

Fresenius Medical Renal Services Ltd - Bassetlaw Dialysis Unit

Quality Report

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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

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

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

Summary of findings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Bassetlaw Dialysis Unit is under the management of Fresenius Medical Renal Services Ltd and is commissioned by Doncaster and Bassetlaw Hospitals NHS Foundation Trust to provide haemodialysis for patients with advanced chronic kidney disease who reside within the trust's geographical area. The unit also undertakes haemodialysis for patients who are visiting the area. Haemodialysis is a blood filtration process, used when kidneys are unable to perform this function.

Bassetlaw dialysis unit is a standalone purpose built facility set in the grounds of a district general hospital. This hospital is not linked to the unit; all patient referrals are from the commissioning trust.

The unit has 20 dialysis stations including two single rooms providing haemodialysis to patients over six days per week (Monday to Saturday), averaging 700 dialysis sessions per month. There are two sessions, morning and afternoon on Monday, Wednesday and Friday with morning only sessions on Tuesdays, Thursdays and Saturdays.

The unit includes a reception area, two consultation rooms, offices, storage rooms, water plant, and kitchen and staff facilities.

The unit is primarily nurse led with clinical supervision by a consultant nephrologist, who attends the unit six times per month.

We inspected this service using our comprehensive inspection methodology. An announced visit took place on 19 June 2017 followed by an unannounced visit to the hospital on 27 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?

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

We found the following areas of good practice:

- Staff knew how to report incidents and treatment variances.
- The unit appeared clean with evidence of infection control practices in place.
- Equipment was serviced and fit for purpose.
- Staff understood their responsibilities around safeguarding.
- Staff were up to date with mandatory training requirements.
- Medicines were administered in line with national guidelines and the nurse and midwifery council code of professional practice.
- Staff carried out patient risk assessments throughout dialysis treatment.
- Staff followed evidence based treatment and best practice guidance.
- All staff had been appraised within the previous twelve months.
- The service monitored patient outcomes and provided data to the commissioning trust.
- Bassetlaw Dialysis Unit figures were submitted to the Renal Registry by the commissioning trust.
- Mental Capacity Act (2005) and Deprivation of Liberty Safeguards training was included in staff induction.
- New starters were supernumerary and supported to integrate into the team.
- Patients were reviewed by a multidisciplinary team.
- Staff demonstrated compassion to patients and family members.
- Transport services were commissioned by Fresenius.

Summary of findings

Summary of findings

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

- New staff experienced delays in accessing information technology log-ins.
- Staff on the unit were not able to describe the Fresenius local unit vision.
- Patients did not feel informed about some changes taking place on the unit.
- There was not a local sepsis management plan.

All the above concerns were being addressed and an action plan was in place at the time of our unannounced visit.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Dialysis Services

Rating

Summary of each main service

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

Summary of findings

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Location name here

Services we looked at

Dialysis Services

Summary of this inspection

Background to Fresenius Medical Renal Services Ltd - Bassetlaw Dialysis Unit

Bassetlaw Dialysis Unit is operated by Fresenius Medical Renal Services Ltd. The purpose built unit was opened in 2009.

The unit operates over six days a week Monday, Wednesday and Friday 6:30 am to 6:00 pm and 8:30am to 2:30pm on Tuesday, Thursday and Saturday.

At the time of the inspection, a new manager had been appointed and was in the process of being registered with

the CQC. The previous registered manager (RM) had registered in November 2012 and retained overall RM responsibilities during the CQC application process for a change of RM for the unit.

The service was commissioned to provide haemodialysis to patients referred by Doncaster and Bassetlaw Hospitals Foundation Trust. The commissioning trust provides a renal multi-disciplinary team to the unit under the leadership of a Consultant Nephrologist.

Our inspection team

The care quality commission (CQC) team included Jayne Woodcock – Lead inspector, two additional inspectors and a specialist advisor with expertise in renal services. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

Information about Fresenius Medical Renal Services Ltd - Bassetlaw Dialysis Unit

Bassetlaw NHS dialysis unit is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury.

During the inspection, we visited the dialysis unit. We spoke with 14 staff including registered nurses, dialysis assistants and senior managers. We also spoke with 18 patients. We received 26 'tell us about your care' comment cards which patients had completed prior to our inspection. During the inspection, we reviewed 12 patient records (a mix of electronic and paper).

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The unit has been inspected twice previously, and the most recent inspection took place in May 2013, which found the service was meeting all standards of quality and safety against which it was inspected.

Activity

In the reporting period April 2016 to March 2017, there were 8,500 dialysis sessions completed by the unit, 100% were NHS-funded.

- There were 35 patients aged 65 years plus, receiving a total of 4896 sessions for the reported period
- There were 20 patients aged 18 to 65 years, receiving a total of 2777 sessions for the reported period.
- There were no patients under the age of 18 treated at the unit.

The unit had ISO accreditation - Integrated Management System (9001) which ensures all policies and procedures support best practice evidence, are reviewed annually and ensure that the evidence-based practice is current.

Track record on safety for the period April 2016 to March 2017 No reported never events

- No reported serious injuries
- No reported health care acquired Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia,
- No reported health care acquired Meticillin-sensitive Staphylococcus aureus (MSSA) bacteraemia

Summary of this inspection

- No complaints had been received.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We found the following areas of good practice:

- Staff knew how to report incidents.
- The unit appeared clean with evidence of infection control practices in place.
- Equipment was serviced and fit for purpose.
- Staff understood their responsibilities around safeguarding.
- Staff were up to date with mandatory training requirements.
- Medicines were administered in line with national guidelines and the Nursing and Midwifery Council code of professional practice.
- Staff carried out patient risk assessments throughout dialysis treatment.

However

- There was not a local sepsis management plan.
- The unit did not use a modified national early warning system (NEWS) to aid recognising the deteriorating patient.

Are services effective?

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

We found the following areas of good practice:

- Staff followed evidence based treatment and best practice guidance
- All staff had been appraised within the previous twelve months.
- The service monitored patient outcomes and provided data to the commissioning trust.
- Bassetlaw Dialysis Unit figures were submitted to the Renal Registry by the commissioning trust.
- Mental Capacity Act (2005) and Deprivation of Liberty Safeguards training was included in staff induction.

However

- New staff experienced delays in accessing information technology log-ins.

Are services caring?

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

We found the following areas of good practice:

Summary of this inspection

- Patients were consistently treated with dignity and respect.
- Staff demonstrated compassion towards patients.
- Patient comments were consistently positive about the care and treatment received.

However

- Patients did not always feel informed about some changes taking place on the unit.

Are services responsive?

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

We found the following areas of good practice:

- The service met the needs of the local population.
- The service was flexible in meeting individual choice of dialysis time, wherever possible.
- There was no waiting list for dialysis at Bassetlaw dialysis unit.

Are services well-led?

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

We found the following areas of good practice:

- Managers had the skills and experience to carry out their role.
- There was an established and effective governance framework
- Staff and patient feedback was consistently positive.
- The unit was working towards 'green dialysis' and was environmentally aware.

However

- Staff on the unit were not able to describe the Fresenius local unit vision.

Detailed findings from this inspection

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are dialysis services safe?

We regulate this service but do not currently have a legal duty to rate it.

Incidents

- Fresenius Medical Care UK had a clinical incident reporting policy dated 2016, which provided clear definitions of incidents, actions and investigatory requirements. Incidents are defined as clinical incident reports (CIR) where patient safety is compromised, treatment variance reports (TVR) where individual treatment is effected; unit variance reports (UVR) where an incident affects several patients, outbreak reports where two or more cases of the same infection are identified and treatment incident reports following a death on the unit. Each incident type has a clearly defined internal escalation process and timescale for notification to external agencies, such as the CQC.
- Data provided by the unit indicated there had been no clinical incidents for the period 1 January to 31 March 2017. There had been four incidents in the previous twelve months; these were reported to the commissioning trust within three days as per policy. The unit had patients who occasionally reduce their dialysis time, this is reported as a TVR and followed up with the patient's consultant.
- For the period 1 January to March 2017 there had been two UVR's relating to water quality, these had been appropriately escalated to a technician who resolved the issue, these resulted in no harm to patients.
- Information provided prior to the inspection indicated the service had not reported any never events or serious incidents for the period April 2016 to March 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 type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response (NHS England, March 2015).
- Incident reporting was in paper format although the unit was in the process of introducing an electronic incident reporting system. The incoming system was compatible with the commissioning trust incident reporting system and staff training was in progress.
- Incidents relating to dialysis treatment were reported in variance reports, and recently unexpected transfers to hospital were reported via a third incident reporting system. Clinic managers held the responsibility of identifying the appropriate reporting system.
- Bassetlaw dialysis unit had reported four falls for the period April 2016 to March 2017. Three of these related to staff, one was a patient slipping to the floor whilst transferring onto a bed independently. None of these incidents had resulted in harm to the individuals involved.
- The clinic manager had completed training in incident reporting, root cause analysis and risk management.
- There was sharing and learning through local and corporate governance meetings and staff newsletters. A display entitled 'what we learnt' was seen in the staff room. An example of learning as a result of an incident was a change to the security entry system. This followed an incident, on another Fresenius Medical Care Dialysis Unit where a patient had been able to override an entry code and had an unwitnessed fall.
- Duty of candour was included in the incident reporting policy. The policy had a clear definition and summarised the roles and responsibilities of Fresenius Medical Care UK employees in the event of a patient

Dialysis Services

safety incident. Duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology.

- For the period, April 2016 to March 2017 there had been no incidents requiring duty of candour to be applied. However, staff spoken with were aware of the requirement to be open and honest in the event of an incident involving patients.

Mandatory training

- Fresenius Medical Care UK had a training and educational manual. This outlined the expectations of all staff for mandatory training and additional training available.
- A record of mandatory training attendance at Bassetlaw dialysis unit was provided prior to the inspection in the form of a training matrix, the clinic manager maintained this. All staff at the unit were up to date with their mandatory training requirements. Eleven staff records were reviewed, nine were found to be complete; the remaining two were new starters who had identified attendance dates for induction and mandatory training.
- The matrix had a traffic light system highlighting where staff had completed training (green) where due to attend (amber) or where training was out of date (red) meaning the clinic manager and staff could see at a glance their training requirements.
- Unit mandatory training statistics were shared with the commissioning trust.
- There was a wide range of mandatory training topics with a variety of time requirements for upgrading. Examples included - basic life support (BLS), immediate life support (ILS), infection prevention and control (IPC), fire safety, manual handling, information governance (IG), safeguarding and risk assessment. In addition, there was an annual assessment of haemodialysis competencies for qualified and assistant dialysis nurses.
- Mandatory training was provided through classroom, e-learning and simulated activities for example resuscitation.

Safeguarding

- Staff were trained to recognise adults at risk and safeguarding adults and children policy was in place effective, May 2015, however, there was not a review

date indicated on the document. The policy included clear definitions of the responsibility of all staff to report actual or suspected safeguarding concerns relating to children, adults and vulnerable adults. A flow chart provided guidance for reporting a safeguarding concern.

- The safeguarding policy did not include PREVENT (a strategy aimed at identifying those at risk of radicalisation and terrorism) or information relating to female genital mutilation (FGM). However, information about FGM was included within e-learning modules for all staff groups. The policy included local authority safeguarding contact numbers.
- Staff received safeguarding training to level two, which included children, adults and vulnerable adults as part of mandatory training. Level two safeguarding training is a requirement for all staff who have direct contact with people in a healthcare setting.
- Fresenius Medical Care UK had a designated safeguarding lead trained to level four. This met the requirement of the intercollegiate document 2014, which sets out the requirements for safeguarding children and young adults.
- There had been no safeguarding concerns raised by Bassetlaw dialysis unit. However, staff spoken with understood their responsibilities and could state examples of when and how they would raise a safeguarding concern.
- People under the age of 18 were not treated within Bassetlaw dialysis unit. Visitors were discouraged from bringing children into the clinical area as it was considered an unsuitable environment and protected the privacy of patients.

Cleanliness, infection control and hygiene

- All clinical and non-clinical areas within the Bassetlaw dialysis unit appeared visibly clean and maintained to a high standard.
- All staff had completed an infection prevention and control competency assessment within the last twelve months.
- Fresenius Medical Care UK had an infection prevention and control policy, which established a common approach to safe hygiene practices in the company's dialysis units. Additionally there was a Fresenius Nephrocare Hygiene Plan, which outlined all areas of hygiene within the unit from hand hygiene, to equipment and waste disposal.

Dialysis Services

- Protocols for infection control were based on the Renal Association Blood Borne Virus Infection guidelines.
- A link nurse had responsibility for infection prevention and control (IPC) and maintained a close working relationship with the commissioning trust. An audit schedule was in place, which included environmental hygiene and hand hygiene audits. These were completed monthly and included infection control audits.
- Hand hygiene audits averaged 85% compliance. However, the most recent IPC audit (March 2017) achieved 97% compliance. There was information displayed in the unit, which demonstrated hand washing using soap and water, or an alcohol based solution.
- For the period April 2016 to March 2017, the unit had recorded two central venous (CV) line bacteraemia. This was where a line inserted into a large vein to facilitate haemodialysis becomes infected. Both incidents were investigated: one was following inadvertent removal following a fall at home of a patient with pneumonia (chest infection), swabs on arrival to hospital identified bacterial infection of the CV entry point. The second was in a patient with sensitivity to adhesive dressings, meaning the line could not be effectively sealed for protection against infection.
- The unit had 14 patients with CV lines. The practice was to cover the CVP entry point with a clear adhesive dressing. We observed full aseptic non-touch technique (ANTT) and the use of sterile gloves, antiseptic wipes or sterile swabs to avoid direct contact when changing dressings during our visit. ANTT is a method where a barrier is used to prevent direct contact with the patient, equipment or sterile field. This complied with the Fresenius nephrocare hygiene policy.
- Patients with CV lines had their skin entry point assessed and documented prior and post dialysis using a multiracial visual inspection catheter tool, called Mr VICTOR. This guide provided nursing staff with a consistent and recognised description of the skin entry point of the CV line. It was based on ethnic skin colour and had a range of 0-4, with zero meaning healthy and four indicating infection. The tool included actions to be taken for each numerical score.
- Patients with fistulas, surgically created connections between an artery and a vein to facilitate needle access for dialysis, had the area cleaned using full ANTT and antiseptic wipes prior to introducing the dialysis needles. We observed this process and found the methodology used reflected the nephrocare hygiene policy.
- There were hand-washing facilities in each bay. We observed all staff, within the bays, washing their hands and complying with five moments for hand hygiene, which includes before touching a patient, before clean/aseptic procedures, after contact with body fluid, after touching a patient and after touching patient surroundings. Additionally alcohol-based hand rub was available and observed to be used throughout the unit.
- Staff complied with recommended best IPC practice in the use of personal protective equipment (PPE) which included gloves, aprons and face visor or goggles. All staff were noted to be bare below the elbow and did not wear wristwatches or jewellery (other than a wedding band).
- All equipment was decontaminated after use, using antiseptic wipes. This included dialysis machines, blood pressure cuffs and all items, which came into contact with patients. We observed thorough cleaning processes of dialysis stations between patients.
- Equipment not in use was stored in a way which identified it was clean and ready for use.
- Patient screening showed no incidents of Meticillin-resistant Staphylococcus aureus (MRSA) Meticillin-sensitive Staphylococcus aureus (MSSA) had been identified within the unit for the period April 2016 to May 2017. MRSA and MSSA are bacterium, which cause infection.
- Patients receiving away from base (holiday) dialysis, were screened for blood borne conditions such as hepatitis B and human immunodeficiency virus (HIV), prior to acceptance for treatment at the unit.
- Isolation facilities were available for patients with suspected or actual infection. These facilities were used for patients returning from holiday, if there was any concerns about possible acquired infection.
- Each patient had their own tourniquet, kept with their file, to prevent cross contamination. This was considered to be outstanding practice for infection control. Tourniquets are used to apply pressure to a limb when taking blood.

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- Guidelines for water testing and the disinfection of water plant and dialysis machines were easily accessible to staff. These outlined the process in the event of poor water quality. Daily water quality tests were performed by suitably trained staff.
- During the period April 2016 and March 2017, no water samples had been identified as outside acceptable quality. In addition, Fresenius and the local NHS trust monitored the bacteriological testing of the water.
- All water testing for the unit was carried out in line with the recommendations by the UK Renal Association and European standards for the maintenance of water quality for haemodialysis.

Environment and equipment

- Bassetlaw dialysis unit was purpose built and complied with building regulations HBN 07-01 for Satellite Dialysis Units.
- Patient chairs had recently been replaced and were in good condition. However, the mattresses did not fit correctly and new ones were on order. Patients told us this compromised comfort and they were not aware of the plan for replacement. We raised this with the clinic manager at our feedback meeting who told us this would be addressed. At our unannounced visit, we were shown an action plan, which included discussions with patients regarding the purchase of new mattresses.
- Dialysis machines had maintenance and calibration plans. The schedule included each dialysis machine model, serial number and date of planned maintenance. All dialysis related equipment was calibrated and maintained under contract by the manufacturers of the equipment or by specialist maintenance/calibration service providers. We saw records were maintained of maintenance and calibration for equipment used at Bassetlaw Dialysis Unit.
- The unit had two additional dialysis machines, which were kept tested and ready for use, in the event of equipment failure. This meant dialysis would not be cancelled or shortened due to equipment problems.
- In addition, the unit had a maintenance plan for other equipment for example; chairs, patient thermometers, blood pressure monitors and patient scales. Maintenance of these pieces of equipment was carried out by Fresenius Medical Care UK technicians. The completed maintenance plan was provided as evidence of completion.

- The unit had a second set of patient weigh scales for backup in case of failure. This was vital as a patient's weight dictates the amount of body fluid to be removed during dialysis.
- Two dialysis machines were kept clean and ready for use in the technicians room. These were 'back up', for use in the event of machine failure.
- Facilities Management (FM) of the unit was through Fresenius Medical Care UK FM team. The team were accessed through a central helpdesk. The unit logs requests using a numerical priority: one being high to four being low. Staff told us access to repair and maintenance was quick and reliable.
- Annual electrical safety testing was included in the preventative maintenance schedule and carried out by the FM team. A register was kept at the unit and included in the annual health and safety audit.
- Resuscitation equipment was stored centrally within the unit, for ease of access. Evidence was seen of daily checks by a registered nurse, all disposable items were noted to be in date with packaging clean and intact.
- Dialysis alarm parameters were set according to individual patient treatment requirements. We saw alarms responded to promptly and saw no evidence of alarm overriding.
- A nurse call system was available at each dialysis station. However, we did not see these used, as a nurse was present at all times.

Medicine Management

- Fresenius Medical Care UK had a medicines management policy, effective from June 2016 which included:- General medicines management, administration of medicines in line with Nursing and Midwifery Council (NMC) (2015) code of professional practice, administration of commonly used dialysis medication, administration of oxygen and reporting of medication errors.
- Pharmacist support was available from the commissioning trust. Staff could telephone or bleep at any time the unit was operational, including Saturday morning.
- Medicines were stored in locked cabinets within clean utility rooms. There was no controlled drugs stored at the unit.

Dialysis Services

- Medication requiring refrigeration were stored in locked fridges. Fridge temperatures were monitored and recorded each day. We saw completed records with no temperatures out of acceptable range.
- We saw staff consistently checking medication in line with best practice, including confirming patient identity by asking the patient to state name and date of birth. This meets the requirement of NMC professional standards. We observed patient identity checks being performed each time a medication was administered.
- There were no patient group directions (PGD). A PGD allows healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription.
- The consultant nephrologists attended the unit six times per month and was able to adjust prescriptions as required in a timely manner. Prescriptions were reviewed after the monthly blood tests and quarterly multidisciplinary team patient reviews. Prescription charts we looked at were in date, clearly written and signed.
- The consultant nephrologist wrote to patient's general practitioner whenever medication is changed.
- When the consultant was not present on the unit, prescriptions were provided by fax from the commissioning trust consultant and the original delivered by internal post within 24 hours. The unit could acquire urgent prescribed medication from the adjacent NHS hospital or routinely from the commissioning trust.
- Dialysis fluids were stored securely on racking, off the floor, in a room with keypad access. The store room temperatures were monitored recording minimum, actual and maximum temperatures. Acceptable range 5 – 25 Celsius. Documentation confirmed this was completed daily.
- Oxygen cylinders were available for use in an emergency. These were securely stored and accessible in an emergency. No other medical gases were stored within the unit.
- We reviewed twelve patient files, seven in paper format and five electronic, and found them to be in good order. Included in the files were patient assessments, care plans, drug charts, blood results and dialysis treatment summary sheets.
- Bassetlaw dialysis unit used an electronic patient record system, which automatically transfers patient data into the commissioning trusts clinical database. This enabled the sharing of patient information and blood results in a timely manner.
- Following monthly quality assurance, quarterly multidisciplinary meetings and routine clinic outpatient appointments the consultant nephrologist corresponded with the patient's general practitioner advising of any medication changes or urgent referrals. These letters were stored electronically.
- Seven patient electronic records were reviewed and found to be comprehensively completed including for example: treatment history, assessment data including body composition monitoring (BCM) this facilitates the measurement of a patient's fluid level, this information was used to help determine an optimum target weight for people having dialysis.
- Unit staff had access the patient's clinic letters via the electronic system.
- Each patient collected an individual named plastic card (credit card sized) on arrival to the unit. This card electronically recorded patient information and was integral to the daily planning of patients' dialysis requirements. The card was inserted into the equipment. For example the weighing scales followed by the dialysis machine. These cards were stored securely at the unit reception.

Assessing and responding to patient risk

- Patients were documented as being stable to receive satellite dialysis by the referring consultant.
- Patients had monthly blood tests, which were reviewed, by the consultant nephrologist and alterations in treatment made accordingly. Results were shared with each patient verbally and in written format.
- All needles and lines were primed prior to patient connection to dialysis; this was to prevent the introduction of an air embolus. (Bubble of air into the blood).
- The dialysis machines had alarm systems with parameters set for individual patients. These alarms alerted staff to changes in a patient's blood pressure or

Records

- Patients attending Bassetlaw dialysis unit had individual files, which were stored in a locked cupboard adjacent to the nurse's station. We saw this cupboard was kept locked at all times, ensuring the security of patient documentation.

Dialysis Services

heart rate. In the event of deterioration, staff increased monitoring of patients clinical observations (blood pressure and pulse) to determine appropriate action. In cases of emergency, the unit called 999.

- Pre, post and during dialysis staff recorded patient's blood pressure and heart rate and the pre-set dialysis parameters. This enabled staff to see at a glance any changes in the patient's clinical condition. We saw these observation sheets were completed for each dialysis session and filed in the patient's notes. The period between observations was increased and the clinic manager informed if any significant changes took place or there was a concern about the patient's condition. All information was recorded electronically via the dialysis machines. However, the service did not use the national early warning scoring system to monitor deterioration in patient's condition. We observed patient identification performed by name and date of birth prior to commencing treatment and administration of medication. The service did not have a documented patient identification policy in place. However, in response to other inspections the unit was in the process of introducing photo identification (ID) as an addition to verbal questioning. Photographic equipment had been installed and they were awaiting a management policy prior to full implementation.
- Patients did not receive blood transfusions at this unit. Where a blood transfusion was required, this would be carried out at the commissioning trust.
- At the time of our inspection, a Fresenius specific sepsis pathway was not available in the unit. However, staff we spoke with had an understanding of the signs of sepsis and told us they would follow the care pathway, which identified actions to if a patient presented with a temperature.
- The clinic manager had received training from the commissioning trust microbiologist in December 2016 and training for all staff in sepsis recognition was planned to take place by August 2017.
- Fresenius had a patient transfer policy in place. Emergency transfers of care were undertaken via local emergency ambulance services using a 999 call. Any non-urgent transfers were performed in consultation with the nephrology consultants. Between April 2016 and March 2017, 21 transfers of care occurred.
- Bassetlaw dialysis unit had a staffing ratio of one nurse to four patients. This met the contractual agreement with the commissioning NHS trust. There was 6.1 whole time equivalent (WTE) qualified nurses made up of five full time and two part time. In addition, there was two part time dialysis assistants. Data provided prior to the inspection indicated low levels of sickness at less than 1% for qualified staff and zero for the renal assistants.
- The unit had been through a period of high turnover with five nurses leaving within the last 12 months. Exit interviews had identified a range of reasons including going abroad to work, family commitments and renal nursing 'was not for them'. However, they had recently been successful in recruitment and the shortfall had been covered by internal bank nurses or agency staff who worked regularly on the unit.
- A bespoke e-rostering system ensured staffing ratios were maintained at all times. Rotas' were completed eight weeks in advance by the clinic manager and approved by the regional business manager. Staff shortages were covered by Bassetlaw clinic staff wherever possible. Alternatively, Fresenius Medical Care renal flexi-bank arranged cover. If the flexi-bank could not cover a shift, approved external nursing agencies were approached.
- In the event of agency staff being employed. They were required to complete a health and safety temporary worker induction checklist, which included the use of emergency equipment, evacuation procedures and location of unit policies. The approved agency are required to provide nurses with renal experience and where possible have a renal qualification. We spoke with one agency nurse who worked regularly on the unit who told us checks with them and their agency was comprehensive. The unit included them in any training or updates occurring whilst they were on duty. Agency nurses were welcomed and supported by substantial staff.
- There were no medical staff employed by Fresenius Medical Services Ltd for Bassetlaw dialysis unit. All medical support is provided through the consultant nephrologist from the commissioning NHS trust. The consultant is present on the unit six times per month and sees each patient as required and quarterly for review.
- Unit staff can access medical support and advice through the nephrology team at the commissioning trust.

Staffing

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Major incident awareness and training

- A copy of the emergency preparedness policy was readily available and visible throughout the unit. The policy outlines actions for a range of emergencies for example fire, chemical spills, electricity failure and loss of water. The policy includes immediate actions and 24-hour contact numbers.
- Each patient had a personal emergency evacuation plan in his or her records.
- Business continuity plans includes arrangements with the commissioning trust and other dialysis regional units for the provision of treatment in situations, which prevented patients being able to attend the unit.

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

Evidence-based care and treatment

- Patient care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. This included National Institute of Health and Care Excellence (NICE) and The National Service Framework for Renal Services in providing care for patients. For example, the Standards of good Dialysis care guideline 2016. These standards were reflected in the commissioning NHS and Fresenius (Nephrocare) guidelines. All policies were readily available both in printed version on the unit and electronically.
- Staff monitored patient's vascular access as part of their pre-dialysis assessment and following treatment. We saw an assessment of the patient's vascular access included in all patient care records we reviewed. This followed NICE Quality standard [QS72]: Renal replacement therapy services for adults.
- The unit met the national Renal Association 'Haemodialysis Guidelines' (2011). For example, Guideline 5.7: 'The monthly measurement of dose or adequacy of haemodialysis' and Guideline 6.2: This included monthly blood testing to monitoring the effectiveness of dialysis against set parameters (Pre-determined biochemical targets) for each patient.
- An independent, external, audit completed in 2016 demonstrated compliance in monitoring of out of date policies. This formed part of the ISO accredited Integrated Management System (18001) which ensured

policies and procedures represent best practice and are evidence based. We reviewed several policies and found them to have been reviewed and identified as effective within the previous two years. We observed staff referring to these documents during our visit. New staff were given time to read policies during their induction period.

- All staff monitored patient vascular access as part of their pre-dialysis assessment and on completion of treatment. The vascular access lead was responsible for contact with the renal consultant at the local NHS trust. At the time of inspection, 80% (43) patients had an arterio-venous fistula. An arterio-venous fistula is a surgically created connection between an artery and a vein. The National Kidney Foundation (NKF) recommends fistulas as the preferred type of vascular access. This is due to their low rates of complications, including infection risk and is considered to be the "gold standard" of vascular access for patients receiving renal dialysis.
- The unit vascular access nurse was able for assessing patient fistulas using a Doppler ultrasound machine. A Doppler ultrasound is a non-invasive test used to estimate the blood flow through a blood vessel or fistula. Any identified blood flow problem was referred to the consultant for review and further detailed analysis at the commissioning trust.
- The commissioning NHS trust had strict assessment criteria to establish a patient's suitability for safe dialysis within a satellite dialysis unit.
- All patients had their weight, temperature, pulse and blood pressure checked at the beginning and end of dialysis. This was documented in paper and electronic records.

Pain relief

- Patients were able to administer their own analgesia if required which they were allowed to bring with them, these had been purchased personally by the patient or prescribed by their general practitioner (GP).
- We observed patients being asked if they were comfortable or experiencing pain. We did not observe any patients requesting analgesia during our inspection.

Nutrition and hydration

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- Patients were provided with drinks, biscuits and sandwiches whilst undergoing renal dialysis. Patients told us the food and drinks available were of good quality. Although several patients chose to bring their own snacks to have during treatment.
- A dietitian visited the unit each week and patients told us they could request to speak to the dietitian, if required. Patients also told us information provided was useful and included practical everyday tips to help them plan their diet.
- The dietitian reviewed monthly blood results and took part in quarterly multidisciplinary patient reviews.
- Dietary information was available on the unit and in the reception area. This included advice on a range of topics. For example, the effect of food additives and how to know if they were in products purchased.

Outcomes

- Bassetlaw renal dialysis unit treated patients referred to them by the commissioning trust. There was no waiting list and at the time of the inspection, the unit was able to accept all referrals made to them.
- Patients' blood results were monitored each month as per a defined schedule agreed with the commissioning trust consultant. These results were reviewed monthly to monitor the effectiveness of treatment. Adjustments to treatment plans were made, as required, to improve the effectiveness of dialysis. Patients were provided with written details of monthly blood results and treatment plans.
- Fresenius Medical Care recorded details of quality standard at 90 days after commencement of dialysis. Data provided demonstrated 97 to 100% of patients achieved a URR of over 65%. Urea reduction ratio (URR) is one way of measuring dialysis adequacy.
- Results and treatment data were captured on an electronic database. This electronic system was linked with the commissioning trusts electronic database allowing remote review of patients. The system was able to provide customised reports used to audit patient outcomes and treatment parameters. The live data was available to the clinic manager, consultant, meaning information was current, and treatment was adjusted in a timely manner.
- The unit had a schedule in place to audit patient outcomes. These included achievements of quality standards (Renal Association Guidelines), patient observations, dialysis vascular access, treatment

variances, and infection control interventions.

Additionally, a monthly report summarising each dialysis unit was produced which provided comparative dialysis outcome data with other Fresenius dialysis units. Data included measurements of successful dialysis for example blood phosphate scores and vascular access scores. Overall results placed Bassetlaw unit in the middle to upper third of favourable outcomes.

- The unit reported an occasional DNA (did not attend) or patient reduced dialysis time. If this occurred, it was discussed with the consultant.
- Data was shared monthly with the Area Head Nurse who worked with the Clinic Manager to address and improve areas as required. A new 'Clinic Review' process further captures overall month on month clinical effectiveness and improvement areas.

Competent staff

- Staff were qualified and had the required skills and knowledge to carry out their duties effectively and in line with best practice. There was an established dialysis nurse peer and self-assessment process, which included reassessment of competencies. All six renal nurses had completed a reassessment of competencies within the last six months. The dialysis assistants also had annual assessments of their competencies. Staff records included evidence of the peer and self-assessment process.
- New starters were supernumerary for eight weeks and followed a competency programme designed to enable them to achieve competence and confidence in caring for patients requiring haemodialysis. Nurses within this period told us they found the programme to be comprehensive and met their individual needs. The supernumerary period could be extended if the individual nurse or their mentor identified the need to do so.
- Agency staff were orientated to the unit and introduced to the patients they were to care for and provided with access to policies and procedures. All agency staff employed within the last twelve months were qualified renal dialysis nurses who had worked at the Bassetlaw unit previously. Agency staff spoken with informed us they completed a health and safety sheet on

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commencement of their time at the unit. They also informed us they were included in all training activity taking place on the unit. Examples included new equipment and resuscitation training.

- Bassetlaw NHS Dialysis Unit had been involved in the training and support of staff members who had recently joined the Fresenius Medical Care UK, flexi-bank or preferred nursing agencies.
- The unit encouraged and supported further professional development. For example, a senior nurse was planning to train as a non-medical prescriber. Non-medical prescribers are health professionals, not a doctor, who can prescribe medication within their specialist area.
- Health and safety induction checklist included a range of topics from employee responsibilities, fire exits, location of emergency equipment, evacuation procedure, and risk assessment through to the smoking policy. We saw these had been completed by agency staff on duty.
- Regular life support training took place on the unit with the use of a resuscitation mannequin.
- Staff mentors and senior nurses carried out Training and supervision on the unit. For example, catheter dressings, vascular access techniques, safe injection practices, management of central venous lines, arterio-venous fistulas and grafts. These formed part of regular competency assessments.
- Qualified nurses had been offered support with completing their revalidation application. Information about revalidation was on the staff notice board.
- Appraisal rates for Bassetlaw NHS renal dialysis unit was 100% for qualified nurses and 50% (one of two) for the renal assistants. Staff told us during group discussions they found the appraisal process useful and they had realistic personal objectives.
- Evidence of nursing and midwifery council (NMC) registration was confirmed at commencement of employment and information retained corporately. Registered nurses were supported by their peers and manager to meet the requirements of revalidation. Registered nurses are required to revalidate every three years. In order to revalidate must completed a minimum of 450 practice hours within the three years and 35 hours of professional learning.

Multidisciplinary working

- The consultant nephrologist from the commissioning trust had overall responsibility for patient treatment on the Bassetlaw NHS dialysis unit.
- Multidisciplinary (MDT) meetings took place each month and included input from the consultant, dietitian and unit senior nurse. There was access to pharmacy support through the commissioning trust, if required.
- There was no psychologist within the MDT. However, referral could be made by the consultant if required. The unit had developed a document to record any concerns they had about patients. This was used at MDT review meetings to guide discussions.
- Patients had a full review of their treatment and general health every three months. These clinics were held in consultation rooms based at the Bassetlaw unit. This meant patients did not have to make additional journeys to the commissioning trust for appointments.
- The consultant nephrologist communicated with the patient's general practitioner (GP) after each review to update them on changes to treatment plans. Letters to GP's were accessible via the electronic patient records.
- The dietitian visited the Bassetlaw unit twice weekly and spoke with patients about their dietary requirements or queries. Appointments could also be made on request.
- There was good communication within the team on the unit and other professionals involved in the care of dialysis patients. Staff told us they felt comfortable contacting the consultant, clinic managers or the dietitian about concerns or suggestions they may have about the patients in their care.

Access to information

- Information was shared with the patients GP following each consultation with the consultant nephrologist. Nurses on the dialysis unit could contact the patients GP, with the patient's consent, if they had any general concerns.
- There was a positive relationship between the commissioning trust nephrology team and Bassetlaw renal dialysis unit. Staff told us they were able to contact the trust to access information or advice.
- Patients had a full blood analysis every month. The results were shared with patients both verbally and in written format. Additionally, patient information was available to them on-line via an NHS programme called 'Your results and disease info online'. This system was

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password protected and information was available to the patient, their GP and renal unit staff. There was a poster in the reception area explaining how to access the service.

- Electronic patient records, which were compatible between the trust and the unit, enabled both Bassetlaw dialysis unit and the commissioning trust to have easy access to up to date patient information.

Equality and human rights

- The workforce at Bassetlaw dialysis unit reflects the overall ethnic background of the local community and we acknowledged the local area had low numbers of black and minority ethnic residents.
- Staff spoken with individually and as part of focus groups told us, they had equal access to professional development opportunities and felt equally respected within their individual roles.
- Equality and human rights was included in mandatory training.

Consent, Mental Capacity Act and Deprivation of Liberty

- Fresenius medical renal services Ltd had a consent to treatment policy, reviewed 2016. This was available in paper format on the unit. We saw new staff being given time to access and read policies.
- All patient records included a consent to treatment record. We observed staff seeking verbal consent prior to all interventions.
- The staff demonstrated a clear understanding of the right of a patient to decline treatment. Staff told us if a patient requested to finish dialysis early, they would discuss the health implications of their request but would respect the patient choice. When this occurred patients were asked to sign a waiver to say they chose to complete early.
- Medical advanced planning and end of life care decisions were made in conjunction with the NHS trust responsible for care. There were patients with do not attempt cardio-pulmonary resuscitation (DNACPR) orders being treated by the unit. Staff told us they respected patient's wishes if such documentation was in place.
- Information was provided to raise the unit's awareness of dementia care, Mental Capacity Act 2005, consent and deprivation of liberty standards. This was through

mandatory training and written information, which was readily available on the unit. All substantive staff at Bassetlaw NHS dialysis unit had received this training part of their mandatory training.

- At the time of our inspection, there were no patients with dementia or mental health problems receiving dialysis at the unit. Managers told us patients would be assessed for suitability for treatment at a satellite unit by the commissioning trust. Any additional support would be considered on an individual basis.

Are dialysis services caring?

Compassionate care

- Staff at Bassetlaw NHS dialysis unit treated their patients with respect and responded to each individual personal, cultural, social and religious need.
- Staff were aware of the vulnerability of patients and how dialysis affected their daily lives. They tried to make dialysis sessions as pleasant as possible. Patients told us 'the nurses are marvellous here; they seem to know how we are feeling and cheer us up when we need it most'.
- The unit had a named nurse approach and all patients were able to name the nurse responsible for their care on the day we visited.
- Staff maintained privacy and dignity whilst attaching dialysis lines. Patients were offered the use of privacy screens, if required.
- Prior to our inspection, Care Quality Commission 'Tell us about your care' comment cards were provided for patients and visitors to complete. We received 26 cards which described the care received as 'first class' and 'exceptionally caring'. There was mention of shortages of staff which had occasionally influenced the quality of care provided. However, there was consistent praise for staff treating them with dignity and respect. Senior staff explained, during a period of reduced regular employed staff, agency staff were employed to ensure the correct patient to nurse ratios were maintained.

Understanding and involvement of patients and those close to them

- A process was in place to support patients in the early stages of their dialysis at Bassetlaw Dialysis Unit. Patients had an opportunity to visit the unit, with family

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members, prior to commencing their regular treatment. This enabled them to meet the staff, become familiar with the layout of the unit and experience the travel route. Transport was available for this visit if required.

- At their initial appointments, additional time was included for patients to ask questions about their care and treatment.
- Staff told us if necessary a family member or carer could accompany patients to provide support if required. However, this was not openly encouraged due to space restrictions and the need to maintain free access to patients at all times.
- Patients were reviewed regularly and provided with written information about their blood results. This included the result, any variation, the recommended action and potential effects. Patients we spoke with found this useful and had a good understanding of the information provided.
- Patients were actively encouraged to undertake self-care, however, staff told us this was variable and very few patients wished to set up their own machines or take on the role of self-needling.
- Patients were consulted in all aspects of their care and treatment. Patients explained that their treatment plan, including the amount of fluid removed during dialysis was always discussed with them and their opinion was respected.
- The unit had consultation rooms where patients could have confidential discussions about their care with members of the multidisciplinary team.
- Staff told us about a family day, attended by patients, staff and their families. This had been very successful and they hoped to repeat it in the future.

Emotional support

- Staff recognised the emotional impact of dialysis and renal failure had on individual patients. We saw and overheard staff talking to patients in a professional manner, whilst being able to communicate on a personal level, about their lives outside of the dialysis unit.
- There was no specialist psychologist attached to the unit. Those identified as requiring counselling could be referred through the local commissioning NHS trust or their general practitioner. However, patients did have

access to British Kidney Patient Association - confidential counselling and support or National Kidney Federation patient helpline. Both of these services were clearly displayed within the unit.

- Staff told us, whenever possible, they attended the funerals of patients to offer support to family members.

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

Meeting the needs of local people

- Bassetlaw NHS dialysis unit had a referral and acceptance criteria. The unit accepted patients, over 18 years of age, with established suitable vascular access and clinically stable to receive dialysis at a satellite unit, away from the commissioning NHS base hospital.
- Staff were sensitive to patients' wishes in making decisions around care. This included cultural or religious needs. Wherever possible patients were offered a dialysis session, which met their social or work commitments, journey time and required length of dialysis. We spoke to one patient who preferred morning dialysis to keep afternoons free for personal commitments.
- Consultant appointments were held at the clinic meaning patients did not need to travel long distances to the commissioning trust. Patients were offered transport to attend these clinics. One patient told us the unit arranged collection from work to attend appointments.
- The local Clinical Commissioning Group commissioned transport services for the patients of Bassetlaw renal unit. Patients told us transport was reliable and the drivers were friendly, helpful and always made sure in the patients were inside their home and safe before leaving them. The drivers and dialysis staff kept patients informed of delays due to traffic conditions.
- Patients complete a transport satisfaction survey each month, which was consistently positive. Results were available in the unit reception area.
- There were personal televisions at each dialysis station. Headphones were provided but some chose to bring their own. Some patients brought other items with them to pass the time or aid comfort during dialysis. Additionally there was access to Wi Fi if required.

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- There was adequate, convenient parking for patients who travelled by car. This was free and included parking for the disabled.
- Access to the dialysis unit was level meaning patients who were ambulant, disabled, self-driving or using the transport provided could access the premises without difficulty.
- For patients who did not speak English there was access to a telecommunication translation service. There were no patients requiring translation services at the time of our inspection. Information about how to access this service was kept at the nurse's station.
- At the time of our inspection, there was not a patient user group or patient representation locally. Senior nurses were aware of this and told us they encouraged patients to become involved, we saw information displayed, in reception, stating there were opportunities for patient involvement.
- Fresenius had an expert patient board. Membership included the chief executive, chief nurse, communications manager and patient reps from other Fresenius dialysis units. However, at the time of our inspection there was a vacancy for patient representation from Bassetlaw NHS dialysis unit.
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Access and flow

- Every effort was made to allocate dialysis sessions, which met personal and clinical need. Once allocated, patients generally remained on their allocated session. However, occasionally sessions were swapped for personal reasons. The unit had some flexibility and could accommodate additional sessions, if required. For example, we observed one patient requiring an extra session, for clinical reasons, which was scheduled for the following day.
- The clinic manager told us elderly or vulnerable patients with complex needs were offered a morning session to avoid them being away from home early evening.
- The unit provided morning and afternoon dialysis sessions Monday, Wednesday and Friday and morning only on Tuesday, Thursday and Saturday. Patients were allocated start times at 20-minute intervals. Patients told us they generally started and finished their dialysis on time. Patient surveys confirmed no identified issues with delays in receiving treatment or long waits for transport home.

- Data provided for the period December 2016 to February 2017 showed the unit averaged 91% utilisation of available capacity based on three full days and three part days opening hours
- For the period April 2016 to March 2017, the unit reported no cancelled dialysis sessions for clinical or non-clinical reasons.
- The unit was able to accommodate all referrals from the commissioning trust and had no patients waiting to receive dialysis.

Service planning and delivery to meet the needs of individual people

- There were toilet facilities within the reception area and main unit for patients to access prior to dialysis. Facilities included those for the disabled and had an alarm pull to attract attention if required. Patients were able to visit the toilet during dialysis sessions although, patients told us they avoided this, if possible, as they had to make the time up on dialysis and this may delay their finish time. Due to the nature of their disease, patients rarely needed to pass urine. Staff told us, if a patient needed to go to the toilet, they could easily be disconnected and reconnected to their dialysis machine as required.
- A dedicated member of staff had responsibility for arranging away from base dialysis for patients at Bassetlaw who wished to go on holiday and for patients who were visiting the area. There was information in the reception area about holiday options available within the UK and abroad. Two patients told us they had used the holiday service and had found it to be very good; neither had experienced problems whilst receiving dialysis away from Bassetlaw dialysis unit.
- Staff told us patients, if they wished, could provide self-care. Although very few patients at Bassetlaw opted to be self-caring. Patients spoken with on the unit said they were aware they could choose to be self-caring but preferred not to be. However, we did observe patients being actively involved when commencing or completing dialysis. For example positioning lines or directing nurses to place needles in their preferred location.
- Dialysis patients can be sensitive to changes in temperature during treatment. The unit was air-conditioned and during our inspection the temperature was comfortable. However, some patients

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did say that on occasions the unit felt cool. It is common for renal dialysis patients to be sensitive to temperature changes. Staff provided patients with blankets or encouraged them to bring in their own if this helped them with their comfort.

Learning from complaints and concerns

- Fresenius Medical Care UK Ltd had a 'Feedback Policy', the purpose of the policy was Recognition and management of the four C's (compliments, comments, concerns and complaints), effective from June 2016. The policy included responsibilities, principles of management, monitoring and training and provided a process and timeline to follow for each category. This policy was available in print and electronic format for staff and information displayed for patients in the reception area.
- The service reported no complaints for the period April 2016 to March 2017. There was information visibly available to instruct people how to make a complaint should they wish to do so. We asked patients how they would complain and if they felt confident to do so. All those spoken with said they would not hesitate to raise a concern, firstly with the nurse caring for them or to the nurse in charge. They all knew who the clinic manager was by name.

Are dialysis services well-led?

Leadership and culture of service

- Fresenius Medical Care Renal Services Ltd had an organisational structure, which comprised of a managing director (UK), clinic services director, regional business manager, area head nurse and local clinic manager. The Fresenius Care Renal Services Ltd had a UK board supported by clinical and corporate governance managers. Information governance, infection prevention and the clinical governance committees in turn fed into the UK board. A management review committee had close links with the commissioning trust regional business manager.
- Management within Fresenius Medical Care UK Dialysis was divided into regions. An overall clinical service director supported clinical staff at the satellite units,

including Bassetlaw dialysis unit. An regional area head nurse worked closely with the unit and regularly and attended unit meetings and was present during the inspection

- The recently promoted clinic manager ran the day-to-day business of the unit, supported by the outgoing manager who had moved into a regional position. The clinic manager welcomed the support of the area head nurse and described a good working relationship. The newly promoted manager was in the process of applying to take over as registered manager of the unit with the CQC.
- Senior managers were appropriately qualified and experienced to provide leadership to all staff working within the unit. Staff spoke positively of the support provided by senior management and told us they felt comfortable to raise concerns or seek advice directly with any of the management team.
- We observed an open and friendly culture on the unit with staff at all levels demonstrating a willingness to help each other at every opportunity.
- There were bi-monthly staff meetings. We reviewed the minutes of two from February and April 2017, which covered a range of topics, including information technology, customer trust, infection control, achievements, clinical performance and business updates. There was a plan to change the format of meetings from June 2017 to reflect the CQC five domains of safe, effective, caring, responsive and well-led. This planned change had been shared with staff and an example of the revised format was on display in the staff room.
- Staff performance was monitored by the clinic manager through one to one meetings and the annual appraisal process. Poor performance was managed locally through increased support, supervision and review of competencies, as required. Formal performance management, if required, was managed by the clinic manager and area head nurse, supported by the corporate human resource department.

Vision and strategy for this core service

- Fresenius Medical Care Ltd had a vision, which was displayed in the reception area of Bassetlaw NHS dialysis unit. The poster entitled 'Our Commitment'. Included guiding principles relating to quality and reliability of service and the responsibility towards patients, employees, shareholders and the community.

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- We were provided with a corporate objectives document 2016, which reflected the 'Our Commitment' vision displayed. The document included an action plan for the four guiding principles and included how progress is evidenced and expected completion dates for each action.
- However, staff we spoke with were unable to describe the corporate vision and how they contributed towards achieving the actions required. We escalated this to the senior team during the inspection high-level feedback. At our unannounced inspection an action plan had been put in place to address this, which included discussing corporate objectives at staff meetings and to incorporate knowledge of the commitment into the staff appraisal process.
- Senior managers told us the corporate and local vision included: developing further links with trusts and other units to share experiences and expertise, to have a settled workforce, increase training opportunities for career development and increase overall utilisation of the unit's 20 dialysis stations.
- Staff told us they enjoyed working at Bassetlaw renal dialysis unit and despite recent staff shortages, now resolved, they worked well together as a team and said it was a 'good place to work'.

Governance, risk management and quality measurement

- Fresenius Medical Care UK had a clear corporate governance structure. There was a dedicated quality and risk manager with responsibility for supporting the local and corporate governance and risk processes. The clinical governance strategy included strategic aims for clinical governance.
- A clinical governance committee monitored performance of the organisation, overseen by the medical director.
- Locally at Bassetlaw dialysis unit the unit manager was responsible for leading and delivering effective governance, supported by the wider Fresenius Medical Care UK corporate management team. Performance monitoring was designed to reflect five key objectives. These included identifying and managing expectations, clinical effectiveness, staff empowerment, patient engagement and to provide open senior management.
- Minutes of governance meetings were reviewed electronically for the three months prior to our inspection. Topics reflected those of the staff meetings

with the addition of incidents and complaints. Agendas were broadly based on the CQC key lines of enquiry (KLOEs) which are a framework on which our inspections are based.

- Risk management within Fresenius Medical Care Ltd has recently undergone change to an integrated governance management system, under the guidance of the quality and risk assurance manager. Quality management, infection control, legionella and clinical governance committees have been brought together to form an integrated governance framework. All meetings take place on one day, board members have an open invite to attend and will be automatically provided with minutes of the meetings.
- Minutes of all meetings were available electronically and accessible by all staff. Paper copies of local staff meetings were in the staff room.
- Risk register was split into three categories: clinical, operational and technical. A corporate risk register was managed by the quality and safety manager. At a local level risks included – Seroconversion (infection), air embolus (air in dialysis lines), medication errors and blood loss from dialysis circuit.
- Fresenius Medical Care UK does not produce a workforce race equality standard (WRES) report. WRES has been part of the NHS standard contract since 2015 and 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. This means the unit should publish data to show they monitor and assure staff equality. WRES is in the Bassetlaw risk register.
- The lead area manager had monthly meetings with the registered manager to discuss progress against targets and any development plans or changes to practice.

Public and staff engagement

- Fresenius Medical Care UK held an annual patient satisfaction surveys. The anonymised results were available and displayed in the reception area of the unit, along with a local action plan. We saw the 2016 results for Bassetlaw dialysis unit which showed 88% of patients would recommend the unit to family and friends in need of dialysis, 92% of patients had confidence in the nursing staff, 95% thought the treatment rooms were well maintained, 84% thought the clinic was well organised and 100% of patients said

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the unit was friendly and happy. The unit displayed a 'you said - we did' poster which summarised patients identified concerns and how the service had addressed them. For example dialysis not beginning or ending on time, the unit had scheduled dialysis sessions to commence at 20 minute intervals which, following discussion with patients was reported as being effective.

- A 'Tell us what you think' anonymous leaflet enabled patients to comment on the service. The system used Freepost delivery to Fresenius Medical Care UK Head Office. This feedback was shared with the regional business managers for follow up and action as required. The unit produced a you said we did response to patient feedback. Examples included: You said- 'you did not feel dialysis always begins on time' We did- Increased training of staff to increase quality of care, rescheduled dialysis times to 20 minute intervals, provided all patients with a letter confirming changes made. You said- 'You did not understand how dialysis worked' We did – Distributed a patient guide, which included how dialysis works'
- Two posters displayed in the reception area had statements created by patients which emphasised the importance of treatment and the impact of choosing not to attend or shorten a session. For example: It only takes a minute... Every 15 minutes less than your prescribed treatment can increase your chance of dying by 10%.

- The annual staff survey completed in 2016 showed 100% for team effectiveness, communication, response to raised concerns and recommendation to family and friends. There were low score responses, able to do my job to a standard I am pleased with (89%) and my regional manager takes an interest in my personal health and well-being (78%). Both low score responses had been investigated and actions put in place.
- Staff spoken with individually or in small groups told us they enjoyed working at the unit, were supported by their peers and managers. They said 'we are like one big family'.

Innovation, improvement and sustainability

- The unit had adopted the principle of 'green dialysis' which means being environmentally aware in relation to waste disposal. The unit had been fundamental in the design and implementation of recyclable sharps bins and had a contract with a commercial provider for the provision, emptying and steam cleaning of these bins.
- Additionally the unit had changed the concentrate of acid solution (used during the dialysis process) from 1:34 to 1:44. This reduced the volume required and so reduced the size of the plastic containers. This meant more could be delivered at one time therefore reducing environmental pollution from delivery Lorries and reducing plastic waste.
- The patient concerns sheet had been developed to monitor and document any clinical concerns; the staff may have, about individual patients.

Outstanding practice and areas for improvement

Outstanding practice

- Each patient had their own tourniquet, kept with their notes to prevent cross contamination.
- Patient concerns sheet developed which staff used to highlight any clinical concerns they may have with individual patients.
- The unit had adopted the 'green dialysis', Reducing and managing clinical waste.

Areas for improvement

Action the provider **MUST** take to improve

- The unit must have a local sepsis management plan in place.
- The unit must implement the use of a modified national early warning system (NEWS) to aid recognising the deteriorating patient.

Action the provider **SHOULD** take to improve

- Include FGM and PREVENT within the corporate incident management policy.

- The unit should ensure all staff receives sepsis training.
- The unit should consider adding a review date to policies.
- The unit should ensure staff are aware of local and corporate vision
- The unit should ensure patients are fully aware of changes which may improve their comfort
- The unit should pursue reducing the time new starters wait to receive their personal training log-on facility.

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)(b) Staff must follow plans and pathways.</p> <p>The unit did not use a modified early warning scoring (MEWS) system to monitor deterioration in patient's condition.</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)(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are healthcare associated.</p> <p>The unit did not have a local policy for the recognition and management of sepsis.</p> <p>There were no policies or standard operating procedures at the unit which made direct</p>