

Bridlington NHS Dialysis Unit

Quality Report

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

Overall summary

Bridlington NHS Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service opened in October 2008. It is a private medical dialysis unit in the grounds of Bridlington Hospital, in the East Riding of Yorkshire. The unit primarily serves the communities of the East Yorkshire and Hull areas. It also accepts patient referrals from outside this area.

The service provides haemodialysis from Monday to Saturday each week, with morning and afternoon sessions.

We carried out a comprehensive inspection of the unit on 5 April 2017. This included an unannounced visit to the unit on 18 April 2017. The inspection took place as part of our comprehensive inspection programme. We found that the service was in breach of regulations. We issued a warning notice to the provider in regard to specific breaches within the unit. This identified concerns and areas for improvement at Bridlington NHS dialysis clinic including:

- The process of incident reporting, investigation, escalation, and learning from incidents.
- Medicines management processes, including patient identification in order to be in line with safe standards and national guidelines.
- Infection prevention and control practices which are intended to keep patients safe.

- Processes to ensure deteriorating patients can be safely and appropriately managed in line with best practice guidance and national standards.
- The processes of monitoring and ensuring staff are competent to carry out their roles.
- The mandatory training processes, which ensure staff have had up to date training essential to their roles.
- The processes to ensure staff are aware of safeguarding procedures and comply with the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Standards for keeping patient information safe, in line with national legislation. To ensure a process is in place to maintain record keeping in line with professional standards.
- To ensure a process is in place where risks are placed on the risk register, so risks can be appropriately managed and action taken.
- To improve overall leadership and governance of the unit and the process for managing performance of the staff and the unit.

We carried out an unannounced visit to the unit on 13 December 2017 to check on progress that had been made against our warning notice. This inspection focused on the specific issues we had raised following the comprehensive inspection earlier in the year.

Summary of findings

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.

In this inspection, we found the following areas of good practice:

- We saw improvements in the incident reporting culture; with staff feeling more empowered to raise concerns and report incidents.
- We saw improvements in the culture, morale and leadership within the clinic.
- We saw improvements in the training culture in the clinic, with staff given dedicated time in which to complete their training. We saw effective recording of competency assessments following training.
- We saw an effective process in place for staff checking patient identification pre-administration of dialysis treatment and additional medications.
- Systems were in place to prevent and protect people from a healthcare-associated infection, on the majority of occasions staff used these safety systems including aseptic technique and decontamination of reusable devices appropriately.
- All staff were aware of their responsibilities to report safeguarding concerns.

- All records we reviewed were stored correctly, were comprehensive, and contained detailed assessments.
- There were effective processes in place for assessing and recording a person's mental capacity to consent to care or treatment. When patients were found to lack capacity to make a decision, staff had made 'best interests' decisions in accordance with Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation.
- The risk register for the clinic had been updated and now reflected risks specific to the Bridlington unit; for example, the use of incorrect disinfectant, and risk of patient prescriptions not being followed.

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

- We were not assured that sufficient progress had been made in relation to the development of protocols specific to the care of the deteriorating patient within the Bridlington clinic.
- We were not assured of sufficient oversight of the organisation when incidents occurred to enable learning to take place. We saw that the head nurse had closed incident logs on two occasions without any comment or advice recorded on the electronic incident log. We also observed that when incidents involved agency members of staff, we did not see a safe process in place to ensure the incidents were captured in all units and reported to the relevant agency so that agency staff could be offered additional competency training or support.

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

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

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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Bridlington NHS Dialysis Unit

Services we looked at:

Dialysis Services

Summary of this inspection

Background to Bridlington NHS Dialysis Unit

Bridlington NHS Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service opened in October 2008. It is a private medical dialysis unit in the grounds of Bridlington hospital in the East Riding of Yorkshire. The unit primarily serves the communities of the East Yorkshire and Hull areas. It also accepts patient referrals from outside this area.

At the time of the inspection, a new manager had recently been appointed and was registered with the CQC in August 2017.

Our inspection team

The team that inspected the service included a CQC lead inspector and another CQC inspector. The inspection was overseen by Lorraine Bolam, Interim Head of Hospital Inspection.

Information about Bridlington NHS Dialysis Unit

The dialysis unit is registered to provide the following regulated activities:

Treatment of disease, disorder, or injury.

There are two treatment sessions for patients who have dialysis on Monday, Wednesday, and Friday with a maximum capacity of 12 patients in the morning, and 12 in the afternoon. There is currently one treatment session for patients who have dialysis on Tuesday, Thursday, and Saturday mornings, when around 12 patients are dialysed.

The usual times for dialysing patients are between 7am and 12pm, and between 12.15pm and 6pm (Monday, Wednesday, and Friday). On Tuesday, Thursday and Saturday, the unit provides dialysis from 7am and closes at 12.30pm. An average of 380 to 420 treatment sessions are delivered each month. Both male and female patients were treated in the same areas at the same times.

Activity

- In the 12 months before our inspection, there were 1370 dialysis sessions carried out for 18-65 year old

patients, and 2255 sessions performed for people over 65 years of age. Fourteen patients from age 18-65 and 17 patients over 65 years of age were NHS funded and treated at the unit.

- The unit did not employ any doctors. The unit employed 6.4 whole time equivalent (WTE) registered nurses (comprised of five full time and two part time staff). There were 1.8 WTE dialysis assistants (one full time and one part time).
- There were no on-going special reviews or investigations of the unit by the CQC at any time during the 12 month period prior to this inspection.
- The service had been inspected on 5 and 18 April 2017. The inspection found that the service was not meeting all the standards of quality and safety it was inspected against. We found the clinic was in breach of regulations and we issued a warning notice to the clinic about specific breaches.

Prior to the unannounced inspection, we reviewed the unit's action plans to address the warning notice and assessed progress made towards these plans up to 12 December 2017. We carried out an unannounced visit to

Summary of this inspection

unit on 13 December 2017. We interviewed nine members of staff, spoke with five patients, observed how patients were being cared for, and reviewed six patients' records of personal care and treatment.

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 areas of good practice:

- We saw improvements in the incident reporting culture, with staff feeling more empowered to report incidents.
- We saw improvements in the training culture in the clinic, with staff given dedicated time in which to complete their training.
- We saw an effective process in place for staff checking patient identification pre-administration of dialysis treatment and additional medications.
- Systems were in place to prevent and protect people from a healthcare-associated infection; staff used these safety systems, including aseptic technique and decontamination of reusable devices, appropriately on the majority of occasions.
- All staff we spoke with were aware of their responsibilities to report safeguarding concerns.
- All records we reviewed were stored correctly, were comprehensive, and contained detailed assessments.

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

- We were not assured that sufficient progress had been made in relation to the development of protocols specific to the care of the deteriorating patient, within the Bridlington clinic.
- We were not assured of sufficient oversight of the organisation when incidents occurred to enable learning to take place.

Are services effective?

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 areas of good practice:

- We saw improvements in the recording of competency assessments.
- There were effective processes for assessing and recording a person's mental capacity to consent to care or treatment. When

Summary of this inspection

patients were found to lack capacity to make a decision, staff had made 'best interests' decisions in accordance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation.

Are services caring?

Not inspected

Are services responsive?

Not inspected

Are services well-led?

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 areas of good practice:

- We saw improvements in the culture, morale, and leadership within the clinic.
- The risk register for the clinic had been updated and now reflected risks specific to the Bridlington unit; for example, the use of incorrect disinfectant, and risk of patient prescriptions not being followed.

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are dialysis services safe?

Incidents

- During our inspection in April 2017, we were not assured that incidents were reported or investigated thoroughly. During the inspection, we saw evidence of two medicines errors; these resulted in patients receiving an excessive dose of intravenous (IV) medicines. Both of the incidents had occurred as a result of lack of patient identification (both patients had the same first name) and having more than one injection on the trolley next to the patient.
- One of these incidents had been reported through the clinical incident reporting system and a review of the incident had been undertaken by the chief nurse; this was signed off nine months after the incident date. We were concerned that learning from this incident had been delayed. The second medicines incident had not been reported or escalated, even though senior nursing staff had been aware of the incident occurring. The area head nurse had not been advised of the recent medicines error, and no clinical incident documentation had been completed at the time. The clinic manager advised us that they had forgotten to report it, or believed the deputy clinic manager had reported it.
- At this inspection, we found an improved reporting culture, and staff we spoke with said that they felt more empowered to raise concerns and report incidents. The clinic manager informed us that all staff had been asked to reflect on incidents that had occurred in the last ten months. These actions helped to ensure that the incident log was correct and up to date, and learning from incidents shared within the Bridlington team.

- We reviewed the incident log and saw that it was up to date, incident information was comprehensive, and the clinic manager had investigated incidents in line with the organisation's policy.
- However, we did not receive assurance of sufficient corporate oversight of incidents. We saw that the head nurse had closed incident logs on two occasions without any comment or advice recorded on the electronic incident log. We also observed that when incidents involved agency members of staff, there was not a safe process to ensure the incidents were captured in all units and reported to the agency; so that agency staff could be offered additional competency training, or support.

Mandatory training

- Prior to the inspection in April 2017, in the response received to our provider information request, we saw several gaps in mandatory training
- During this inspection, we saw that the training matrix had been updated and additional training had been rolled out to staff within the Bridlington clinic, which addressed specific areas of concern. For example, refresher training was provided to all staff, and staff undertook Safeguarding and Medicines Management training; which included NMC guidance specific to the management of medicines incidents.

Safeguarding

- During our inspection in April 2017, we asked staff who the safeguarding lead was. Staff were uncertain as to who this was, and were unable to describe the process they would use to support patients where there may be safeguarding concerns. Failure of staff to understand the safeguarding policy and procedures increases the risk of them not being able to identify and prevent abuse of people who use the service.

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- During this inspection, all staff we spoke with were aware who the safeguard lead was. In addition, staff were able to clearly define safeguarding procedures and describe examples of safeguarding concerns.

Cleanliness, infection control and hygiene

- During our inspection in April 2017, we observed poor infection prevention and control practices. Blood was visible on the outside of four sharps bins in the clinical area of the unit. We also observed poor aseptic technique processes when staff were connecting patients to dialysis machines.
- At this inspection, we found improvements in infection prevention and control practices; for example, we saw staff cleaning reusable equipment using appropriate cleaning materials.
- We watched two members of staff connect and disconnect three different patients to dialysis machines, and on the majority of occasions, saw staff using appropriate aseptic technique processes.
- We observed staff complying with bare below the elbows, and infection prevention and control policies; including hand hygiene.
- We observed sharps bin were clean and filled to appropriate levels.

Records

- During our inspection in April 2017, we saw incomplete paper nursing assessment records. There was evidence of a lack of nursing assessment and re-assessment. Staff showed us electronic records (i.e. updated care plans), but initial nursing assessments had not been completed for patients who had been attending the unit for a number of years. There was a failure in the record keeping process, and standards were not in line with the NMC Code of Professional Conduct in relation to record keeping.
- During this inspection, we reviewed six patient records (both paper and electronic) and saw that they were stored correctly, were comprehensive, and contained detailed nursing assessments.

Medicine Management

- During our inspection in April 2017, we observed staff administering IV medicines to patients. There were failures to follow procedure confirming patients' identities before administering the medicine. Failure to develop and follow policy and procedures in relation to

confirming patient identify prior to medicine administration is not in line with NMC guidance, and increases the risk of harm to patients from incorrect medicines being administered.

- At this inspection, on four different occasions we saw that staff checked patient identification prior to administering dialysis treatment and for any subsequent additional medicines required. The patients we spoke with during the inspection also confirmed this practice.
- We were not assured that when medicines related incidents occurred that involved agency staff these were fully captured by the organisation and shared with the nursing agency involved, to enable learning to take place. We observed that during the reporting period May 2017 to November 2017, there had been four medication incidents reported in the clinic, two involving substantive staff and two involving agency nurses. The manager of the clinic had informally shared this information with the agency, but the organisation had not captured the information centrally, so it could not be formally shared. A more robust information sharing process was needed; to take account of agency staff moving around different company locations, and to enable learning to take place and mitigate against further incidents.

Assessing and responding to patient risk

- During our inspection in April 2017, we saw one patient had significantly high blood pressure before their dialysis. We asked a staff member if there was an algorithm or NEWS (national early warning score) in place to support staff decision making, and to standardise the assessment of patients if their vital signs were abnormal. In such circumstances, the staff member said the patient would be kept at the unit until their blood pressure returned to normal, and staff would contact the renal registrar by phone. This approach was not in line with guidance from the Department of Health, and was an unsafe practice. There was no system in place to ensure that care was delivered in line with national guidance. This meant there was a risk that deteriorating patients may not be managed appropriately.
- At this inspection, we did not receive assurance that all improvements required to identify deteriorating patients had been implemented. We acknowledged that at a corporate level, some improvements had been

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made and an action plan had identified the steps to be taken; but at the time of the inspection, improvements had yet to be implemented within the clinic. For example, key guidance documents had not been reviewed to identify and recommend best practice and no evaluations of current practice had taken place. However, during the inspection, we saw that staff appropriately escalated a deteriorating patient who required additional medical care.

- At the time of this inspection, we observed staff dealing with a blood spillage from a fistula in calm manner; and staff provided reassurance to the patient, whilst providing appropriate care.

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

Competent staff

- During our inspection in April 2017, we reviewed staff competency folders. There was a standardised procedure for documenting competencies; however, we saw a staff member had only been observed for competency in administering IV medication twice, instead of the required five times. Senior nursing staff told us the staff member regularly gave IV medication (Tinzaparin and saline), despite not having the required competency checks.
- At the April 2017 inspection, there was no system in place to identify who was qualified to sign off staff competencies. The process for staff verifying each other's competencies was not robust; and we observed two staff who had verified each other to be competent on the same date they had both received training. There was a failure to have appropriate systems and process in place to ensure competency checks were carried out in line with policy. This increased the risk of harm to patients from incorrect administration of medicines.
- During this inspection, we saw that all staff had commenced a full competency review process, overseen by the clinic manager. We reviewed five staff files, and saw that four of them had been reviewed. The fifth member of staff was planned to receive a review within the next three months.
- Agency staff in use at the time of the inspection were employed by a specific renal agency; and their competencies were checked by their employer on an

annual basis. Local induction was provided by the unit. Agency staff we spoke with had been working in the unit regularly for significant periods of time, and knew how to access policies and procedures for the unit.

Consent, Mental Capacity Act and Deprivation of Liberty

- During our inspection in April 2017, staff informed us of one patient who lacked mental capacity and had one-to-one supervision to keep them safe during dialysis. Standard authorisation had not been applied for; therefore, appropriate Deprivation of Liberty Safeguards (DoLS) legislation (Mental Capacity Act, 2005) had not been applied or followed. There was a lack of knowledge regarding mental capacity and DoLS, and there was no robust system in place to ensure the legal requirements of the MCA and DoLS were being met.
- At this inspection, we reviewed patients' records and found that, although one patient had fluctuating capacity, staff had held a best interest decision meeting and had documented agreement from the patient's relatives for the plan of care. The majority of staff we spoke with were able to share the plan of care for this patient with us, and they were able to explain the reasons why a standard authorisation had not been applied for.

Are dialysis services caring?

Not inspected

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

Not inspected

Are dialysis services well-led?

Leadership and culture of service

- Staff we spoke with all talked about positive changes in culture and improved morale of the unit since the last inspection. They highlighted increased levels of support, and described they now felt able to draw attention to challenges and report concerns.

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- Patients we spoke with said that the unit was friendly, and they had seen improvements in the leadership and morale of staff since the last inspection. We saw positive interactions between patients and staff; all members of staff listened to and addressed patients' needs immediately. Patients were continuously reassured at several points during treatment.
- Opening times over the Christmas period were adjusted to accommodate patients, so they did not need to have treatment on Christmas day. Staff had agreed to work additional hours to accommodate patients attending the clinic at other times.

Governance, risk management and quality measurement

- During the inspection in April 2017, the unit was unable to provide haemodiafiltration; the water treatment tests had repeatedly failed, so this treatment was suspended, but this was not placed on the risk register. Failure to

place risks on the register results in risks not being rated, and not having a designated person to take actions forward to mitigate the risk. This lack of process increases the risk to patients. In addition, incidents relating to agency staff were not included on the new risk register. We brought this to the attention of senior managers during our inspection.

- During this inspection, we saw the risk register for the clinic had been updated, and now reflected risks specific to the Bridlington unit; for example, failed water testing results, the use of incorrect disinfectant, and risk of patient prescription not being followed.
- In addition to the clinic risk register, we saw that a patient concerns register was in place. This identified patients who have a specific concern and present a specific risk. The clinic manager told us that this system has always been in place, but had not been completed during our last inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should continue to make progress in relation to the development of protocols specific to the care of the deteriorating patient, within the Bridlington clinic.
- The provider should ensure sufficient oversight of incidents involving agency staff so that they can be

referred to the appropriate agency to ensure that agency staff learn from incidents and ensure the recording of learning from incidents on incident logs so that learning can be shared and implement in other units operated by this provider.