a policy for recording "Serious untoward incidents". The policy was in date and due for review June 2018. We spoke with two staff about incidents. Both staff knew how to report an incident but had never had to do it. Both staff could describe what type of event they would report as an incident; patient faint, slip, trip or fall, machine breakdown or needle stick injury for example. This assured us that staff knew their responsibilities to report incidents but there had been no incidents rather than staff not reporting them.
- We reviewed two incident forms relating to incidents which occurred outside of our reporting period, an electrical fault and a staff fall. Staff recorded the incidents on a paper "general incidents form". This was in line with the "Serious Untoward Incident Policy". The unit manager signed and dated the form once they had discussed the incident with the board of trustees. The unit manager had investigated and resolved both incidents and shared learning with nursing staff and the board of trustees.
- At our unannounced inspection we spoke with the unit manager about an incident relating to a patient who had attended the unit since our initial visit. The patient was potentially not medically stable and therefore had potentially not been suitable to dialyse at the unit. The unit manager had completed an incident form thoroughly, signed and dated it and evidenced learning from the incident as well as how the learning had been shared.
- We spoke with two staff members about the 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. Staff stated that they knew that they had to be honest and open about any untoward incidents that occurred but were not clear about the type of incidents, which would trigger it. At our unannounced inspection we saw a "duty of candour refresher training" register which evidenced the provider had given all staff refresher training around the regulation. We spoke to one member of staff about the regulation and were assured they had a satisfactory understanding.

Mandatory training

- Staff received mandatory training in fire safety, basic life support, safeguarding adults level two, infection prevention and manual handling. Mandatory training was annual and delivered face to face for all four staff as a group as part of the Wells Community Hospital wide programme.
- All staff (100%) were up to date with mandatory training. We reviewed the training folders for two staff and saw certificates of attendance at the training. All training was valid until March 2018.
- We reviewed two staff records showing staff had received induction. This included the bank HCA.
- Staff did not receive training in sepsis recognition, diagnosis and treatment although the provider did have a sepsis policy. We raised this with the unit manager. We reviewed a register confirming all staff had attended sepsis training post initial inspection.

Safeguarding

- The provider had an up to date Safeguarding Vulnerable adults policy due for review in June 2018. The policy described how staff must alert their manager to any safeguarding concerns around service users.
- We spoke with two staff who were clear about what they would do if they had a safeguarding concern. Staff referred to a safeguarding vulnerable adults flow chart which detailed the steps staff should follow and listed the contact numbers for local authority safeguarding teams. Nursing staff told us they would share their concerns with the patients home dialysis unit.
- The provider had access to an adult safeguarding lead, within the hospital, who held safeguarding adults training to level three. The unit manager had completed safeguarding adults level three training. Both health care assistants (HCA)s and the registered nurse (RN) had received safeguarding adults training to level two in March 2017. The provider did not treat children and did not provide safeguarding children training.

Cleanliness, infection control and hygiene

- The provider had an infection prevention and control policy. The policy was in date and for review June 2018. The policy described the importance of hand washing and aseptic technique as well as action to be taken if patients presented with contagious illness such as diarrhoea. The policy was based on World Health Organisation (WHO) "guidelines on hand hygiene in health care 2009".
- The unit did not have any isolation rooms. The unit did not provide dialysis for patients who were positive for blood born viruses such as Hepatitis B and C, Methicillin-resistant Staphylococcus aureus (MRSA) or Methicillin-Sensitive Staphylococcus aureus (MSSA).
- All patients wishing to attend the unit had to provide evidence they were free from blood borne conditions before they were accepted for dialysis. We reviewed four patient records and saw that, in all four, the bacteriological status was present and dated within the four weeks prior to holiday dialysis.
- We spoke with two staff about infection prevention and control. Both staff said that if a patient with diarrhea for example, presented at the unit they would ask them to come back tomorrow if they were better or else try to arrange for them to have dialysis at the local NHS trust where there were isolation facilities. This was in line with guidance in the provider policy
- Dialysis machines performed an automated decontamination cycle after each session.
- Staff wore uniforms and were bare below the elbows in line with best practice guidance from the World Health Organisation (WHO).
- Staff complied with infection prevention and control procedures. We observed nursing staff washing their hands before and after patient contact and nursing staff used an aseptic non - touch technique to minimise the risk of sepsis when accessing the patient's fistula
- Hand hygiene audits, carried out monthly by the unit manager, showed positive results. Records for May and June 2017 showed compliance was 100%. We observed staff following good hand hygiene procedures
- The unit manager had recently introduced monthly dialysis unit hygiene and cleanliness audits

- The audit from June 2017 showed 100% compliance. All the areas of the unit were visibly clean and tidy.
- Staff decontaminated dialysis machines using an automated cleaning programme before each patient use. This was in line with manufacturers' guidelines and was a process which could not be overridden.
- Nursing staff performed monthly bacteriological water quality testing. We reviewed the results for April, May and June 2017 and found there were no omissions.
- On one occasion the water bacteriological reading had been out of acceptable range. We saw staff had taken appropriate corrective action in the form of changing the filter and initiating an automated deep clean cycle on the machine as well as arranging for a sample re test.
- Nursing staff recorded water hardness and chlorine levels on days the dialysis machines were in use. We saw records for April, May and June 2017. Entries were legible and signed and within acceptable range.

Environment and equipment

- Staff and patients accessed the unit through a key pad secured door into a reception area.
- The dialysis unit had four dialysis stations arranged around the edge of the unit and facing out overlooking the hospital gardens. Each station had a manually operated reclining chair, a TV, mobile table and a dialysis machine. The dialysis unit was well lit with natural light and felt spacious. There was sufficient space between dialysis machines. This was in line with health building note (HBN) 07-01 – satellite dialysis unit guidance regarding patient privacy and the risk of the spread of infection.
- Dialysis stations were visible from the nursing office. This meant that staff could observe patients at all times, including when completing paperwork or during staff tea breaks.
- The provider had resuscitation equipment stored on a trolley in the renal unit reception area.
- The equipment was easily accessible and appropriate. Nursing staff checked the equipment weekly to ensure it was clean and in working order. We saw records of checks carried out from January 2017 to June 2017 without omission.
- Dialysis set components, such as dialysers and tubing, were single use, CE marked and within date for sterility. Nursing staff recorded the lot number of the dialyser and the dialysis tubing used each session on the patient's dialysis flow record. This was for tracking and traceability purposes
- Staff wiped down dialysis stations with antibacterial wipes between patients. Dialysis machines had automated decontamination procedures.
- Dialysis machines were only one year old. There was currently no plan for replacement. Renal association guidelines recommend dialysis machines are replaced at between seven to ten years of age or after completing 25 000 to 40 000 hours of haemodialysis.
- We reviewed the service level agreement (SLA) for the annual service and ad hoc repair of the four reverse osmosis (RO) water purification units. The agreement was in date. Service records were signed and dated by the external service engineer and showed all four RO units had been serviced in February 2017 in line with the SLA.
- Each dialysis station had a nurse call system, however, nursing staff said patients didn't need to press the call bell as staff were always present, patients could call out and nursing staff could see the patients at all times.
- Nursing staff responded to machine alarms which alerted when there were changes in patient flow rates. Nursing staff did not override machine alarm calls.
- Nursing staff performed good waste segregation using black bags, clinical waste bags and sharps bins. Sharps bins were correctly labelled and not over filled. The provider stored waste waiting for collection outside the unit in a locked bin within a secure area.
- The provider had five dialysis machines. Four machines were in regular use and one machine was kept as a spare in case of machine breakdown. Service records showed two machines had been serviced in March 2017 and two machines had been serviced in February 2017. The spare machine was overdue for annual service from January 2017. We reviewed the SLA for the yearly maintenance and ad hoc repair of the five dialysis machines. The SLA was in date and appropriate. We raised the missed service with the unit manager. On the day of our unannounced inspection, an engineer was servicing the spare machine.
- The provider had both sit down and step on scales for weighing patients pre and post dialysis.
- Both pieces of equipment were overdue for calibration and servicing since July 2015. A digital thermometer had also not been serviced or calibrated since July 2014.

This meant that nursing staff were relying on the results of equipment without being assured they were correct. At the unannounced inspection the provider confirmed the date when an external company would be attending the unit to service and calibrate the scales and the digital thermometer.

- The provider stored dialysis solution in the store room. Nursing staff did not routinely monitor the room temperature in the store room. We raised this at the time of our inspection and the unit manager placed a thermometer in the store room. Dialysis solution should be stored in the temperature range 19-30oC. At our unannounced inspection we saw staff were now monitoring the room temperature in the store room and this was within acceptable limits since monitoring began 30 June to 4 July.
- The provider stored a small stock of dialysis solution in the clean utility area. The May and June 2017 temperature records in the clean utility area showed that the temperature had exceeded 30oC on three occasions (29 May 30.6oC, 19 June 32oC, and 20 June 32.3oC). This meant we could not be assured of the integrity of the solution stored there. We raised this at the time of our inspection and the unit manager propped the door to the room open to reduce the temperature in the immediate future. At our unannounced inspection we saw the provider had moved the refrigerator out of the clean utility as they believed it was the cause of the elevated room temperature. The room temperature monitoring records showed the room had remained within recommended limits since monitoring began 30 June to 4 July.
- Nursing staff stored consumables such as swabs, needles and micro-pore tape in two stock trolleys in the unit. We found three loose swabs no longer in sterile packaging and 12 needles which were out of date for sterility. We raised this with the unit manager who disposed of them. At our unannounced inspection the provider showed us an audit schedule detailing how stock and consumables would be audited every six months to ensure this situation woul d not arise again.

Medicine Management

- The patient's home dialysis unit prescribed medicines prior to attending the unit. There were no patient group directions (PGDs) in place. PGDs provide a legal framework which allows some registered health professionals to supply and/or administer specified medicines, such as painkillers, to a predefined group of patients without them having to see a doctor.
- The home unit supplied any medicines the patient required for their dialysis. Staff labelled medicines, brought to the unit, with the patients name and date of birth and stored them in a locked fridge or in a locked cupboard. This was in line with the provider medicines management policy.
- Medicines were stored in line with manufacturer guidelines. Nursing staff recorded fridge temperatures regularly. We reviewed records for May and June 2017 and saw the fridge temperature had remained within acceptable range.
- We reviewed the providers policy for the management of medications due review July 2018.
- The policy referenced Nursing Midwifery Council; Standards for medicines management April 2010. The policy described how medicines should be stored securely and appropriately.
- Nursing staff confirmed patient identity before they administered medicines. This was in line with Nursing Midwifery Council; Standards for medicines management April 2010.
- The provider held a stock of paracetamol bought from the local supermarket. We spoke with staff about this and were told that it was not cost effective to buy paracetamol through the NHS supply chain due to the numbers required in each order. Staff recorded the dose of paracetamol and time of administration on the patients' dialysis flow record. In the four records we checked, none of the patients had received paracetamol.
- However, one staff member told us they gave paracetamol to patients if they had pain and that they did not need to see a prescription for this but would check the patient was ok to take paracetamol and would record it on the dialysis flow record. This was not in line with the medicine management policy dated June 2017 which stated "All medications will be prescribed and supplied by the home dialysis unit". We raised this with the unit manager who assured us this was not standard practice and would be holding medicines management refresher training. We reviewed the attendance list for the medicines management refresher training and saw all staff had attended.

Records

- Nursing staff received clinic records electronically from each patient's home dialysis unit one month before treatment started. This meant that staff had the required information about each patient, including blood test results, medical history and drug prescriptions, before the patient started dialysis. Nursing staff told us they frequently had to chase up missing patient information with the home unit prior to patients attending the unit.
- Staff kept a nursing report on each dialysis session, which included observations, any medicines administered and a description of any clinical occurrences during the session.
- We reviewed four patient care records and found that all four were signed, dated, legible and included a signed and dated prescription from the patient's doctor at their home dialysis unit. Nursing staff stored patient records appropriately in locked filing cabinets.
- Nursing staff scanned the patient dialysis flow record and sent the copy to the patient's home unit at the end of their treatment. However, nursing staff sent and received sensitive patient information over an unsecured email. We raised this with the hospital general manager at the time of the inspection. The manger was aware of the issue and it was documented as a risk. The manager told us there were ongoing discussions with Trustees and the clinical commissioning group (CCG) to rectify the issue. At our unannounced inspection we saw the provider had introduced changes to the process and staff now sent and received patient information by secure fax only.

Assessing and responding to patient risk

- Patient selection was appropriate for a nurse led service and was designed to ensure only clinically stable patients attended the unit. Information from the provider stated "Without exception, patients must be considered stable on dialysis and (have) been receiving haemodialysis treatment for at least one year" prior to attending the unit. A letter from the patient's consultant was required to confirm that it would be safe for the patient to have dialysis in a nurse led clinic. We saw letters of fitness to receive dialysis away from their home unit in the four patient records we reviewed.
- Nursing staff completed a patient health history questionnaire and a falls risk assessment with patients at their first dialysis session. Nursing staff measured blood sugar at the end of the session for those patients who were diabetic.
- We observed nursing staff asking patients to formally identify themselves and state their name and date of birth prior to commencing dialysis. We were assured that staff were thorough when identifying patients.
- Nursing staff recorded the patient's weight pre and post dialysis to ensure the correct amount of fluid had been removed during the dialysis session.
- Nursing staff routinely monitored and recorded patients' observations, which included temperature and blood pressure before, during and after dialysis. We observed a nurse increase the frequency of monitoring patient's observations because they were concerned the patient's blood pressure was dropping too rapidly. Nursing staff told us they would administer saline if the patient's blood pressure dropped too low.
- The provider had an up to date emergency response policy due review June 2018. The policy outlined steps staff should take in the event of changes in a patients' vital signs or consciousness. Vital signs include body temperature, blood pressure, pulse (heart rate), and breathing (respiration rate).
- The provider did not follow a recognised early warning system for the identification of a deteriorating patient. However, nursing staff referred to the provider emergency response policy which outlined what steps staff should take when patients presented with specific clinical symptoms such as low blood pressure and elevated respiratory rate. We were assured that nursing staff would identify a deteriorating patient at the earliest opportunity and respond appropriately.
- The provider did not have a procedure for the identification and treatment of sepsis. The provider did not have a "sepsis tool kit" to aid in the identification of those patients at risk of developing it. Sepsis is a rare life threatening condition that can develop rapidly from what might be otherwise innocuous infections. The Sepsis toolkit provides a collection of tools, knowledge, and current guidance to support the identifying and appropriate management of patients with sepsis.
- One staff member told us they would take the patients temperature and if it was high ask them to drive to accident and emergency, another staff member said they would call 999. Neither response was in line with

the emergency response policy. We raised our concerns with the unit manager. At our unannounced inspection the provider had a documented sepsis policy, including a "tool" for recognising and responding to a patient showing signs of sepsis. All the nursing staff had signed the policy to confirm they had read and understood it. We spoke with one member of staff who could describe actions they would take including increasing the frequency of observations and calling 999.

- The provider had a formal "emergency patient transfer" agreement with the local NHS provider. Nursing staff said they had never needed to use it.

Staffing

- The provider employed two renal nurses (RN) and one health care assistant (HCA). One of the renal nurses was also the unit manager.
- There were two members of nursing staff available in the unit at all times (the unit manager or RN and an HCA). This was sufficient to meet patient need as there was a maximum of four patients receiving treatment at the unit at any time. This level of staffing met Renal Workforce Planning Group guidance (2002) of one nurse to four patients.
- The provider employed a bank HCA to provider cover for the HCA and the part time RN acted up as unit manager when the unit manager was on leave. We saw the bank HCA had received an induction.
- The provider did not employ any agency staff at the time of inspection.
- The unit did not employ medical staff, but telephone support was available, if required, from the consultant nephrologist at a local NHS provider.

Major incident awareness and training

- The provider had a business continuity policy which outlined contingency plans, in the event of failure of essential services such as water, electricity, telephones and computers. The provider stored paper copies of patient records in case of IT failures.
- There was a spare dialysis machine. This meant that if there was a problem with a dialysis machine, treatment could continue using the spare machine. However, the machine was overdue a service since January 2017.
- The unit had its own power supply supported by a generator. This meant that any power issues affecting the hospital would not interrupt dialysis services.
- The unit had its own "break water tank". This meant that if there were any interruptions in water supply to the hospital it would not impact on dialysis sessions.
- The provider had two fire extinguishers in the unit. Both had been serviced in the last 12 months.

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

Evidence-based care and treatment

- Staff provided care in line with policies which were evidence based. We reviewed policies, including the "Blood borne virus policy", **"**Administration of Sodium chloride 0.9% during Dialysis Policy" and the "Policy for the Administration of Anticoagulant for Adult Patients receiving haemodialysis" and found that these were in date for review and were in line with national guidance from professional bodies such as the Renal Association (RA) and National Institute for Health and Care Excellence (NICE).
- The unit manager received medical updates via email for example from the RA, NICE and the Medicines and Healthcare products Regulatory Agency (MHRA). The unit manager shared these with staff by printing them out and leaving staff to sign them once they had read them. We saw the folder where the signed updates were stored.
- The provider did not have a vascular access team due to the nature of the servi ce provided.
- Nursing staff collected information on the type of vascular access from the patients' home unit before accepting patients for holiday dialysis. Staff checked the integrity of patients' vascular access before every treatment and said they would liaise with the patient's local dialysis unit in the event of any problems.

Pain relief

- Nursing staff provided simple analgesia to patients if they had a prescription for it from their base unit.

Patient Outcomes

- The provider routinely collected information about patient outcomes in the form of Kt/V. Kt/V is a measure of how effective haemodialysis is.

- The provider did not submit this data to the UK Renal Registry directly but it was sent back to patients' home dialysis units (where patients received the majority of their treatment) where it could be collated and submitted to the UK Renal Registry.
- The provider did not record delays to treatment time. However, sessions were started in 15 minute intervals, the staggered starts ensured nursing staff had time to spend with each patient and that no patient was delayed in starting their treatment.

Nutrition and hydration

- Nursing staff offered patients complimentary biscuits and drinks during their dialysis session.
- Patients were welcome to bring in their own refreshments.
- Ongoing dietary support was not provided due to the nature of the service as this remained the responsibility of the home dialysis unit. Staff told us they would raise any concerns about a patient with the home dialysis unit.

Competent staff

- Both registered nurses (RN)s were experienced renal nurses and held the renal nursing certificate. The health care assistant (HCA) was trained to level three health care.
- Data supplied by the provider stated 100% of staff (two HCA and two RN) had received an appraisal in the last 12 months. Two staff we spoke with both confirmed they had received an appraisal
- The unit manager and the HCA attended conferences and used online resources to keep up to date with dialysis developments. We saw records of staff attendance at the British Renal Society conference in April 2017 and the National Kidney Foundation in October 2016.
- We reviewed staff competency records. All four staff (100%) had received renal specific training such as training in the dialysis machines, using the glucometer and blood pressure monitoring as well as using the scales and the defibrillator. Two staff (50%) had received training in water sampling, the water treatment units and water softening.
- Staff had not received sepsis training. We raised this with the unit manager during our inspection. We reviewed a register confirming all staff had attended sepsis training post initial inspection.

Multidisciplinary working

- The patient's consultant at their home dialysis unit retained overall responsibility for the patient's medical care. Staff told us they liaised with each patient's home unit to ensure they had all relevant patient information and to confirm that it was appropriate for the patient to receive holiday dialysis in a nurse-led clinic.
- A copy of the patient's treatment was sent back to the patient's home unit electronically and with the patient if they wished. Staff told us they would discuss any concerns they had with the patient and the patient's local dialysis unit if the patient gave their consent.
- Nursing staff advised patients of steps they could take to improve their health. For example speaking to their home dialysis support worker about starting a different treatment.

Access to information

- The provider had a process in place to ensure that information needed to deliver effective care and treatment was available in a timely manner. Nursing staff requested patient records from the patient's home dialysis unit a month ahead of treatment including bacteriological status, blood results and prescription charts.
- Nursing staff kept patient records and pre dialysis information in paper format at the patient's dialysis station during their session. Records were inside opaque card folders, this meant all nursing staff could easily access patient information but that confidential information was not visible to other service users.
- Nursing staff closed computer screens to protect patient information when speaking to patients' family and friends.

Equality and human rights

- The provider supported patients with protected characteristics to use the service under the Equality Act 2010. All staff had received training in Equality and Diversity.
- The provider had an Anti-discriminatory Practice Policy. The policy was in date and due for review in June 2018. The policy detailed the types of discrimination that could occur, for example, racial, sexual, ageism. All the staff had signed to say they had read and understood the policy.

- The provider had an Equality and Diversity Policy. The policy was in date and due for review in June 2018. All the staff had signed to say they had read and understood the policy.
- 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 backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Workforce Race Equality Standard had 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 Workforce Race Equality Standard report.
- However, the annual income for the Mermaid Dialysis unit was less then £200, 000 and therefore the unit was not required to produce a Workforce Race Equality Standard report.

Consent, Mental Capacity Act and Deprivation of Liberty

- We spoke with two staff about their understanding of the Mental Capacity Act 2005. Both staff had an understanding of their responsibilities around establishing patient capacity and obtaining consent.
- The provider had a 'Consent to care and treatment' policy in place. The policy was in date and due for review June 2018. This referenced guidance from the Department of Health.
- Staff obtained verbal and written consent to treatment from patients before starting their first session of dialysis treatment. We reviewed four patient consent forms and found that all four were signed, dated and correctly completed. We observed staff asking patients for consent before treatment.

Are dialysis services caring?

Compassionate care

- Nursing staff greeted patients in the reception area before taking them to their dialysis station.
- We spoke with three patients during our inspection. All the patients gave positive feedback about the way the nursing staff had treated them during the booking process and during the dialysis session.
- Nursing staff spoke quietly with patients to help maintain their privacy and confidentiality. The provider had a mobile screen which nursing staff put around patients if they required additional privacy.
- Nursing staff were professional, friendly and polite in the way they spoke to patients and each other. Nursing staff had a holistic knowledge of patients who visited the unit annually and asked about their families. For example, the daughter of one patient was expecting a baby and the nursing staff took time to enquire about her.
- We heard nursing staff repeatedly checking patients were comfortable and warm enough and whether or not they would like the nurses to get them anything.
- Nursing staff protected patient privacy and dignity. We observed nursing staff using a drape to cover the chest of a female patient who had a central line while they connected the dialysis tubing.
- We reviewed 20 "tell us about your care" cards. All the patients were positive about the treatment they had received at the unit. Eight patients commented "very caring staff".
- We saw the provider patient satisfaction survey scored 99.6% for the 2016 season. We looked at 14 surveys for April to June 2017 and saw all had positive comments around the staff. Comments included "very friendly unit with very good staff", "I felt welcome and at ease", "lovely staff, very attentive".
- Nursing staff went above and beyond to ensure patients had a positive experience at the unit.
- Nursing staff decorated the dialysis unit with balloons, sent cards and supplied cake if a patient was celebrating a special event such as a birthday or a wedding. Nursing staff described how they had decorated a dialysis chair with banners and balloons for a patient who was attending the unit for dialysis the day after their wedding.

Understanding and involvement of patients and those close to them

- Nursing staff introduced themselves to patients and their families and asked them what they preferred to be called. Two patients told us this made them feel comfortable.
- Patients' relatives and friends were allowed to stay with them during treatment. We heard the health care assistant (HCA) inviting a patient's wife to stay during her husband's dialysis session rather than sit in the car alone.

- Nursing staff invited patients' family and carers to use the gardens at the hospital and they were welcome to take dogs in there. The dialysis unit overlooked the garden so patients could observe their dog during their treatment.
- Patients were encouraged to self-manage aspects of their care if they wished to do so. We observed a patient self-needling with the support of the RN.

Emotional support

- Staff could be contacted by telephone if patients wished while they were on holiday so they had a point of contact for advice while away from their home environment. We spoke with two patents who told us nursing staff had given them the unit telephone number to call if they had any concerns.
- Counselling services were not provided because patients were only present at the unit for short periods of holiday dialysis. Staff told us that they would liaise with the patient's home dialysis unit if they had concerns.
- Nursing staff spoke reassuringly to a patient whose blood pressure was dropping quite quickly as they carried out blood pressure monitoring.

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

Meeting the needs of local people

- Facilities and premises were appropriate for the dialysis service being provided.
- The service was directly commissioned by NHS England to provide holiday dialysis. This provided patients with the flexibility to have dialysis away from their home unit for up to 12 weeks of the year.
- Patients could book their holiday dialysis directly or via the holiday dialysis coordinator at their home unit.
- Designated disabled parking was available outside the dialysis unit. Parking at the location was free of charge.
- There was level access to the unit and a wheelchair accessible toilet was available.
- Patients organised their own transport to the unit. We saw a patient information folder which staff had compiled to provide patients with contact details for a local company offering disabled access taxis, if required.

Access and flow

- The service was open during the holiday season from April to November. Dialysis was available Monday to Saturday and the core hours of the service were 6.30am to 6pm.
- The provider offered four dialysis sessions in the morning and four in the afternoon. Morning sessions were 7.30am, 7.45am, 8am and 8.15am and afternoon sessions were in 15 minute intervals starting at 12.45pm. The staggered starts ensured nursing staff had time to spend with each patient at the start and end of each session.
- Staff gave us examples of how they accommodated patients' preferences. For example, we saw nursing staff had postponed the 8.15am slot to 9am for a patient to allow for the distance they had to travel between their hotel and the unit.
- No dialysis sessions were cancelled or delayed for non-clinical reasons in the 12 months prior to our inspection.
- There was no waiting list for dialysis at the unit because of the nature of the service provided, which was solely holiday dialysis. Patients booked into the unit for short periods on an ad-hoc basis. At the time of our inspection, the unit was operating at 29% capacity.
- Staff described methods they used to advertise and increase awareness of the service, including advertising in a national magazine for patients needing dialysis, attending renal conferences and visiting other dialysis units.

Service planning and delivery to meet the needs of individual people

- The provider supplied televisions and headphones for patients to use during dialysis. Nursing staff offered patients extra pillows to provide comfort during their dialysis session.
- There was a waiting area for patients' relatives and friends. Magazines and refreshments were available in this area.
- Nursing staff demonstrated how the sides of the dialysis chair could be opened up to allow patients who used a wheelchair to transfer easily.
- Information provided by the provider prior to our inspection described how the service would "sign post" patients to dialysis facilities if they were unsuitable to

attend the unit. One patient we spoke with had been supported to attend a session of dialysis at another local provider due to the unit not having a suitable appointment available for one of the days they required.

- There had been no unplanned transfers of patients to other health care providers or 999 calls made in the year prior to our inspection.
- Advocates or carers of patients who had learning disabilities or were living with dementia always stayed with the patient during their dialysis.
- The provider gave an example of an occasion when a hearing impaired patient attended the unit. The carer, the nursing staff and the patient developed a code using hand signals to communicate with each other. This ensured the patient was included in decisions.
- Nursing staff described how they supported patients with learning difficulties to use the unit.
- Staff gave an example of how a patient with learning difficulties brought a teddy with them to their session. The patient liked staff to include the teddy in all discussions and the treatment process and staff honoured this wish.
- The provider told us they had never treated a patient who did not speak English as a first language. However, the unit manager said that a translator would be arranged to attend the unit if the need ever arose.

Learning from complaints and concerns

- The service received 27 compliments and zero complaints in the 12 months prior to our inspection. We saw "thank you" cards displayed on the notice board and stored in folders in the reception area.
- We reviewed a copy of the complaints policy. The policy was in date and due for review June 2018. The policy described who was responsible for dealing with the complaint but there was no time frame for responding to formal complaints stated. Two staff we spoke with explained how they would attempt to address any issues at the time they arose but would escalate to the hospital manager if this was not successful. This was in line with the provider policy.
- The provider had a leaflet which described how to make a complaint. The leaflet was available to all patients & their families in the reception area of the unit as well as in the patient information pack sent to patients prior to attending the unit.

Are dialysis services well-led?

Leadership and culture of service

- The board of trustees oversaw the running of the unit. The renal manager ran the unit on a day to day basis and reported to the hospital general manager. The RN and the HCA all reported to the renal manager.
- The unit manager had 40 years of experience in renal dialysis and held the certificate in renal nursing.
- Two nursing staff told us that both the unit manager and the hospital manager were very visible and approachable.
- Nursing staff told us the unit manager supported and encouraged them to develop their dialysis skills further and undertake additional training.
- All the staff we spoke with during our inspection were friendly, welcoming and appeared open and honest about the service.

Vision and strategy for this core service

- The hospital wide vision was "Providing a not for profit Community Hospital for Local People".
- The dialysis specific vision was "Develop the Mermaid Centre - Develop a holiday renal dialysis unit at the hospital and to eventually offer the service to local people".
- The hospital wide values included; Seen to make a difference, quality and credibility, friendly and local, community ownership, partnerships, dignity. Two staff we spoke with were not familiar with the hospital vision and values but told us patient care was their focus.
- Nursing staff we spoke with were not aware of a specific plan for the development of the renal unit.

Governance, risk management and quality measurement (medical care level only)

- External oversight of the service was by NHS England, who had commissioned the service since 2011. NHS England visited the unit twice a year to ensure compliance with their guidelines.
- The hospital manager and unit manager attended quarterly clinical governance meetings. The meetings were attended by two local General Practitioners (GPs),

community nurses and chair of the trustees. Minutes of the meetings held in September 2016, December 2016 and February 2017 evidenced the renal unit was a standing agenda item.

- The chair of the trustees held quarterly clinical subcommittee meetings. The unit manager attended this meeting. We reviewed minutes of the meetings from June and October 2016 and February 2017.Issues discussed included changing profile of patient morbidities and how they affected the unit acceptance criteria and business sustainability. We were assured that the board of trustees had oversite of the risks face by the unit.
- The hospital manager chaired bi monthly hospital wide staff meetings. Minutes of the meeting dated March 2017 and May 2017 showed staffing, health and safety and governance including risks, training and policies were regular agenda items.
- Renal team meetings were chaired by the unit manager and held weekly. However, there were no minutes kept for these meetings.
- The unit manager and the hospital general manager had monthly one to one meetings. We reviewed the minutes of the one to ones dated March 2017 and May 2017. These showed there had been discussion around staffing and equipment replacement. This assured us there was planning for sustainability.
- The unit manager held one to one meetings with the HCAs and the RN regularly. However, two staff told us that "feedback happens all the time".
- Staff recorded clinical outcomes including Kt/V but did not directly audit these outcomes. This was because clinical outcome data was sent back to the patient's local dialysis unit where it could be collated and submitted to the UK Renal Registry.
- We reviewed the quality matrix which the provider had recently introduced. The matrix detailed the audits to be undertaken monthly and annually including hygiene, medical devices, records and stock.
- Policies were reviewed every year by the clinic manager, or sooner if new guidance became available. We reviewed a selection of policies and found that they had all been reviewed and were up to date.
- The provider had a risk register which recorded risks faced by the unit such as no isolation facilities, patient data transfer and dialysis unit staffing. All risks had been reviewed in 2017 and were due to be reviewed in 2018.
- The hospital manager and the unit manager were both aware of the risks faced by the service.
- The main risk was the transfer of patient data over unsecured email. The hospital manager showed us this information governance risk was an agenda item for the clinical governance meeting scheduled for September 2017. At our unannounced visit we found the provider had introduced steps to ensure patient information was only faxed to the unit secure fax and not emailed. We reviewed the minutes of the clinical subcommittee meeting attended by NHS England on 27 June. Minutes showed that information governance risks had been discussed and investigations into acquiring a secure email were ongoing.

Public and staff engagement

- The provider gave every patient a "patient satisfaction" survey to complete at the end of their dialysis session. We reviewed 14 surveys for the period April to June 2017. All 14 were positive.
- There was no evidence of learning from patient suggestions or feedback. The patient satisfaction survey did not ask patients for suggestions on how the service could be improved, but simply on how they rated the service they had received.
- Due to the small nature of the service and the small number of staff employed there was limited opportunity for staff engagement.
- There was no staff satisfaction survey. The hospital manager told us this was something they were looking at implementing. Two members of nursing staff told us "feedback happens all the time" and if they had an issue to raise they would be confident to do so at their one to one.

Innovation, improvement and sustainability

- The provider was looking at succession planning for the unit manager role.
- The provider was seeking out new areas to advertise the service to ensure financial sustainability.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that records are kept to evidence team meetings.
- The provider should ensure that staff feedback is formally gathered.
- The provider should ensure all staff receive safeguarding children training to ensure that any children who may attend the unit with family members can be safeguarded.