

North Wandsworth Dialysis Unit

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

North Wandsworth Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service is situated on a main high street with surrounding shops and offices.

The service has 18 dialysis stations. Facilities include four isolation rooms located on the ground floor of the unit; three consulting rooms, a meeting room, and the main dialysis area are located on the first floor of the unit.

North Wandsworth Dialysis Unit treats patients with advanced chronic kidney disease. Dialysis is used to provide artificial replacement for lost kidney function.

The service provides dialysis services for patients referred by St George's University Hospital NHS Foundation Trust. All of patients receiving dialysis at the unit are funded by the NHS.

Summary of findings

The Care Quality Commission had received one safeguarding notification from the unit in the previous 12 months.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 13 June 2017, along with an unannounced visit to the centre on 20 June 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:

- There was appropriate management and reporting of incidents and maintenance programmes. All staff were aware of their roles and responsibilities in ensuring patient safety.
- Effective processes were in place for the provision of medicines. These were stored and administered in line with guidance and staff completed competencies annually to ensure they continued to administer medicines correctly.
- Staff stored patients' medical and nursing records securely. All staff had access to all relevant records ensuring that patients' care was as planned and not delayed.
- Staffing levels were maintained in line with national guidance to ensure patient safety. Nursing staff had

direct access to consultants who were responsible for patient care. In emergencies, patients were referred directly to the local NHS trust and the emergency services called to complete the transfer.

- Staff were aware of their roles and responsibilities to maintain the service in the event of a major incident. Patients were able to continue their treatment at alternative centres or the NHS hospital.
- There was a comprehensive training and induction programme in place to ensure staff competency. Training compliance was 100%.
- There were processes in place to ensure effective multidisciplinary team working, with specialist support provided by the local NHS trust.
- Patients were treated with respect and compassion.
- Staff were familiar with and worked towards the organisational vision and values.
- Quality assurance meetings occurred regularly and included the local NHS trust.
- There was evidence of effective local leadership, with an accessible and responsive registered manager.
- Staff and patients were positive about the service.

However,

- All staff did not adhere to correct aseptic technique at all times.
- There were no clear procedures in place for staff to respond to a patient with sepsis symptoms.
- Staff did not have safeguarding children's training in accordance with national guidance.

Following this inspection, we told the provider that it must make improvements in regards to safeguarding children's training in accordance with national guidance. We also told the provider it should make other improvements to help the service improve. Details of the two requirement notices are at the end of the report.

Professor Edward Baker

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Dialysis Services

Rating

Summary of each main service

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

Summary of findings

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North Wandsworth Dialysis Unit

Services we looked at

Dialysis Services

Summary of this inspection

Background to North Wandsworth Dialysis Unit

North Wandsworth Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service opened on 16 February 2010 and provides haemodialysis to patients from the local NHS trust. The local NHS trust provides the renal multidisciplinary team (MDT) with three trust consultant nephrologists visiting the service monthly.

The service was previously inspected on 15 March 2013, under the previous CQC methodology. The service met all the CQC essential standards at this time.

Our inspection team

The team that inspected the service comprised of a CQC lead bank inspector, Debbie Wilson, and a CQC renal nurse specialist advisor. The inspection team was overseen by Nick Mulholland, Head of Hospital Inspections.

Information about North Wandsworth Dialysis Unit

Fresenius Medical Care Renal Services Limited is contracted to complete dialysis for local patients under the care of the local NHS trust nephrologists. All patients attending North Wandsworth Dialysis Unit ('the centre') receive care from a named consultant at the NHS Trust, who remains responsible for the patient. Fresenius have close links with the trust to provide seamless care between the two services. To achieve this, the service has support from the NHS trust to provide medical cover, satellite haemodialysis unit coordinator support, pharmacy support, and regular contact with a dietitian. This team attend the centre regularly and assess patients in preparation for monthly quality assurance meetings.

The centre is a 'standalone' dialysis unit. There are three treatment sessions of patients dialysed from Monday to Saturday. The centre's opening hours were from 6.45am to 11.30pm.

There are on average 56,000 treatment sessions delivered a year.

North Wandsworth Dialysis Unit's main dialysis area is on the first floor, accessed via a lift.

The unit has a one to four staff to patient ratio, and a skill mix of eight qualified nursing staff to two health care assistants (HCA).

In the last 12 months there has been one notification to the CQC involving safeguarding. There were no deaths or no serious injury notifications.

The centre is registered to provide the following regulated activity:

- Treatment of disease, disorder, or injury.

During the inspection, we spoke with eight staff including registered nurses, healthcare assistants, reception staff, medical staff, and senior managers. We spoke with seven patients. We reviewed five sets of patient records and associated documents.

Track record on safety in the previous year:

- No never events
- One incidence of MRSA
- No incidences of Methicillin-sensitive staphylococcus aureus (MSSA)
- No incidences of Clostridium difficile (C diff)

Summary of this inspection

- No incidences of E-Coli
- Seven complaints.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We found the following areas of good practice:

- There were effective systems for recording and escalating incidents both internally and externally. Work was in progress for the centre to introduce the same electronic incident recording system as the system used by the local NHS trust.
- All equipment was maintained according to the manufacturer's guidance. Equipment was standardised across the organisation with an adequate supply to cover maintenance or breakages.
- There were processes to ensure that medicines were ordered, stored, and used in line with guidance.
- Patients' medical and nursing records were held securely, with direct access to all relevant records at each area where treatment was provided.
- Staff worked collaboratively with the local NHS trust to monitor and assess patients regularly. Staff completed regular patient reviews to ensure they were suitable to continue treatment at the satellite unit.
- Nursing staff were aware of their roles and responsibilities in the escalation of adult safeguarding concerns.
- Nursing staffing levels were maintained in line with national guidance, but this was often based on the use of bank and agency staff.
- Medical advice was available during opening times, with direct access to the consultant or renal team at the local NHS trust.
- Staff were aware of their roles and responsibilities to maintain the service in the event of a major incident. Patients were able to continue their treatment at alternative centres.

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

- There were no clear procedures in place to respond to a patient with sepsis symptoms.
- Staff were not trained to an appropriate level and in accordance with national guidance in children's safeguarding.
- A member of staff was observed not to be using effective aseptic technique.
- We noted that some equipment was kept on trolleys and shelving on the main dialysis floor. The trolleys were not secure and there was a risk that unauthorised people could gain access to the stock.

Summary of this inspection

Are services effective?

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

We found the following areas of good practice:

- All policies and procedures were based on national guidance.
- Staff monitored key performance indicators.
- Patients' pain and nutrition were assessed regularly and patients referred to appropriate specialists for additional support as necessary.
- All staff completed a detailed competency based induction. All staff had competence assessed annually.
- There were processes in place to ensure effective multidisciplinary team working, with specialist support provided by the local NHS trust.
- Patient outcomes were in line with the Fresenius national average, with the exception of the urea reduction ratio (URR), the centre were slightly worse than the Fresenius national average (95%), with 92%% of patients on average having a URR reduction of at least 65%.
- All staff had access to relevant information for patient care and treatment.

Are services caring?

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

We found the following areas of good practice:

- Patients were treated with dignity and compassion.
- Nursing staff spoke openly with patients about the treatments provided, blood results and dialysis treatment plans.
- Nursing staff provided patients with information and contact details of support networks, which included the NHS trust social worker for patients who required counselling services.

Are services responsive?

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

We found the following areas of good practice:

- Patients were provided with appropriate information leaflets to enhance their understanding of treatment and its impact on their lives.
- Patients' initial treatments were commenced at the local NHS trust and once stabilised, patients were transferred to the centre. This process varied according to the patient's response to treatment.
- There were no waiting lists for treatment at North Wandsworth Dialysis Unit.

Summary of this inspection

Are services well-led?

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

We found the following areas of good practice:

- Staff were familiar with and worked towards the organisational vision and values.
- The centre had effective quality assurance systems to monitor the service, using a dashboard to evidence performance and identify trends or areas for development.
- There was evidence of effective local leadership, with accessible and responsive managers.
- All staff and most patients were positive about the service.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Notes

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are dialysis services safe?

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

Incidents

- The centre had an effective system for recording, investigating and monitoring incidents. Staff were fully aware of their roles and responsibilities in the recording of incidents, both internally and externally.
- There were no never events reported in the previous 12 months.. 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 registered manager was alerted to any incident electronically. We were told that depending on the type of incident, an alert was also forwarded to the chief nurse. For example, we saw an incident report relating to blood loss as a result of needle dislodgement in December 2016. The senior team discussed all incidents in order to identify the level of investigation to be undertaken. The local NHS trust also conducted their own root cause analysis (RCA) into the incident and shared the findings with Fresenius.
- Work was in progress for the centre to introduce the same electronic incident recording system as the system used by the local NHS trust, to align the centres incident reporting system with that of the commissioning NHS trust. Managers told us training would be available for staff in the use of the system.
- Staff we spoke with told us there was a culture of open and honest incident reporting which included near misses. Incident trends were monitored via an incident trend dashboard. We viewed the incident trend dashboard for a two month period from April 2017 to May 2017. There had been three incidents in the period; a patient transferred to the local acute hospital via a 999 emergency call due to hypertension, a medication error, and a blood spillage.
- There had been three serious incidents between June 2016 and June 2017, which were reviewed by the chief nurse. There were no themes or trends with the incidents. One involved a needle dislodgement, one was found not to be a serious incident following investigation of a patient and families report, and one was a safeguarding incident. We reviewed the incident reports and found these were investigated by both the registered manager and areal lead nurse and lessons learned.
- We saw a Fresenius 'serious incident bulletin', dated 31 March 2017, displayed in the staff room. This reviewed serious incidents across Fresenius' dialysis services and shared the learning across the organisation.
- Data provided by the centre showed there were no deaths of patients who had been receiving treatment from the service in the previous 12 months.
- Providers are required to comply with the the duty of candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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

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incidents and provide reasonable support to that person. There was a Fresenius policy relating to duty of candour, which outlined actions to be taken when something went wrong.

- Staff were aware of the duty of candour regulations and the need to apologise for any errors, mistakes or incidents. Staff told us the duty of candour had been discussed at team meetings and they were aware of the need to be open and honest with patients. For example, we reviewed an incident report dated 31 December 2016. The report recorded that the incident had been discussed with the patient, even though the incident did not meet the duty of candour thresholds.
- Patient safety alerts were distributed centrally to the Fresenius head office and reviewed by the registered manager. Alerts were shared with staff at handovers, in the unit diary, and team meetings.

Mandatory training

- Fresenius had a mandatory training programme which included basic life support (BLS). We reviewed the centre's mandatory training spreadsheet and found all staff had up-to-date mandatory training. The spreadsheet was red, amber, green (RAG) rated and identified any staff that were approaching the time of their training update. All staff were up-to-date with mandatory training in June 2017. A few staff had modules which were approaching their time for updating. The manager told us they monitored the training spreadsheet and arrangements were in place for these staff to complete their training updates. However, staff had not received appropriate training in children's safeguarding. The staff training record did not reflect this, (please see the safeguarding section of this report).
- Mandatory training included subjects such as infection control, fire safety, and health and safety. These subjects were completed via online e-learning and were updated regularly.
- Most education and training was provided by Fresenius education and training staff who attended the centre to provide training. Alternatively, staff attended another of the provider's units to attend training or manufacturers/ specialists provided specific training to the centre staff.

Safeguarding

- There were systems, processes and practices in place to keep patients safe from avoidable harm. Staff were aware of their roles and responsibilities for escalating safeguarding concerns.
- There had been one reported safeguarding adults incident in the period July 2016 to July 2017. The registered manager told us about this incident at the centre. The registered manager had taken appropriate action in reporting and escalating the safeguarding concerns to the appropriate agencies in a timely way.
- Safeguarding concerns were reported through the local NHS trust safeguarding team. The registered manager also had the contact details for the local authority safeguarding team. The contact details for the safeguarding team were displayed in the registered managers office.
- The centre did not treat patients under the age of 18 years. Data received from the centre recorded that 100% of staff had received level 1 children's safeguarding training. However, this was not in accordance with the intercollegiate document, 'safeguarding children and young people: roles and responsibilities for healthcare staff, 2014.' The guidance highlights that nursing staff should be trained to level 2.
- All staff had completed safeguarding adults' level 2 training. Staff were aware of the main types of abuse and knew how to access the centre's policy for safeguarding adults on the Fresenius intranet.

Cleanliness, infection control and hygiene

- The centre was clean and odour free. We were told that cleaning was subcontracted to an external provider. The contractors had regular meetings with the centre manager to ensure satisfaction with the service. There was a cleaning schedule on the wall in the cleaner's room. The registered manager and cleaner confirmed the registered manager had a checklist and did weekly spot checks on cleaning.
- The registered manager also told us the isolation rooms and machines dedicated to those rooms were sometimes used for patients who did not require

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isolation facilities. However, the machines were adequately disinfected between patients and there was a record on the system of each machine that recorded when each machine had been disinfected.

- We saw staff appropriately using personal protective equipment (PPE) such as gloves, visors and aprons.
- Nursing staff completed several audits relating to cleanliness and infection control including dialysis connection processes, sharps' disposal, hand hygiene and maintenance of dialysis fluid pathway. Audits were completed weekly and the collected data was sent to Fresenius head office for analysis and recorded on the service dashboard. Records from January 2017 to March 2017 demonstrated 95% compliance with infection control audits, the providers target was 100%. We saw the registered manager had included the results of audits and actions to be taken by staff to improve compliance and meet the providers target with infection control in an action plan and in team meeting minutes. Fresenius monitored infection control practices through audit returns to head office which were measured against compliance with key performance indicators.
- Isolation rooms were available for patients identified as being at risk or those with potential infectious conditions. Due to the possibility of blood borne illness, patients were also required to be segregated on their return from holidays. This was in line with national guidance. Patients were screened and remained segregated until their swabs indicated they were clear of infection.
- From May 2016 to May 2017, the centre reported no cases of infections such as Clostridium Difficile (C. Diff), or Methicillin-sensitive Staphylococcus aureus (MSSA).
- MRSA and MSSA infection screening was completed by nursing staff monthly for all patients. The overall target for incidence of infections was zero.
- Patient records on the dialysis machines flagged patients who had Hepatitis C or HIV to alert staff that procedures for these conditions would need to be adhered to. The registered manager told us the centre did not have any patients with Hepatitis B, but said there was a protocol in place for the disinfecting of machines.
- Water used for dialysis needs to be specially treated to prevent risks to patients. There was a large water treatment room, which was monitored by the Fresenius technician. This enabled them to identify any issues with supply, effectiveness of treatment or leaks. In addition to the monitoring, staff had telephone access to the manufacturers for emergencies.
- Water testing was completed weekly to ensure that water used during dialysis was free from contaminants. We viewed records confirming that staff checked the water plant equipment and water daily prior to use and these were up-to-date.
- Hand hygiene training had been completed by 100% of staff. We also saw a '5 moments of hand hygiene' poster displayed in the main dialysis area. This provided staff with best practice guidance on hand washing. The centre conducted monthly hand hygiene audits. The centres target compliance rate was 100%. We viewed results for these from January 2017 to March 2017. The centre achieved an average compliance rate of 95%. We also saw team meeting minutes from April 2017 where the registered manager reminded staff about compliance with hand hygiene. The registered manager told us they also did monthly unannounced spot checks on staff hand hygiene practice.
- All nursing staff had completed aseptic non-touch technique training (ANTT) this is the standard intravenous technique used for the accessing of all venous access devices (VADs). However, we observed three nurses using ANTT. Two nurses we observed demonstrated appropriate ANTT. However, we saw one nurse using incorrect aseptic techniques by touching the dialysis machine and then touching the sterile field. This created a risk of the sterile field being contaminated.
- The service had one case of MRSA bacteraemia in the previous 12 months. This was reported centrally for review by the Fresenius infection control committee to monitor trends and identify learning needs.
- Some stock was stored on trolleys in the main dialysis area. However, this posed a risk as the trolleys were close to dialysis chairs and there was a risk of the stock becoming contaminated in the case of a blood

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spray. A clinical waste bin was also stored next to the trolleys. There was a risk of the sterile supplies being contaminated by items being placed in the clinical waste bin.

- The centre did not use a clear method such as 'I am clean' stickers to inform staff of when equipment had been cleaned and was ready for use. We saw a member of staff asking if a piece of equipment had been cleaned before they used it. There was a risk that staff could not identify clean equipment.

Environment and equipment

- The clinic was accessible through a single entrance into the centre. Access was gained through an intercom system to reception as a security measure. Wheelchair access was provided via a ramp. Entrance to the main dialysis area on the first floor was via a lift. Parking outside the premises was limited to 10 spaces; but there were disabled parking bays and an ambulance bay close to the entrance.
- The environment and equipment met patients' needs. The centre provided 18 dialysis stations, including two isolation rooms with en-suite facilities. The dialysis stations were separated into bays; with a nursing station in the central area of the main dialysis area. The main dialysis area had four dedicated hand washing sinks.
- We noted that some stock was kept on trolleys with shelving on the main dialysis floor. This included needles and syringes. The trolleys were not secure and there was a risk that unauthorised people could gain access to the stock.
- Each dialysis station had a reclining chair, dialysis machine, nurse call bell, table, a television with remote control, and Wi-Fi access. All equipment was numbered to ensure it remained in the same location. The centre had two spare dialysis chairs which could be used in the event of a dialysis chair malfunctioning. We found all the equipment we viewed was in working order.
- We saw that there was adequate equipment to enable regular servicing and maintain full service. All dialysis machines were maintained according to the manufacturer's guidance. Technicians from an external provider attended the centre at regular intervals to complete routine servicing. All equipment checked was logged and a record held by the registered manager.
- Staff were aware of the escalation process for the reporting of faulty equipment. The centre had two spare dialysis machines, which were cleaned daily to ensure they would be fit to use in an emergency.
- All staff were trained on the equipment in use. This training was provided by either Fresenius or external providers as necessary. The organisation used the same type of equipment in all clinical areas, so staff transferring between units would be familiar with equipment. We saw from viewing equipment training records that the centre's staff had achieved 100% compliance for equipment training.
- All single use equipment, for example, tourniquets, was labelled accordingly, and disposed of after use.
- We saw an excess of clamps hung on machines. This meant clamps were at risk of contamination. We discussed this with the registered manager who said they would ask staff to remove them and store them appropriately with immediate effect.
- The resuscitation trolley records demonstrated the trolley was checked daily by staff and was found to be safe to use.
- In addition to the resuscitation trolley, staff had access to an emergency grab bag, which contained a selection of equipment that could be carried to a location in the event of an emergency.
- Waste was managed appropriately with the segregation of clinical and non-clinical waste. Bins were not overfilled and were emptied regularly.
- The stock room appeared clean and tidy with shelving for all equipment. Fluids were stored on pallets off the floor. Stock was provided weekly and staff told us there were adequate supplies to ensure that the service could continue if a weekly stock delivery was delayed.
- We saw that the ambient temperature of the treatment room was recorded daily, and there had been no incidents where the temperature had been outside the recommended temperatures.

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- Maintenance of dialysis machines and chairs was planned in accordance with the Fresenius policy. Following the inspection the centre sent us evidence that equipment servicing took place regularly by technicians employed by Fresenius, and equipment maintained under contract by the manufacturers or by specialist maintenance service providers. Electrical safety testing had been completed and was up to date.
- Fresenius had a dedicated facilities management team based at the head office who provided the centre with both reactive and planned preventative maintenance work.
- The centre complied with all 'Renal care Health Building Note 07 01: Satellite dialysis unit (2013)' requirements, including appropriate waiting areas, storage, dialysis station size and access to facilities such as toilets.
- We noted that some stock was kept on trolleys with shelving on the main dialysis floor. This included needles and syringes. The trolleys were not secure and there was a risk that unauthorised people could gain access to the stock.
- Medicines were stored in a treatment room, which was secured with a keypad access door. The ambient temperature of the treatment room was monitored and found to be in the normal temperature range. Medicines were stored appropriately and in date.
- Medicines that were temperature sensitive were monitored closely. We saw that the fridge temperatures were recorded daily, were up-to-date and had been maintained within the recommended parameters. Staff were conversant with the Fresenius policy on medicines if temperatures were outside the required range.
- Lead responsibility for the safe and secure handling and control of medicines lay with the registered manager. In the absence of the manager, the nurse in charge was the key holder for the medicines cupboard on a day-to-day basis.
- Nursing staff completed monthly medicine stock level audits when the amount of medicines and expiry dates were checked.
- Medicines were provided through two resources. Stock medicines came directly from Fresenius and other medicines, such as antibiotics, were supplied from the local NHS trust. Ordering of medicines occurred on a monthly basis, when stock levels were assessed. On receipt of any medicines, the registered nurse would check the medicine against the order form to confirm it was correct. A stock form was then completed, signed and faxed to the NHS trust to confirm delivery.
- The centre did not have a dedicated renal pharmacist. We saw that medicine administration charts (MAR) were clearly written, showed no gaps or omissions and were reviewed regularly.
- We reviewed the MAR charts of four patients. Overall, we found these to be clear and legible. However, we noted on one patient's notes staff had run out of space on the patients' saline flush chart and had used a line lock chart to record the patients saline flushes. We raised this with the registered manager who told us they would address this with staff following our inspection.
- Emergency medicines were in date and stored in the resuscitation trolley.

Medicines Management

- The centre had processes for the safe management of medicines.
- Fresenius had a medicines management policy that provided staff with guidance on general medicines management, medicines administration, administration of Hepatitis B vaccination, oxygen therapy and reporting errors in medicines management. Staff followed the guidelines and protocols and were able to describe the anticoagulant process.
- Patients' prescriptions were reviewed monthly at multidisciplinary team (MDT) meetings and when patients saw the consultant. The outcome of the meetings and changes to prescriptions were discussed with the patient and the patient's GP was informed by letter of any changes to a patient's medicines.
- Patients attending would receive prescribed medicines as necessary for their dialysis or continuing treatment only. Ongoing oral medicines remained the responsibility of the patient.

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- The service did not store any controlled drugs at the time of inspection.
- Staff were assessed annually for their competence in administration of medicine, as part of their mandatory training.
- We saw two nurses checking intravenous medicines (into the vein) before administering them to patients.
- We saw nurses checking the patient's names or dates of birth against their prescription prior to administering medicines.

Records

- Patients' records were held securely both electronically and in paper format. The Fresenius patient treatment database automatically transferred patient information into the NHS trust's clinical electronic records system; this enabled all patient information to be shared with the renal registry.
- We saw that the electronic records detailed dialysis sessions by date and time. This meant that any changes in treatment, any problems occurring during the session and any treatment changes could be easily identified.
- The centre kept a small number of paper records, which included the most recent dialysis prescriptions, patient, next of kin and GP contact details, risk assessments, medication charts and patient consent forms. Paper records were stored in colour-coded files according to patient's dialysis day and time. The files were kept securely when not in use. All seen were completed legibly and accurately.
- Staff completed data protection training as part of their induction and annually. Training compliance was 100%.
- Patients' records were audited monthly, with a review of the patients' records and dialysis prescriptions. We saw an action plan that was in place to address shortfalls in record keeping.

Assessing and responding to patient risk

- Patients were assessed for their appropriateness to attend the centre by the local NHS trust. The registered manager told us only stable, low risk, long-term dialysis patients who were stable were

referred to the centre for treatment. The dialysis coordinator contacted the manager and informed them of the patient. The coordinator completed the referral to the centre. Staff told us the criteria for patients receiving dialysis at the centre was that they did not have complex needs and were well.

- The centre's e-rostering system was completed eight weeks in advance by the registered manager, and forwarded to the Fresenius regional business manager for approval. This ensured shifts were covered in advance and any shortfalls in staffing were addressed.
- Staffing levels were reviewed by the registered manager on a daily basis to assess staffing levels. Staffing levels were based on the actual number of patients attending for dialysis and to cover unexpected staff shortages caused by sickness.
- Systems were in place to assess and manage risks of deterioration to patients. Nursing staff used risk assessments to review patients on a regular basis. We saw that patient records showed a minimum of weekly risk assessments, which were repeated up to three times a week depending on the findings and the patient's condition. This enabled staff to identify any deterioration or changes in patients' physical condition.
- Nursing staff completed patient assessments including: the patients past medical history, mobility assessment, skin integrity assessment and dialysis access assessment. This information was used to plan treatments and attendance at the centre.
- Patients had clinical observations recorded prior to commencing treatment. This included blood pressure, pulse rate and temperature. Nursing staff reviewed any variances in the patient's results prior to commencing dialysis, to ensure the patient was fit for the session. Where necessary the nursing staff consulted with the dialysis unit coordinator or the consultant for clarification. Nursing staff recorded the details of any incidents relating to dialysis in the electronic patient record at the beginning and end of dialysis' sessions.

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- Patients' blood pressure was recorded at regular intervals during their dialysis. Alarm settings were adapted to each patient, allowing any variance to the patients' normal readings to be highlighted to nursing staff.
- The centre were not using the national early warning score (NEWS) to monitor patients clinical observations, such as blood pressure and pulse. This is a tool used widely in health care to identify acutely ill patients and patients at risk of deterioration. Senior managers told us Fresenius Medical Care Renal Services Limited was reviewing the use of NEWS with a view to its introduction. However, a decision on the use of the tool had not been finalised at the time of our inspection.
- We saw staff addressing patients comfort needs by offering additional pillows and pressure relieving aids.
- The centre served an ethnically diverse population. Staff were trained in using the multiracial visual inspection catheter tool observation record, (Mr Victor, this was a visual tool for healthcare professionals, which uses pictures and a scoring system to assess levels of infection in different skin colours), for the diagnosis and treatment of central venous catheter related infection in haemodialysis patients. Staff told us the tool was used with patients with advanced signs of catheter infections. We did not see the tool in use during our inspection as the centre were not treating any patients with advanced catheter infections at the time of our inspection.
- We were told that patients who required additional support due to as challenging behaviour or advanced dementia received their treatment at the local NHS trust.
- Patients suspected of having sepsis, (blood poisoning), or who were unwell were transferred immediately to the local NHS trust for an emergency review by the medical team. Staff we spoke with demonstrated awareness of sepsis symptoms and explained that any patient demonstrating sepsis symptoms would be referred to the local acute hospital without delay. Nursing staff told us that they would not commence treatment if they suspected sepsis. However, Fresenius did not have a policy in place in regards to the management of sepsis, and staff told us they had not received any training on sepsis six, the bundle of therapies designed to reduce the mortality of patients with sepsis. The registered manager had attended sepsis training in December 2016 and said staff would ask for their advice if a patient became very unwell. However, there was a risk that staff may not be able to recognise sepsis symptoms in the absence of the registered manager. For example, in the evenings or at weekends.
- The centre was supported by the renal multidisciplinary team (MDT) who were based at the local NHS trust hospital. This included consultant nephrologists, renal registrars, junior doctors, and renal nurses. Nursing staff could access the renal team at the local NHS trust for additional support or advice. For example, in the event of an emergency nursing staff contacted the on-call renal registrar at the referring local NHS trust. We saw that there was a protocol and escalation pathway in place for this process.
- Patients who showed signs of deterioration were discussed at the multidisciplinary team (MDT) meeting and a decision made as to whether they should attend the local NHS trust for ongoing treatment. Patients exhibiting signs of ill health or requiring additional support during their dialysis would be transferred to the local NHS trust where specialist nursing and medical care was available if patients became unwell.
- Nursing staff called the emergency services to assist with any patient who rapidly deteriorated during their dialysis session. Staff told us they would telephone 999 for an urgent transfer to the local NHS trust. Staff told us that paramedic services were quick to respond. We saw evidence of a patient with hypotension (low blood pressure) having been transferred in April 2017 via a 999 call.
- During inspection, we saw that dialysis machine alarms were responded to within a few seconds. Alarms would sound for a variety of reasons, including sensitivity to patient's movement, blood flow changes and any leaks in the filters. Staff told us some patients would try to cancel alarms themselves. However, staff said they would intervene if patients tried to cancel an alarm. Patients had been informed that only staff could cancel alarms.

Dialysis Services

Staffing

- During inspection, we saw that there were three nurses and two healthcare assistants on duty. Staffing levels met patients' needs at the time of the inspection. We saw that the nursing rota confirmed staffing numbers were consistent and maintained a ratio of one nurse to 4.5 patients. The registered manager told us Fresenius had taken a decision to increase staffing at the unit to 4 patients to one nurse. Recommendations from the British Renal Society, National Renal Workforce Planning Group 2002, recommended a ratio of one to 4.5 for an 18-station unit with 3 patient shifts per day, and a ratio of 70:30 qualified and unqualified staff, for the management of moderately complex patients.
- The registered manager, worked 16 hours clinically and 21 hours managerial, mainly from Monday to Friday.
- Data provided by the centre demonstrated there were eight whole time equivalent (WTE) qualified dialysis nurses employed by the centre at the time of inspection and two part time nurses. There were also two WTE health care assistants (HCA).
- There was one WTE qualified nurse vacancy. The turnover rate in the previous 12 months was one qualified nurse had left the service and one had been recruited. Three HCA had been recruited in the previous 12 months and there had been no HCA that had left the service.
- The registered manager told us that due to the centre having introduced evening dialysis sessions in response to a reorganisation of renal services at the local NHS trust the centre were recruiting two qualified nurses and a HCA. The registered manager said the centre was being prioritised by Fresenius in terms of staff recruitment.
- The centre had a nominated nurse in charge every day; this was the registered manager, the deputy manager or a senior staff nurse. This role was highlighted on the duty roster so staff were aware of the role prior to attending for duty. The role of the nurse in charge was to support staff, patients and ensure the safe running of the unit.
- All staff completed a daily round during which they would review each patient, their treatment and discuss any issues. We were told that the rounds gave patients the opportunity to discuss anything that concerned them. In addition to the daily rounds, the centre completed a daily handover. This was a meeting that discussed any issues with patients during changes in staff shifts to ensure incoming staff were aware of the status of patients and any patient risks. We saw that patients were spoken with throughout their treatments.
- We were told that as the centre was not staffed 24 hours per day, the handover of information from one day to the next was via a communications diary. The registered manager and staff used the diary to record patient information or information on services to ensure staff on the morning shift would be aware of planned events or visitors to the centre.
- If shifts could not be covered by centre staff, Fresenius Medical Care had a flexi bank of staff to supplement staffing numbers when necessary. We were told that flexi bank staff were usually from other Fresenius dialysis centres or staff employed specifically to attend centres when staffing levels were short. The registered manager told us these staff members were trained by Fresenius and were familiar with the policies, procedures and equipment. In the previous three months, 27 shifts had been covered by flexi bank staff.
- The centre was also using agency staff in response to evening sessions being offered to patients. In the three months prior to the inspection, 98 shifts had been covered by agency staff. The high use of agency staff was due to the centre having vacancies as a result of the local NHS trust having a phased withdrawal of trust staff who had been supporting the centre; and the centre having been unable to fill posts to replace the trust staff. The centre were advertising the vacancies.
- Data we received from the centre covered the period April to June 2017, when sickness rates were averaging 1%.
- The centre maintained close links with the local NHS trust through the satellite haemodialysis unit coordinator and three consultants. During inspection, we observed two consultants visited the centre and spoke with inspectors.

Dialysis Services

- The centre had three consultants who attended the centre weekly. During these visits, consultants saw planned patients and anyone identified by staff as requiring a review. Outside the normal visits, consultant were available to staff for telephone advice, and contactable by email.
- Consultants completed a three monthly review of each patient to monitor and track their condition. This was completed as part of the routine visit to the centre and enabled patients to be seen when they attended for their dialysis, avoiding an additional appointment.
- Out of working hours, patients referred any care problems to their GP, who remained responsible for their care and treatment. Any emergency specific to their dialysis was referred to the local NHS trust.

Emergency awareness and training

- A business continuity plan was in place for North Wandsworth Dialysis Unit detailing plans for the prevention and management of potential emergency situations. The plan included defined roles and responsibilities; contact details for emergency services and public services and utilities.
- In the event of IT failure, patients were able to continue with their treatment as a result of the centre maintaining a paper record of the patients' last dialysis sessions. This recorded the details of the filter used, pump speed and dialysis solutions used.
- Fresenius had a process in place that meant that when any adverse event was resolved, an investigation into the cause would be completed. Outcomes of the investigation and any learning was shared with staff through a debriefing session.
- The centre was registered with local utilities providers as requiring essential utilities, which meant that in the event of a local electrical failure or loss of water the centre would be reconnected as a priority.
- The centre had a stock of water which could be used in an emergency if there were problems with the water plant.
- All staff at the centre had up-to-date training in the use of the evacuation chair and fire marshall training.

- Patients had personal emergency evacuation plans (PEEP) to guide staff in the event of the centre needing to be evacuated.

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

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

Evidence-based care and treatment

- Fresenius Medical Care Renal Services UK used Nephrocare guidelines developed in line with national guidance, standards and legislation. This included guidance from the Renal Association, National Service Framework for Renal Services and the National Institute for Health and Care Excellence (NICE).
- Patients were assessed using risk assessment tools based on national guidelines and standards. This included falls risk assessments, nutrition scores and skin integrity assessments.
- Staff at the centre were able to access all records at the local NHS trust; reducing time spent chasing blood and test results.
- Staff monitored and recorded patients' vascular access on a vascular access chart. Vascular access is the term used for access into a vein, for example, a dialysis catheter. Recordings detailed the type of access, appearance, and details of any concerns. This was in line with the NICE Quality Statement (QS72) statement 8 (2015): 'Haemodialysis access-monitoring and maintaining vascular access.'
- Patients were predominantly dialysed through arteriovenous fistulas. This was in accordance with the NICE Quality Statement (QS72) statement 4 (2015): 'Dialysis access and preparation'.
- The centre was not responsible for any patients who completed their dialysis at home. These patients were managed by the local NHS trust.
- The centre met the national recommendations outlined in the Renal Association Haemodialysis

Dialysis Services

Guidelines (2011). For example, Guideline 2.3: 'Haemodialysis equipment and disposables' and Guideline 6.2: 'Monthly monitoring of biochemical and haematological parameter (blood tests)'.

- The centre did not facilitate peritoneal dialysis (. Patients requiring peritoneal dialysis would receive this at the NHS trust hospital.

Pain relief

- Patients' pain management needs were assessed and managed appropriately. Patients did not routinely receive oral analgesia during their dialysis sessions; however, local analgesia was available for needling patients' arteriovenous fistula or graft (AVF/G). Needling is the process of inserting wide bore dialysis needles into the AVF/G, which some patients find painful.
- Analgesia was prescribed as a 'to be administered as necessary medicine', which enabled it to be used at each attendance to the centre. We saw examples of prescribed paracetamol in a few patients' prescriptions.
- Any issues identified with pain were discussed initially with the nursing staff who escalated concerns to the consultant or satellite haemodialysis unit coordinator.
- Patients we spoke with confirmed staff asked them about their pain at every session. For example a patient told us, "They always ask if you've had any pain or any problems."
- On any occasion where analgesia was required, a prescription could be scanned to the centre as with other medicines, although the centre kept a stock of paracetamol only. If pain related to the patients' general condition, they were reviewed by the consultant as soon as possible. This was usually during their next visit to the centre.

Nutrition and hydration

- Patients' hydration and nutritional needs were assessed and managed appropriately.
- Patients in renal failure require a strict diet and fluid restriction to maintain healthy lifestyle. We were told

that patients were reviewed by the dietitian monthly, who assessed their medical history and their treatment plans and advised them on the best diet for them.

- We saw that patients were provided with written information and guidance relating to their diet and fluid management. There was written information available on both floors of the centre on diet.
- Patients were weighed on arrival to the centre at each visit. This was to identify the additional fluid weight that needed to be removed during the dialysis session.
- Some patients were observed weighing themselves prior to dialysis, and input this into the dialysis machine.
- Patients were offered refreshments whilst attending the centre. This was hot or cold drinks, biscuits on request and a sandwich. Nursing staff told us that patients requiring religious or specialist diets could have a snack ordered by the centre, but frequently brought their own refreshments to consume whilst having their treatment.
- We spoke with the dietitian on our unannounced visit who told us the centre did not use the multi-universal screening tool (MUST); this is a five step tool to identify patients at risk of being malnourished. However, the centre did use the local NHS trust's renal service tool to measure patients' dry weight and body mass index (BMI).

Patient outcomes

- All patients received Research suggests there are short-term advantages of haemodiafiltration (HDF) in better removal of middle molecular weight solutes like Beta2 microglobulin and phosphate, and better haemodynamic stability when compared with haemodialysis.
- Data specific to the unit was available via the management system in the Fresenius electronic database, this data was used to benchmark patient outcomes both locally and nationally with other Fresenius dialysis units. We received a copy of the key performance indicator dashboard for January to March 2017.

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- The urea reduction ratio (URR) is a way of measuring dialysis adequacy, based upon how much waste is removed by hemodialysis. If a patient receives haemodialysis three times a week, each treatment should reduce their urea level (also called blood urea nitrogen or BUN) by at least 65%. In June 2017 the North Wandsworth dialysis centre were slightly worse than the Fresenius national average (95%), with 92% of patients on average having a URR reduction of at least 65%.
- Kt/V is a measure of dialysis adequacy, (K, the litres of urea the dialyser can remove in a minute; t, time or the duration of treatment; V, the volume or amount of body fluid in a minute). For HDF three times a week, K/DOQI (Kidney Disease Outcomes Quality Initiative) national guidelines recommend a delivered Kt/V of at least 1.2. In June 2017 the centre was slightly better than the Fresenius national average (87%). The average for North Wandsworth Dialysis Unit in June 2017 was 88%. The trend was improving from January 2017 when the average URR rate was 82%.
- The centre's audit schedule dated from January 2017 to April 2017 demonstrated that areas identified for improvement by audits were included in an action plan that detailed actions to be taken to improve.
- Staff monitored patients' dialysis access (dialysis catheter, arteriovenous graft or fistula) monthly. The targets for optimising vascular access were set by Fresenius, following a review of the referring local NHS trust and the national standards.
- Research suggests dialysis sessions of less than 240 minutes can increase risks to patients. The centre monitored the length of patients' dialysis. In June 2017 69% of patients were dialysed for 240 minutes. The percentage of patients dialysed for 240 minutes or more was stable from January to June 2017. The range was between 68% in March and April 2017 and 75% in May 2017.
- The centre did not directly contribute data to the UK Renal Registry, as the centre's data was uploaded to the national database from the local NHS trust who made a central return.
- On commencement of employment, staff were given a corporate induction at the Fresenius head office and a local induction at the centre. This included an orientation programme, and competencies booklet, which was based on the national standards framework.
- New staff received a training and education progression plan at induction, which provided an overview of the first year of employment, this included the awareness of safety procedures (fire safety, resuscitation equipment), equipment training (dialysis monitor, infusion pumps glucometers) knowledge of the centres governance policies, patients data requirements and uniform policy. We saw that induction training was included in the staff training spreadsheet and 100% of staff had completed an induction.
- Nursing staff were trained in dialysis by Fresenius and all staff had completed renal training programmes. Competence was monitored and recorded annually.
- All staff were assessed annually for medications administration and understanding, manual handling and basic life support (BLS). Training compliance was 100% with these competencies.
- Equipment and facilities training covered all machinery such as hoists, dialysis chairs, resuscitation trollies and the centrifuge. Fire and health and safety training included fire evacuation, which was practised annually.
- In addition to the in-person training provided, staff had access to the Fresenius training programmes for nurses, health care assistants and managers. These were completed via an online log in. Access to training was arranged by the Fresenius human relations (HR) department following commencement of employment.
- Practical training included clinical skills such as medicines' management, care of fistulas and dialysis catheters and aseptic non-touch technique (ANTT).
- All nursing staff were trained in ANTT. Staff competence was assessed annually by the registered

Competent staff

Dialysis Services

manager. We observed that most staff demonstrated competence in the use of ANTT. However, we saw one staff member contaminate the sterile field. This meant there was a risk of cross infection to a patient.

- The duty roster was created to ensure that there was always a senior member of staff on duty to ensure that staff had access to a more experienced member of staff. Due to working in an isolated unit, not attached to a local NHS trust, staff were responsible for the management of any untoward incident or emergency.
- Flexi bank staff underwent an induction programme with training and competency assessments to the same standards and procedures as permanent staff. Mandatory training records were monitored by the Fresenius flexi bank administrators to ensure training was up to date. If training lapsed flexi bank staff were suspended from shift allocation until training was updated.
- We viewed the competency assessments for two agency staff. This was a document that was self signed by the agency staff and presented to the employer. However, this meant the centre could not be assured that agency staff were assessed to the same level of competence as the centre's staff.
- Agency staff had a centre logon to enable them in accessing the Fresenius policies and procedures. We also saw team meeting minutes from April 2017 where the centre's staff had been instructed to ensure agency staff adhered to the Fresenius protocols and to provide teaching to agency staff in the protocols.
- All staff had completed their annual appraisal. Annual appraisals identified any areas for development and an agreed timescale for completion. All staff completed competencies, which were measured against the National Health Service, Knowledge and Skills Framework. These were reviewed annually as part of the staff member's appraisal.
- There were systems in place to support staff who were not meeting the organisation's standards of care and competence in delivering safe patient care. This included additional support and training where necessary.
- Staff employed by Fresenius, were recruited through the Fresenius HR department. Requirements for employment of nursing staff included the proof of nursing registration, basic life support training, and manual handling training.
- The centre had link nurses, these were staff that took the lead on acquiring knowledge on specific areas of practice and could offer support to other staff. For example, infection prevention and control, personal emergency evacuation plans (PEEP), blood borne viruses (BBV), and health and safety.
- Staff had access to a range of study days. We saw the study day list for 2017 included: Nephrocare guidelines, introduction to chronic kidney failure and care management.
- Staff would be supported by Fresenius to study for national renal qualifications, with Fresenius paying course costs. However, staff would be expected to study for the qualifications in their own time.
- In the Fresenius annual staff survey, 100% of staff said the training and education they received enabled them to do their jobs.
- The dialysis coordinator and local NHS trust haemodialysis training coordinator visited the centre during the inspection. They told us they were working with staff at the centre to improve patient's experience. The dialysis coordinator told us they had seen a recent improvement in staff competence due to support provided by staff from the local NHS trust. The dialysis coordinator said permanent staff observed the centres procedures and had up to date skills.

Multidisciplinary working

- The referring NHS trust provided all specialist support for patients with the exception of nursing staff employed by Fresenius. We saw evidence that staff at the unit worked with staff at the local NHS trust to ensure patients received seamless care. The dialysis coordinator and local NHS trust haemodialysis training coordinator visited the centre during the inspection. They told us they were working with staff at the centre to improve patients' experience.

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- Three consultants from the commissioning local NHS trust had overall responsibility for the patients care. The unit staff recorded any communications to the consultants in the Fresenius system, which the trust could access.
- At a corporate level there were regular Fresenius multidisciplinary clinical governance meetings.
- The registered manager told us there were good working relationships between the centre staff and staff from the local NHS trust.
- The NHS trust consultants, dietitian and the satellite haemodialysis unit coordinator attended monthly multidisciplinary team (MDT) meetings at the centre. The centre manager and any available qualified nurses on duty also attended these meetings. We saw that the meetings followed a set format where patients' current condition, their care plans, most recent blood results and medications were discussed and recorded in the electronic patient record. Each patient review was recorded and a copy given to the patient and forwarded to their GP.
- Patients had access to an NHS trust dietitian who reviewed each patient monthly, prior to the MDT. This enabled an informed discussion about planned care and treatment.
- The NHS trust had recently employed a renal transport coordinator. The centre's reception staff were pro-active in identifying transport issues.
- The centre had paper copies of communications with patients GPs, these reflected changes or updates to the patient's dialysis plan, there were also clinic letters and letters relating patients' ongoing treatment.
- Staff working within the centre had access the NHS trust's electronic patient records (EPR). This meant that staff had access to the latest information and patient treatment plans, blood and test results and multidisciplinary notes.
- The consultants attending the centre from the local NHS trust was able to access both the centres and the NHS electronic records systems, which meant that information was readily available when they were visiting patients off site. Visiting trust staff could access their work desktops using the same passwords. This meant that all relevant information needed to complete patient assessments and treatments was accessible.
- Data collected during dialysis was automatically uploaded into the trust database, which meant that records were contemporaneous and accurate at the time of review.
- Nursing staff completed telephone referrals for additional support from doctors or the consultant. This process was followed by an email to the relevant service to ensure details had been shared. However, staff could telephone refer to social workers, dietitians, or the NHS trust access nurse.
- Patients and their GPs received copies of their multidisciplinary notes on the day of the meeting. These detailed any changes to treatment or medicines, which needed to be implemented.
- Staff at the centre told us they would contact patients' GPs directly with any changes to treatment. We saw that following each multidisciplinary team meeting, a printout of current treatment and any planned changes was provided to the patient and to the GP. We were told that copies of this form were issued immediately to prevent any delays, and ensure that changes were in place before the next dialysis session.

Access to information

- All information needed to deliver effective care and treatment was available to staff through either electronic or paper records. Paper records consisted of all patient risk assessments, consent forms and dialysis and medicine prescriptions. Electronic records including records from the local NHS trust and blood test results were accessible to all staff attending the centre.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff were fully aware of their roles and responsibilities in relation to the requirements of consent. We saw that patients were asked for verbal consent at the start of each dialysis session and for any treatments or care during their attendance at the centre.

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- We saw that each patient completed consent forms for the completion of treatment and for dialysis at the beginning of their treatment. This consent form was filed in the patient's paper records. However, staff told us the consent document was not reviewed or updated unless there was an identified need.
- Patients who were suspected not to have capacity to consent to treatment were referred to the consultant for a mental capacity assessment. Best interest decisions were made by the MDT, with the involvement of the patients' family. However, staff said patients usually had a mental capacity assessment completed prior to being referred to the centre.
- Nursing staff told us that patients who had variable capacity, such as those with dementia were treated at the local NHS trust.
- Staff told us the centre worked on a principle of implied consent, with patients attending the centre of their own free will to receive treatment.
- Patients who expressed that they did not want to continue with treatment were referred urgently to the consultant. Staff told us they would explain the risk of withdrawing from treatment to patients, and inform the hospital. Patients who continued to withdraw from treatment were supported to understand the outcome and arrange help for the palliative stages of their illness.
- Staff were aware of deprivation of liberty safeguards, but had not experienced any situations where a referral needed to be made.
- Patients told us that staff were always friendly and welcoming.
- We saw that staff spent time talking to patients throughout their treatments and their waiting time before and after. We saw that the reception staff knew patients and spent time talking to them.
- Patients were positive about the centres reception staff. A patient told us the reception staff were, "excellent." We observed the reception staff answering patient queries and interacting with patients in a friendly manner.
- We saw that all interactions were respectful and considerate. Staff spoke politely to patients and were supportive. In the annual Fresenius national patient survey 80% of patients said they had "complete confidence in the nursing staff."
- The service had an annual patient's satisfaction survey, the most recent survey found
- We saw that staff were responsive to all patients' needs, including calls for help with alarms on dialysis machines. All staff were compassionate and attentive.
- Patient's dignity was maintained through the use of curtains that could be pulled around the dialysis station. However, bay three had curtains that did not fully surround the dialysis station due to backing on to a worktop. Even though staff had pulled the curtains round, we could still see a patient receiving care with the curtains drawn.. This meant any care the patient was receiving could be seen from a bay adjacent to the worktop.
- The centre had a room where patients could have confidential discussions about their care with any member of the multidisciplinary team (MDT) should they wish to do so.
- Patients had access to a personal television and Wi-Fi during their dialysis sessions. This meant that patients did not get bored during their visit. We saw some patients brought books to occupy their time.
- Staff told us they did not group patients according to their interests or position patients next to people they got on with. The registered manager said patients got

Are dialysis services caring?

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

Compassionate care

- Patients told us that staff were kind, caring and provided appropriate care. Staff understood patients' personal, cultural, social and religious needs. We saw that these were taken into account when planning treatment. For example, patient's dialysis sessions were planned around work and social events.

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on with each other and there had not been any issues between patients. The registered manager tried to accommodate any requests from patients about who they dialysed with.

- Prior to our inspection, we asked patients to return comment cards on the services provided by the centre. We received 17 comment cards from patients and all were positive about the centre's staff and services provided. Typical comments were, "The service is good. Staff are friendly and make it that bit easier for me to be here." Another patient commented, "The manager is friendly and welcoming."

Understanding and involvement of patients and those close to them

- We saw that staff spoke openly about the treatments provided. We saw patients speaking to staff about their latest blood results and what they meant and staff responding appropriately.
- On referral to the centre, staff gave patients information packs about the centre, which detailed what to expect from the service and information on haemodialysis.
- Patients and their relatives were encouraged to participate in their treatment. Staff encouraged patients to take responsibility for parts of their treatment, such as weighing themselves prior to dialysis. The registered manager told us patients were encouraged to do what they could for themselves to make the service more inclusive.
- Patients were provided with the details of any blood or test results during their visit to the unit.
- Any changes to treatments were written and patients informed of the reasons for the change to ensure they understood the reasons for changes to their treatment.
- All patients were reviewed face-to-face at a minimum of three monthly intervals by the consultant and dietitian who enabled patients in discussing any concerns, medicine or, treatment changes, and plans for different dialysis. Following each meeting, patients were given a printed summary of the discussion and any planned changes to treatment.

- All the patients we spoke with were positive about the registered manager, the staff, and treatment at the centre.
- We saw the centre's receptionist advising a patient on holiday dialysis arrangements. The receptionist advised the patient on the closest dialysis unit to their holiday destination. The patient told us the receptionist "keeps us posted about transport. They are good, very helpful."

Emotional support

- Staff gave patients support and time to discuss their treatment and care. We saw that all nursing staff spoke to patients about their most recent blood results and the impact that these had on their care.
- Staff were aware of the impact that dialysis had on a patient's wellbeing, and staff supported patients to maintain as normal life as possible. Staff encouraged patients to continue to go on holiday, and participate in the management of their treatment.
- Staff had access to a renal psychologist at the local NHS trust. We viewed a referral email the registered manager had sent to the psychologist on the 13 June 2017. This demonstrated the process for referring patients with mental health care needs was being appropriately applied.
- The centre provided details of support networks for patients and their families or carers. For example, we saw details of how to contact the National Kidney Federation Helpline were displayed in the reception area.
- The registered manager told us they had an open door policy and also worked on the floor providing treatment, several patients spoke to the manager to discuss their blood results or treatment. The manager always responded positively and gave the patient time to discuss their concerns.
- Patients had access to a renal social worker at the NHS Trust who was able to offer advice and support. This was usually following a request by the patient for assistance and a referral by the centre.

Are dialysis services responsive to people's needs?

Dialysis Services

(for example, to feedback?)

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

Service planning and delivery to meet the needs of local people

- The local NHS trust reorganised its renal services in the summer of 2016. The renal unit at the local NHS trust closed in August 2016 and alternative resources were sourced. Fresenius Medical Care were asked to deliver services against the contract specification. Since then, the dialysis unit had been running at full capacity. To assist with service continuity, staff from the parent NHS trust had been working alongside the centre's staff until May 2017, when the NHS staff returned to the local NHS trust.
- As a result of the reorganisation of dialysis services, eight nurses and two health care assistants (HCA) from the local NHS trust were contracted to provide support on a temporary basis to the unit. The unit also expanded its service provision with three additional twilight sessions to accommodate extra patients. Patient numbers increased from 120 to 144 between June 2016 and June 2017.
- Patients were referred to the centre by the local NHS trust. Patients who required dialysis in North Wandsworth and surrounding areas were assessed by the local NHS trust staff for suitability to dialyse in a satellite unit, and then referred to the centre. The centre had capacity to expand in the number of patients attending and the times of sessions available if necessary.
- The registered manager told us Fresenius met with commissioners in order to plan services for patients.
- North Wandsworth were contracted, by a variation agreement to the original contract with the local NHS trust from 22 July 2016 to 21 May 2017, to provide dialysis for a further 24 patients.
- The service completed monthly contract meetings with the NHS trust, which were attended by the senior nursing team and managers. The meetings had a set agenda and reviewed audit data, patient dialysis performance and any contractual details.
- Access to the facility was by established routes. Most patients used hospital arranged transport to and from the unit. A small portion of patients used private transport and limited parking, 10 spaces, was available at the unit. Ambulance access was available and we saw a designated drop off base was at the entrance.
- Patient transport services were provided by two external providers and arranged by the dialysis co-ordinator on patients' referral to the centre. However, local NHS trust was in the process of retendering transport services.
- The registered manager told us that Fresenius was asked to provide dialysis services to NHS patients within a specific catchment area to meet the demand of the local population. The journey time was within 30 minutes each way. The NHS trust provided transport services for patients requiring transport to the service. We found transport waiting times was an area of concern to patients we spoke with. For example, we received 17 comment cards that were positive about the services the centre provided, but added that waiting times for transport could be an issue. However, patients also told us the centre's receptionist was responsive in contacting the transport provider when transport was delayed.
- The centre consisted of a main dialysis areas and treatment room on the first floor level. There were two side rooms on the first floor which were used for patients requiring isolation.
- The main dialysis treatment area had four bays: bay one had six dialysis stations and provided 108 sessions per week, bay two had five dialysis stations and provided 90 sessions per week, bay three had three dialysis stations and provided 54 sessions per week and bay four had two dialysis stations and provided 36 sessions per week. 36 dialysis sessions a week were also provided in the side rooms.
- The ground floor provided a consultation room and a meeting room. The reception area was on the ground floor and a lift transported patients receiving

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treatment to the first floor. The main reception area was on the ground floor and had a waiting room. Each area was secure with key code access. Patients arriving in the reception were required to be buzzed in through a secure door from a car park. This area had a camera to enable staff to identify callers upon arrival. There was a service corridor with stairs that ran between the ground and first floor. The service area contained all treatment storage, water room, staff room, staff changing facilities, maintenance room and dirty utility room.

- Additional support services could be accessed through the local NHS trust if necessary. Any patients experiencing any difficulties were referred to the local NHS trust for assessment or treatment as soon as possible.

Access and flow

- The centre had 116 patients registered to receive dialysis at the North Wandsworth Dialysis Unit.
- There were three dialysis sessions per day, Monday to Saturday. This was usually with 18 patients dialysed in the morning, 18 patients in the afternoon and 18 patients in the evening. Referrals for admission were controlled by the local NHS Trust who liaised with the centre to discuss patient needs and preferences regarding dialysis appointments. Once a patient had been allocated a slot and start date, the local NHS trust sent over the relevant paperwork and a welcome letter was sent to the patient confirming the date and time of their dialysis.
- There were regular meeting with the local NHS Trust renal unit lead nurse to discuss potential patients for referral and available appointments, and whether the patient met the centre's eligibility criteria. The registered manager told us patients had to be well and mobile, as the dialysis unit was on the first floor, and could not take patients with complex needs. If the patient was referred the hospital would forward the patient's blood results, swabs and paperwork.
- Patients initial risk assessments, personal details and consent was collected on the patient's first visit to the unit. The local NHS trust arranged transport if necessary and ensured medical notes were available.
- The registered manager told us centre tried to take a flexible approach to the patient's to accommodate patients other commitments or appointments and change patients dialysis days and or times. If alternatives times were available they would be offered. However, as the centre was at capacity flexibility was limited. Sometimes this may have resulted in a patient being relocated to the NHS trust hospital or another dialysis unit to receive their treatment.
- The centre reported no cancelled dialysis sessions from June 2016 to June 2017. There had been no dialysis sessions delayed for a non-clinical reason in the same period.
- Patients attending the centre had always received their initial dialysis at the local NHS trust. Staff told us this was to ensure that patients were stable during their treatment before being treated in a satellite unit, therefore reducing the risk of any untoward incidents.
- The majority of patients attended the centre for treatment on a morning or afternoon on set days, for example every Tuesday, Thursday and Saturday morning. Patients we spoke with told us staff were flexible in fitting dialysis around their work or family commitments.
- Patients attended the centre for either a morning, afternoon, or evening appointment. Some patients told us that they used public transport or drove themselves to the centre for their treatment, whilst others used hospital transport systems. Patients told us the centres reception staff would contact the transport provider to ensure patients were not waiting for prolonged periods for transport.
- On arrival at the centre patients connection to machines was staggered at 15 minute intervals when they were connected dialysis machines, staff told us this was to ensure patients would not have long waits prior to being connected to a machine and ensure the correct staff skill mix in connecting and disconnecting patients.
- Most appointments with the consultant or dietitian were scheduled for the same day as patient's dialysis sessions to prevent multiple attendances at the centre. However, staff told us this was not always possible and depended on the consultant's schedule.

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- Patients were reviewed by the consultant every three months, or more frequently upon request or if a need was identified. However, some patients told us they used to see the consultant monthly and were not aware of why consultant reviews had been changed to three monthly.
- In the Fresenius annual patient survey 73% of patients said their dialysis started on time. This indicated that 27% of patients experienced delays with dialysis treatments. However, staff told us this related to transport delays and the local NHS trust was in the process of retendering their transport provision.
- The centre did not provide services outside of clinic hours. Staff told us patients would be advised to contact the local NHS trust outside of these hours.
- Nursing staff told us that patients could attend bathrooms during their dialysis sessions if they requested, however this was uncommon, as patients were invited to use the bathroom prior to their dialysis.
- Patients were referred to the centre according to their stability and their home address. Efforts were made by the NHS trust to ensure that wherever possible patients would not travel long distances for treatment.
- North Wandsworth Dialysis Unit were unable to offer a holiday dialysis programme at the time of inspection due to being at capacity. However, the registered manager told us when there was capacity for a holiday dialysis programme it was managed locally by the registered manager. The registered manager explained the process for receiving patients on holiday and told us that there was a robust process in place to ensure their safety based on the Department of Health: 'Good Practice Guidelines for Renal Dialysis/ Transplantation Units (2012)', which outlined the necessary screening, referral process and transport arrangements for patients care.

Meeting people's individual needs

- The registered manager told us following the reorganisation of local NHS dialysis services, the unit received extra patients. Some patients were dissatisfied with the changes to the time or day of their session. The registered manager told us patients referred to the centre should be, "stable, mobile and independent." The registered manager said as a result of the reorganisation of renal services at the local NHS trust the centre were receiving referrals for wheelchair users, and this was new to the centre. However, staff were trained in moving and handling.
- Staff told us most patients did not ask to have a preliminary look around and meet staff, but they could do this if there was a specific request.
- The centre provided disabled access, wheelchair accessible toilets inside and outside the clinical areas and a selection of mobility aids. We saw that hoists were available for patients who could not transfer and wheelchairs were used to assist patients to and from their transport. Patients also had access to pressure relieving mattresses, and profiling beds for those patients unable to tolerate the dialysis chair. There was a lift to transport patients to the first floor clinical area, and an evacuation chair which fitted onto the stairs.
- There were arrangements in place for patients going on holiday. Following confirmation of dates, patients would source a dialysis unit, and centre staff completed referral forms and relevant bloods to enable staff at the receiving centre to have access to all relevant patient information.
- Patients were encouraged to participate in their treatment, and we saw multiple patients weighing themselves on their arrival at the unit.
- Patients whose first language was not English were supported with decision making and understanding their condition by the use of interpreters and information leaflets. The registered manager told us patients families were not asked to act as interpreters and were aware of best practice in regards to the use of interpreters.
- The registered manager told us there had been an incident involving a patient who did not have English as a first language and this had made staff very aware of the need to use interpreters.
- The centre did not have any bariatric patients and said bariatric patients would be dialysed by the NHS trust.

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- The centre did not provide care for patients with learning disabilities or those living with dementia and we were told that the majority of patients who required additional support received their treatment at the local NHS trust.
- The centre did not have a multi-faith room; however, patients did have access to a meeting room that could be used for prayers, counselling, and reflection as necessary.
- Nursing staff had been trained to give patient vaccinations to enable patients to receive their seasonal flu and Hepatitis B vaccine at the centre, rather than attending their GP on an additional occasion.
- The registered manager told us they had an open door policy where patients could escalate any concerns directly. This was in addition to the daily contact by the registered manager to ensure patient satisfaction.
- On referral to the centre, patients and their relatives were given a copy of the patient guide, which contained details of the complaints procedure. Detailing how a complaint could be made, the process for investigation and the timescale.
- Staff told us patients could be directed to the local NHS trust's patient advice and liaison service (PALS) for support with complaints.

Learning from complaints and concerns

- The registered manager told us that due to the local NHS trust renal unit closure, some patients were not satisfied receiving their treatment at the centre, due to the disruption of their dialysis sessions and some patients having further to travel for their dialysis.
- We saw that there was a clear process in place for the management of complaints. All staff were able to tell us what they would do in the event of a formal or informal complaint being made. The registered manager told us most patient issues were resolved informally and immediately at the centre.
- There were seven formal complaints between June 2016 and June 2017. Three of these were dealt with through the formal complaints procedure, of these two were upheld. The other complaints were dealt with informally and immediately on-site. Complaints were monitored by the Fresenius head office and themes identified. For example, there had been one complaint in regards to transport, another complaint in regards to cleanliness, and three complaints in regards to care quality.
- We saw information leaflets were available in the reception providing patients and relatives with information on how to raise concerns and make a complaint. There were also freepost postcards available, to enable patients to make complaints to the Fresenius head office.

Are dialysis services well-led?

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

Leadership and culture of service

- Local leaders had the appropriate skills and knowledge to manage the service. A deputy manager, nursing staff, health care assistants and a receptionist supported the registered manager. We viewed the most recent staff survey data for North Wandsworth Dialysis Unit from January 2017 and found 100% of staff who had responded to the survey answered that the registered manager was helpful, visible and accessible.
- Locally, the registered manager demonstrated leadership and professionalism. We were told by all staff that they were visible and approachable to the nursing team and worked above and beyond expectations. The registered manager told us they had completed Fresenius management courses. All staff reported that the registered manager was responsive to any needs, whether that was for assistance with clinical practice or personal support
- The registered manager was supported by the area lead nurse whose key responsibility was to monitor the performance of the unit.

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- Fresenius Medical Care Renal Services Limited had an organisational structure, which included a managing director, supported by a regional business manager, who fed into clinical and corporate governance divisions and the Fresenius the board.
- Nursing staff confirmed that the senior management team were approachable, always responded positively to any contact and always spoke with patients when they visited the centre.
- Locally there was a hierarchy of accountability from the registered manager, who was supported by a deputy manager. We were told by staff and patients that the registered manager had an open door policy and saw that staff and patients asked for advice, assistance or information when necessary.
- All staff felt valued and told us that they enjoyed working at the centre. Throughout the inspection, we saw that staff assisted each other with tasks and responded quickly to service needs.
- We saw that staff had effective working relationships with staff from the local NHS trust. Medical staff from the local NHS trust confirmed that working relationships were positive and inclusive.
- 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 produce and publish WRES report. The centre employed a culturally diverse range of employees to reflect this. However, the registered manager told us the unit did not have plans in place to implement the WRES requirement.
- Fresenius did not currently have or maintain a WRES report or action plan to monitor staff equality. The Fresenius staff handbook stated Fresenius 'are an equal opportunities employer and do not discriminate on the grounds of gender, sexual orientation, pregnancy or maternity, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic

or national origin, religion or belief, disability or age.' The workforce at the centre was a diverse cultural mix of staff and reflected the Fresenius handbook statement.

Vision and strategy for this this core service

- Fresenius Medical Care Renal Services Limited had a statement of purpose (SOP) which outlined to patients the standards of care and support services the company would provide.
- The organisational aim was to 'deliver high quality person centred care' through effective leadership, governance and culture. Fresenius stated they were committed to honesty, integrity, respect and dignity.
- Fresenius had a set of core values which were understood by staff. These were: Quality, honesty and integrity; innovation and improvement; respect and dignity.
- The Fresenius vision was to create a 'future worth living for dialysis patients working in partnership with its employees'.

Governance, risk management and quality measurement

- Governance is a term used to describe the framework which supports the delivery of the strategy and safe, good quality care.
- Consultants were responsible for feeding information back to the local NHS trust and monitoring patients' progress at the unit.
- The centre's key performance indicators (KPIs) were monitored monthly by the area lead nurse. As part of the Fresenius clinical governance review and reporting schedule, a report addressing how the unit was meeting the Renal Association standards was sent to the consultant.
- Performance against the Fresenius strategy was monitored through organisational KPIs.
- There was a programme of regular audits, which detailed which audits should be completed monthly (such as use of personal protective equipment, infection prevention and control, and medication incidents). This information was fed into the organisational database to produce a dashboard of

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compliance. We viewed the unit's dashboard for March 2017 and found the unit was meeting most key performance indicators (KPIs). However, some KPI information was recorded as 'tbc' which meant the result of these KPIs had not been confirmed. These were KPIs in regards to catheter care and cleaning audits. The dashboard recorded that this was due to merging the audit information with the local NHS trust's systems.

- Staff told us all incidents and any learning arising from them were shared across the team at team meetings and at staff handovers. We viewed minutes from team meetings, which evidenced feedback to staff regarding local incidents and the actions to be taken. They also included lessons learned and details of investigations following incidents. For example, we viewed clinical governance meeting minutes from January 2017 to March 2017 and saw that incidents were a standard agenda item and all incidents at the centre were discussed with the dialysis coordinator and local NHS trust medical team.
- The centre had recently introduced a risk register which covered 21 clinical risks. The register contained risk ratings and subsequent mitigating actions. Risks on the register were classified as either, 'acceptable' or 'unacceptable.' There were two 'unacceptable' risks identified on the risk register.
- Unacceptable risks on the risk register were: the lack of an early warning score for identifying deteriorating patients. The register recorded actions the centre was currently taking to mitigate the risks and actions the centre intended to introduce to mitigate the risks, including Fresenius introducing an early warning score. The risk of bacteraemia was also identified as an 'unacceptable' risk. However, in mitigation the risk register recorded that appropriate infection prevention and control measures should be adhered to. The risk register also recorded that work was in progress to develop a sepsis care pathway and develop staff awareness of sepsis. However, there was no time frame at the time of the inspection for this.
- The area lead nurse had monthly meetings with the registered manager to discuss progress against targets and any development plans or changes to practice.

- Regional meetings were held quarterly. These included staff within the area and were used to review service provision and for service planning. We saw minutes of these meetings dated October 2016 and March 2017; the meetings had a standard agenda and included monitoring of clinical performance and corporate objectives, the risk register and audit schedules.
- The senior management team met with their national colleagues regularly had the opportunity to travel to different centres to share ideas for progressing the services offered by the company.
- There was a programme of monthly team meetings in place at the centre. We reviewed minutes from a team meetings dated April 2017 to June 2017. The minutes recorded that discussions included: recording of patient notes, work allocations, food labelling, infection control, incidents, and medicines. The registered manager also told us they worked clinical hours and would speak to staff when they were working on the clinical floor. There was a communications diary where the manager recorded messages for staff, which was reviewed at each shift handover.
- Information from the Fresenius board was shared directly with staff working at the centre through emails, and verbal feedback at team meetings.

Public and staff engagement

- Fresenius completed annual patient surveys. Results of the 2016 survey, published in January 2017, showed that 90% patients would recommend North Wandsworth Dialysis Unit to their friends and family. In the same survey, 94% of patients said they were generally satisfied with the dialysis unit; and 84% of patients thought the clinic was well organised. The centre had identified areas for improvement from the survey and work was in progress to improve areas highlighted. For example, 76% of patients had said nurses spent sufficient time with them during their dialysis. In response, the centre had increased staffing ratios to give nursing staff more patient time.
- Fresenius completed annual staff surveys. All staff had completed the survey and results showed 90% of staff at the centre would recommend the centre to their

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friends or family. In the same survey 50% of staff said they had felt pressurised to come to work by either managers or colleagues, and 100% of staff said they had put pressure on themselves to come to work.

- Staff told us they received regular newsletters from the Fresenius board informing them of service developments.
- There were 'tell us what you think' leaflets in the reception area. These were leaflets containing the contact details of senior managers should patients wish to speak with them or raise concerns.
- Patients were not generally enabled to familiarise themselves with staff and the location prior to commencing treatment. However, the registered manager said patients could look around the centre and meet the staff working there upon request.
- We saw a 'You said, we did' local action plan in response to the national annual patient survey 2016. This outlined areas of improvement patient responses to the survey had identified. For example, there had

been a decline in the percentage of patients who thought the clinic was well run, from 92% in the 2015 survey to 84% in the 2016 survey. The action plan recognised some of the patients who moved from the local NHS trust in August 2016 said that the centre and local NHS trust did not communicate well with the service restructure. In response to the survey the registered manager had spoken with patients and reassured them about staff skills at the centre and explained they would maintain contact with their local NHS trust renal team.

- The NHS trust had links with the Kidney Patient Association and the National Kidney Foundation and provided information leaflets and advertised support groups and events.
- We viewed information in the reception area informing patients of the time and venue of an update meeting on the 20 September 2017. The purpose of the meeting was to update patients on the relocation of renal services from the local NHS trust.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- Ensure staff have safeguarding children's training to level 2 in accordance with national guidance.
- Ensure all staff are aware of the signs and symptoms of sepsis and ensure there are clear procedures in place to respond to a patient with sepsis symptoms.

Action the provider **SHOULD** take to improve

- Ensure stock is stored in a secure area free from the risk of contamination.
- Ensure staff adhere to correct infection control procedures at all times.
- Ensure the Workforce Race Equality Standard (WRES) requirements are met.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) Care and treatment must be provided in a safe way for service users (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>12 (2) (b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>How the regulation was not being met:</p> <ol style="list-style-type: none">1. A member of staff was observed not to be using effective aseptic technique and infection prevention and control precautions to maintain patient safety and reduce the risks of infection.2. There was no sepsis training or sepsis policy in place.
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>Regulation 13 (2) Systems and processes must be established and operated effectively to prevent abuse of service users.</p> <p>How the regulation was not being met:</p> <ol style="list-style-type: none">1. All qualified staff were not trained to level 2 in children's safeguarding in accordance with the intercollegiate document 2014.