St Anne's - Emsworth

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

Summary of findings

Letter from the Chief Inspector of Hospitals

St. Anne's Dialysis Unit, Emsworth is operated by West London Hospitals Holiday Dialysis Trust. The service has three dialysis stations and one isolation room. The unit was nurse-led and staffed by one registered nurse and two part time healthcare assistants. The service provides dialysis for one session per day with three appointment slots available for patients requiring temporary dialysis away from base while on holiday.

We inspected this service using our comprehensive inspection methodology on 7 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 when they are provided as a single specialty service. 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:

- Clinical areas were visibly clean and there were established processes in place for the cleaning and maintenance of equipment.
- There were clear criteria for admission to minimise the risks of patients with more complex needs being treated at the service.
- There were clear processes in place for ensuring that patients accepted for holiday dialysis had been appropriately screened for infections such as Methicillin-resistant Staphylococcus aureus (MRSA) and blood borne viruses.
- Staff were up to date with mandatory training, including basic life support, and safeguarding adults training.
- Dialysis sets were single use and CE marked and checked by staff to be intact and within sterility date. This was in line with Renal Association Haemodialysis Guidelines (2009).
- Staff kept detailed records of care. We reviewed four patient records and found that all were signed, dated and legible.
- There was one registered nurse for three patients.
- Staff communicated with each patient's local dialysis unit to make sure they had all the relevant information about the patient's care, whilst adhering to data protection requirements.
- Staff obtained written consent to treatment from patients before starting their first session of dialysis treatment. We reviewed four patient consent forms and found that all were signed, dated and correctly completed.
- Feedback from patients about the service was consistently positive. An audit of patient satisfaction surveys for 2016 showed positive results, with 98% of patients saying the overall care at was good or excellent.
- Staff offered patients support and reassurance while they were away from home, and the onsite self-catering holiday apartments provided the patients with comfortable relaxing surroundings.
- We observed staff treating patients with respect, courtesy and care, and patients were included in discussion about their normal observations. There was a calm and friendly atmosphere at the unit.
- There was a complaints policy which was shared with the patients and the service had not received any complaints from April 2016 to March 2017.
- The unit was purpose built to provide accommodation and dialysis to enable patients to have a holiday without compromising their dialysis.

Summary of findings

- The nurse manager felt supported by the board of trustees, and the staff told us the nurse manager was very approachable.
- The staff offered the patients an opportunity to give feedback following their dialysis, and the patient survey results demonstrated high levels of patient satisfaction.

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

- There was no local incident policy in place, and recorded incidents were not fully investigated, which meant opportunities for learning were missed.
- The service did not have a policy, or provide staff training, for identification of sepsis or its management. This was not in line with the NICE guideline (NG51) for recognition, diagnosis, or early management of sepsis. (Sepsis is a life-threatening illness caused by the body's response to an infection).
- The service did not have an early warning score system in place to support staff in recognising the deteriorating patient.
- There was a basic local medicines management policy in place. Medicines were brought to the unit by patients for their own personal use during dialysis. The medicines were not always labelled with the patients' unique personal identifier, creating the potential for incorrect administration.
- The staff did not demonstrate a good understanding of the duty of candour and when it should be implemented.
- Staff did not receive training in child safeguarding.
- The registered nurse manager reviewed the local policies and standard operating procedures, but it was not clear to us if all policies were based on national guidance and therefore we were not assured that staff were fully up to date with current practice.
- There was no evidence of effective monitoring of the quality of the service provided, for example, staff did not undertake local audits to identify areas for improving practice.
- The board of trustees did not request any quality reports from the registered manager, which meant there was a lack of oversight of the quality of the service provision.
- There were no robust risk management procedures in place and a lack of risk assessment and review.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with a warning notice to be compliant by 7 January 2018. Details are at the end of the report.

Professor Sir Edward Baker
Chief Inspector of Hospitals

Summary of findings

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Summary of this inspection

Background to St Anne's - Emsworth

St. Anne's Dialysis Unit has been operated by West London Hospitals Holiday Dialysis Trust since 2006. The original trust was set up in 1975 as 'Charing Cross Holiday Dialysis Trust' and became 'West London Hospitals Holiday Dialysis Trust' in 2010. The Trust was established to provide maintenance dialysis for patients over the age of 18 to enable them to take a holiday with the benefit and convenience of on-site haemodialysis.

The trust provided holiday accommodation in a large house, and haemodialysis was provided in, and performed in a purpose built annexe with three stations; as such staff were able to dialyse three patients per shift.

The patients who use the service were predominantly from the NHS trust linked to the charity, which formed the original charity, and they were given priority for booking, but the service is also available to patients from other areas.

The registered manager was a qualified renal nurse and had been in post since April 2011, becoming registered manager on 30 October 2015.

We previously inspected the service in March 2013 and found that the service was meeting all standards of quality and safety we inspected against.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and an inspection manager. Lisa Cook inspection manager oversaw the inspection team.

Information about St Anne's - Emsworth

The service consisted of a dialysis unit with three dialysis stations and an isolation room. A clinic manager, who was a registered dialysis nurse, ran the service with two part time healthcare assistants.

The provider was registered to provide the following regulated activities:

- **Treatment of disease, disorder or injury**

During the inspection, we visited the unit and spoke with the registered manager and one health care assistant. We also spoke with two members of the trust board. We spoke with three patients and one relative. We also received eight 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed four sets of patient records.

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

- In the reporting period April 2016 to March 2017 staff carried out a total of 179 sessions of dialysis. Staff carried out 62 haemodialysis sessions for adults aged 18 to 64 years and carried out 117 haemodialysis sessions for adults age of 65 years plus.
- The provider reported no never events, clinical incidents or serious injuries in the reporting period April 2016 to March 2017.
- The provider reported no incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA) or blood borne viruses in the reporting period April 2016 to March 2017.
- The provider received no complaints for the reporting period April 2016 to March 2017.

Services provided at the unit under service level agreement:

- There was a contract for clinical waste removal every two weeks
- Maintenance, calibration, and electrical safety testing of equipment were provided under a service contract.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently have a legal duty to rate dialysis services where these services are provided as an independent healthcare single speciality service.

We found the following issues that the service provider needs to improve:

- There was no incident policy in place and recorded incidents were not fully investigated, which meant opportunities for learning were missed.
- The service did not have a policy, or provide staff training, for identification of sepsis or its management. This was not in line with the NICE guideline (NG51) for recognition, diagnosis, or early management of sepsis. (Sepsis is a life-threatening illness caused by the body's response to an infection).
- The service did not have an early warning score system in place to support staff in recognising the deteriorating patient.
- There was a basic local medicines management policy in place. Medicines were brought to the unit by patients for their own personal use during dialysis. The medicines were not always labelled, as dispensed, for individual use.
- The staff did not demonstrate a good understanding of the duty of candour and when it should be implemented.
- Staff did not receive training in child safeguarding.
- Staff did not use colour coded mops for different areas of the premises and some waste bins were not foot operated, non-touch.
- The service did not have a spare set of weighing scales.

However we found the following areas of good practice:

- Clinical areas were visibly clean and there were established processes in place for the cleaning and maintenance of equipment.
- Patient selection was appropriate for a nurse led service. There were clear criteria for admission to minimise the risks of patients with more complex needs being treated at the service.
- There were clear processes in place for ensuring that patients accepted for holiday dialysis had been appropriately screened for infections such as Methicillin-resistant Staphylococcus aureus (MRSA) and blood borne viruses.
- We saw evidence that chemical contaminants in water used for the preparation of dialysis fluid was monitored.

Summary of this inspection

- Staff were up to date with mandatory training, including basic life support training.
- Staff were trained in safeguarding and understood how to recognise and report safeguarding concerns.
- Dialysis sets were single use and CE marked and checked by staff to be intact and within sterility date. This was in line with Renal Association Haemodialysis Guidelines (2009).

Are services effective?

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

We found the following areas of good practice:

- Staff communicated with each patient's local dialysis unit to make sure that they had all the relevant information about the patient's care.
- Staff obtained written consent to treatment from patients before starting their first session of dialysis treatment. We reviewed four patient consent forms, and found that staff had completed signed and dated all four correctly.
- We observed staff asked patients about their pain and took account of their responses when preparing for dialysis.
- Staff had an annual appraisal with the manager, who also carried out an annual review of competencies for the healthcare assistants
- The registered nurse manager had completed the advanced renal nursing course.
- Staff offered patients a drink and biscuits during their dialysis.

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

- The registered nurse manager reviewed policies and standard operating procedures, but it was not clear if they were based on national guidance.
- Staff did not undertake local audits to identify areas for improving practice.

Are services caring?

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

We found the following areas of good practice:

- Feedback from patients about the service was consistently positive. An audit of patient satisfaction surveys for 2016 showed positive results, with 98% of patients saying the overall care at was good or excellent.

Summary of this inspection

- Staff offered patients support and reassurance while they were away from home, and the onsite self-catering holiday apartments provided the patients with comfortable relaxing surroundings.
- We observed staff treating patients with respect, courtesy and care, there was a calm and friendly atmosphere at the unit.
- Patients were included in discussion about their normal observations and how much fluid they would prefer to have removed.
- The 2016 patient satisfaction survey showed that 100% of patients felt that the information provided prior to their attendance at the unit was either excellent or good.

Are services responsive?

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

We found the following areas of good practice:

- The unit was purpose built to provide accommodation and dialysis to enable patients to have a holiday without compromising their treatment.
- The service was available to patients from all over the UK and further afield, who wished to take a holiday on the English south coast.
- Car parking was available free to patients on-site.
- There were no waiting lists for treatment at the time of our inspection.
- The complaints procedure was displayed and there had been no complaints during the previous 12 months.

Are services well-led?

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

We found the following issues that the service provider needs to improve:

- There was no evidence of effective monitoring of the quality of the service provided, for example, staff did not undertake local audits to identify areas for improving practice.
- There was no robust medicines management policy in place, and the provider had not recognised the risks we observed during the inspection.
- The board of trustees did not request any quality reports from the registered manager, which demonstrated a lack of oversight of the quality of the service provision.
- There were no robust risk management procedures in place and a lack of risk assessment and review.

However we also found the following areas of good practice:

Summary of this inspection

- There was a vision for the service, which was shared by the nurse manager and the staff.
- The staff told us the nurse manager was very approachable.
- The staff offered the patients an opportunity to give feedback following their dialysis, and the patient survey results demonstrated high levels of patient satisfaction.

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are dialysis services safe?

Safe means the services protect you from abuse and avoidable harm.

Incidents

- The provider reported no never events or serious incidents from April 2016 to April 2017. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There was no incident policy in place for staff to follow in the event of an adverse event or occurrence.
- Staff recorded adverse events and incidents in the accident book and the patients' records. We were told in the event of any non-routine event - clinical or logistic, the referring unit would also be contacted as soon as practically possible. Also any non-routine medical incident would be reported to the patient's GP.
- There were two incidents recorded in the last year. One related to the incorrect use of a line lock with aim to stopping the line from blocking when not in use; and one related to a patient who collapsed after they left the unit. There was no evidence of formal investigation or learning from the incidents. Although the documentation did indicate the error with the line lock had been discussed with the referring unit and the patient. This however did not demonstrate opportunities for learning and improving the service were taken.
- The nurse manager was able to discuss being open and honest, however, was unable to describe their full responsibilities under duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff stated that they knew that they had to be honest and open about any untoward incidents that occurred but were not clear about the type of incidents the legislation referred to.

Mandatory training

- Staff confirmed they were required to attend training on an annual basis. The training included basic life support, infection prevention and control, moving and handling and fire safety.
- Training was face to face and provided mainly off site, with fire safety and resuscitation training provided on site. All staff were up to date with their required mandatory training.
- The healthcare assistants completed a food hygiene awareness course.
- The nurse manager was trained to use the automated external defibrillator (AED) but said they had never needed to use it.

Safeguarding

- Staff attended safeguarding updates annually as part of the mandatory study day. The training did not include child protection.
- This was not in line national guidance; intercollegiate guidance (2014) recommends that level 2 competence is the minimum level required for "non-clinical and clinical staff that have some degree of contact with children and young people and/or parents/carers". Some patients at the unit may be parents or carers.
- The unit manager maintained a folder of policies and procedures which included the local safeguarding guidelines & local safeguarding contacts. The contact details did not include those for child safeguarding.

Cleanliness, infection control and hygiene

- The premises was visibly clean. There was a cleaning schedule in place; however this was in the format of a wipe clean sheet which meant the information was not captured for audit purposes.
- The staff undertook the cleaning; there was no deep clean process and we noted mops were not single use and not coloured coded for different areas.
- Staff ticked a sheet when they completed the daily water check for sodium and softener, but did not provide a signature. Staff undertook weekly chlorine level tests which they recorded and dated and signed. Staff were clear about the actions to take if the results were outside the expected range.
- Foot operated pedal bins were available for the disposal of clinical waste however, the household waste bin was not foot operated.
- Staff cleaned the chairs and the dialysis machines between each patient. After cleaning, all equipment was labelled with 'I am clean' labels when ready for use.
- Staff observed the principles of 'arms bare below the elbow' and hand washing. Hand sanitiser gel was used to cleanse hands between patient contacts. Anyone entering the unit was required to wash their hands.
- We saw staff completing hand hygiene before and after patient contact. This was in line with National Institute for Health and Care Excellence (NICE) Quality Standard 61, which states that healthcare workers should decontaminate their hands immediately before and after every episode of direct contact care.
- Staff used personal protective equipment such as aprons gloves and face visors when connecting and disconnecting the patient from the machine
- We saw staff using an aseptic non touch technique to minimise the risk of infection when accessing the patient's fistula or central line. Aseptic techniques are methods designed to prevent contamination from microorganisms. They involve actions to minimise the risks of infections.
- There was a clear protocol for the selection of patients able to use the service. All patients, including those with a known blood borne virus, were required to have been infection free for six months in order to manage the potential cross infection risk. Before admission, patients had to provide evidence of screening for blood borne viruses, including screening for MRSA.
- The unit had a contract to service the reverse osmosis water softener every three months by an external company. The same company tested for endotoxins and chemical analysis at each service visit and sent samples to a laboratory for reporting. The last test had been completed in March 2017 with no issues identified
- The unit had an infection control policy in place which had been reviewed and updated in March 2017
- There had been no healthcare acquired infections in the service in the 12 month reporting period between April 2016 and March 2017.

Environment and equipment

- The unit was situated in the side annexe of a detached house, which had holiday apartments for patients use. The annex was secure when not in use. Patients gained access by ringing the bell; usually a member of staff was ready and waiting to greet them.
- The annex had a step which meant that wheelchair access was routed through the clean utility room, but we were told this was rarely required.
- The environment was uncluttered and the fire exits were clear.
- The unit had three bed spaces and an isolation room, however this was rarely used; the manager told us that the room was last used over a year ago. There was sufficient space between dialysis machines. This was in line with health building note (HBN) 07-01 – satellite dialysis unit guidance regarding patient privacy and the risk of the spread of infection.
- We saw a privacy screen labelled as clean and ready for use in the store cupboard.
- A wash hand basin was available for the staff with liquid soap, disinfectant gel and paper hand towels available. We saw the five points of hand hygiene displayed above the sink.
- Dialysis machines and chairs were the same as those available in the host clinic at the West London dialysis unit, and the host service technicians carried out the annual servicing. The dialysis machines each had less than 1000 hours use, which was well within the recommended replacement parameters of 25000 – 40000 hours use.
- We saw that dialysis sets were single use and CE marked and checked by staff to be intact and within sterility date. This was in line with Renal Association Haemodialysis Guidelines (2009).
- We saw that electrical safety testing had been completed in March 2017.

- The weighing scales were calibrated and serviced annually; all had all been completed in March 2017. There were no spare scales available and staff told us that they had never needed any.
- There were no nurse call bells as patients were within sight of staff at all times.
- There was an automated defibrillator readily available in case of an emergency along with an oxygen supply and a face mask. There was also a first aid kit. There was a checking system in place to ensure this were ready for use if required.
- The oxygen cylinder was recorded as being checked weekly and the defibrillator twice weekly. Staff were clear about the checks they needed to complete and where to record this; however from the records it was not always possible to identify who had completed the check.
- The staff signed that they had checked the resuscitation box weekly; there was a clear schedule for checking in place. There was just one registered nurse employed at the unit who made the checks and when we noted that there were items in the box that they were not trained to use we were told that these would be removed.

Medicine Management

- There was a basic local medicines management policy in place.
- Patients were responsible for their own oral medication. All dialysis related medicines (anti coagulants and normal saline) were prescribed on a named patient basis by the referring unit for singe patient use.
- Medicines required for dialysis were provided by the referring unit. The manager collected the medicines from the patients at their first treatment. We found two sets of medicines that were not labelled for single patient use. The registered nurse told us sometimes, the medicines were not individually labelled for the patient so they placed them in a bag with the patient's name so they did not mix them up. We also saw unlabelled enoxaparin sodium in the medicines cupboard and we were told these had been left by previous patients and kept in case it was required.
- No medicines audits had been completed and the practice of patients bringing their own unlabelled medicines for dialysis had not been challenged.
- Medicines were stored securely in the medicines cupboard or fridge. Staff monitored the fridge temperatures; however, they did not record the full range of maximum and minimum temperatures. This posed a risk that medicines stored in the fridge could be stored at the incorrect temperature.
- The socket for the fridge was not hard wired to reduce the risk of turning off the fridge; the socket was not labelled as do not turn off.
- Staff checked all patients' identification before starting the dialysis treatment and before the administration of any medicines.
- There was no pharmacist support on site but staff were able to liaise with the patients' referring units where there was pharmaceutical support for information & guidance.
- There was no process in place for staff to access medicines in an emergency situation.

Records

- Clinic records were sent from each patient's local dialysis unit to the service one week ahead of the patient's attendance at the St Anne's unit. This meant that staff had the required information about each patient, including blood tests, medical history and drug prescriptions, before the patient started dialysis.
- The registered nurse assessed the patients during their first haemodialysis session and developed an individualised care plan.
- We reviewed four patient care records and found that all four were signed, dated, legible and included a signed and dated prescription from the patient's doctor at their local dialysis unit.
- Patient records were stored in a lockable filing cabinet, which was accessed and managed by the clinic manager.
- Each patient was given a discharge letter at the end of their treatment, to take back to their local unit which contained details of the daily dialysis treatment. Copies of all documentation was retuned to the referring unit so they would be fully informed of the treatment cycles undertaken while the patient was on holiday.

Assessing and responding to patient risk

- The service only admitted patients who were suitable for treatment at a nurse led service and who had been assessed as low risk of medical deterioration. A letter from the patient's consultant was requested to confirm

that it would be safe for the patient to have dialysis in a nurse led clinic. We saw a 'Criteria for patient acceptance, assessment and transfer' which confirmed this.

- Staff received relevant medical information from each patient's local dialysis unit before treatment and communicated directly with each local dialysis unit about any changes to the patient's condition before treatment started. We saw from records that copies of their last three haemodialysis sessions at the home unit were sent with the patient or faxed/e-mailed prior to their admission.
- The information required was comprehensive and included the following:
  - HIV, hepatitis B, and hepatitis C status dated within one month of the holiday dates.
  - Full haematology and biochemistry results within one month of treatment; and
  - MRSA swabs from nose, groin and central venous catheter (CVC) exit site taken within one month of treatment. The unit did not accept patients with positive MRSA results.
- The registered nurse completed a care plan for each patient, which included a manual handling assessment and an assessment of the patients' breathing and cardiovascular status at the start of their dialysis.
- The staff assessed patients for their mobility, falls risk, and risk of pressure ulcer development, nutrition and fluid management. This was in line with the National Service Framework for Renal Services.
- The registered nurse completed a daily check form. This includes the patient's blood pressure, temperature, weight, and fluid balance. We saw that staff recorded the patients' temperature pulse and blood pressure at the start of the treatment. If the patient was diabetic their blood sugar levels were also checked. Observations were routinely monitored at hourly intervals.
- We observed staff called the patients into the clinical area by their first names but the staff used a positive identification process using the patient's full name and date of birth prior to administration of any medication or treatment.
- When one patient's blood pressure dropped, we saw that immediate action was taken, including discussion with the patient about how they were feeling. Normal saline infusions were available in case a fluid bolus was required to correct low blood pressure.
- The unit did not have a policy for management of the deteriorating patient and did not use a recognised tool, such as an early warning score. The manager told us that in an emergency situation the emergency medical services would be called and we saw a procedure that described the type of conditions when this would be necessary.
- The staff did not receive training in the recognition or management of sepsis.

Staffing

- There was one full time registered nurse supported by two part time healthcare assistants. All staff worked flexibly to provide cover for the booked dialysis sessions for the weeks of operation. There was one registered nurse and one healthcare assistant on at all times during patient dialysis sessions.
- If additional cover was required, for example to cover sickness, a dedicated agency nurse had been recruited, inducted, and employed for such times.
- Staffing was sufficient to meet patient need as there was a maximum of three patients receiving treatment at the unit at any time. Staffing was better than the nurse to patient ratio outlined in the Renal Workforce Planning Group guidance (2002) of one nurse to four patients as only three patients could be dialysed at any time.
- The registered nurse had agreed with the providers to take her leave during times when the service was not required.
- There were no dedicated medical staff employed by the centre. Staff contacted the physician from the referring centre if advice was required.

Major incident awareness and training

- The service had an Emergency Preparedness Plan (EPP). The procedure to follow in case of a fire was clearly displayed and one of the staff was identified as the fire warden.
- Due to the essential requirement for the supply of water and electricity in order to treat patients, the unit was on the critical/priority list of the local water and electricity companies.
- Staff told us that in the event of a utilities failure, patients would need to return to their home unit for dialysis.

- We saw in patient records that a personal emergency evacuation plan (PEEP) was recorded. The plan included any patient mobility issues in order to evaluate the level of help required in the event of an emergency evacuation.

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

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Evidence-based care and treatment

- Documentation and information from the patient's referring unit was used to ensure the care the patient received was appropriate and effective.
- The unit used a number of policies adopted from the NHS trust linked with the charity and kept them in paper form. The registered nurse reviewed and updated policies annually; we saw that the latest review was in March 2017.
- We observed staff provided care which was in line with national guidance from the Renal Association. They checked patients' temperature and blood pressure, and examined the fistula for any sins of infection prior to commencing dialysis.
- We observed that there were no version control or literature references on the policies developed locally. The registered nurse told us that they kept up to date with current practice through strong links with the matron at the host trust who shared practice updates and trust policies and procedures. For example in March 2017 the matron circulated an update relating to the use of pre filled syringes.
- The unit did not have a vascular access team due to the nature of the service provided. Information on vascular access was collected before accepting patients for holiday dialysis. Staff checked patients' vascular access before every treatment and said they would liaise with the patient's local dialysis unit in the event of any problems.

Pain relief

- Patients brought their own pain relief medicines to the unit for self-administration.
- We observed staff asked patients about their pain and took account of their responses in how they set up the dialysis procedures.

Nutrition and hydration

- Staff offered patients a drink and biscuits during their dialysis. Dietary advice for patients was provided by their host trusts.

Patient outcomes

- This unit solely provided temporary dialysis away from base, all patients were short term visitors, and therefore no patient outcome information was collected.
- The registered nurse did not perform ongoing clinical audit as it was deemed not relevant for the patient group using the service.
- The unit staff did not undertake audit of any routine processes or procedures; e.g. Audit of booking forms or prescription charts.

Competent staff

- Staff confirmed they had an annual appraisal with the nurse manager which was said to be a forum for discussion and feedback with a focus on development. Both healthcare assistants had completed the NVQ in health and social care level 2 at the start of their employment.
- The manager carried out an annual review of competencies for the healthcare assistants. The competency programme included, for example, how to monitor a patient's blood pressure during dialysis and when to refer the patient to the nurse. Healthcare assistants had to demonstrate they understood the 'normal' limits for venous and arterial pressures and know how and when to adjust guards.
- The healthcare assistant we spoke with confirmed that they had an annual dialysis machine refresher course; the last one took place in March 2017.
- The nurse manager confirmed they had an appraisal within the last 12 months, however it was informal and not documented but learning had been identified.
- In 2016 the nurse manager had completed the advanced renal nursing course.
- One of the trustees was a nurse; we were told that this trustee had agreed to support the nurse manager for her professional revalidation in September 2017
- The nurse manager subscribed to the renal journal and she had access to a nurse educator for further advice.

- The staff did not undertake any training regarding sepsis or recognising the deteriorating patients

Multidisciplinary working

- The patient's consultant at their local dialysis unit retained overall responsibility for the patient's medical care. Staff told us they liaised with each patient's local unit to ensure they had all relevant patient information and to confirm that it was appropriate for the patient to receive holiday dialysis in a nurse-led clinic.
- We observed effective communication between staff on the unit, about people's specific care and treatment needs.
- A copy of the patient's treatment was sent back to the patient's local unit with the patient. Staff told us they would discuss any concerns with the patient's local dialysis unit, with the patient's consent.
- The service had telephone support from the lead dialysis nurse and a consultant nephrologist based at the host trust. However, this was no formal agreement in place for this support.

Access to information

- The staff worked closely with the referring units to ensure that all the necessary information was obtained prior to a patient's arrival, to facilitate safe and effective care. There was a full list of information required prior to a patient receiving treatment. This had to be completed in full and returned by the referring unit before a patient was accepted for treatment.
- The staff completed a discharge letter at the end of dialysis which the patient took back to the referring unit. The letter documented the clinical details of the dialysis while away from the home unit.
- The staff had access to all the working policies and procedures for reference, which were kept in paper form in a folder.

Consent, Mental Capacity Act and Deprivation of Liberty

- Staff obtained written consent from the patients prior to any treatment delivery using the 'patient information & consent form'. This indicated the individual consent to having their dialysis at the unit. Primary consent remained the responsibility of the referring unit and a copy of this consent was requested as part of the referral process. Staff obtained verbal consent from the patients prior to each dialysis session.
- As patients had to be declared fit to travel and receive their dialysis from the unit while on holiday; patients with additional needs would not be accepted.

Are dialysis services caring?

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

Compassionate care

- Staff gave all patients a satisfaction survey to complete after treatment. This included questions about cleanliness, comfort, care and information received before treatment. We saw the survey results for 2016; they showed positive results, with 98% (51) of patients saying that their overall holiday experience was good or excellent (1 patient didn't answer this question)
- One patient told us 'staff were friendly and jolly and they liked the banter' and another told us they had been back six or seven times and recommended the unit to others.
- We received eight CQC comment cards during our inspection all of which contained positive feedback and reflected the views of the patients we saw; for example, 'wouldn't go anywhere else,' 'wonderful' and 'first class'.
- We observed patients were treated with kindness, care, dignity and respect at all times. For example staff discussed the patients' choice of drinks ad biscuits, spoke with them about their family and took a general interest in their holiday.

Understanding and involvement of patients and those close to them

- We observed patients were included in discussion about their normal observations and how much fluid they would prefer to have removed.
- Patients and their families usually stayed at the onsite accommodation so were nearby, or they could sit with their family member during the dialysis, if that was the preference for the patient.
- The 2016 patient satisfaction survey showed that 100% of patients felt that the information provided prior to their attendance at the unit was either excellent or good.

Emotional support

- Patients only visited for a maximum of two weeks, but usually only one, so there was no planned support system. Staff were able to contact the patient's referring unit to ensure full follow up and referral to additional support where there was an identified need.
- We observed the staff provided assurance and made the effort to ensure that the patients were comfortable; there was a calm and friendly atmosphere at the unit.
- Counselling services were not provided because patients were only present at the unit for short periods of holiday dialysis. Staff told us that they would liaise with the patient's local dialysis unit if they felt a patient required support..

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

Responsive services are organised so that they meet your needs.

Meeting the needs of local people

- St Anne's dialysis unit was purpose built to provide accommodation and dialysis to enable patients attending the West London dialysis centre to have a holiday without compromising their dialysis.
- The service was available to other patients in the UK who required accommodation and dialysis while on holiday, funded by NHS England.
- The service was also available to patients outside of the UK; all patients were able to book directly or via their local unit.
- There was wheelchair access to the unit and a toilet with access for the disabled was available.
- The majority of patients were resident for the duration of their dialysis at the unit and car parking was available to them on site.

Access and flow

- As a holiday unit, patients requested and booked dialysis sessions directly with the unit, or via the nursing team at their referring unit. In the event of non-availability for a patient's preferred week, an alternative was offered. Therefore patients were able to have a say in the plans for their dialysis sessions.
- Advertising for availability of holiday dialysis was undertaken via adverts placed in relevant publications. Posters and leaflets were also displayed at satellite haemodialysis units.
- There was no waiting list at the time of our inspection, but the manager told us there could sometimes be one during the summer months.
- Three appointments were available each morning, Monday to Friday starting at 7.45am and these were at 15 minute intervals to ensure the patients did not have to wait.
- One dialysis session was cancelled for non-clinical reasons during the reporting period April 2016 to March 2017. This was due to the unavailability of a trained nurse to cover unexpected absence. This resulted in one patient delaying the start of their holiday by one day.

Service planning and delivery to meet the needs of individual people

- NHS England reviewed the contract annually; there was an open ended contract with the limit defined by the unit's defined capacity.
- Television and internet access were available for patients. Adjustable electronic chairs were available for patient comfort.
- The isolation room was available for patients who may have acquired infections such as influenza or a stomach bug whilst attending for dialysis.
- Patients received information before starting treatment, with details about the clinic and information about the onsite accommodation and local area.
- Staff told us patients who were used to self-managing their dialysis would be encouraged to continue this while using the service.

Learning from complaints and concerns

- A poster was displayed in the clinical area advising patients that they could raise complaints either immediately at a local level, or to the St Anne's Charitable Trust board of Trustees. This information was also available on the website.
- There had been no complaints during the reporting period April 2016 to March 2017. We were told patients were encouraged to approach the nurse manager in first instance with any concerns.
- All patients who provided feedback to us said they had no complaints about the service, and were overwhelmingly positive.

Dialysis Services

Are dialysis services well-led?

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Leadership and culture of service

- The registered manager, a trained renal dialysis nurse who was highly regarded by the provider board of trustees, led the service.
- The registered manager told us they felt well supported by the board of trustees and the clinical leads at the NHS trust linked to the charity with regular catch-up calls and prompt responses to any queries.
- During our inspection staff were polite and professional in the way they spoke to each other and shared appropriate humour between themselves and patients.
- The healthcare assistant we spoke with said the manager was supportive and approachable.
- The registered manager did not demonstrate during or after the inspection that she fully understood the level of legal accountability of the registered manager. In particular they showed no insight into the need to be able to demonstrate they were providing a good quality service where risk is managed.

Vision and strategy for this core service

- The service aimed to deliver a safe, high standard of dialysis and nursing care. Staff were also committed to maintain and respect patients' dignity, privacy, religious and cultural beliefs at all times, to help patients have an enjoyable holiday.
- The healthcare assistant we spoke with told us they were pleased to help people enjoy their holiday in an unrushed environment.

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

- The charitable board committee members were responsible for overseeing governance, risk management and the quality of the service. The registered nurse manager led this locally.
- The registered manager told us that they were not asked to produce regular quality reports for the management committee of the trust board; this demonstrated a lack of oversight of governance and monitoring of the quality of the service delivered, except for the patient satisfaction survey results.
- We reviewed four sets of minutes from the management committee meetings held quarterly. The management committee included members of the board of trustees.
- There was no evidence of discussions relating to any monitoring of the quality of the service provided.
- For example, there was no evidence the provider used audits to monitor the quality of the service and drive improvements. Following the inspection, when requested, they did not provide evidence of completed audits of infection prevention and control practices, standards of record keeping, or medicines management.
- No evidence of analysis or learning from incidents was evident; for example, we saw an incident recorded in the accident book relating to the incorrect use of a line block but other than a conversation with the referring unit no further analysis or learning was undertaken.
- There was no local risk register. For example, the risk of offering wheelchair access via the clean utility room had not been raised for formal review and management.
- The registered manager did not recognise the serious risk of receiving and storing medicines that were not clearly prescribed and labelled with a unique patient identifier. The concerns were therefore not escalated appropriately and there was no effective procedure for managing the associated risks.
- The registered manager reviewed the policies on an annual basis and we saw that this was done in March 2017. Some policies were adopted from the trust linked to the charity, and others related specifically to the unit. There was no signature to confirm staff had read the policies and there was no version control. Local policies did not include references to indicate any supporting national guidance or best practice information.

Public and staff engagement

- The unit encouraged patient feedback informally and formally. We reviewed the annual patient survey results for 2016 which showed 98% reported the overall care at was good or excellent and 100% rated the cleanliness of the unit as good or excellent.

- Following the review of recommendations made by the patients, free wifi for all patients was provided, along with the introduction of pressure relieving cushions, new warmer blankets and a new digital radio.
- There was a very small team of staff who worked well together; they told us that they did not have formal staff meetings, but that opportunities to discuss any issues were taken when patients were not present.

Innovation, improvement and sustainability

- One of the trustees discussed how it would be possible offer the service to more patients so they could benefit from a break away, however they were also reluctant to change the atmosphere at the current location.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

The provider must ensure that:

- Incidents affecting the safety and welfare of people using services are recorded and investigated, with actions taken to prevent recurrences, and learning used to improve services.
- Systems and processes are put in place to ensure all staff understand and implement the statutory obligations of the duty of candour.
- Medicines are managed and stored correctly according to the Nursing and Midwifery Standards for Medicine Management.
- Staff receive training in child safeguarding.
- A programme of audit is developed and implemented with results used to improve the quality of the service.
- Policies and procedures are evidence based and in line with current guidance and legislation to inform the provision of a quality service.
- Effective governance and risk management systems are in place and understood by all staff. The provider must implement systems and processes to assess, monitor and improve the quality and safety of the services.
- A structure is put in place which enables oversight of governance and monitoring of the quality of the service delivered. This must include a named board member with responsibility of oversight of the governance and quality of the service.

Action the provider SHOULD take to improve

- The provider should consider developing guidelines based on the National Institute for Health and Care Excellence (NICE) NG51 to support staff in the recognition of sepsis.
- The provider should consider implementing a recognised early warning system for monitoring the deteriorating patient, and introducing this as part of the competency assessment for staff.
- Ensure there is monitoring of the maximum and minimum temperature for the medicines refrigerator and staff should be aware of the action to take if this is outside the range.
- The provider should ensure that spare weighing scales are always available and calibrated ready for use.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014** **How the regulation was not being met:** **Proper and safe management of medicines** • The medicines brought into the unit for patients own use must be clearly labelled with person specific identification and for their use only. **Regulation 12(1) (2) g)**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour **Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2014** • Staff did not understand their responsibilities in relation to the duty of candour. They should receive appropriate training and support to be open and honest with patients when things go wrong. **Regulation 20(1)**

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.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014** **How the regulation was not being met:** • A structure must be put in place which enables oversight of governance and monitoring of the quality of the service delivered. • The service did not have a system in place to investigate and learn from incidents, which meant there was a risk of potential for harm. • The provider must have system in place to enable them to identify risk. Where risk is identified measure must be taken to mitigate the risk and this should be monitored. • The provider must ensure they have policies and procedures in place that are evidence based and reflect current national guidance. **Regulation 17, (1) (2) (a) (b) (f), Good governance,**