

Eastbourne Kidney Treatment Centre

Quality Report

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Date of inspection visit: 14 June 2017
Date of publication: 23/03/2018

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Eastbourne Kidney Treatment Centre is operated by Diaverum UK Limited. The service has 16 dialysis stations which includes four isolation rooms.

Kidney Treatment Centres offer services which replicate the functions of the kidneys for patients with advanced chronic kidney disease. Haemodialysis is used to provide artificial replacement for lost kidney function.

The centre is on one level and is a purpose built facility for the treatment of chronic kidney failure. The centre has the capacity to dialyze 96 patients however at the time of the inspection 76 patients were receiving treatment. Treatment was delivered across 5 shifts.

The centre operates from Monday to Saturday. On Monday, Wednesday and Friday they operate from 06.30-23.30 pm (3 shifts) and on Tuesday, Thursday and Saturday from 6:30 – 18:30pm.(2 shifts)

Eastbourne Kidney Treatment Centre works closely with Brighton and Sussex University Hospital (BSUH) with weekly visits by the Consultant nephrologists. Monthly multidisciplinary team (MDT's) meetings take place with the consultant and one of the centre's senior nurses. The wider multi- disciplinary team include: a counsellor, dieticians, a pharmacist, a transplant nurse, a blood transfusion nurse and the vascular access team who visit at varying times.

Staff within the clinic have direct access to the local commissioning trust data base allowing for ease of access to all relevant patient information and referrals. The Diaverum data base links information with the trust's database.

The arrangements for emergency patient care e.g. cardiac events are directed via 999 and staff complete the appropriate basic life support training.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 14th June 2017, with an unannounced visit to the centre on 28th 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 were adequate systems to keep people safe and learn from incidents. Learning from incidents that occurred in other centres was shared. All staff were aware of their roles and responsibilities in ensuring patient safety.
- The environment at the centre was visibly clean and well maintained. There were appropriate measures in place to ensure the spread of infection was prevented.
- There were systems in place to ensure medicines were stored following national guidance. Staff completed competencies according to Diaverum policy to administer medicines correctly.
- There were sufficient nursing staff to ensure patient safety was maintained at all times. Nursing staff had direct access to a consultant who was responsible for patient care. In emergencies, patients were referred directly to BSUH and the emergency services called to complete the transfer.

Summary of findings

- Care was planned and delivered in line with current evidence-based guidance, standards, and best practice. Patient outcomes were collected and monitored to improve care. An effective audit programme was in place.
- Patients' nursing records were secure. Staff had access to all relevant electronic records ensuring patients' care was planned and not delayed.
- Patients were monitored and assessed regularly by the nursing and medical staff. Patients and their GP's were provided with monthly written updates on their condition and treatment plans.
- 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.
- Patients nutrition was assessed regularly and patients were referred to appropriate specialist for additional support as necessary.
- There was a comprehensive training and induction programme in place to ensure staff competency.
- Patients were treated with respect and compassion. Staff took care to maintain patient dignity and confidentiality when delivering care and treatment.
- The service met the needs of the local population and the needs of individuals attending the centre.
- There were effective processes in place to monitor risks associated with the service and individual patients. Quality assurance meetings occurred regularly.
- All staff and patients were positive about the service.

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

- The centre should ensure all zipped foam items are inspected regularly and all items are stored off of the floor to allow for effective cleaning.
- There were good effective processes in place for gaining patient consent for treatment. However we identified issues regarding the Do not attempt cardiopulmonary Resuscitation orders.
- The Provider should ensure that the resuscitation trolley is not locked in accordance with the Resuscitation Council Guidelines.
- Safeguarding training for children must be implemented in order that staff have a level of awareness should information be disclosed to them.
- The provider must ensure that Sodium Chloride solution (0.9%) should be prescribed for use during the dialysis process.

Professor Edward Baker
Deputy Chief Inspector of Hospitals

Summary of findings

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Eastbourne Kidney Treatment Centre

Services we looked at:

Dialysis Services

Summary of this inspection

Background to Eastbourne Kidney Treatment Centre

Eastbourne Kidney Treatment Centre is operated by Diaverum UK Limited. Diaverum UK was awarded the contract as part of a partnership agreement with Brighton and Sussex University Hospital NHS Foundation Trust. The Eastbourne Unit was opened in December 2013 in

temporary premises and moved to the current facility on 1st December 2014. It is a private medical dialysis unit in Polegate Sussex. The unit primarily serves the community of Eastbourne.

The centre has had a registered manager in post since August 2016

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors. The inspection team was overseen by an Inspection Manager and Alan Thorne. Head of Hospital Inspections.

Information about Eastbourne Kidney Treatment Centre

Eastbourne Kidney Treatment Centre is a 16 bedded unit that provides dialysis for patients with chronic renal failure. Diaverum UK Limited ('Diaverum') is contracted to complete dialysis for local patients. All patients attending Eastbourne Kidney Treatment Centre ('the centre') receive care from a named consultant from the local commissioning trust, who remains responsible for the patients.

Diaverum have close links with the local commissioning trust with the provision of medical cover, pharmacy support, transport coordination, counselling and transplantation services, the vascular assess team and regular contact with a dietician. The clinical teams attend the centre regularly and assess patients in preparation for monthly quality assurance meetings.

Access to the centre is by established routes, by bus and the Polegate train station. Most patients use hospital arranged transport to and from the centre. Some of the patients use private transport. There is designated parking available outside the centre for patients travelling by car.

The centre is registered to provide the following regulated activities:

Treatment of disease, disorder, or injury.

During the inspection, we visited the treatment areas where dialysis took place, and the other non-clinical areas of the centre, such as the dirty utility room, maintenance room, storage room and water storage area.

We spoke with 12 staff including; registered nurses, dialysis assistants, health care assistants, reception staff, and senior managers. We spoke with four patients. We also received 18 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed 10 sets of patient records.

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

In the 12 months before our inspection, there was 4212 dialysis sessions carried out for 18-65 year olds and 7020 sessions for people over 65 years of age. Twenty seven patients were aged between 18 and 65 years and 45 patients were over 65 years of age. All patients were NHS funded. An average of 222 treatments sessions were delivered each week.

Summary of this inspection

The centre provides services for people who are on holiday however no patients under 18 years of age were treated at the centre. Both male and female patients were treated in the same areas at the same times.

The centre is a nurse led unit with sufficient numbers of suitably qualified, skilled staff to carry out the daily tasks. The local commissioning trust contract recommends a 1:4 nurse patient ratio which ensures that the patients' health and social welfare needs are safely met. The nursing workforce consists of one whole time equivalent (WTE) clinic manager, one WTE deputy clinic manager, three senior staff nurses, 10 staff nurses, three assistant practitioners and five health care assistants (HCAs). Unit administration is supported by one full time receptionist. Staff training and development is supported by one Practice Development Nurse (PDN) (South Area).

Track record on safety in 12 months before inspection:

- No never events.
- No incidences of healthcare associated Methicillin-resistant Staphylococcus aureus (MRSA)
- No incidences of healthcare associated Methicillin – sensitive staphylococcus aureus (MSSA).
- No incidences of healthcare associated Clostridium difficile.

- No incidence of healthcare associated infection caused by other bacteraemia.
- No incidences of healthcare associated surgical site infection.
- No incidences of pressure ulcers.
- No incidences of patient falls in reporting period but one outside the reporting period.
- One complaint received.

Services provided under service level agreement:

- Clinical and or non-clinical waste removal.
- Maintenance of medical equipment and environment.
- Pathology and histology.
- Maintenance and service of dialysis chairs.
- Water treatment system maintenance.
- Laundry services and provision.

Other services were carried at the location and included pre-dialysis consultations, education sessions, and phlebotomy services. These clinics were run by the local commissioning trust. Diaverum offered administrative support and phlebotomy upon request.

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 found the following areas of good practice:

- There were robust systems in place for recording and escalating incidents both internally and externally. We found a positive safety culture.
- Mandatory training was up to date and systems were in place to monitor staff training. We found good support to staff from the PDN around all areas of training.
- Staff were aware of their roles and responsibilities within their job roles and provided safe care.
- The centre and equipment used were visibly clean. We saw effective cleaning regimes and schedules were followed. Audits were completed to ensure compliance with local policy and procedure. All staff were observed using effective precautions to maintain patient safety and reduce the risks of infection.
- All equipment was maintained according to the manufacturer's guidance. We saw good maintenance records and there was an adequate supply of equipment to cover maintenance or breakages.
- There were systems in place to safely manage medicines. This included the ordering, storage and administration of medicines.
- Patients medical and nursing records were held securely, in paper and electronic form. All staff had access to the appropriate records to perform their roles.
- Staff worked with the local commissioning trust to review and monitor patients regularly. Staff completed regular risk assessments and vascular access reviews to ensure patients were suitable to continue treatment. Escalation procedures were embedded to ensure patients were transferred in an emergency.
- Medical support and advice was available, with direct access to the appropriate consultant or renal team at the local commissioning trust.
- Nursing staffing levels were maintained in line the contract (staff to patient ratio, one: four) to ensure patient safety.
- Staff were aware of their roles and responsibilities to maintain the service in the event of a major incident and scenario sessions were undertaken throughout the year to prepare staff.

Summary of this inspection

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

- Staff must receive training to recognise sepsis in patients in line with national guidance.
- Sodium Chloride solution (0.9%) must be prescribed appropriately. We saw in five out of ten medicine charts sodium chloride (0.9%) had not been prescribed to cover certain situations that can occur during dialysis. This is not in line with national guidance.
- All zipped foam items, for example, mattresses and cushions need to be inspected regularly, and any harbouring possible sites of infection need to be removed.
- The dirty utility contained clean items which should not be stored in dirty utilities, as it poses a risk to cross infection.

Are services effective?

Are services caring?

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

We found the following areas of good practice:

- Nursing staff knew their patients well and treated them in a professional and friendly manner.
- Patients were able to ask questions about their condition and were provided written information regarding patients' nutritional needs and care of their vascular site. A patient's handbook was developed to inform patients on a variety of subjects.
- Staff understood patients' personal, cultural, social, and religious needs. We saw that these were taken into account when planning treatment.
- Patients were encouraged to be involved in their care and decision making.
- Emotional support was available through a councillor that visited the centre.

Are services responsive?

We found the following areas of good practice:

- The centre had been built to provide local dialysis patients with a treatment centre nearer to their home. Patients were assessed for suitability to attend the centre by the renal team at BSUH.

Summary of this inspection

- The centre provided a variety of treatment slots throughout the week to allow patients to lead as normal a life as possible. Appointment times were allocated to allow the smooth running of the treatment area and keep waiting times to a minimum.
- The centre was fully equipped to provide safe treatment for patients with translation needs, or those living with mobility, hearing or visual impairment needs.
- The centre received one complaint in the past year. There were systems to ensure that patient complaints and other feedback was investigated, reviewed and appropriate changes made to improve treatment of care and the experience of patients.

Are services well-led?

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

We found the following areas of good practice:

- There was a clear management structure which staff were aware of. This meant leadership and management responsibilities and accountabilities were explicit and clearly understood.
- Diaverum UK had a risk management system in place. All risks contained a risk rating and subsequent mitigating actions.
- Staff enjoyed working at the centre and there was a positive culture. We observed team working and staff respecting each other.
- Staff were familiar with and worked towards the organisational vision of providing the best possible care for renal patients.
- The centre had effective systems in place to monitor quality, using a dashboard to evidence performance and identify trends or areas of development.

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are dialysis services safe?

Incidents

- Patients were protected from the risk of inappropriate or unsafe care because there were systems to ensure that incidents were identified, reported, investigated, and learned from to prevent recurrence. Eastbourne Kidney Treatment Centre staff had a good understanding of the processes to report incidents. Incidents were reviewed by the centre manager and investigations and outcomes were shared with staff through staff handovers and written in the daily diary.
- Eastbourne Kidney treatment centre had reported no never events in the period June 2016 to May 2017. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- The centre reported one serious incident (SI) over the reporting period in May 2016 when a patient suffered a cardiac arrest. We saw staff followed the escalation policy and the patient was transferred to the local commissioning trust.
- In the period between January 2017 and March 2017, 70 incidents had been reported with 65 reported between April and May 2017. Incidents were classified as clinical, non-clinical, product incidents and staff and visitors incidents. We reviewed the incidents with the centre manager and saw the centre manager closed 95% of the incidents following a review. This was because the actions taken by staff were appropriate and the incidents were low harm/no harm incidents. The low harm/ no harm incidents included cannulation problems, blood lines clotting, hypotension, and conflicts with patients and between patients.
- The centre manager told us any high risk incidents reported including air embolisation (which is a blood vessel blockage caused by one or more bubbles of air or other gas in the circulatory system) and needle dislodgements would activate an alert to the centre manager's and lead nurse's phones. A root cause analysis (RCA) would be initiated and recommendations would be made. An action plan would be put in place to implement the recommendations into clinical practice. We reviewed the RCA of the SI and saw that the appropriate actions had been taken.
- Lessons learnt from incidents were regularly communicated through handovers. Staff confirmed that they received feedback following incidents; they said they routinely had access to an overview of incidents. One registered nurse (RN) told us about an incident which had occurred at another Diavium kidney treatment centre. It had resulted in a check list being introduced to check the safety of the floor area around the dialysis machines.
- The centre manager told us the lead nurse for Diavium UK had access to all incident reports. However, no benchmarking of the centres was taking place across Diavium UK. The practice development nurse (PDN) was able to review incidents and would provide extra training and re-check competencies where required. Following a recent incident within the organisation, staff had received training around the re-sheathing of needles along with a poster placed in the staff room to remind staff of the correct procedure.

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- The centre manager told us bank staff had access to the electronic incident reporting systems.
- The PDN described the Diaverum area meeting that took place every 6 weeks. This included looking at the top five incidents and any SI's that had occurred. This was the forum to share learning across the region. We reviewed the minutes of the meeting in January 2017 and saw incidents were discussed.
- Staff we spoke with had a good understanding of the duty of candour requirement and were able to explain how it applied to their specific roles. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- Diaverum had a duty of candour policy which was aligned with National Patient Safety Agency (NPSA) 2009 guidance. All staff were trained and made aware of what constituted duty of candour and what steps to follow when a trigger had been reached. The centre manager told us a recent training session had taken place around the duty of candour.
- The centre manager described that following a serious incident, patient safety was secured, and a root cause analysis carried out. An action plan would be implemented to ensure prompt and appropriate clinical care that prevented further harm occurring. A letter of apology would be issued to the patient and family and this included the progress of the investigation and outcomes. We saw evidence of the correspondence sent to the family following a recent SI. This ensured the family were kept up to date of the investigation following the SI.
- **Mandatory training**
 - Diaverum UK had a mandatory training programme, which specified the type of training each staff group was expected to undertake on an annual, bi- annual and one off basis. Annual mandatory training included fire, life support, infection control, and medicine management. Bi-annual training included safeguarding, moving and handling and anaphylaxis.
 - The centre manager held up to date records of all staff training. We reviewed the 2016/17 records and saw that mandatory training was 100% compliant except for Mental Capacity Act (MCA) training and Equality and Diversity training which was 88% this equated to two staff members who needed to complete the training. Compliant training included medicine management, anaphylaxis (serious allergic reaction), Infection Prevention and Control, data protection, and Control of Substances Hazardous to Health (COSHH).
 - All trained nursing staff had completed the basic dialysis programme (CiP) developed by Diaverum UK to develop staff knowledge and skills around haemodialysis.
 - Nursing staff completed basic life support and fire training. Staff were 100% compliant. The PDN told us practical sessions included anaphylaxis and choking and took place in April 2017. All new starters completed the training in the first three months of employment.
 - Staff completed their mandatory training though the online system and attended face-to-face training. Staff told us time was made available during the working week to complete the mandatory training.
 - The PDN told us that Diaverum UK had link trainers who supported moving and handling training. Staff were trained on how to teach other staff on the equipment used across the centre for examples hoists. The trainer was assessed by the PDN and if competent would be able to train other members of staff.

Safeguarding

- Diaverum UK had systems in place to safeguard adult patients who may be identified as at risk of abuse. No safeguarding concerns were reported to CQC in the period June 2016- May 2017.
- Staff we spoke with were aware of their responsibilities in relation to safeguarding vulnerable adults and could locate and describe the Diaverum UK safeguarding policy. Data indicated that 100% of staff had completed level 2 safeguarding vulnerable adult training. The centre manager was trained to level 3.
- Staff had not undertaken level 2 children's safeguarding training. The centre manager told us that no children were treated at the centre but if any

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concerns arose with visiting children, staff would contact Diaverum lead nurse for guidance. No plans were in place to introduce children's safeguarding training.

Cleanliness, infection control and hygiene

- All areas we visited within the centre were visibly clean and tidy, and we saw there were good infection control practices in place. For example, we saw all staff in the treatment area were 'bare below the elbow'. This is in line with national guidance 'National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England' (epic 3), which says healthcare workers should ensure they clean their hands effectively by removing all wrist and hand jewellery.
- During the reporting period (June 2016-May 2017), no incidents of methicillin-resistant staphylococcus aureus (MRSA), Clostridium difficile (C DIFF) or Escherichia coli (E.coli) were reported at the centre.
- There were sufficient hand washbasins (HWB) available, in line with the Department of Health's Health Building Note (HBN) 07-01: Satellite Dialysis Centre. This included HWB's that were accessible by wheelchair patients, as patients will need to wash their fistula arms before treatment. Soap cartridges and disposable hand towels were available next to the sinks. We also saw alcohol based hand gel was available throughout the centre.
- Information about the World Health Organisation (WHO) 'five moments for hand hygiene' and the correct procedure for cleaning hands was displayed near the HWBs. This helped remind staff of the importance of when and how to clean their hands, before and after key activities such as before and after patient contact.
- We saw most staff cleaning their hands either at the HWB or using the alcohol-based gel, in line with the WHO 'five moments of hand hygiene' and National Institute for Health and Care Excellence (NICE) quality standard (QS) 61, statement three. This standard states people should receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of care.
- During the inspection, we undertook a 20-minute observation of staff cleaning their hands, whilst taking patients off the dialysis machines. In this 20-minute period, we saw there were 14 occasions when hands should have been cleaned. We saw that on 13 occasions staff cleaned their hands in accordance with WHO 'five moments for hand hygiene'. However, there was one occasion when a member of staff did not clean their hands following removal of gloves to answer the telephone. This did not comply with NICE QS 61, statement three.
- The segregation and storage of clinical waste was in line with current guidelines set by the Department of Health, Management and disposal of healthcare waste (07-01) 2013. We checked the waste storage area and saw it was within a restricted area. Yellow waste bags were tied correctly with tags identifying the centre and were placed in locked storage bins waiting for collection each Friday.
- We saw sharps bins were available in clinical areas and consulting rooms where sharps may be used. This demonstrated compliance with health and safety sharps regulations 2013, 5(1) d. This required staff to place secure containers and instructions for safe disposal of medical sharps close to the work area. We saw the 'sharps' bins were correctly assembled, labelled and dated. None of these bins were more than half-full, which reduced the risk of needle-stick injury. Labels on sharps bins had been fully completed which ensured traceability of each container.
- In the centre's storage room a yellow Control of Substances Hazardous to Health (COSHH) metal cupboard was in use. The cupboard had a warning sign stating it contained hazardous substances/highly inflammable liquid on the door as a warning to all. The cupboard was appropriately locked.
- We visited the dirty utility room on the centre, which had separate dedicated hand hygiene sinks, and a macerator for disposal of body fluids and a separate deep sink for cleaning of equipment. This complied with HBN 00-09 infection control in the built environment. However, the dirty utility also contained other items such as screens that would be used

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around a dialysis chair/bed area to provide privacy and zipped foam items. Clean items should not be stored in dirty utilities, as it poses a risk to cross infection.

- We looked at the three zip foam items in the sluice. This included cushions and mattresses used as pressure relieving items. We found two had covers which were not intact and all three items were visibly dirty when opened, on both the inside of the covers and in one instance on the foam interior. These items were a potential risk for cross infection.
- We inspected the linen room on the centre and it was fully stocked and correctly stored. However, the cupboard was not designated for that purpose and was also used as a store cupboard for other items such as hoist slings which were in boxes on the floor. Items on the floor impeded adequate cleaning; we found the floor to be dusty.
- We inspected the patient kitchen in the centre, and found it to be clean and tidy. There were facilities available for staff to make patients hot and cold drinks and toast. All opened food was stored in pest proof containers. We saw that appropriate food were stored in a dedicated fridge, in the kitchen. We saw records, which showed daily (whilst the centre was open) temperature checks were undertaken. This provided assurance the centre stored refrigerated food within the recommended temperature range to maintain food safety. We also saw recommended actions to be taken if the fridge temperatures were not in the correct range.
- We found equipment was visibly clean, and that staff had a good understanding of their responsibilities in relation to cleaning of equipment. Disinfectant/detergent wipes were available in the centre to clean equipment between patient contacts. Good supplies were seen throughout the centre, with green holders located on walls within easy reach.
- Personal protective equipment (PPE), such as gloves and aprons were widely available, in sufficient quantities, in the centre. During our inspection, we saw good compliance to practice with staff using PPE appropriately, only wearing gloves and aprons during

patient contact. For example, we saw staff wore visors and masks when removing patients from dialysis machines, where there is potential for blood to be splashed in staff members eyes, nose or mouth.

- We saw the visors were for individual staff members, and were cleaned between patients, and after final use. Personal protective equipment's protective clothing such as aprons, gloves, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection. However, we saw two waste bins placed under the PPE storage centre, with aprons resting on top of the bins, which could lead to cross infection.
- Cleaning equipment was stored in a designated room which was locked. We found the room to be clean and tidy, with a slop hopper to dispose of dirty water, and a small hand wash basin available. The cleaners used a colour coding system (for mops and cloth's) that was based on the national guidance for colour coding to prevent the spread of infection.
- The housekeeping staff were available during the early morning (between 4:00 and 6.30 am daily) when the centre staff were not on duty. They followed a daily cleaning log, which we reviewed with the duties they needed to perform. The centre manager and staff made checks to ensure the centre was cleaned to the appropriate standard.
- If patients were identified as being at risk with potential or actual infectious conditions, four side rooms were available to reduce the risk of cross infections. For example, patients with a blood borne virus, such as hepatitis B and Human Immunodeficiency Virus (HIV) or other infections such as MRSA.
- All patients were routinely screened on admission to the centre and then twice a year (February and August) for MRSA. If any patients were identified as MRSA positive, they were treated and then re-swabbed to see if they were clear of infection. In addition, they would be isolated during their dialysis treatment, where possible. At the time of inspection, we were told the centre currently had no patients with MRSA. The centre followed the local commissioning trust policy

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for screening patients for MRSA. MRSA is a type of bacterial infection and is resistant to many types of antibiotics. The centre did not screen for methicillin sensitive staphylococcus aureus (MSSA).

- Routine monitoring for blood borne viruses (BBV) was in place on the centre. Patients were screened on admission and then every three months (April, July, October and January), for hepatitis B (HBV), hepatitis C (HCV) and (HIV). If a patient was found to be positive for a BBV, they would be isolated for their treatment, and a dedicated dialysis machine was used for them alone. A sign would be placed on the dialysis machine to show that it could only be used for a specific patient. During our inspection we saw one dialysis machine that had been dedicated for this purpose, with a sign in place, indicating the machine could only be used on a specific patient.
- Additionally, patients were placed in isolation if they had returned from a holiday that required dialysis away from base, in an intermediate or high-risk country. Intermediate risk countries include, but are not limited to, South East Asia and South America. High-risk countries include, but are not limited to, Indian sub-continent and parts of Africa.
- The centre had a holiday coordinator, who would manage both patients wanting to come to the centre that require dialysis while on holiday, and liaising with an outside company for centre patients wishing to go on holiday. The holiday coordinator would make sure the correct tests (including MRSA, and BBV's) were in date, prior to the patient arriving at the centre.
- The Department of Health (DoH) advised that there is an increased risk of getting a BBV infection associated with dialysis abroad. Countries have been separated into low, intermediate, and high risk, and have made recommendations for action on return following dialysis away from base. Patients who had been abroad to an intermediate or high-risk country were routinely placed in a side room for three months, which was in line with best guidance 'Good practice Guidelines for Renal Dialysis/Transplantation centres', which suggested patients returning from high risk countries were placed in isolation for at least two months. In addition, the centre made sure the patient had a dedicated dialysis machine and nurse for their treatment, during this period. During our inspection, we saw a patient in isolation due to returning from abroad.
- Machines were automatically put through a 'thermal' disinfection sterilisation process between patients, as part of the dialysis machine cycle. We saw this was recorded on records that were kept with the machine and showed the date and time, and which patient it had been used on. We looked at three records and saw that they were fully completed. In addition, once a week the machines would be put through a 'chemical' disinfection sterilisation cycle. This was also recorded, which we saw had been completed as per policy.
- We saw the outside of the dialysis machines were routinely cleaned with disinfectant/detergent wipes following use on a patient.
- We observed staff taking two patients off their dialysis machines at the end of their treatment. We saw that staff used the appropriate aseptic non-touch technique to disconnect the patients.
- The centre had a large water treatment room on site. Drinking water standards are inadequate for haemodialysis since patients are exposed to many thousands of litres of dialysis fluid yearly. Water used for dialysis needs to be treated appropriately to remove impurities. An outside contractor managed the water treatment room, and would respond to a concern on site within four hours.
- On a daily basis specific nursing staff who had been trained, would undertake routine testing of the water, such as testing for water hardness, or changing of filters. If a problem was found, they were able to contact the outside contractor, for advice. We saw records were kept of these daily checks, which were up to date and fully completed.
- Water quality testing was also undertaken to test for micro-bacterial and endotoxin levels (bacteria that can be dangerous for patients on dialysis). We saw this testing was undertaken monthly in line with national guidance. We saw records were kept for the results of these tests, which were up to date and fully completed.

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- Water supplies were maintained at safe temperatures and there was regular testing and operation of systems to minimise the risk of pseudomonas and Legionella bacteria. During our inspection, we saw copies of the records for flushing of water outlets. This was in line with requirement of Health and Safety Executive (HSE) L8; and Health Technical memorandum HTM04-01 A and B: guidance on the control of legionella.

Environment and equipment

- The main clinical area was well maintained and free from clutter.
- The centre provided 12 dialysis stations, and four isolation rooms. Two of the isolation rooms had en suite facilities. This was compliant with HBN 07-01 5.34, which states 'there should be an allocation of one to two isolation rooms per 12 stations'. The dialysis stations were separated into two bays of six; each area had a small nurse's station attached. Each bay had a minimum of two HWB available for hand washing. There was a HWB, on entrance to the centre, where patients could wash their fistula arm before treatment.
- There was a central nurse's station, which was located near the side rooms. The side rooms were observable from the main nurse's station.
- There were two trollies in the dialysis treatment area, which contained sterile disposable items, such as syringes, needles and gauze swabs, all these items were in date.
- The centre had had enough dialysis machines for each of the 16 stations, and one for designated use. In addition, two spare machines could be used in the event one was out of use. Staff were aware of the process for reporting faulty equipment.
- We saw one resuscitation trolley in the centre. Records showed that trolley was checked daily (while open). All drawers had the correct consumables in accordance with the checklist. There was a sealed tamper proof box with medicines, which would be used in the event of a cardiac arrest, which was in date. This was in line with the Resuscitation Council Guidelines (November 2016), which says 'All resuscitation drugs must be stored in tamper-proof boxes'. The automatic defibrillator worked and the emergency suction was in order. This meant staff had access to the correct equipment in the event of a medical emergency.
- However, the resuscitation trolley was locked with a key, which was kept in a locked cupboard in the locked clean utility. This meant that in the event of a medical emergency there would be a delay in accessing the resuscitation trolley and reducing the chance of survival from cardiac arrest. This was not in accordance with the Resuscitation Council Guidelines (November 2016), which recommends 'Resuscitation trolleys should not be locked, or kept in locked rooms or cupboards'.
- We looked at various pieces of equipment, during our inspection, including patient walk on weighing scales, blood pressure machines, and hoist. We saw electrical testing stickers on equipment, which indicated the equipment was safe to use.
- We inspected the main storage area for the centre and found it to be clean and tidy. There was enough shelving for equipment to be stored off the floor or large items were stored on wooden pallets. The equipment store was locked and alarmed doors to the exterior allowed for receiving delivered goods. This was in accordance with HBN 07-01.
- We checked the centres sluice and found the room to be clean with all equipment stored in cupboards appropriately. A weekly cleaning schedule was in place and all records were up to date and signed.
- All the toilets across the centre had call bells. We saw records to confirm these were regularly checked.
- We saw glucometers were quality controlled. We reviewed the records and saw that all four meters were checked and signed daily.
- The water treatment plant had a sloped floor to a drain, and a cement raised band in place to prevent water seeping to the rest of the centre in the event of a large water leak. This was in accordance with HBN 07-01.
- During our inspection, we saw that alarms on the dialysis machines were answered quickly. We also noticed the dialysis machines would play music at the

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end of the treatment. Staff told us, the machines played a variety of music and in conjunction with the patients, and they had chosen a particular tune to indicate treatment had been completed.

Medicine Management

- There was no nominated pharmacist aligned to the centre. However, staff could contact the local commissioning trust's pharmacy department for guidance.
- Diaverum UK had a medicines management policy. The purpose of the policy was to make suitable arrangements for the recording, safe-keeping, handling, and disposal of medicines. However, the policy stated it was reviewed in April 2017 but did not state specifics regarding the document history as part of this review.
- The centre did not use or store any controlled drugs (CD's), medicines that are liable for misuse and have additional legal requirements regarding their storage, prescription and administration. The centre manager had lead responsibility for the safe and secure handling and control of medicines.
- The local commissioning trust consultant and the trust lead dialysis co-ordinator wrote medicine prescriptions for the medication administered during dialysis. This included anti coagulants, iron infusions, IV antibiotics for suspected/actual dialysis line sepsis, Urokinase for unblocking dialysis catheters, and medicines that are given "as needed" known as "PRN" medicines. We were told that medicines were reviewed at each quality assurance meeting for each patient. We saw that prescription charts were clearly written, showed no gaps or omissions and were reviewed regularly.
- The medicine room was entered through a controlled key pad. In the room, medicines were stored in locked cupboards. A registered nurse (RN) told us that medicines were ordered weekly and would arrive at the centre by a courier in a locked medicine container. A RN would check delivery and place the stock in the cupboards. The storage system of medicines allows the 'expire first' medicines to be used first. The delivery note for new medicines was placed in the despatch folder which we reviewed and saw all recent dispatch notes were in place.
- Medicines which were temperature sensitive were monitored closely. The medicines management policy gave guidelines for staff for action to take in the event temperatures were outside the required ranges. Fridge temperatures were recorded daily in line with best practice. We saw that in June 2017, the fridge temperature was out of range on six days, actions were taken, and the nurse in charge was informed. Staff members knew what to do if the temperature fell outside of the expected range.
- We reviewed 10 medication administration charts. Allergies were clearly documented on each chart and all charts were signed and dated.
- We saw that medicines that are given "as needed" (PRN) were prescribed in all the prescription charts we reviewed. This included medicines such as paracetamol (a pain reliever and a fever reducer) gelofusion (a plasma volume substitute and replaces fluid lost from the circulation.) and metoclopramide (used short-term to treat heartburn caused by gastroesophageal reflux). This allowed the RN to administer the medicines in a timely manner when the patients required them.
- We saw that oxygen was not prescribed as a PRN. In the case of an emergency or low saturation levels, where oxygen was administered staff would be required to get a retrospective prescription. This would ensure national guidance was being followed.
- During haemodialysis, sodium chloride (0.9%) solution is used in a variety of situations including the treatment of hypotension (low blood pressure), priming, and wash back of the machines and as a flush when heparin free dialysis is recommended (no anti-coagulant is given at the beginning of treatment). We saw in five out of ten charts sodium chloride (0.9%) had been prescribed to support these situations up to a 1,000ml. However, in the other five charts we reviewed, it had not been prescribed for the reasons above and therefore sodium chloride (0.9%) was being delivered without a prescription if used in the above situations. This was against national guidance.
- The centres medicine link nurse, audits the medicines expiry dates monthly. We reviewed the most recent audit which was displayed on the wall of the medicine room. All medicines were in date.

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- Drug prescriptions charts were audited monthly in the Diaverum patient documentation audit. 10% of patient prescriptions were audited monthly. Results were reported at monthly Trust contract review meeting.
- We observed the appropriate checking of medication prior to it being administered to the patient. Before administration of the anti-coagulant (medicines that help prevent blood clots), the dialysis assistant checked the preparation, strength and expiry date both verbally and visually with a RN. This followed the Diaverum Medication Administration policy where it states that two persons check anti coagulants before administration, one of whom must be a registered nurse. We reviewed five medicine prescription charts and saw that the anti-coagulant had been signed by two members of staff.
- We found the fridge in the medicine room was not locked as the lock was broken. We raised this with the nursing staff at the time of the inspection so that maintenance could be arranged to make the fridge secure. During the unannounced inspection we saw the lock had been fixed.
- The centre had a Patient Group Direction (PGD) in place for the administration of intravenous iron. A PGD gives named registered health care professionals the authorisation by their organisation to practice under it. We reviewed the document during the inspection and saw the document was in date and the most up to date version was the one available for use. The healthcare professionals were individually named and authorised to work under the PGD. The authorising person had signed each healthcare professional. We saw that Healthcare assistants were not specified health professionals and did not work under the PGD. By having this PGD in place, this allowed patients' anaemia to be treated promptly and allowed nursing staff to start treatment in a timely manner.
- We found mobile oxygen was available in the treatment area. All oxygen cylinders were in date.

Records

- The centre used both a paper and electronic based record system to record all aspects of patients' care. We found the records to be comprehensive and included completed risk assessments, consent to

treatment forms, dialysis prescription chart, nursing notes of the treatment delivered, arteriovenous fistula/ arteriovenous graft (AVF/AVG) assessment records, care plan and evaluation forms, medication prescription charts and photo identification. This meant there were clear records around the care being delivered.

- All current medical records were securely kept in a locked cabinet with a key code situated at the nurses' station. We saw there was a log in /log out book for records. This was in line with national guidance.
- 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. Staff told us that if a patient required treatment at the local commissioning trust for a period, they could continue to track their care, and provide the appropriate treatment on their return to the centre.
- The RNs told us they had access to the local commissioning trust's patient management system. This allowed the RNs to input treatment data, view clinic assessments, investigations, test results, MDT meeting notes and treatment and care provided.
- On attending the centre, the RNs would complete a range of risk assessments. These included the Malnutrition Universal Scoring Tool (MUST), Waterlow score (gives an estimated risk for the development of a pressure sore in a given patient), falls, manual handling, and venous needle dislodgement (VND) risk assessment. In the ten records we reviewed we saw the risk assessments were completed for each patient.
- We observed that information around the traceability of single use items were recorded in the patients nursing notes were placed in the appropriate sections of the patients care records. This ensured the clear identification and traceability should any issues develop in the future

Assessing and responding to patient risk

- The centre had access to services provided by the local commissioning trust, such as the vascular access team and sepsis clinical nurse specialist. Staff followed the local commissioning trust's policy for

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sepsis (a potentially life threatening complication of an infection) and any patient the staff thought to be unwell would be able to access the local commissioning trust for urgent medical review.

- During our inspection, we looked at the local commissioning trusts policy for 'Guideline on managing suspected central venous catheter (CVC) infection, including vancomycin and gentamycin dosing on haemodialysis'. We saw the policy had clear steps and procedures of what to do if staff suspected a line infection, such as taking a swab of the line for microbiological testing and taking blood culture, (a blood culture is a test that looks for infections in the blood stream). However, we saw the policy was out of date and due for review in March 2016. This meant staff may not be following up to date guidance on dealing with sepsis. We raised this with the centre manager during the inspection who raised this with the Trust as this was a trust policy and not a Diaverum policy.
- The PDN told us that if there was a threat that a needle may dislodge during treatment, all staff had been trained to use a 'haemodialert' which is a small device placed under the venous needle which will buzz letting staff know the needle remains in position.
- Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance. Risks were managed positively.
- The centre was using the National Early Warning Score (NEWS) system to identify and escalate care of any deteriorating patients. When a patient was identified as deteriorating by nursing staff their concerns were immediately escalated to the centre manager who would contact the consultant or renal registrar at the local commissioning trust followed by dialling 999 to get the patient transferred for medical treatment.
- In the event staff become concerned about a patient when the consultant was not on site, arrangements were in place for staff to contact the local commissioning trust. They could seek advice from another consultant or the renal registrar on call.
- The PDN told us that when the machine alarms go off the patients were not encouraged to switch off the alarms. Nursing staff would attend the patient promptly and would make the necessary checks and ensure the treatment could be continued.
- Nursing staff reviewed the patients' vascular access on each session. This included reviewing the arterial /venous pressure, looking for any redness and any possible site of infection. Any concerns would be raised with the access team at the local commissioning trust.
- We observed the nursing handover and found it to be a structured and effective communication tool, which promoted continuity of good care. All patients were mentioned at handover. Relevant information such as the patient's present condition, blood results and any associated appointments or changes in their dialysis prescription were discussed between the staff about to come on duty from the morning staff.
- A visiting nurse from the local commissioning trust would visit the centre to perform transonic ultrasounds on the AVF's to monitor the flow rate of the fistula. High flow rates would require a review by a vascular surgeon.
- The PDN told us that when patients started dialysis their AVF was assessed as being 'easy, medium or difficult' to cannulate. Competencies for cannulation were undertaken and newly trained staff would not cannulate a difficult fistula for at least one year. Poor cannulation techniques can result in a 'blown' fistula which can cause patient pain and distress. If a staff member was identified as having 'blown' a number of fistulas, the nurse would be re trained and would not cannulate until the training was completed.
- Patients were required to confirm identity prior to treatment and medicines. A staff member told us that they called patients into the treatment area and then identified them against the photographic identification in the notes. We observed staff confirming patients' date of birth, which was checked against the patient record during the inspection.
- The PDN told us those patient identification (ID) bracelets were attached during the administration of blood transfusions. Patients were required to wear an ID bracelet for the duration of the treatment, following

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the confirmation of their name and date of birth. Two nurses checked this prior to the administration of the blood transfusion, in line with best practice. We did not observe this during the inspection as no patients were receiving a blood transfusion.

- Emergency antibiotics were administered for suspected infections following a discussion with the medical team. Staff would identify any patients with a potential infection; which included a review of any wounds and dialysis catheter exit sites for signs of infection prior to commencing treatment.
- Patients suspected of having sepsis or were unwell were transferred immediately to the local commissioning trust for an emergency review by the medical team. Nursing staff told us that they would not commence dialysis if they suspected sepsis. No specific sepsis training or tool kit was in place at the centre.
- Nursing staff called 999 to assist with any patient who rapidly deteriorated during their dialysis session, for an urgent transfer to the local commissioning trust. A member of staff told us that recently a patient had fallen and it took the ambulance service three hours to respond. This resulted in a staff member sitting with the patient to provide support and ensure the patient was as comfortable as possible.

Staffing

- Eastbourne Kidney Treatment Centre was a nurse led centre. There was no medical staff based on site at the centre, medical cover was provided by the local commissioning trust. The centre had the full establishment of nursing staff for 76 patients. The centre had the capacity to treat 96 patients and was therefore undertaking a recruitment programme at the time of the inspection to support increased patient numbers.
- The centre had two dedicated consultant's, who managed the medical care of the patients. The consultant's would visit twice a week (Tuesdays and half day Friday) and provided four clinic sessions per month plus eight clinic sessions for out-patients and a multi- disciplinary team (MDT) review once a month. During the visits, the consultant's would see a planned list of patients in the consulting rooms, and anyone

identified by the staff as needing a review. When the consultant's was on holiday or annual leave, the service received support from the on-call renal registrar at the local commissioning trust.

- The centre manager was supernumerary, working predominantly Monday to Friday, undertaking management duties as well as being a source of specialist knowledge for operational staff. The centre manager attended nursing handovers and had knowledge of all patients undergoing treatment at the centre.
- Staffing establishment was determined by use of the headcount calculator model devised by human resources. The local commissioning trust contract recommended there were 1:4 nurse to patient ratio which ensured that the patients' health and social welfare needs were safely met. Any staffing levels not meeting contracted ratios were reported monthly at trust contract review meetings.
- Eastbourne Kidney Treatment centre was staffed by one whole time equivalent (WTE) centre manager , one WTE deputy centre manager, three senior staff nurses, 10 staff nurses, three WTE dialysis assistants (DA's) and five WTE health care assistants (HCAs). Centre administration was supported by one part time receptionist. Staff training and development was supported by one practice development nurse (South Area).
- A suitably experienced /qualified renal nurse who had the relevant knowledge and skills to support the staff and patients led each shift. Both the centre manager and deputy had completed specialist renal nursing courses and one senior staff nurse had commenced the course this year.
- The centre had no vacancies for dialysis nurses at the time of inspection. No dialysis nurses had left the service in the previous 12 months.
- There were no vacancies for dialysis assistants and health care assistants (HCA's). Three HCA's had joined the service in the previous 12 months increasing the establishment of HCA's.
- The average of sickness absence over the three months before inspection was 0.13 % for dialysis

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nurses, 0% for dialysis assistants, and 0.83% for HCA's. The national average sickness is between 3 and 4% so the centre was performing well against the national average.

- Diaverum UK had an internal bank staff system. The centre manager told us they did not use agency staff, and used bank staff to supplement staffing numbers when necessary. These were experienced dialysis nurses. We were told that bank staff were usually from other Diaverum UK dialysis centres or staff employed specifically to attend centres when staffing levels were short. These staff members were trained by Diaverum UK and were familiar with policies, procedures, and equipment.
- Access to the renal team at the local commissioning trust for additional support or advice was available to all staff. This included in the event of an emergency the on-call renal registrar or consultant. Access was also available to the renal dietician and counsellors. The centre manager told us the renal matron was also at hand for support and guidance. Good lines of communication were in place.

Major incident awareness and training

- All staff received fire safety training as part of their mandatory training programme; staff told us they had the opportunity to rehearse scenarios and we saw evacuation equipment was available on the centre. Fire alarms were tested weekly. Fire safety training was 100% compliance across the centre.
- A business continuity policy and plan was in place covering various scenarios that may affect the day-to-day running of the centre such as severe weather conditions, utilities failure, IT infrastructure failure, and major staff shortages. We saw procedures in and out of hours were in place along with the contact details of all relevant persons and emergency response numbers.
- The centre manager described an internal alert system which once activated sent immediate notification to the senior management team at Diaverum UK. The local commissioning trust would be notified of any event. After the situation has been resolved, an investigation into the cause of the event was

undertaken along with improvement plans. Debriefing and learning outcomes were carried out after the event to inform staff of what went well and what didn't go well.

- The centre manager told us that a recent issue with the water treatment system required the centre to put the continuity plan into action. After alerting the local commissioning trust and Diaverum UK head office, patients were allocated slots at the local commissioning trust and the nearest Diaverum centre until the water was up to appropriate water quality standard. Patients' treatments were not compromised during this period.
- Evacuation plans were in place should there be a need to leave the building. The centre manager told us that yearly fire scenario training took place where staff had to move beds to the outside highlighting to staff any complications with the lay out of the centre.
- A traffic light system was used to identify the order in which patients would leave the building. Green signified that patients were fully mobile, yellow signified patients needed help and red were patients that were fully dependant. Coloured stickers on the patient records identified what patients were which colour. All patients would be disconnected from the machines using this system. An emergency supply of single use items including gauze, giving sets and space blankets were available following the evacuation.

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

Evidence-based care and treatment

- Policies and procedures used within the centre, followed evidence based practice. The centre manager told us that if required, local standard operating procedures were developed to fill in any local gaps in policy. The practice development nurse (PDN) told us that policies were a combination of Diaverum and the local commissioning trust policies and procedures. For example Diaverum policies included the cannulation and taping procedures and the medicines

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management policy. If a new policy was being introduced at the centre, a joint meeting took place between the centre and local commissioning trust and an agreement was reached.

- We reviewed four Diaverum policies and saw they were up to date and referenced to current best practice from a combination of national and professional guidance. All the policies were reviewed every two years.
- Eastbourne Kidney Treatment Centre had an audit programme in place which supported the care provided against its own policies, work instructions, and standard operating procedures. Audits undertaken included the delivery of patient care, infection control, health and safety, fire safety, equipment and medications management. All were audited in line with the National Guidelines and National Service Framework-Renal Services.
- We reviewed the results of the dialysis prescription audit which was completed quarterly. In quarter one of 2017, the centre was 100% compliant, in quarter two it was 99%. Ten per cent of patient prescriptions were checked, areas covered included the documentation of the patients' blood pressure (BP) pre and post dialysis, weight recorded, correct needle gauge and medicines signed for.
- Dialysis patient records were audited quarterly. We saw in April 2017, the audit was 100% compliant resulting in good identification of nursing practices and a record of the care delivered. The PDN told us that if there were areas of improvements required these would be highlighted to staff and the necessary changes in practice would be implemented.
- A dialysis needle taping audit was also performed monthly. The centre followed European guidance and used a chevron taping method to ensure needles remained secure during treatments. In April 2017, this was 100% compliant. The PDN told us this audit must be 100% compliant as good needle taping can prevent the dislodgement of needles which can result in a serious incident.
- Equipment logs regarding the disinfecting of dialysis machines were audited. In quarter one of 2017, the centre was 97.4% compliant. In quarter two, the centre was 100% compliant. This highlighted good IPC practices and prevented the spread of infections between patients.
- Treatment delivered was managed in accordance with professional guidance, for example, National Institute for Health and Care Excellence (NICE), Renal Association, and the National Services Framework for Renal Services. The centre manager was able to demonstrate the compliance of the centre to the Renal Association standards. For example in line with the Renal Association guideline 6.1, 'recommend that the rope-ladder and buttonhole techniques should be used for cannulation of AVF and AVG's. We observed during the inspection that the nursing staff were using the rope ladder technique to cannulate AVF's.
- Staff monitored and recorded patients' vascular access (surgically created vein used to remove and return blood during dialysis) which included AVF's and tunnelled catheters on a vascular access monitoring chart. Staff completed the chart weekly following a review of the patients' vascular site. Any concerns would be raised with the local commissioning trusts access team where the patient would receive an appointment to be assessed. This was in line with the NICE Quality Statement (QS72) statement 8 (2015); haemodialysis access-monitoring and maintaining vascular accesses and the Renal Association guideline 6.3.
- Prior to patients receiving dialysis, during and post dialysis all patients were reviewed by the nursing staff. This included documenting the patients' weight, temperature, pulse, and blood pressure along with any other medical issues raised by the patient. Nursing review notes were completed by the nursing staff which was then inputted onto the Diaverum and the local commissioning trust electronic management systems. This allowed all relevant staff at the local commissioning trust to review the patients nursing notes. This followed best practice guidance.
- Diaverum lead nurse undertook an audit at the Eastbourne Kidney Treatment Centre in April 2017. The outcome of the audit was the centre achieved 97% compliance. The service was audited from uniforms to hand hygiene to patient assessments, medicine management, and vascular access to all

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documentation. Following the audit an action plan was put in place with seven actions. We reviewed the action plan and saw all the actions had been addressed and completed.

Pain relief

- Any issues identified with pain were discussed initially with the nursing staff that escalated concerns to the consultant. Patients who required an urgent review for pain management were referred to their GP or the local commissioning trust depending on the severity of the pain.
- If patients required a short term local anaesthetic to support the insertion of the dialysis needles, a prescription would be required. The RN would contact the independent prescriber or renal registrar at the local commissioning trust where a prescription would be faxed, scanned, or emailed to the centre. This would be followed up by a written prescription the following day.
- Any patient requiring long term local anaesthetic for the insertion of the dialysis needles would attend their General Practitioner (GP) and get a local anaesthetic cream prescribed that helps to numb the skin. This would be administered by the patient prior to coming to the centre.
- In the prescription charts we reviewed we saw that paracetamol was prescribed for patients 'as required' (PRN). This meant that if the patient had a headache or pain at the site of the needles, pain control could be administered by the nurses in a timely manner.
- None of the patients we spoke with required pain relief at the time of our inspection. However, we observed staff asking patients about their pain levels.

Nutrition and hydration

- 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 following the monthly blood results. Advice would be given regarding any changes needed in their diet. This was followed up with written patient information.
- Patients were provided with hot and cold drinks and toast during their dialysis treatment. We saw in the kitchen, staff had completed a sheet with patient's

names and preferences. Patients were also encouraged to bring in their own appropriate food to their dialysis treatment sessions if they preferred. Diabetic patients were closely monitored throughout treatment and encouraged to bring food along to support them during treatment.

- We saw patients weighed themselves before treatment each day. This was compared with the patient's dry weight (this is your weight without the excess fluid that builds up between dialysis treatments) and was used as a base line. Weight above the dry weight will be removed during treatment by removing the appropriate amount of water from the blood. We observed staff talking to patients about the amount of fluid that would be removed during the treatment and asking patients if they were happy with the amount. Too much fluid removed could cause the patient to go hypotensive during treatment.
- The staff told us they encouraged patients to regularly measure their fluid output balances as urine output diminishes the longer the patient is on dialysis. This was to support patients on the amount of fluid intake per day in order to prevent fluid overload.

Patient outcomes

- The centre did not directly submit data to the UK Renal Registry; this was undertaken by the 'parent' commissioning trust. The data from the centre was combined with the NHS trusts data and submitted as one data set.
- Clinical outcomes for renal patients on dialysis can be measured by the results of their blood tests. The blood results were monitored on a monthly basis as directed by the local commissioning trust. Results were collated on the local commissioning trust database used at the centre. The data was available for the centre manager, consultant, and all other staff to review so they could see individual patient outcomes.
- Key performance indicators had been developed from the Renal Association module 2: clinical practice guidelines for haemodialysis. Diaverum UK had set targets relating to optimising patient conditions and experience, which included the weekly treatment times being equal to or greater than 720 minutes for

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85% of patients. In March and April 2017, 95% of patients achieved these weekly treatment times and in May 2017 it fell slightly to 94.5%. This shows the centre was above target for this quality standard.

- Patients' pre dialysis haemoglobin concentration should be maintained between 10 and 12g/dl. The target set is that 65% of patients should sit within that range. In March 2017 60.9% was achieved, in April 63.8% and in May only 49.5% all of which were below the target set. However it was difficult for the centre to influence these figures as these were prescribing decisions which were made at the local commissioning trust. Following local commissioning trust's policy on anaemia there were no actions taken until the patients haemoglobin was above 12.5 g/dl that the amount of Erythropoietin (a hormone, whose function is to regulate red blood cell production) that is administered would be altered.
- The pre dialysis weight gain of patients between sessions should be less than 4%. In March, April, and May 2017; this was achieved in all the patients receiving treatment. The centre was 100% compliant.
- The pre dialysis serum phosphate level in the blood should be between 1.1 and 1.8 mol/l. The target set is 80%. The centre manager told us that they had not achieved this target since September 2016. This had resulted in discussions between the consultant and dietician around talking to patients about their diet and prescribing medication. In March 2017, 66.7%, April 65.2% and May 67.2% of patients achieved the target figure.
- Ferritin (blood cell protein that contains iron) levels must sit between 200-800ng/ml. We saw data which confirmed that in March 2017, 82.3%, April 92.9% and in May 88.9% of patients sat within this range.
- On a weekly basis patients' vascular access site was monitored and maintained to minimise failure. This was in line with national guidance. An escalation policy was in place to address any vascular access issues. All staff we spoke to were aware of the procedures to follow.

Competent staff

- Staff in the centre had the relevant qualifications and memberships appropriate to their position. There

were systems which alerted managers when staff's professional registrations were due and to ensure they were renewed. We reviewed the records which confirmed all professional registrations were up to date.

- All staff were supported by the Diaverum practice development nurse (PDN) and the centre manager to ensure the maintenance of standards and competence. The PDN attended the centre regularly to assist with mandatory and as required training. One off training included cannulation competencies, water treatment, and blood borne viruses. All staff had undertaken the necessary training when they joined the centre.
- All staff had completed the basic dialysis programme which consisted of 16 modules ranging from renal function to managing a cardiac arrest, hypotension, and hypoglycaemia. Dialysis assistants would complete the same programme but would not undertake the last module on 'managing symptoms on haemodialysis'.
- Cannulation training was given by the mentors. An arm manikin was used by staff to develop their technique and gain confidence. Needling of AVF/AVG can be a difficult time for patients therefore good cannulation techniques are required to keep patients safe.
- Annual mandatory training courses were delivered as part of refresher training and development. Diaverum UK issued a yearly training plan which we reviewed and found all training was up to date. We saw all staff had an annual appraisal and development plan.
- Data submitted showed all staff had received an appraisal in the 12 months before inspection. All staff we spoke with confirmed they had received an annual appraisal. They told us this process was effective in developing their skills and knowledge further. It also contributed to maintaining registration with the Nursing and Midwifery Council (NMC).
- Three RN's had undertaken the renal course. A fourth nurse was due to start the course in September 2017. This meant staff were developing a high level of specialist knowledge.

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- All new staff completed an induction programme and were allocated a mentor. For RN with dialysis experience the training plan would take four to six weeks. For RN with no dialysis experience the training would take six to ten weeks. The PDN would put the plan together and got involved in the training programme.
- We saw there was a structured programme with time scales in which to complete specific modules. For example, part of the induction programme was orientation to the centre and promoting a safe culture, this needed to be completed by week three of starting employment. At week six they must have completed infection prevention and control assessments. During our inspection, we looked at three induction booklets and saw they were either completed or in the process of completion. This demonstrated the centre ensured new staff had all the information and competencies they needed to do their jobs.
- All staff working on the centre completed competency assessments to ensure they had the skills and knowledge to carry out the roles they were employed to do for example, staff who were involved in the dialysis of patients had to complete various additional modules such as 'basic dialysis and machine handling'. Staff were also encouraged to undertake continuous professional development (CPD), and were given opportunities to develop their clinical skills and knowledge through training relevant to their role.
- During our inspection, we saw three CPD folders for nursing staff. All certificates were up to date, for example, personal mandatory training record, life support and 'Prevent' training, and competency assessments were completed. This meant the centre had up-to-date assurances of nursing competencies. The 'Prevent' strategy is the Government's response to help counter the extreme ideologies that recruit vulnerable people and to offer guidance and support to those who are drawn to them.
- Training from the local commissioning trust was given to staff around the delivery of Intra Venous (IV) therapies. This training was updated yearly. Staff followed the local commissioning trust protocol which stated that all patients wear a wrist band during the delivery of the therapy, patients were monitored hourly. No patients were receiving a blood transfusion during the inspection so we were unable to observe this practice.
- Specific competencies for the administration of medicines were updated according to Diaverum training and development policy and Nursing and Midwifery Council (NMC) medicines management guidelines. Competencies were completed at commencement of employment and then updated every three years.
- All staff at the centre had allocated 'link roles' for specific topics such as infection control, anaemia and health and safety. The link persons' attended regional meetings and brought information, for example changes in practice and updates, back to the centre staff. We were told the Diaverum network enabled staff to meet regularly with other centres to capture ideas.
- One staff member told us that they had asked to develop their present skills further. The centre manager had taken this on board and the staff member was waiting to hear the outcome. Staff told us they were encouraged to develop their skills.
- We saw Diaverum had introduced ethnicity and diversity training which was to be completed every two years. This training had been introduced in January 2017 and at the time of the inspection was 88% compliant (two staff required training).

Multidisciplinary working

- The local commissioning trust provided all the specialist support for patients; this included the consultant, dietician, transplant coordinators, and counsellors. All the nursing staff at the centre were employed by Diaverum. Staff told us there were good lines of communication between the centre staff and the local commissioning trust.
- The centre manager told us that regular contract meetings took place with the matron, lead consultant and the Diaverum area manager. The meeting would take place quarterly. Key performance indicators such as the number of patients on treatment, number of missed treatments, shortened treatments and number

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of slots available were discussed. This kept the local commissioning trust up to date on the care of their patients and whether the contract in place was being met.

- Monthly multidisciplinary team meetings took place at the centre. The consultant, dietitian, and senior nurse from the centre attended these. During the MDT patients' most recent blood results and medicines were discussed and recorded in the electronic patient record along with any current care needs. The patients' named nurse would update patients' dialysis prescriptions and inform the patient of any changes following the meeting. Any changes to treatment would be highlighted at the nursing handovers to update all staff of any changes.
- The dietician visited the centre monthly following the monthly bloods. This allowed discussions to take place around the patient's diet if necessary. Any verbal guidance given by the dietician would be followed up by written information which allowed the patient to read and refer to the information at their leisure.
- We observed within the centre, all staff worked collaboratively and well together to promote the health and well-being of the patients.

Access to information

- All information needed to deliver effective care and treatment was available to staff through either electronic or paper records. Diaverum had an electronic system which staff used to enter all the patient information related to the care and treatment delivered. The dialysis machine information would be automatically sent to the electronic system via a patient identifiable card placed in the dialysis machine at the beginning and end of the treatment.
- We were shown the Diaverum electronic system and saw that information recorded included the nursing update notes of the daily review of the patient including any health issues, assessment of the vascular access and treatment parameters including pump speeds, arterial and venous pressures. This ensured up to date care and treatment parameters were recorded.
- All staff at the centre, apart from the HCAs, had access to the local commissioning trusts electronic system.

There was a confidentiality agreement between Diaverum and the local commissioning trust allowing Diaverum authorised staff access to their system. All patient information was visible to the multi-disciplinary team. All registered staff involved in delivery of patient care could access blood results, view clinic records, and monitor progress of the patient.

- We reviewed five sets of paper records, these consisted of patient photographic identification, patient risk assessments including falls, consent forms, dialysis and medicine prescriptions, care pathways and updated nursing notes. All paper records were backed up on the electronic patient management systems and ensured all staff had access to patient information to carry out their role effectively.
- On the nursing station, staff held a daily diary. This was a form of reference for all staff and held patient individualised treatment requirements for the sessions. For example, information on changed sessions, if bloods were required and why and any other relevant information. Staff could read the diary prior to their shift to update themselves prior to handover as well as add to the diary. One staff member told us they would read the diary and ask the nurse in charge if they had any queries.

Consent, Mental Capacity Act and Deprivation of Liberty

- Diaverum UK had a consent policy in place. Consent to treatment means a person must give their permission before they receive any kind of treatment or care. An explanation about the treatment must be given first. The principle of consent is an important part of medical ethics and human rights law. Consent can be given verbally or in writing.
- In the five patient records we reviewed, all patients had been consented for their dialysis treatment when they started treatment. We saw consent forms for local commissioning trust along with Diaverum UK consent forms. Diaverum UK consent forms covered dialysis treatment along with the risks and benefits associated with the treatment. Consent forms were also in place

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for blood sampling, photographic identification, and confidentiality of documentation. Formal consent was updated yearly. All consent forms were appropriately signed.

- Staff we spoke with, in the centre were aware of the consent policy and the correct procedures to ensure patients gave valid verbal consent prior to treatment. We observed a RN placing the patient on treatment; we observed the RN checked the patient's identification asking for their date of birth. This was verified against the photo identification in the patient's notes. During all the observation, we heard nursing staff ask patients if they were ready to be prepared for treatment. This was taken as verbal consent.
- All staff received training in the requirements of the Mental Capacity Act (MCA) 2005 as part of their mandatory training. We saw the Mental Capacity policy and documentation to undertake mental capacity assessments. On the five patient records we reviewed we saw MCA assessments had been completed by staff. MCA training was 100% compliant.
- We saw that three patients had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders. However the first two orders were not countersigned and were completed by the patients GP's. The third order was completed but was a copy of the original order. This is not in line with national guidance.
- On the electronic patients records we saw that on the opening screen on the top right hand side it stated whether a patient had an active DNA CPR order, this alerted staff quickly in an emergency.

Are dialysis services caring?

Compassionate care

- We observed the staff on the centre being very kind, caring, and compassionate towards their patients. All patients we spoke with told us staff always introduced themselves, were polite, and treated them well. We observed staff escorting patients into the treatment area and helping patients on to the treatment chairs. Staff communicating with the patients as they went.

- Patients felt pleased and respected as they were involved, supported, and encouraged to be partners in their care and decision making. This commenced at the consultation meeting with the consultant and continued through to treatment. Support was available across the renal pathway.
- 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 their work, social events, hobbies and patients grouped into those with similar interests
- Patients received treatment in shared areas; however screens were put in place if a patient wanted privacy such as being connected to the machine.
- We reviewed 'tell us about your care' comment cards we had sent to the centre to be filled in by patients before our inspection. Out of 18 cards, 14 were positive (77%), and four cards (23%) had negative comments on. The negative comments were related to transport and one stated there was 'insufficient medical care available'.
- The positive comments included 'staff have gone out of their way to look after me', 'facilities and treatment are first class and professional', 'excellent service, no complaints' and 'I have been to other dialysis centres in the past 5 years and Eastbourne is by far the best'.
- Nursing staff maintained patients comfort using additional pillows, pressure relieving aids and if necessary a hospital bed. We saw that when patients felt cold during treatment a blanket was offered.
- The centre manager told us that the centre completed biannual patient surveys, which were based on "I want great care" (a national system for collecting patient feedback), capturing how many patients would recommend the service to friends and family.
- We saw that the patient's satisfaction audit was displayed in waiting area. The poster detailed the overall satisfaction score and details of comments and any actions taken. Patient satisfaction for 'I want great care' feedback was 88.3%. The areas where people raised issues included the timing of transport, delays due to transport and air conditioning vents were uncomfortable. The actions undertaken by the centre

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included feedback to the transport bureau with weekly reports to local commissioning trust and blankets have been allocated for those who get cold during treatment.

Understanding and involvement of patients and those close to them

- We saw staff speaking with patients about their treatment and blood results. Patients were encouraged to ask questions and were given answers in a way they could understand.
- When patients first started treatment they could come to visit the centre first with a family member or friend for a look around. Diaverum UK had developed a hand book which included information regarding blood tests, living with haemodialysis, vascular access, hygiene and infection control, fire evacuation, support groups and health and safety. Patients were given the handbook, at the beginning of treatment; this allowed them to read the information in their own time.
- Nursing staff told us that as they saw their patients frequently they were familiar with how they were feeling on the day and were able to identify when patients were having a bad day or were feeling unwell. This allowed staff to give the necessary support or make a referral to the appropriate healthcare professional.
- Staff encouraged patients to take responsibility for parts of their treatment, such as weighing themselves prior to dialysis, undertaking blood pressure, measuring their temperature, and preparing the machine. Nursing staff told us that patients liked to have some control over treatment and it gave them a sense of independence.
- All patients were reviewed by the consultant and dietitian who enabled discussions of any concerns, medicines, treatment changes, and plans for different dialysis. We saw that nursing staff spoke with patients about the discussions and answered any queries relating to the changes.

Emotional support

- Patients were supported by the nursing staff to access support and additional services as necessary. In the waiting room we saw posters advertising three renal counsellors. Patients and staff could ask for a referral

to support patients' emotional needs. Staff told us the councillor visited the centre every two weeks and provided support if necessary. Between visits the councillor could be contacted by telephone or email.

- 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.
- We saw that the centre provide details of support networks for patients and their loved ones. This included organisations such as the South Eastern Kidney Association who held social events, and support networks for patients and their loved ones. We saw the South Eastern Kidney association newsletter which was available for patients in the waiting room.
- A welfare officer from the local commissioning trust and would assist any patients who required support. Again the welfare officer could be contacted via email and telephone in between visits.

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

Meeting the needs of local people

- The centre was open from 6.30am to 23.30 Monday, Wednesday, and Friday. Tuesday, Thursday and Saturday the centre was open from 6.30 am until 18.30. The centre had capacity to increase the numbers of patients' attending for dialysis and at the time of the inspection the centre manager was talking about introducing a twilight shift on a Tuesday, Thursday, and Saturday. Twilight sessions on a Monday, Wednesday and Friday allowed many patients to continue work while receiving treatment.
- At the centre out-patient clinics ran every Tuesday and the fourth Friday of every month. The local commissioning trust provided two consultants to do nephrology/ low clearance clinics. Diaverum UK provided clerical support and phlebotomy at these

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clinics. By having these clinics in the centre, patients were able to access care close to home. It also allowed patients to start to develop a relationship with the centre prior to starting treatment

- The centre provided disabled access, wheelchair accessible toilets inside and outside the clinical area 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. During the unannounced inspection we observed two healthcare assistants using the hoist in a well-coordinated manner to transfer a patient onto the bed for treatment.
- Patients had access to a personal television and Wi-Fi during their dialysis sessions. We observed that some patients slept during their treatment where as some were using computers and tablets to pass the time during their treatment.
- Each of the dialysis stations had a reclining chair or a bed, dialysis machine, table, television, and nurse call bell. All equipment had been 'named' after famous painters, this meant that equipment remained in the same locations, and patients were assigned to specific stations.
- The centre currently had additional capacity to enable any patient who was delayed or unable to receive treatment on the specified day to attend the centre on an alternative session or day. Alternative appointments were arranged following a review of the available sessions and staffing numbers.
- The centre had systems in place to provide dialysis for patients outside the usual catchment area, for example patients on holiday. The system was based on the Department of Health: 'Good Practice Guidelines for Renal Dialysis/ Transplantation Centres (2012)', which outlined the necessary screening, referral process and transport arrangements for patients care. When patients were referred to the centre, the consultant and MDT would review the shared information to identify whether the patient was suitable to be treated at the satellite centre.
- Outside the reception area parking slots were reserved for patients attending the centre. This allowed patients to park near the centre with minimum distance to walk. The parking area was suitable for wheelchair patient access.
- NICE quality standards (QS72- standard 6) indicate that adults using transport services to attend for dialysis are collected from home within 30 minutes of the allotted time and collected to return home within 30 minutes of finishing dialysis. The quality standard indicates dialysis providers should collect evidence at centre level to ensure the standard is being met. We were unable to view this data at the inspection as transport was the responsibility of the local commissioning trust.
- The centre ran a 'shared care programme' for patients who wished to get involved in their care and treatment. Staff had completed the training and were able to teach the patients who would undertake competencies at the end of their training. Patients were aware of the shared care programme however no patients had signed up to undertake some of their care.
- The Kidney Patients Association provided support networks for patients and their relatives, completing social gatherings, fund raising events, and support sessions.
- Nursing staff would ask patients to attend their GPs if they identified any medical or social needs to ensure patients kept a healthy life style.
- Staff told us about adjustments that could be made for someone with learning disabilities or who were living with dementia; this could result in a carer being in attendance during treatment. We observed staff, during the unannounced inspection, moving a patient with learning difficulties from their wheelchair via a hoist to the treatment bed. At all times staff were considerate to the patients' needs and communicated every move with the patient.
- Nursing staff told us that patients could attend the toilet during their dialysis sessions if they requested. This would require the patient to be disconnected from the dialysis machine briefly and then be reconnected. However this was uncommon as the majority of patients had reduced urine outputs.

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- Patients were encouraged to participate in their treatment which included taking their blood pressure and temperature before and after treatment.
- Diaverum provided patients with an online education programme. This included information on chronic kidney disease, treatment types, vascular access, advice on nutrition and hydration, how to analyse blood results, medicines, and how haemodialysis can affect patients' lives. The training was accessed through a 'log in' provided by the dialysis centre.
- No 'hearing loop' was available if patients were hard of hearing. This meant systems were not in place to support the hard of hearing which could result in poor communication between staff and patients
- Patients were allocated appointment times. Staff told us that patients would sit on the same chair within the same bay, during each session. This meant patient could build friendship groups with the people they sat with.
- The majority of appointments with the consultant or dietician were scheduled for the same day as patient's dialysis sessions to prevent multiple attendances at the centre however in some circumstances appointment would occur on non treatment days.
- The centre's present capacity was 96 patients. At the time of the inspection 76 patients were receiving treatment at the Eastbourne Kidney treatment centre. We reviewed data submitted and saw that in the last quarter of 2016, a total of 218 patients were treated with a total number of dialysis treatments delivered being 2,726. Activity in the first quarter of 2017 has stayed constant with a total of 149 patients treated in April and May 2017 with 1,868 treatments delivered

Service planning and delivery to meet the needs of individual people

Access and flow

- Patients were assessed for their appropriateness to attend the centre by the local commissioning trust. Patients with acute kidney disease were treated at the local commissioning trust and only chronic, long-term dialysis patients were referred to the centre for treatment. The referral to the centre was completed by the renal matron who contacted the centre manager informing them of the patient. The centre manager would conduct a review of the patient prior to attending the centre. At the time of the inspection there was no waiting list for treatment at the centre.
- The clinic reported no cancelled dialysis sessions from June 2016 to May 2017. The total number of planned dialysis sessions delayed for a non-clinical reason was 332 and of these 46 was due to a machine breakdown or other equipment failure.
- 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 that they had some choice in when they attended, with one patient swapping from a morning to an afternoon appointment when it became available.
- Dialysis services were commissioned by NHS England. The service specification for the centre was defined by the local commissioning trust and commissioners. Monthly contract meetings took place between the local commissioning trust and Diaverum UK to discuss and monitor the service delivered against the defined service specifications and through the collection of key performance indicators and quality outcomes.
- Patients who required dialysis in the Eastbourne area were assessed by the local commissioning trust where the suitability to dialysis in a satellite centre was decided. Patients who were stable and fitted the referral criteria were then referred to the centre. The centre had capacity to expand in the number of patients attending and the times of session available if necessary following the necessary recruitment programme.
- The centre consisted of three main areas on one level. The reception and waiting area and clinic rooms, dialysis treatment room and services corridor. Each area was secure with electronic pass access. Patients arriving in the reception were required to be buzzed in through a secure door which was covered to protect patients and visitors from extreme weather. This area had a camera to enable staff to identify callers upon arrival. The service corridor contained all treatment storage, water room, staff room, changing facilities, maintenance room. Kitchen and dirty utility room.

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- Diaverum offered a holiday dialysis programme. The clinics holiday co coordinator would assist patients to find a clinic near their holiday lodgings with patients contacting the holiday clinics to arrange possible dates. Locally the centre manager and the holiday co coordinator would make arrangements with the receiving holiday clinic around the treatment parameters, bloods, and medication delivered to ensure treatment remained consistent and the receiving clinic had all the necessary information.
- Nursing staff were aware of the process for receiving patients on holiday and understood the process in place to ensure their safety. This included treatment in a side room and regular bloods and being placed on the electronic management systems so if a patient review was required by the consultant this could be undertaken in a timely manner with all the up to date patient information and treatment data.
- Facilities were available at the centre to treat bariatric patients. This included beds and chairs which could support the patients and larger blood pressure cuffs.
- The centre has the capacity to dialyse 96 patients however at the time of the inspection 76 patients were receiving treatment. The centre was running at 79% capacity.
- The centre manager told us that no interpreters were available at the centre. However, access to an interpreter could be made via the local commissioning trust. It was unclear how continuous communications were maintained throughout the patients' treatment sessions.
- As part of our inspection we asked for evidence the centre met the 'Accessible Information Standard'. From 1st August 2016 onwards, all organisations that provide NHS care were legally required to follow the Accessible Information Standard. The standard aims to make sure people who have a disability, impairment, or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services.
- We found the service took into account the needs of disability, race, religion, and sexual orientation. Reasonable adjustments were made for disabled service users, for example the installation of ramps,

wheelchair access, toilets and moving and handling equipment. Adjustments to the service were also made for vulnerable patients, for example those living with dementia and learning difficulties.

Learning from complaints and concerns

- Staff were able to explain that clear processes were in place for the management of complaints this included informal complaints made verbally by patients and formal written complaints. When a patient raised a verbal concern and before the process was formalised, methods would be employed to try and resolve the situation and quickly as possible. This included meeting with key people to discuss the concerns.
- There were feedback boxes available, to enable patients to make comments or suggestions anonymously.
- We saw that the corporate complaints policy was displayed in the clinic waiting area and information regarding the complaints procedure was available in the patients' handbook. As all patients were NHS patients they were also signposted to the local commissioning trust. Patient Advice Liaison Service (PALS) and complaints management system were available to raise any issues around the care and treatment they have received.
- We saw Diaverum had complaints policy. The policy was due to be reviewed in August 2018. Diaverum considered that all comments, complaints, or compliments add value to the organisation and help the clinic to continuously review and improve the service that it offers. The centre manager was responsible for the management of complaints before escalation.
- Data showed that there was one formal complaint received by the centre over the reporting period which was between . We reviewed how this complaint was managed and saw it followed the Diaverum policy. Diaverum policy stated a verbal acknowledgement of the complaint should be given as soon as possible and within a maximum two days. A full response to the complaint needed to be given within 20 working days unless on going; when a response would be given within five days of full investigation being completed.

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- In the last 12 months the centre had received two formal written compliments.

Are dialysis services well-led?

Leadership and culture of service

- Diaverum UK Limited had an organisational structure, which included a managing director, director of nursing, operational, financial, and human resource directors as well as a medical adviser. Staff were divided into three regions nationally, and each area had a practice development nurse and a manager/matron.
- There was a clear management structure which staff were aware of. This meant leadership and management responsibilities and accountabilities were explicit and clearly understood. The centre manager managed the Eastbourne Kidney Treatment Centre with the support of the PDN, deputy manager, nursing staff, dialysis assistants, healthcare assistants and a receptionist. All staff had the skills, knowledge, and training to deliver specialist care and treatment.
- All staff we spoke with thought their line manager and area manager were approachable and supportive. However they did mention they were not familiar with the directors of the organisation. Staff told us they could approach immediate managers with any concerns or queries. Staff were confident that managers had the skills, knowledge, experience and integrity that they needed to lead the centre. In response to staff concerns regarding the directors of the organisation a photo board was introduced to the centre.
- The centre and area manager appeared knowledgeable about the service users' needs, as well as their staff needs. One staff member told us that the area manager attends the staff meetings and felt that they could raise issues with them if necessary. Managers, we saw were committed to their roles and responsibilities
- Staff told us the centre was a good place to work, everyone was friendly, they had sufficient time to

spend with their patients, and they were proud of the work they did. One staff member told us they 'loved working at the centre' and felt very much supported by all the staff.'

- Staff told us that they could contact the consultant, renal registrar on call and lead renal nurse at the local commissioning trust via email or telephone. All were responsive to requests and provided support when required.

Vision and strategy for this core service

- Diaverum's vision was to be the "first choice in renal care" with a mission to improve the quality of life for renal patients. The aim of the organisation was to improve patients' lives, by providing the best treatment, and patient choice.
- Diaverum UK's , top five priorities included improving the quality of life for all their patients, implement patient care coordination in their clinics, pursuit of operational efficiency, grow the number of clinics, and be a great place to work. Staff we spoke to were aware of the priorities set by the organisation.

Governance, risk management, and quality measurement

- Diaverum UK's governance framework ensured an effective organisational structure that supported the delivery of services and minimised the risks across all areas of business. We saw that a Diaverum directors meeting took place monthly and the attendees included the nursing director, operational director and HR director. We saw that issues within services were identified and discussed and covered financial, operational, commercial and HR parts of the service. In the January 2017 meeting we saw that recruitment issues, customer feedback, and reportable incidents such as falls, unexpected deaths, venous needle dislodgement, and cardiac arrests were discussed .Actions required were nominated to a responsible person with a date to be achieved by.
- Diaverum UK had a risk management system in place, the following risks: clinical, operational, human resources and finance were noted within the risk management system. All risks contained a risk rating and subsequent mitigating actions. Risk Assessments for service users, staff, facilities, and equipment were

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undertaken. The risk assessments were developed in line with National Guidelines, updated and with relevant training provided. The clinic manager and Health & Safety Link Nurse had completed the IOSH Certificated course in Health & Safety.

- The centre manager told us there was no local risk register for Eastbourne Kidney Treatment Centre however a risk register should be in place showing they are considering risks that could affect the service. Staff we spoke with had a good understanding of what a risk was. They were clear that they would raise this with the centre manager and that it would be acknowledged and action taken.
- Diaverum UK did not undertake children's safeguarding training as no children were treated at the centre. This had not been risk assessed by the centre. There was a need for staff to have a level of awareness should someone disclose information that needed reporting.
- The centre manager attended clinical governance meetings held at the local commissioning trust. These took place monthly. We reviewed the minutes of the December 2016 and January /February 2017 meetings and saw that areas discussed included audit results, safeguarding, case reviews, and patients that had recently died. We did not see that risks, incidents or complaints were discussed which would give the attendees an overview of the safety of the services being provided.
- A close working relationship was in place between the centre and the local commissioning trust. The centre manager had regular contact with the renal matron and the consultant around the care and treatment of the patients. Contract meetings took place with the area manager to manage the service against the contract and monitor and measure the quality of the service provided. Clinical dashboards measured a range of key performance indicators. Staff we spoke with were aware of key performance indicators and the importance of them.
- The PDN told us that standard operating procedures and policies were a combination of Diaverum and local commissioning trusts policies and procedures. If a new policy was being introduced a joint meeting took place between the centre and the trust and both

parties would come to an agreement. Systems were in place to support the training of staff if a new medicine was introduced. For example if a new iron product was introduced the anaemia nurse from the local commissioning trust would train the staff at the centre before introducing the new product.

- A structured audit programme supported the centre to ensure patient quality and safety was at the forefront of service provision. These included standards and delivery of patient care, infection control, health and safety, fire safety, equipment, medications management and records were audited in line with the National Guidelines and National Service Framework. Where there was a need to improve processes an action plan was put in place. Actions were monitored locally. These ensured lessons could be learnt and actions would be completed. We saw that audits were discussed at the clinical governance meeting to ensure all senior renal staff at Diaverum and the local commissioning trust were updated.
- 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. The centre employed a culturally diverse range of employees to reflect this.

Public and staff engagement

- Eastbourne Kidney Treatment Centre had a patient advocate who represented the patients and would come to the centre manager to discuss any issues raised. The patient advocate did not attend any renal meetings or committees.
- Prior to patients starting dialysis treatment at the centre, patients were invited to come to the centre with family members to look round and ask any questions they may have to alleviate any fears. This would help patients to come to terms to this life changing procedure they were about to go through.
- There were effective systems in place for patients and members of the public to provide feedback to Diaverum. We saw in the patient handbook that patients were encouraged to make comments about the service. In the waiting area we saw 'you said, we did' actions. Issues raised included the timing of

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transport, delays in transport, air-conditioning vents blowing out cold air and better communication around treatment. The clinic responded by feeding comment back to the patient transport bureau at the commissioning trust along with a weekly transport report, introduction of blankets and the introduction of named nurses.

- Diaverum patient satisfaction was carried out twice a year using an independent company. The survey was based on the NHS Friends and Family test. We saw the March 2016; the clinic achieved 89.6% which was slightly less than the previous year's survey (93%). In the survey 91% of patients had trust in clinic staff with 94% saying they would recommend the clinic. Following the survey results areas for improvements were identified and an action plan was put in place. We reviewed the action plan and saw that actions were followed through and changes to the service were made.
- In the waiting area there was information providing guidance on how people could raise concerns or complaints. The clinic manager told us any concerns that arose whilst a patient was being treated would be addressed as soon as possible.
- Diaverum completed annual staff surveys and staff could raise issues at staff meetings which took place monthly. In a recent staff meeting, the subject of staff pay was raised. This had been taken on board by the organisation who was addressing the issue with staff groups.
- In the last staff survey 'my opinion counts 2016', the centre achieved an average score of 3.83 out of 5. Areas they were strongest included 'I know what is expected of me in my job'(4.38). In my daily work, I contribute to the

achievement of the company goals (4.38) and I feel motivated to improve the quality of services that we provide to the patient and other customers (4.38). Areas where weakness existed included, my ideas and my opinion are valued (3.33), and I feel I can achieve a lot within my team (3.33).

Innovation, improvement and sustainability

- The centre manager told us that they had developed flash cards around certain scenarios that could occur during dialysis treatment to support staff development. These cards looked at how staff would cope if a patient was for example staring into space and was not responding, patient starts to rigor, and blood starts leaking from the vascular access site. These would be undertaken during handover and would prepare and increase staff knowledge around life threatening situations.
- The upskilling of staff at the centre was a goal of the centre manager. This was around looking at the skill set of the staff and choosing those with the skills to mentor and motivate. Staff that were performing well and had potential for senior posts were identified first and the centre and deputy manager gave them added responsibility and the opportunity to manage the treatment area on a day to day basis. This would help to develop skills to deal with day to day issues and problems of running a dialysis centre.
- The use of link nurses across the centre had raised the level of knowledge of individual staff. The opportunity to become a specialist in a specific area such as anaemia, health and safety, IPC and transplantation had increased the quality of care delivered by these link nurses along with teaching skills as they cascaded information to the other staff members.

Outstanding practice and areas for improvement

Outstanding practice

- Diaverum provided patients with an online education programme which allowed patients to learn more about their condition. This included information on chronic kidney disease, treatment types, vascular access, advice on nutrition and hydration, how to analyse blood results, medicines, and how haemodialysis can affect patients' lives.
- The service provided a traffic light system to identify the order in which patients would leave the building

in an emergency. Green signified that patients were fully mobile, yellow signified patients needed help and red were patients that were fully dependant. Coloured stickers on the patient records identified what patients were which colour. All patients would be disconnected from the machines using this system.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure staff receive training to recognise sepsis in patients in line with national guidance.
- Sodium Chloride solution (0.9%) must be prescribed appropriately. We saw in five out of ten medicine charts sodium chloride (0.9%) had not been prescribed to cover certain situations that can occur during dialysis.
- Children's safeguarding training must be implemented in order that staff are aware of the processes and procedures to follow if information is disclosed to them.

Action the provider **SHOULD** take to improve

- All zipped foam items need to be inspected regularly and those harbouring possible sites of infection should be removed. In the dirty utility room, clean items were being stored which poses a risk to cross infection.
- The resuscitation trolley should not be locked in accordance with the Resuscitation Council Guidelines. (2016).
- DNA CPR orders should be reviewed between providers in line with national guidance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12(2)(g)The provider must ensure the proper and safe management of medicines.</p> <p>How this regulation was not met:</p> <p>Not all patients had medicine prescriptions in place for the administration of sodium chloride (0.9%) solution which may be required during the dialysis process.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12(2)(c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;</p> <p>How the regulation was not met:</p> <p>No staff had received specific training to recognise sepsis in patients despite the patients being a high risk group. Treating sepsis in patients receiving dialysis may differ from usual management interventions</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p>

This section is primarily information for the provider

Requirement notices

13(2) Safeguarding service users from abuse and improper treatment:

Systems and processes must be established and operated effectively to prevent abuse of service users

How the regulation was not met:

Staff had not received children's safeguarding training. Level 2 training needs to be provided to all clinical staff.

This section is primarily information for the provider

Enforcement actions

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.