

Sutton Dialysis Unit

Quality Report

Copthall House
Grove Road
Sutton
SM1 1DA
Tel: 02086525270
Website: www.freseniusmedicalcare.co.uk

Date of inspection visit: 16 May and 26 May 2017
Date of publication: 28/09/2017

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

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

The service has 24 dialysis stations. Facilities include eight isolation rooms located on the ground floor of the unit; three consulting rooms, a meeting room, and the main dialysis area are located on the first floor of the unit.

Dialysis units offer services, which replicate the functions of the kidneys for patients with advanced chronic kidney disease. Dialysis is used to provide artificial replacement for lost kidney function.

The service provides dialysis services for patients referred by St Helier Hospital, part of the Epsom and St Helier University Hospitals NHS Trust. 100% of patients receiving dialysis at the unit are funded by the NHS.

The Care Quality Commission had received one death notification and one serious injury notification from the unit in the previous 12 months.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 16 May 2017, along with an unannounced visit to the centre on 26 May 2017.

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. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- There was appropriate management and reporting of incidents and maintenance programmes. All staff were aware of their roles and responsibilities in ensuring patient safety. Effective processes were in place for the provision of medicines. These were stored and administered in line with guidance and staff completed competencies annually to ensure they continued to administer medicines correctly.
- Staff stored patients' medical and nursing records securely. All staff had access to all relevant records ensuring that patients' care was as planned and not delayed.
- Staff worked collaboratively with the local NHS trust to monitor and assess patients regularly.
- Staffing levels were maintained in line with national guidance to ensure patient safety. Nursing staff had direct access to a consultant who was responsible for patient care. In emergencies, patients were referred directly to the local NHS trust and the emergency services called to complete the transfer.
- Staff were aware of their roles and responsibilities to maintain the service in the event of a major incident. Patients were able to continue their treatment at alternative centres or the NHS trust hospital.
- All policies and procedures were based on national guidance and compliance was monitored through an effective audit programme.

- Patients' pain and nutrition was assessed regularly and patients were referred to appropriate specialists for additional support as necessary.
- There was a comprehensive training and induction programme in place to ensure staff competency. Training compliance was 100%.
- There were processes in place to ensure effective multidisciplinary team working, with specialist support provided by the local NHS trust.
- Patients were treated with respect and compassion.
- Staff were familiar with and worked towards the organisational vision and values.
- Quality assurance meetings occurred regularly and included the local NHS trust.
- There was evidence of effective national and local leadership, with accessible and responsive managers.
- All staff and most patients were positive about the service.

However,

- Staff did not adhere to correct infection control procedures at all times, including the use of personal protective equipment and when removing sterile equipment from packaging.
- There were no clear procedures in place for staff to respond to a patient with sepsis symptoms.
- Staff were not fully conversant with the Duty of Candour and how the duty is applied in practice.
- Staff did not have safeguarding children's training in accordance with national guidance.
- Independent translation services were not always used when obtaining patients consent to care and treatment.
- The main risks identified to the service by local staff were different from the risks identified on the centre's risk register.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Summary of findings

Professor Edward Baker

Chief Inspector of Hospitals

London South Region

Summary of findings

Our judgements about each of the main services

Service

Dialysis Services

Rating Summary of each main service

- Staffing levels were maintained in line with national guidance to ensure patient safety. Nursing staff had direct access to a consultant who was responsible for patient care. Effective processes were in place for the provision of medicines.
- There was evidence of effective national and local leadership, with accessible and responsive managers. All staff and most patients were positive about the service.
- Dialysis was the only activity of the unit.

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

Contents

Summary of this inspection	Page
Background to Sutton Dialysis Unit	7
Our inspection team	7
Information about Sutton Dialysis Unit	7
The five questions we ask about services and what we found	9
<hr/>	
Detailed findings from this inspection	
Overview of ratings	12
Outstanding practice	36
Areas for improvement	36
Action we have told the provider to take	37

Sutton Dialysis Unit

Services we looked at

Dialysis Services

Summary of this inspection

Background to Sutton Dialysis Unit

Sutton Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service opened on 8 December 2009 and provides haemodialysis to patients from St Helier Hospital, part of the Epsom and St Helier University Hospital Trust. The NHS trust provides the

renal multidisciplinary team with a trust consultant nephrologist visiting the service four times a month. The service is registered for the regulated activity of treatment of disease, disorder or injury.

The service was previously inspected on 13 February 2013, under the previous methodology.

Our inspection team

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

Information about Sutton Dialysis Unit

Sutton Dialysis Unit is a 24 station dialysis unit that provides dialysis for patients with chronic renal failure. The service has been running since 8 December 2009. The main referring renal unit is St Helier Hospital Renal Department, which is part of the Epsom and St Helier University Hospitals NHS Hospitals Trust. This Trust provides the unit's renal multi-disciplinary team, with a consultant nephrologist visiting the dialysis unit four times per month.

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

The centre is a 'standalone' dialysis unit. There are three 'treatment sessions' of patients dialysed on Monday, Wednesday and Friday, usually, with 20 patients dialysed

in the morning, 24 in the afternoon and 10 patients during the twilight session. There are two 'treatment sessions' of patients dialysed on Tuesday, Thursday, and Saturday, with 14 patients dialysed in the morning and 16 in the afternoon.

The dialysis unit opens from 6.15am and closes at its latest at 10.45pm.

There are on average 743 treatment sessions delivered a month.

In accordance with the NHS trust contract Sutton Dialysis Unit is split into two floors, with a one to 4.5 staff to patient ratio, and a skill mix of 70 qualified nursing staff to 30 health care assistants.

In the last 12 months there have been two notifications to the CQC. One death notification and one serious injury notification.

The centre is registered to provide the following regulated activity:

- Treatment of disease, disorder, or injury.

Summary of this inspection

During the inspection, we spoke with 11 staff including registered nurses, health care assistants, reception staff, medical staff, and senior managers. We spoke with four patients. We reviewed five sets of patient records and associated documents.

Track record on safety in the previous year:

- No never events.
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA).
- No incidences of hospital acquired Methicillin-sensitive Staphylococcus aureus (MSSA).
- No incidences of hospital acquired Clostridium difficile (C diff).
- No incidences of hospital acquired Escherichia coli (E-Coli).
- No complaints.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We found the following areas of good practice:

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

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

- The centre and equipment used were visibly clean. However, there were no records of daily cleaning, even though there was a cleaning schedule. Some staff were observed not to be using effective precautions to maintain patient safety and reduce the risks of infection.
- Not all clinical staff had received training in recognising the signs and symptoms of sepsis and there were no clear procedures in place to respond to a patient with sepsis symptoms.

Summary of this inspection

- Staff were not fully conversant with actions to be taken in regards to the Duty of Candour.
- The centre was not always using independent interpreters with patients who did not have English as a first language when gaining patients consent.

Are services effective?

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

We found the following areas of good practice:

- All policies and procedures were based on national guidance.
- Staff monitored key performance indicators.
- Patients' pain and nutrition were assessed regularly and patients referred to appropriate specialists for additional support as necessary.
- All staff completed a detailed competency based induction. All staff had competence assessed annually.
- There were processes in place to ensure effective multidisciplinary team working, with specialist support provided by the local NHS trust.
- The centre was not open seven days per week, however, patients could access support through the local NHS trust if required.
- All staff had access to relevant information for patient care and treatment.

Are services caring?

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

We found the following areas of good practice:

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

Are services responsive?

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

We found the following areas of good practice:

- Patients were assessed for suitability to attend the centre and had the opportunity to visit before commencing treatment, although these visits were based upon patient requests.

Summary of this inspection

- Patients were provided with appropriate information leaflets to enhance their understanding of treatment and its impact on their lives.
- Patients' initial treatments were commenced at the local NHS trust and once stabilised patients were transferred to the centre. This process varied according to the patient's response to treatment. There were no waiting lists for treatment at Sutton.
- The centre had received no formal complaints in the past 12 months. There were processes in place to ensure that patients could offer feedback.

Are services well-led?

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

We found the following areas of good practice:

- Staff were familiar with and worked towards the organisational vision and values.
- The centre had effective quality assurance systems to monitor the service, using a dashboard to evidence performance and identify trends or areas for development.
- There was evidence of effective national and local leadership, with accessible and responsive managers.
- All staff and most patients were positive about the service.
- Work was in progress for the centre to implement a risk register. This is a tool to enable staff to assess and mitigate risks to patients in the services provided.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Notes

Dialysis Services

Safe

Effective

Caring

Responsive

Well-led

Are dialysis services safe?

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

Incidents

- The centre had an effective system for recording, investigating and monitoring incidents. Staff were fully aware of their roles and responsibilities in the recording of incidents, both internally and externally.
- There had been no clinical incidents between April 2016 and April 2017. There had been a total of 12 non-conformance reports (NCR), in the previous 12 months, which were reviewed by the chief nurse.
- The registered manager was alerted to any incident electronically. We were told that depending on the type of incident, an alert was also forwarded to the chief nurse. For example, an incident relating to medicines' management was automatically escalated to the chief nurse. The senior team discussed all incidents in order to identify the level of investigation to be undertaken.
- Work was in progress for the trust to introduce the same electronic incident recording system as the system used by the NHS trust, to align the centres incident reporting system with that of the commissioning NHS trust. Managers told us training would be available for staff in the use of the system.
- Staff we spoke with reported a culture of open and honest reporting with reporting of near misses. We did not see the expected range, descriptions or numbers of incidents, accidents and near misses related to the activity in the centre.

- Staff told us all incidents and any learning arising from them were shared across the team at ad hoc team meetings and at staff handovers. We viewed minutes from team meetings, which evidenced feedback to staff regarding local incidents and the actions to be taken. They also included lessons learnt and details of investigations following incidents.
- The centre reported one serious incident between April 2016 and April 2017. The serious incident related to a patient who had fallen from a dialysis chair. The chair was removed from service and checked by technicians. The incident was reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The chair was found to have no faults. Staff responded by sending the patient to the NHS trust for a check-up. The accident report recorded that all risk controls from the patients risk assessment had been followed by staff. However, the patient had another fall following the event in the centre. We did not see robust systems in place to manage the patients' risk of falls.
- Data provided by the centre showed there were three deaths of patients who had been receiving treatment from the service in the previous 24 months. All the deaths were unexpected and related to patients who died at home following dialysis treatment. One of these cases was with the coroner at the time of our inspection. The NHS trust had completed a root cause analysis (RCA) of the other case and found this was not related to the patient's dialysis treatment. However, the centre had not been pro-active in following up patient deaths at the earliest opportunity to establish that the cause of death was not related to the patient's dialysis.
- There were no never events reported in the previous 12 months. Never events are serious incidents that are

Dialysis Services

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.

- Providers are required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. There was a Fresenius Policy relating to duty of candour, which outlined actions to be taken when something went wrong. However, staff were not aware that patients should have been prioritised in discussions. There was guidance from the nursing and midwifery council (NMC) in the staff room, 'openness and honesty when things go wrong', which provided staff with guidance on the Duty of Candour. However, we saw a record dated 1 December 2016 which recorded that the centre had informed a patient's family about a fall the patient had from a dialysis chair. However, under the Duty of Candour this should have been discussed with the patient. Staff we spoke with were aware of the Duty of Candour but were not fully conversant of how they would apply this in practice.
- Whilst most staff we spoke with understood their responsibilities regarding the need to be open and honest with patients in the event of an error or harm, staff were not fully conversant with what the 'Duty of Candour' requirements were.
- Patient safety alerts were distributed centrally Fresenius head office and reviewed by the registered manager for relevance to the patient group.

Mandatory training

- Fresenius had a mandatory training programme which included basic life support (BLS) and automated external defibrillator (AED) training. We viewed the centre's mandatory training spreadsheet and found all staff had up to date mandatory training with the exception of use of the evacuation chair. However, staff were booked to attend this training in November 2017.

- In addition to mandatory training, staff completed a number of competencies at their commencement to post, for example, competence in disconnection from dialysis machines.
- Mandatory training included subjects such as infection control, fire safety, governance and basic life support. These subjects were completed via online e-learning and were updated regularly.
- The centre manager kept an electronic record of training compliance including additional training and external courses.
- Most education and training was provided by Fresenius education and training staff who attended the centre to provide training. Alternatively, manufacturers or specialists training providers provided specific training to the centre staff. For example, staff told us the NHS trust social worker had provided a training session on safeguarding.

Safeguarding

- There were systems, processes and practices in place to keep patients safe from avoidable harm. Staff were aware of their roles and responsibilities for escalating safeguarding concerns.
- Nursing staff told us they had not had to report or escalate any safeguarding concerns in the previous 12 months.
- All safeguarding concerns were reported through the local NHS trust safeguarding team. The registered manager also had the contact details for the local authority safeguarding team displayed in their office.
- Staff told us the centre did not treat patients under the age of 18 years, and did not complete safeguarding children training. This was not in accordance with the intercollegiate document, 'Safeguarding children and young people: roles and competences for health care staff,' 2014.
- All staff had completed safeguarding adults' level 2 training. Staff were aware of the main types of abuse and knew how to access the centre's policy for safeguarding adults.

Cleanliness, infection control and hygiene

Dialysis Services

- The centre appeared to be clean and odour free. We were told that cleaning was subcontracted to an external provider. The contractors had regular meetings with the centre manager to ensure satisfaction with the service. However, daily records of cleaning were not maintained. There was a cleaning schedule on the wall in the cleaner's room. The registered manager told us the lack of recorded daily cleaning schedules was being discussed with the cleaning provider. We spoke with a cleaner who said they knew what to clean on a daily basis, and the daily records had been suspended due to containing tasks the cleaner was not contracted to do.
- The centre staff did not record when they had cleaned isolation rooms and equipment. The registered manager described the cleaning process for isolation rooms and assured us that staff adhered to cleaning procedures. The registered manager also told us the isolation rooms and machines were sometimes used for patients who did not require isolation facilities. However, there was a record on the system of each machine that recorded when the machine had been disinfected.
- Nursing staff completed several audits relating to cleanliness and infection control including dialysis connection processes, sharps' disposal, hand hygiene and maintenance of dialysis fluid pathway. Audits were completed weekly and the collected data was sent to Fresenius head office for analysis and recorded on the service dashboard. Records from January to April 2017 demonstrated 94% compliance with infection control audits, the providers target was 100%. We saw the centre manager had included the results of audits and actions to be taken by staff to improve compliance with infection control in an action plan and in team meeting minutes. Fresenius monitored infection control practices through audit returns to head office which were measured against compliance with key performance indicators.
- Isolation rooms were available for patients identified as being at risk or those with potential infectious conditions. Due to the possibility of blood borne illness, patients were also required to be segregated on their return from holidays. This was in line with national guidance. Patients were swabbed and remained segregated until their swabs indicated they were clear of infection.
- Water used for dialysis needs to be specially treated to prevent risks to patients. There was a large water treatment room, which was monitored by the Fresenius technician. This enabled them to identify any issues with supply, effectiveness of treatment or leaks. In addition to the monitoring, staff had telephone access to the manufacturers for emergencies.
- Water testing was completed weekly to ensure that water used during dialysis was free from contaminants. This was in line with guidance on the monitoring the quality of treated water and dialysis fluid. We saw the water microbiology results summary record dated from the 18 January 2017 to 15 March 2017 that recorded testing and the results. Staff were aware of the processes for obtaining samples. We viewed a 'corrective and preventative action' report dated 27 January 2017; this demonstrated staff knew what actions to take if results showed some contaminants. We also viewed records confirming that staff checked the water plant equipment daily prior to use.
- We saw staff washing their hands appropriately to maintain patient safety. This included before and after any patient contact. Hand hygiene training had been completed by 100% of staff. We also saw a '5 moments of hand hygiene' poster displayed in the staff room. This provided staff with best practice guidance on hand washing.
- The centre conducted monthly hand hygiene audits. The centres target compliance rate was 100%. We viewed results for these from January 2017 to April 2017. The centre achieved between 100% in January 2017 to 82% in March 2017, with an average compliance rate of 95% for the period.
- We observed staff using incorrect aseptic techniques to attach patients to their dialysis machines. This was completed through either the insertion of large bore needles into an arteriovenous fistula/ graft or central line. All nursing staff had completed aseptic non-touch technique training. However, we saw a nurse prepare

Dialysis Services

the site of insertion with a patient, but the patient had not been pre-prepared and the nurse asked the patient to pull their blouse down. There was a risk of the patients clothing contaminating the site of insertion, due to clothing not having been fully removed.

- We saw the same nurse put on sterile gloves, whilst treating the same patient, which tore on the palm side of the glove, the nurse continued to use the gloves to set the sterile field. The nurse changed the gloves when we pointed out that the gloves were torn.
- We saw a nurse clamp both the arterial and venous lines prior to disconnecting a patient from dialysis. During the process there were multiple occasions of contamination, as the nurse touched the port-line, the machine and used gauze. The nurse also touched the 'sterile' field after touching a patients clothing, whilst wearing the same gloves.
- We also saw another nurse not wearing gloves when priming needles, and touching the clean field when placing a tourniquet in the field. The nurse also touched the dialysis machine. The same nurse also opened a saline drip wrapper by piercing through the front of the pack and not using the peel section on the pack. However, the centre forwarded team meeting minutes dated 17 May 2017 showed that following our inspection this had been addressed with staff and the registered manager had discussed ways of minimising risks to patients by staff adhering to proper infection control practices.
- The service had one case of bacteraemia in the previous 12 months. This was reported centrally for review by the Fresenius infection control committee to monitor trends and identify learning needs. There had also been 10 surgical site infections in the previous 12 months. There was an increased risk to patients as a result of Fresenius UK not having a policy on Sepsis, (blood poisoning), and two staff not adhering to aseptic techniques at all times.
- From March 2016 to March 2017, the centre reported no cases of healthcare acquired infections such as Clostridium Difficile (Cdiff), Methicillin-resistant Staphylococcus aureus (MRSA) or Methicillin-sensitive Staphylococcus aureus (MSSA). MRSA and MSSA

infection screening was completed by nursing staff quarterly for all patients. The overall target for incidence of infections was zero. Staff told us they did not accept referrals for patients with MRSA or MSSA.

- The centre had an effective partnership with the local NHS trust, which enabled patients to be seen and for staff to discuss care with specialists as necessary. This included the trust's infection control team, who were available to advise on treatments as necessary. The NHS trust did not send patients with Hepatitis B to the centre. Patient records on the dialysis machines flagged patients who had Hepatitis C or HIV to alert staff that procedures for these conditions would need to be adhered to.

Environment and equipment

- There was good overall access. The clinic was accessible through a single entrance into the centre. Access was gained through an intercom system to reception as a security measure. Wheelchair access was provided via a ramp. Entrance to the main dialysis area on the first floor was via a lift. Access to the isolation bays on the ground floor was via keypad doors. However, parking outside the premises was limited, but there were disabled parking bays and an ambulance bay close to the entrance.
- The environment and equipment met patients' needs. The centre provided 24 dialysis stations, including eight isolation rooms. The dialysis stations were separated into bays; with a nursing station in the central area of each clinical floor. Each clinical floor had dedicated hand washing sinks at either end of the floor.
- Each dialysis station had a reclining chair, dialysis machine, nurse call bell, table, a television with remote control, and Wi-Fi access. All equipment was numbered to ensure it remained in the same location. The centre had two spare dialysis chairs which could be used in the event of a dialysis chair malfunctioning.
- We saw that there was adequate equipment to enable regular servicing and maintain full service. All dialysis machines were maintained according to guidance. Technicians from an external provider attended the centre at regular intervals to complete routine servicing. All equipment checked was logged and a record held by the centre manager.

Dialysis Services

- Staff were aware of the escalation process for the reporting of faulty equipment. The centre had two spare dialysis machines, which were cleaned daily to ensure they would be fit to use in an emergency.
- All staff were trained on the equipment in use. This training was provided by either Fresenius or external providers as necessary. The organisation used the same type of equipment in all clinical areas, so staff transferring between units would be familiar with equipment. We saw from viewing equipment-training records that the centre's staff had achieved 100% compliance for equipment training.
- All single use equipment was labelled accordingly, and disposed of after use.
- The resuscitation trolley was checked daily by staff and was found to be safe to use.
- In addition to the resuscitation trolley, staff had access to emergency grab bags on each floor, which contained a selection of equipment that could be carried to a location in the event of an emergency.
- Waste was managed appropriately with the segregation of clinical and non-clinical waste. Bins were not overfilled and were emptied regularly. We were shown the secure unit filled bin bags were stored in whilst awaiting collection. We also saw guidelines for staff on the management of clinical and non-clinical waste displayed in the staff room.
- The stock room appeared clean and tidy with shelving for all equipment. Fluids were stored on pallets off the floor. Stock was provided weekly and staff told us there were adequate supplies to ensure that the service could continue if a weekly stock delivery was delayed.
- We saw that the ambient temperature of the treatment room was recorded daily, and there had been no incidents where the temperature had been outside the recommended temperatures.
- Maintenance of dialysis machines and chairs was planned. We saw records that servicing took place regularly by technicians employed by Fresenius. Additional dialysis related equipment was maintained

under contract by the manufacturers of the equipment or by specialist maintenance service providers. Electrical safety testing had been completed and was up to date.

- There were two spare machines available for patients. These were subject to the same maintenance as all other machines in the centre.
- Fresenius had a dedicated facilities management team, at the head office who provided the centre with both reactive and planned preventative maintenance work.
- The centre complied with all 'Renal care Health Building Note 07 01: Satellite dialysis unit (2013)' requirements, including appropriate waiting areas, storage, dialysis station size and access to facilities such as toilets.

Medicines Management

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

Dialysis Services

- Medicines were stored in a treatment room, which was secured with a keypad access door.
- The ambient temperature in the room where medicines were stored was in the normal temperature range. Medicines were stored appropriately and in date. Some of the medicines used in the clinic included tinzaparin and citralock.
- Lead responsibility for the safe and secure handing and control of medicines lay with the registered manager. In the absence of the manager the nurse in charge was the key holder for the medicines cabinet on a day to day basis.
- Nursing staff completed monthly medicine stock level audits when the amount of and expiry dates were checked.
- Medicines were provided through two resources. Stock medicines came directly from Fresenius and other medicines, such as antibiotics, were supplied from the local NHS trust. Ordering of medicines occurred on a monthly basis, when stock levels were assessed. On receipt of any medicines, the registered nurse would check the medicine against the order form to confirm it was correct. A stock form was then completed, signed and faxed to the NHS trust to confirm delivery.
- The centre did not have a dedicated renal pharmacist. The satellite haemodialysis unit coordinator, or their renal consultant, prescribed all patients' medicines. We were told medicines were reviewed at each quality assurance meeting for each patient. We saw that prescription charts were clearly written, showed no gaps or omissions and were reviewed regularly.
- We reviewed medicine administration charts (MAR) of eight patients. We found these to be clear and legible. Emergency medicines were in date and stored in the resuscitation trolley.
- Medicines that were temperature sensitive were monitored closely. We saw that the fridge temperatures from January to May 2017 were recorded daily, and had been maintained within the recommended parameters. Staff were conversant with the Fresenius policy on medicines if temperatures were outside the required range.
- We were told that on occasions where a patient required additional medicines, staff would contact the consultant or satellite haemodialysis unit coordinator directly. They would prescribe the necessary medicine, scan the prescription to the centre to enable medicine to be administered and post the hard copy of the prescription to the centre for confirmation.
- The service did not store any controlled drugs at the time of inspection.
- Staff were assessed annually for their competence in administration of medicine, as part of their mandatory training.
- We saw two nurses checking IV medicines before administering them to patients.
- During our initial inspection visit, we saw a nurse administer dialysis drugs without checking the patient's name or date of birth against their prescription. This posed a risk that the patient could have been administered the incorrect dialysis medicines. Staff told us they knew the patient and there was minimal risk of the patient receiving the incorrect medicine. We drew this to the attention of the registered manager and senior managers. Following this, on our unannounced inspection visit, we saw all staff checking patients' identities prior to administering drugs.

Records

- Patients' records were held securely both electronically and in paper format. The Fresenius patient treatment database automatically transferred patient information into the NHS trust's clinical electronic records system; this enabled all patient information to be shared with the renal registry.
- We saw that the electronic records detailed dialysis sessions by date and time. This meant that any changes in treatment, any problems occurring during the session and any treatment changes could be easily identified. Staff told us, that if a patient required treatment at the local NHS trust for a period, they could continue to track their care, and provide the appropriate treatment on their return to the centre.
- The centre kept a small number of paper records, which included the most recent dialysis prescriptions, patient, next of kin and GP contact details, risk

Dialysis Services

assessments, medication charts and patient consent forms. Paper records were stored in colour-coded files according to their dialysis day and time. The files were kept in a secure storeroom when not in use. All seen were completed legibly and accurately.

- Staff completed data protection training as part of their induction and annually. Training compliance was 100%.
- Patients' records were audited monthly, with a review of the patients' records and dialysis prescriptions. We saw an action plan that was in place to address shortfalls in record keeping.

Assessing and responding to patient risk

- Patients were assessed for their appropriateness to attend the centre by the local NHS trust. Patients with acute kidney disease were treated at the local NHS trust and only chronic, long-term dialysis patients were referred to the centre for treatment. The satellite haemodialysis unit coordinator, who contacted the manager informing them of the patient, completed the referral to the centre.
- Systems were in place to assess and manage risks of deterioration to patients. Nursing staff used risk assessments to review patients on a regular basis. We saw that patient records showed a minimum of weekly risk assessments, which were repeated up to three times a week depending on the findings and the patient's condition. This enabled staff to identify any deterioration or changes in patients' physical condition.
- Nursing staff completed a full patient assessment based on the activities of daily living to identify the patient baseline condition on referral to the centre. The assessment included past medical history, mobility assessment, skin integrity assessment and dialysis access assessment. This information was used to plan treatments and attendance at the centre.
- Patients had clinical observations recorded prior to commencing treatment. This included blood pressure, pulse rate and temperature. The nurse reviewed any variances prior to commencing dialysis, to ensure the patient was fit for the session. Where necessary the nursing staff consulted with the satellite haemodialysis unit coordinator or the consultant for clarification.
- Patients' blood pressure was recorded at regular intervals during their dialysis. Alarm settings were adapted to each patient, allowing any variance to the patients' normal readings to be highlighted to nursing staff.
- The centre were not using the national early warning score (NEWS) to monitor patients clinical observations, such as blood pressure and pulse. This is a tool used widely in health care to identify acutely ill patients. Senior managers told us Fresenius Medical Care Renal Services Limited was reviewing the use of NEWS with a view to its introduction. However, a decision on the use of the tool had not been finalised at the time of our inspection.
- The centre served an ethnically diverse population. Staff were trained in using the multiracial visual inspection catheter tool observation record, (Mr Victor, this was a visual tool for healthcare professionals, which uses pictures and a scoring system to assess levels of infection in different skin colours), for the diagnosis and treatment of central venous catheter related infection in haemodialysis patients. Staff told us the tool was used with patients with advanced signs of catheter infections. We did not see the tool in use during our inspection as the centre were not treating any patients with advanced catheter infections at the time of our inspection.
- Nursing staff recorded patients' observations and details of any incidents relating to dialysis in the electronic patient record at the beginning and end of dialysis' sessions. This process required nursing staff to input details manually prior to closing the patient record, ensuring that electronic information was not the only information recorded.
- Patients with conditions such as challenging behaviour or advanced dementia were not managed at the centre. We were told that patients who required additional support received their treatment at the local NHS trust.
- Patients suspected of having sepsis or who were unwell were transferred immediately to the local NHS

Dialysis Services

trust for an emergency review by the medical team. Nursing staff told us that they would not commence treatment if they suspected sepsis. However, Fresenius did not have a policy in place in regards to the management of sepsis, and staff told us they had not received any training on sepsis six, the bundle of therapies designed to reduce the mortality of patients with sepsis. The registered manager had attended sepsis training in December 2016 and said staff would ask for their advice if a patient became very unwell. However, the manager was not available at all times and this meant there was a risk of staff not having the skills to recognise the early symptoms of sepsis.

- Patients who showed signs of deterioration were discussed at the multidisciplinary team (MDT) meeting and a decision made as to whether they should attend the local NHS trust for ongoing treatment. We were told that patients who showed signs of ill health or required additional support during their dialysis would be transferred to the local NHS trust where specialist nursing and medical care was available if patients became unwell.
- Nursing staff called the emergency services to assist with any patient who rapidly deteriorated during their dialysis session. Staff told us they would telephone 999 for an urgent transfer to the local NHS trust. Staff told us that paramedic services were quick to respond.
- Nursing staff were able to give us examples of when patient had been transferred to the local NHS trust for a variety of clinical reasons. The most recent example was a patient having chest pains on the day of the CQC inspection. The patient was transferred directly to the local NHS trust hospital for assessment.
- During inspection, we saw that dialysis machine alarms were responded to within a few seconds. Alarms would sound for a variety of reasons, including sensitivity to patient's movement, blood flow changes and any leaks in the filters. Staff told us some patients would try to cancel alarms themselves. However, staff said they would intervene if patients tried to cancel an alarm. Patients had been informed that only staff could cancel alarms.

Staffing

- During inspection, we saw that there were three nurses and two healthcare assistants on duty. Staffing

levels met patients' needs at the time of the inspection. We saw that the nursing rota confirmed staffing numbers were consistent and maintained the appropriate ratio of 4.5 patients to one nurse. Recommendations from the British Renal Society, National Renal Workforce Planning Group 2002, recommended a ratio of one to 4.5 for an 18-station unit with 3 patient shifts per day, and a ratio of 70 /30 qualified and unqualified staff, for the management of moderately complex patients. Staff told us the criteria for patients receiving dialysis at the centre was that they did not have complex needs and were well.

- The registered manager, worked 16 hours clinically and 21 hours managerial, mainly from Monday to Friday, supported staff.
- The centre worked to a predetermined patient to staff ratio and skill mix as defined by the NHS trust.
- The centre's e-rostering system was completed eight weeks in advance by the registered manager, and forwarded to the Fresenius regional business manager for approval. This ensured shifts were covered in advance and any shortfalls in staffing were addressed.
- Staffing levels were reviewed by the registered manager on a daily basis to assess staffing levels. Staffing levels were based on the actual number of patients attending for dialysis and to cover unexpected staff shortages caused by sickness.
- There were 11 whole time equivalent (WTE) qualified dialysis nurses employed by the centre at the time of inspection and two WTE health care assistants (HCA), with no vacancies and no plans to extend staffing numbers. We were told that nursing staff would be recruited as necessary to meet additional demands of the service.
- The centre had a nominated nurse in charge every day; this was the registered manager, the deputy manager or a senior staff nurse. This role was highlighted on the duty roster so staff were aware of the role prior to attending for duty. The role of the nurse in charge was to support staff, patients and ensure the safe running of the unit.
- All staff completed a daily round during which they would review each patient, their treatment and discuss any issues. We were told that the rounds gave

Dialysis Services

patients the opportunity to discuss anything that concerned them. In addition to the daily rounds, the centre completed a daily handover. This was a brief meeting, which discussed any issues with patients during changes in staff shifts to ensure incoming staff were aware of the status of patients and any patient risks. These meetings were recorded and a file left at the nurse's station. We saw that patients were spoken with throughout their treatments.

- We were told that as the centre was not staffed 24 hours per day, the handover of information from one day to the next was of great importance. Staff and the registered manager used a communications diary to record patient information or information on services to ensure staff on the morning shift would be aware of planned events or visitors to the centre.
- The centre did not use agency staff, and used its own staff to cover vacant shifts. If shifts could not be covered by centre staff, Fresenius Medical Care had a flexibank of staff to supplement staffing numbers when necessary. According to the registered manager, this happened infrequently and the centre had not used flexibank staff in the previous 12 months. We were told that flexibank staff were usually from other Fresenius dialysis centres or staff employed specifically to attend centres when staffing levels were short. These staff members were trained by Fresenius and familiar with the policies, procedures and equipment.
- The most recent data we received from the centre covered the period January to September 2016, when sickness rates were averaging 1%.
- The centre maintained close links with the local NHS trust through the satellite haemodialysis unit coordinator and consultant. During inspection, we observed that the consultant visited the centre to speak with inspectors.
- The centre was supported by the renal multidisciplinary team (MDT) who were based at the NHS trust hospital. This included a consultant nephrologist, renal registrars, junior doctors, renal nurses, and a clinical nurse specialist. Nursing staff could access the renal team at the local NHS trust for additional support or advice. For example, in the event

of an emergency nursing staff contacted the on-call renal registrar at the referring local NHS trust. We saw that there was a protocol and escalation pathway in place for this process.

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

Emergency awareness and training

- An emergency preparedness plan (EPP) was in place for Sutton Dialysis Unit detailing plans for the prevention and management of potential emergency situations. Staff were aware of the plan, and had undergone training in site evacuation drills as part of the plan. The plan included defined roles and responsibilities; contact details for emergency services and public services and utilities.
- In the event of IT failure, patients were able to continue with their treatment as a result of the centre maintaining a paper record of the patients' last dialysis sessions. This recorded the details of the filter used; pump speed and dialysis solutions used.
- Fresenius had a process in place that meant that when any adverse event was resolved, an investigation into the cause would be completed. Outcomes of the investigation and any learning were shared with staff through a debriefing session.
- The centre was registered as requiring essential utilities, which meant that in the event of a local electrical failure or loss of water the centre would be reconnected as a priority.

Dialysis Services

- Nursing staff told us that in the event of a power cut patients could receive their treatment at one of the other nearby dialysis centres until power was restored. This would be coordinated through the satellite haemodialysis unit coordinator.
- The centre had a stock of water which could be used in an emergency if there were problems with the water plant.
- The centre completed evacuation training in the previous 12 months. All staff had had fire safety training.
- Patients were predominantly dialysed through arteriovenous fistulas. This was in accordance with the NICE Quality Statement (QS72) statement 4 (2015): 'Dialysis access and preparation'.
- The centre was not responsible for any patients who completed their dialysis at home. These patients were managed by the local NHS trust.
- The centre met the national recommendations outlined in the Renal Association Haemodialysis Guidelines (2011). For example, Guideline 2.3: 'Haemodialysis equipment and disposables' and Guideline 6.2: 'Monthly monitoring of biochemical and haematological parameter (blood tests)'.
- The centre did not facilitate peritoneal dialysis (a type of dialysis that uses the peritoneum in a person's abdomen as the membrane through which fluid and dissolved substances are exchanged with the blood. This process is used to remove excess fluid, correct electrolyte problems, and remove toxins in those with kidney failure). Patients requiring peritoneal dialysis would receive this at the NHS trust hospital.

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

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

Evidence-based care and treatment

- Fresenius Medical Care Renal Services UK used Nephrocare guidelines developed in line with national guidance, standards and legislation. This included guidance from the Renal Association, National Service Framework for Renal Services and the National Institute for Health and Care Excellence (NICE).
- Patients were assessed using risk assessment tools based on national guidelines and standards. This included falls risk assessments, nutrition scores and skin integrity assessments.
- Staff at the centre were able to access all records at the local NHS trust; reducing time spent chasing blood and test results.
- Staff monitored and recorded patients' vascular access on a vascular access chart. Vascular access is the term used for access into a vein, for example, a dialysis catheter. Recordings detailed the type of access, appearance, and details of any concerns. Each category was given a score of nought for no issues and one for issue identified. Any patient scoring one or more were referred immediately to the local NHS trust for review. This was in line with the NICE Quality Statement (QS72) statement 8 (2015): 'Haemodialysis access-monitoring and maintaining vascular access'.

Pain relief

- Patients' pain management needs were assessed and managed appropriately. Patients did not routinely receive oral analgesia during their dialysis sessions; however, local analgesia was available for cannulating patients' arteriovenous fistula or graft (AVF/G). Needling is the process of inserting wide bore dialysis needles into the AVF/G, which some patients find painful.
- Analgesia was prescribed as a 'to be administered as necessary medication', which enabled it to be used at each attendance to the centre. We saw examples of prescribed paracetamol in a few patients' prescriptions.
- Any issues identified with pain were discussed initially with the nursing staff who escalated concerns to the consultant or satellite haemodialysis unit coordinator.
- On any occasion where analgesia was required, a prescription could be scanned to the centre as with other medications, although the centre kept a stock of

Dialysis Services

paracetamol only. If pain related to the patients' general condition, they were reviewed by the consultant as soon as possible. This was usually during their next visit to the centre.

Nutrition and hydration

- Patients' hydration and nutritional needs were assessed and managed appropriately.
- Patients in renal failure require a strict diet and fluid restriction to maintain healthy lifestyle. We were told that patients were reviewed by the dietitian monthly, who assessed their medical history and their treatment plans and advised them on the best diet for them.
- We saw that patients were provided with written information and guidance relating to their diet and fluid management. There was written information available on both floors of the centre on diet.
- Patients were weighed on arrival to the centre at each visit. This was to identify the additional fluid weight that needed to be removed during the dialysis session.
- Some patients were observed weighing themselves prior to dialysis, and inputting this into the dialysis machine. Nursing staff told us that all patients were encouraged to participate in their treatment to different levels.
- Patients were offered refreshments whilst attending the centre. This was hot or cold drinks, biscuits on request and a sandwich. Nursing staff told us that patients requiring religious or specialist diets frequently brought their own refreshments to consume whilst having their treatment.

Patient outcomes

- All patients received haemodiafiltration (HDF) renal replacement therapy. Research suggests there are short-term advantages of haemodiafiltration (HDF) in better removal of middle molecular weight solutes like Beta2 microglobulin and phosphate, and better haemodynamic stability when compared with haemodialysis.
- Monthly Quality Assurance meetings reviewed all patients' blood results and general condition with the consultant, clinic manager and senior staff. All

changes to treatment or referrals to other services were coordinated by the registered manager. Outcomes and changes to treatment were discussed with all patients by the named nurses and dietician.

- Data specific to the unit was available via the management system in the Fresenius electronic database, this data was used to benchmark patient outcomes both locally and nationally with other Fresenius dialysis units. For example, the urea reduction ratio (URR) is a way of measuring dialysis adequacy, based upon how much waste is removed by hemodialysis. If a patient receives hemodialysis three times a week, each treatment should reduce their urea level (also called blood urea nitrogen or BUN) by at least 65%. In November 2016 the Sutton dialysis centre were better than the Fresenius national average (95%), with a 99% of patients on average having a URR reduction of at least 65%. This was also better than the Renal Association 65% target.
- Kt/V is a measure of dialysis adequacy, (K, the litres of urea the dialyzer can remove in a minute; t, time or the duration of treatment; V, the volume or amount of body fluid in a minute). For hemodialysis three times a week, K/DOQI (Kidney Disease Outcomes Quality Initiative) national guidelines recommend a delivered Kt/V of at least 1.2. In November 2016 the Sutton dialysis centre was better than the Fresenius national average (87%). The average for Sutton in November 2016 was 91%. However, the trend was downwards as the centre average in the previous year, November 2015, was 96%.
- The centre's audit schedule dated from January 2017 to April 2017 demonstrated that areas identified for improvement by audits were included in an action plan that detailed actions to be taken to improve.
- Staff monitored patients' dialysis access (dialysis catheter, arteriovenous graft or fistula) monthly. The targets for optimising vascular access were set by Fresenius, following a review of the referring local NHS trust and the national standards.
- Average pump speeds were monitored by Fresenius and reported to the NHS trust monthly, (a rate of less than 300ml/minute indicates access dysfunction). In November 2016 Sutton dialysis unit pump speeds, (350mls/minute), were better than the Fresenius

Dialysis Services

national average (57%). Sutton averaged 67%. However, the centre was focusing on vascular access as a result of a downward trend from November 2015 when the centre average was 69%.

- Research suggests dialysis sessions of less than 240 minutes can increase risks to patients. The centre monitored the length of patients' dialysis. In November 2016 70% of patients were dialysed for 240 minutes in the previous 12 months. This was a 2% improvement on the average for the period November 2014 to November 2015.
- In the 2016 a renal peer review of Epsom and St Helier University Hospitals NHS trust and the dialysis units attached to them found that generally patients' outcomes were very good, there were no immediate risks to patients and patients rated the services highly.
- The centre did not directly contribute data to the UK Renal Registry, as the centre's data was uploaded to the national database from the local NHS trust who made a central return.

Competent staff

- On commencement of employment, staff were given a corporate induction at the Fresenius head office and a local induction at the centre. This included an orientation programme, and competencies booklet, which was based on the national standards framework. Preceptors trained new recruits and recorded training in their integrated competence document.
- Equipment and facilities training covered all machinery such as hoists, dialysis chairs, resuscitation trollies and the centrifuge. Fire, health and safety training included fire evacuation, which was practised annually.
- In addition to the in-person training provided, staff had access to the Fresenius training programmes for nurses, health care assistants and managers. These were completed via an online log in. Access to training was arranged by the Fresenius human relations (HR) department following commencement of employment.
- The duty roster was created to ensure that there was always a senior member of staff on duty to ensure that staff had access to a more experienced member of

staff. Due to working in an isolated unit, not attached to a local NHS trust, staff were responsible for the management of any untoward incident or emergency. Staff were trained to manage situations like these by the registered manager.

- We saw that locally senior nursing staff held or were working towards specialist renal nurse qualifications.
- Practical training included clinical skills such as medicines' management, care of fistulas and dialysis catheters and aseptic non-touch technique (ANTT).
- All nursing staff were trained in aseptic non touch technique (ANTT). However, we had concerns about staffs' use of ANTT, (please refer to the section on infection prevention and control in this report). Staff competence was assessed annually by the registered manager. We viewed three staff competence assessments, these were a tick box, and did not record feedback staff had been given following an observed practice. The registered manager told us they did staff competence observations during the manager's clinical time working on the dialysis floor. However, there was a risk that the manager was not fully attentive to the staff practice being observed and that the manager could be disturbed or need to attend to a patient during an observation of staff practice.
- New staff received a training and education progression plan at induction, which provided an overview of the first year of employment, this included the awareness of safety procedures (fire safety, resuscitation equipment), equipment training (dialysis monitor, infusion pumps glucometers) knowledge of the centres governance policies, patients data requirements and uniform policy. We saw that the induction plans were signed off by a substantive member of staff.
- Flexibank staff underwent an induction programme with training and competency assessments to the same standards and procedures as permanent staff. Mandatory training records were monitored by the Fresenius flexibank administrators to ensure training was up to date. If training lapsed flexibank staff were suspended from shift allocation until training was updated.
- 100% of staff had completed their annual appraisal. Annual appraisals identified any areas for

Dialysis Services

- development and an agreed timescale for completion. All staff completed competencies, which were measured against the National Health Service, Knowledge and Skills Framework. These were reviewed annually as part of the staff member's appraisal.
- We were told that the manager had an open door policy and saw that staff and patients asked for advice, assistance or information when necessary.
 - There were systems in place to support staff who were not meeting the organisation's standards of care and competence in delivering safe patient care. This included additional support and training where necessary.
 - All staff were assessed annually for medications administration and understanding, manual handling and basic life support (BLS). Training compliance was 100% with these competencies.
 - Staff employed by Fresenius, were recruited through the Fresenius HR department. Requirements for employment of nursing staff included the proof of nursing registration, basic life support training, manual handling training.
 - Nursing staff were trained in dialysis by Fresenius and all staff had completed renal training programmes. Competence was monitored and recorded annually.
 - At a corporate level there were regular Fresenius multidisciplinary clinical governance meetings. We were told minutes of these meetings were sent to the consultant nephrologist monthly.
 - There were link nurses for infection prevention and control, health and safety, education and training, Hepatitis B, anaemia, and monthly bloods. These were staff that took the lead on acquiring knowledge on specific areas of practice and could offer support to other staff.
 - Staff had access to a range of study days. We saw the study day list for 2017 displayed in the registered manager's office, these included: Nephrocare guidelines; introduction to chronic kidney failure; and care management.
 - Staff would be supported by Fresenius to study for national renal qualifications, with Fresenius paying course costs. However, staff would be expected to study for the qualifications in their own time.
 - In the Fresenius annual staff survey 100% of staff said the training and education they received enabled them to do their jobs.
 - All nurses had link roles for specific topics such as infection control or nutrition. The roles of the link nurse were to feedback on changes in practice, updates on information to the centre staff.

Multidisciplinary working

- The NHS trust provided all specialist support for patients with the exception of nursing staff employed by Fresenius.
- The consultant from the commissioning NHS trust had overall responsibility for the patients care. The unit staff recorded any communications to the consultants in the Fresenius system, which the trust could access.
- The NHS trust consultant, dietitian and the satellite haemodialysis unit coordinator attended monthly multidisciplinary team (MDT) meetings at the centre. The centre manager and any available qualified nurses on duty also attended these meetings. We saw that the meetings followed a set format where patients' current condition, their care plans, most recent blood results and medications were discussed and recorded in the electronic patient record. Each patient review was recorded on a table, which was given to the patient and forwarded to their GP.
- Patients had access to an NHS trust dietitian who reviewed each patient monthly, prior to the MDT. This enabled an informed discussion about planned care and treatment.
- The NHS trust renal transport coordinator told us the centre's staff worked well with the trust transport team. The coordinator told us they could speak with staff at the centre about clinical issues at any time. The coordinator also said the centre's reception staff were pro-active in identifying transport issues. The coordinator said, "We resolve things as a team. It's all about team work."

Dialysis Services

- Patients had access to a social worker who assisted with any financial advice, benefits claims and helped inform patients of their entitlements.
- The centre had paper copies of communications with patients GPs, these reflected changes or updates to the patient's dialysis plan, there were also clinic letters and letters relating patients' ongoing treatment.

Access to information

- All information needed to deliver effective care and treatment was available to staff through either electronic or paper records. Paper records consisted of all patient risk assessments, consent forms and dialysis and medication prescriptions. Electronic records including records from the local NHS trust and blood test results were accessible to all staff attending the centre.
- Staff working within the centre had access the NHS trust's electronic patient records (EPR). This meant that staff had access to the latest information and patient treatment plans, blood and test results and multidisciplinary notes.
- The consultant attending the centre from the local NHS trust was able to access both the centres and the NHS electronic records systems, which meant that information was readily available when they were visiting patients off site. Visiting trust staff could access their work desktops using the same passwords. This meant that all relevant information needed to complete patient assessments and treatments was accessible.
- Data collected during dialysis was automatically uploaded into the trust database, which meant that records were contemporaneous and accurate at the time of review. The compatible IT systems allowed all staff to access information about all patients.
- Nursing staff completed telephone referrals for additional support from doctors or the consultant. This process was followed by an email to the relevant service to ensure details had been shared. However, staff could telephone refer to social workers, dietitians, or the NHS Trust access nurse.

- Patients and their GPs received copies of their multidisciplinary notes on the day of the meeting. These detailed any changes to treatment or medication, which needed to be implemented.
- Staff at the centre told us they would contact patients' GPs directly with any changes to treatment. We saw that following each multidisciplinary team meeting, a printout of current treatment and any planned changes was provided to the patient and to the GP. We were told that copies of this form were issued immediately to prevent any delays, and ensure that changes were in place before the next dialysis session.
- Requests for dialysis for holiday patients came from the NHS trust. If the centre had capacity to accommodate patients the centre manager would provisionally allocate sessions, subject to receiving completed documentation and medical approval and acceptance. Patients would have an electronic patient record (EPR) on the NHS trust records system and the patient would be allocated a dialysis station and have a prescription prepared for their arrival at the centre for treatment.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff were fully aware of their roles and responsibilities in relation to the requirements of consent. We saw that patients were asked for verbal consent at the start of each dialysis session and for any treatments or care during their attendance at the centre.
- We saw that each patient completed consent forms for the completion of treatment and for dialysis at the beginning of their treatment. This consent form was filed in the patient's paper records. However, staff told us the consent document was not reviewed or updated unless there was an identified need.
- Patients who were suspected not to have capacity to consent to treatment were discussed with the consultant, and the consultant referred the patient for a mental capacity assessment. Best interest decisions were made by the MDT, with the involvement of the patients' family. However, staff said patients who required a mental capacity assessment usually had this completed prior to being referred to the centre.

Dialysis Services

- Staff told us the centre worked on a principle of implied consent, with patients attending the centre of their own free will to receive treatment.
- Patients who expressed that they did not want to continue with treatment were referred urgently to the consultant. Staff told us they would explain the risk of withdrawing from treatment to patients, and inform the hospital. Patients who continued to withdraw from treatment were supported to understand the outcome and arrange help for the palliative stages of their illness.
- Nursing staff told us that patients who had variable capacity, such as those living with a dementia were treated at the local NHS trust. Staff told us they had eligibility criteria as a result of staffing and the centre would only accept patients that met these criteria.
- Staff were aware of deprivation of liberty safeguards, but had not experienced any situations where a referral needed to be made.
- Staff told us they would approach families to act as interpreters for patients whose first language was not English. However, this carried risks for patients in terms of patient confidentiality and staff being assured that the patients consent was relayed to staff impartially.
- We saw that staff spent time talking to patients throughout their treatments and their waiting time before and after. We saw that the reception staff knew patients and spent time talking to them.
- We saw that all interactions were respectful and considerate. Staff spoke politely to patients and were supportive. In the annual Fresenius national patient survey 89% of patients said they had “complete confidence in the nursing staff, and 100% of patients said the centre had “a friendly atmosphere.”
- We saw that staff were responsive to all patients’ needs, including calls for help, alarms on dialysis machines and any non-verbal signs of distress. All staff were compassionate and attentive.
- Patient satisfaction audits were completed annually. Patients, their friends and families were able to complete an anonymous questionnaire to identify any areas for improvement. Following completion, the centre compiled an action plan to address any areas where improvement was required. For example, the 2016 action plan identified an issue with patient privacy and dignity being respected. In response, a staff meeting was called to discuss the volume of staff voices when speaking with patients when they were receiving dialysis.
- Patient’s dignity was maintained through the use of curtains that could be pulled around the dialysis station. In the annual Fresenius national patient survey 92% of patients said they were treated with dignity.
- Nursing staff maintained patients comfort through the use of additional pillows and pressure relieving aids. We saw that many patients brought their own blankets and comforters, which some patients stored in lockers in the ground floor locker room.
- Nursing staff told us that due to patients attending the centre regularly over long periods of time, they had formulated effective nurse patient relationships.
- The centre had a quiet room where patients could have confidential discussions about their care with any member of the multidisciplinary team (MDT) should they wish to do so.
- The service had an annual patient’s satisfaction survey, the most recent survey found

Are dialysis services caring?

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

Compassionate care

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

Dialysis Services

- We saw a cleaner cleaning around a patient's station whilst the patient was being served tea and sandwiches by the housekeeper. We brought this to the attention of the manager who asked the cleaner to wait until the patient had eaten their food prior to cleaning their station area.

Understanding and involvement of patients and those close to them

- We saw that staff spoke openly about the treatments provided, the blood results and dialysis treatment plans. Many of the patients were observed speaking to staff about their latest blood results and what these meant and staff responded appropriately.
- Nursing staff told us that as they saw their patients frequently they were able to identify when patients were feeling unwell. This enabled them to spend additional time with the patients as necessary to support them with their treatment.
- On referral to the centre, staff gave patients information packs about the centre, which detailed what to expect from the service and information on haemodialysis.
- Patients and their relatives were encouraged to participate in their treatment. Staff encouraged patients to take responsibility for parts of their treatment, such as weighing themselves prior to dialysis. Nursing staff told us that patients liked to have some control over treatment.
- We saw that patients were fully informed of their blood results at each dialysis session. Patients spoke with the nurses about the impact of their blood results and whether any changes would be made to their treatment. We saw that any changes to treatments were written and patients informed of the reasons for the change to ensure patient understood the reasons for changes to their treatment.
- All patients were reviewed face to face at a minimum of three monthly intervals by the consultant and dietitian who enabled patients in discussing any concerns, medications, treatment changes, and plans for different dialysis. Following each meeting, patients

were given a printed summary of the discussion and any planned changes to treatment. Nursing staff told us they spoke with patients about the discussions and answered any queries relating to the changes.

- All patients spoke positively about the staff and treatment at the centre.
- Patients were provided with the details of any blood results or test results during their visit to the unit. We saw patients openly discussing blood results and what they meant in regards to any changes to their treatment.
- In the annual Fresenius national patient survey, 91% of patients had said the centre had discussed whom they should contact in case of questions or concerns.

Emotional support.

- Patients told us that staff encouraged patients and their relatives to ask questions and provided them with information leaflets or advice on how to find information if necessary.
- Staff were aware of the impact that dialysis had on a patient's wellbeing, and staff supported patients to maintain as normal life as possible. Staff encouraged patients to continue to go on holiday, and participate in the management of their treatment.
- Staff gave patients support and time to discuss their treatment and care. We saw that all nursing staff spoke to patients about their most recent blood results and the impact that these had on their care.
- The centre did not provide details of support networks for patients and their loved ones. Staff told us information for organisations such as the Kidney Patients' Association was accessible to patients from the NHS trust.
- Nursing staff were observed giving patients time to talk about any concerns. The manager had an open door policy and also worked on the floor providing treatment, several patients spoke to the manager to discuss their blood results or treatment. The manager always responded positively and gave the patient time to discuss their concerns.

Dialysis Services

- Patients had access to a renal social worker at the NHS Trust who was able to offer financial advice and support. This was usually following a request by the patient for assistance and a referral by the centre.
- Staff told us the social worker was the first point of call for patients who required counselling services.

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

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

Service planning and delivery to meet the needs of local people

- Fresenius Medical Care Renal Services Limited was contracted to complete a programme of work by the local NHS trust in December 2009 for a period of 10 years. The trust and local commissioning group had defined the scope and specifications of the service. Fresenius reported progress in delivering the service against the defined specifications at quarterly key performance indicator meetings and through the collection of key performance indicators and quality outcomes.
- The area lead nurse told us that Fresenius was asked to provide dialysis services to NHS patients within a specific catchment area to meet the demand of the local population. The journey time was within 30 minutes each way. Some patients told us they walked, used public transport or drove to the centre. The NHS trust provided transport services for patients requiring transport to the service. Reception staff at the centre booked patient transport directly with the NHS trust's contracted transport provider.
- Patients who required dialysis in Sutton and surrounding areas were assessed by the local NHS trust staff for suitability to dialysis in a satellite unit, and then referred to the centre. The centre had capacity to expand in the number of patients attending and the times of sessions available if necessary.
- The centre consisted of two dialysis areas on the ground and the main treatment room on the first floor level. There were eight isolation rooms on the ground floor and 16 dialysis stations on the first floor. 66 dialysis sessions a week were provided in the isolation rooms. The main treatment room provided 198 sessions a week.
- The first floor provided a waiting room, consultation room, and meeting room. The reception area was on the ground floor and a lift transported patients receiving treatment on the first floor. The ground floor also had a waiting room in the main reception. Each area was secure with keycode access. Patients arriving in the reception were required to be buzzed in through a secure door from a car park. This area had a camera to enable staff to identify callers upon arrival. There was a service corridor with stairs that ran between the ground and first floor. The service area contained all treatment storage, water room, staff room, staff changing facilities, maintenance room and dirty utility room.
- The satellite haemodialysis unit coordinator arranged transport for patients through the local NHS trust.
- There were regular monthly contract meetings with the local NHS trust where they discussed performance, any new plans and developments. These were attended by the area lead nurse and registered manager.
- The centre did not offer a seven-day service and was open from 6.30am to 11.00pm Monday, Wednesday and Friday; and from 6.00am to 6.00pm on Tuesday, Thursday, and Saturday. The centre had capacity to increase the numbers of patients attending for dialysis during these hours, so was not planning to extend opening times on Tuesday, Thursday and Saturdays at the time of inspection.
- Additional support services could be accessed through the local NHS trust if necessary. Any patients experiencing any difficulties were referred to the local NHS trust for assessment or treatment as soon as possible.

Access and flow

- The centre had 83 patients registered to receive dialysis at the Sutton Dialysis Clinic. The centre had

Dialysis Services

delivered 4032 treatment sessions to a total of 55 patients that were aged between 18 to 65 years old in the previous 12 months. The centre had also provided 8423 dialysis sessions to 28 patients in total that were aged over 65 years. The service did not treat patients under 18 years.

- When a patient was identified as being suitable by the local NHS trust to attend the centre, a referral was completed and an assessment visit arranged. This involved the hospital telephoning the centre to ask if they service had capacity to take the patient and whether the patient met the centres eligibility criteria. If the patient was referred the hospital would forward the patient's blood results, swabs and paperwork.
- Staff told us most patients did not choose to have a preliminary look around and meet staff, but they could do this if there was a specific request.
- Patients initial risk assessments, personal details and consent was collected on the patient's first visit to the unit. The local NHS trust arranged transport if necessary and ensured medical notes were available.
- If the centre had no capacity for new patients they would be placed on a waiting list, until an appointment became free. On these occasions, patients would receive treatment in an alternative unit on a temporary basis. At the time of inspection, there were no patients on the waiting list for treatment.
- The centre reported no cancelled dialysis sessions from May 2016 to May 2017.
- Patients attending the centre had always received their initial dialysis at the local NHS trust. This was to ensure that patients were stable during their treatment before being treated in a satellite unit, therefore reducing the risk of any untoward incidents.
- The majority of patients attended the centre for treatment on a morning or afternoon on set days, for example every Tuesday, Thursday and Saturday morning. Patients we spoke with told us that they had some choice in when they attended, and staff were flexible in fitting dialysis around their work or family commitments. The centre also offered extra sessions for patients with fluid overloads.
- As the centre was not working to capacity, we were told that there was some flexibility in the treatment sessions and timings as long as there was adequate staffing numbers to meet the needs.
- Patients attended the centre for either a morning, afternoon, or evening appointment. Some patients told us that they used public transport or drove themselves to the centre for their treatment, whilst others used hospital transport systems. Patients told us the centres reception staff would contact the transport provider to ensure patients were not waiting for prolonged periods for transport.
- On arrival at the centre patients had staggered times when they were connected dialysis machines, staff told us this was to ensure patients would not have long waits prior to being connected to a machine and ensure the correct staff skill mix in connecting and disconnecting patients.
- Most appointments with the consultant or dietitian were scheduled for the same day as patient's dialysis sessions to prevent multiple attendances at the centre. However, staff told us this was not always possible and depended on the consultant's schedule.
- In the Fresenius annual patient survey 65% of patients said their dialysis started on time. This indicated that 35% of patients experienced delays with dialysis treatments. However, staff told us this related to transport delays and the NHS trust had changed their provider and this had led to improvements in patients arriving for dialysis on time.
- The centre did not provide services outside of clinic hours. Staff told us patients would be advised to contact the local NHS trust outside of these hours.

Meeting people's individual needs

- The centre provided disabled access, wheelchair accessible toilets inside and outside the clinical areas and a selection of mobility aids. We saw that hoists were available for patients who could not transfer and wheelchairs were used to assist patients to and from their transport. There was a lift to transport patients to the first floor clinical area, and an evacuation chair which fitted onto the stairs.

Dialysis Services

- Nursing staff told us that patients could attend bathrooms during their dialysis sessions if they requested, however this was uncommon.
 - Patients were referred to the centre according to their stability and their home address. Efforts were made by the NHS trust to ensure that wherever possible patients would not travel long distances for treatment.
 - Patients had access to a personal television and Wi-Fi during their dialysis sessions. This meant that patients did not get bored during their visit. We saw some patients brought books and crossword puzzles to occupy their time.
 - Staff told us they did not group patients according to their interests or whether they got on. The registered manager told us they would consider putting patients close to each other or in groups if there was a specific benefit for the patients. However, the registered manager said patients tended to get on with each other and had not raised issues about who they dialysed with.
 - The centre had additional capacity to enable any patient who was delayed or who was unable to receive treatment on the specified day to attend the centre on an alternative time although staff reported that, this happened infrequently.
 - Fresenius offered a holiday dialysis programme, which was managed locally by the manager. Nursing staff were aware of the process for receiving patients on holiday and told us that there was a robust process in place to ensure their safety. This included regular bloods.
 - The centre had systems in place to provide dialysis for patients outside the usual catchment area, for example patients on holiday. There were up to two dialysis machines and chairs available for this. The system was based on the Department of Health: 'Good Practice Guidelines for Renal Dialysis/ Transplantation Units (2012)', which outlined the necessary screening, referral process and transport arrangements for patients care. When patients were referred to the centre, the consultant and MDT would review the shared information to identify whether the attendance could be accommodated. Patients visiting the unit were required to be segregated from other patients in line with national guidance.
 - There were arrangements in place for patients going on holiday. Following confirmation of dates, the local NHS hospital would source a dialysis unit, and centre staff completed referral forms and relevant bloods to enable staff at the receiving centre to have access to all relevant patient information.
 - Patients were encouraged to participate in their treatment, and we saw multiple patients weighing themselves on their arrival at the unit.
 - Patients whose first language was not English were supported with decision making and understanding their condition by the use of interpreters and information leaflets. However, staff told us they would approach families to act as interpreters. This carried risks for patients in terms of patient confidentiality and staff being assured that the patients opinion on care and treatment was relayed to staff impartially.
 - The centre did not have any bariatric patients and said bariatric patients would be dialysed by the NHS trust.
 - The centre did not provide care for patients with learning disabilities or those living with dementia and we were told that the majority of patients who required additional support received their treatment at the local NHS trust.
 - Nursing staff referred patients to the hospital social worker if they identified any social needs, such as additional care packages.
 - The centre did not have a multi-faith room; however, patients did have access to a large meeting room that could be used for prayers, counselling, and reflection as necessary.
 - Patients were offered refreshments whilst attending the centre. This was hot or cold drinks, sandwiches and biscuits. Staff told us some patients preferred to bring their own food and staff would facilitate this by providing cutlery or other kitchen utensils.
 - Nursing staff had been trained in vaccinations to enable patients to receive their seasonal flu and Hepatitis B vaccine at the centre, rather than attending their GP on an additional occasion.
- ### Learning from complaints and concerns
- We saw that there was a clear process in place for the management of complaints: all staff were able to tell

Dialysis Services

us what they would do in the event of a formal or informal complaint being made. The registered manager told us most patient issues were resolved informally and immediately at the centre.

- Staff told us the centre were aware of their shortcomings in regards to dealing with complaints as a result of the annual Fresenius national patient survey where 68% of patients thought complaints to the centre were taken seriously.
- We saw a poster displayed in reception providing patients and relatives information on how to raise concerns and make a complaint. There were also freepost postcards available, to enable patients to make complaints to the Fresenius Head Office.
- The registered manager told us they had an open door policy where patients could escalate any concerns directly. This was in addition to the daily contact by the registered manager to ensure patient satisfaction.
- On referral to the centre, patients and their relatives were given a copy of the patient guide, which contains details of the complaints procedure. Detailing how a complaint could be made, the process for investigation and the timescale.
- Staff told us patients could be directed to the NHS trust's patient advice and liaison service (PALS) for support with complaints.

Are dialysis services well-led?

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

Leadership and culture of service

- Leaders had the appropriate skills and knowledge to manage the service. Locally a deputy manager, nursing staff, health care assistants and an administrator supported the centre manager.
- The registered manager was supported by the area lead nurse whose key responsibility was to monitor the performance of the unit.
- Fresenius Medical Care Renal Services Limited had an organisational structure, which included a managing director, supported by a regional business manager, who fed into clinical and corporate governance divisions and the Fresenius the board.
- The area lead nurse was present during the inspection, and it was clear from their interactions and knowledge of staff that they had regular contact with staff.
- Nursing staff confirmed that the senior management team were approachable, always responded positively to any contact and always spoke with patients when they visited the centre.
- Locally, the registered manager demonstrated leadership and professionalism. We were told by all staff that they were a good role model for the nursing team and worked above and beyond expectations. The registered manager told us they had completed Fresenius management courses.
- All staff reported that the manager was approachable and responsive to any needs, whether that was for assistance with clinical practice or personal support.
- Locally there was a hierarchy of accountability from the registered manager, who was supported by a deputy manager and three team leaders.
- All staff felt valued and told us that they enjoyed working at the centre. Throughout the inspection, we saw that staff assisted each other with tasks and responded quickly to service needs.
- All staff were aware of the need to be open and honest with patients. However, some staff could not explain the Duty of Candour beyond being open and honest with patients.
- We saw that staff had effective working relationships with staff from the local NHS trust. Medical staff and specialists from the NHS trust confirmed that working relationships were positive and inclusive.
- The Workforce Race Equality Standard (WRES) is a requirement for organisations, which provide care to NHS patients. This is to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. WRES has been part of the

Dialysis Services

NHS standard contract, since 2015. NHS England indicates independent healthcare locations whose annual income for the year is at least £200,000 should produce and publish WRES report. Fresenius did not currently have or maintain a WRES report or action plan to monitor staff equality. The Fresenius staff handbook stated Fresenius 'are an equal opportunities employer and do not discriminate on the grounds of gender, sexual orientation, pregnancy or maternity, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age.' The workforce at the centre was a diverse cultural mix of staff and reflected the Fresenius handbook statement.

Vision and strategy for this this core service

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

Governance, risk management and quality measurement

- Quality assurance was monitored by Fresenius centrally through regular audits, guidance and procedures based on national guidance, staff training and development and workforce planning. For example, we viewed an email dated 12 May 2017 from the Fresenius chief nurse with an attached copy of the Fresenius 'learning bulletin.' This gave staff information on wet and dry needling. The email advised staff to stop the practice of dry needling patients with immediate effect, with the exception of blood sampling. Staff were aware not to use dry needling due to the risk of air inside the needle. Fresenius had an update programme in place and staff were receiving training updates on wet and dry needling techniques. Seven staff at the centre had attended this training between 12 and 13 May 2017.
- The consultant nephrologist from the local NHS trust was the governance lead for the centre feeding information back to the local NHS trust and monitoring progress against guidance and the contract.
- There were monthly quality assurance meetings, which were attended by the consultant, satellite haemodialysis unit coordinator, registered manager, dietitian and any other available staff. These meetings followed a set agenda and discussed hospitalisations, deaths, water treatment, staffing and patient blood sampling. We saw that minutes from these meetings were detailed and shared with all staff.
- Data collected by the centre was entered into the renal registry by the local NHS trust. This information was validated. The centres dataset was monitored monthly with the area head nurse. As part of the Fresenius clinical governance review and reporting, a report addressing how the centre was meeting the Renal Association standards was sent to the NHS trust consultant.
- There was a programme of regular audits, which detailed which audits should be completed weekly (such as empty dialysis slots and patient treatment numbers), and monthly (dialysis record audits and infection control). This information was fed into the organisational database to produce a dashboard of compliance. We saw that the centre met all key performance indicators.
- The centre did not have a local risk register that detailed all risks associated with the building and the clinical services provided. We saw that work was in progress on a localised risk register. However, when we asked the registered manager they were not aware of the main risks to the service as identified in the risk register. The registered manager identified staffing as the main risk to the service; the risk register was focused on risks to corporate objectives.

Dialysis Services

- We saw evidence that staff worked effectively with stakeholders. There was clear understanding of each role and professional interaction to meet patients' needs. We saw open discussions between centre staff and staff employed by the local NHS trust. Information was shared and all staff were encouraged to participate in discussions.
- The Fresenius centre managers met regularly at area meetings as a support network for teaching and sharing learning.
- The lead area manager had monthly meetings with the registered manager to discuss progress against targets and any development plans or changes to practice.
- Performance against the Fresenius strategy was monitored through organisational key performance indicators (KPI).
- Key performance indicator (KPI) meetings were held quarterly. These included staff within the area and were used to review service provision and for service planning. We saw minutes of these meetings dated from June to December 2016; the meetings had a standard agenda and included a review of incidents, variations to the contract between the centre and the NHS trust, and a review of the KPI dashboard. Minutes from the KPI meetings were shared with staff working at the centre.
- The senior management team meet their national colleagues regularly had the opportunity to travel to different centres to share ideas for progressing the services offered by the company.
- There was no programme of regular team meetings in place at the centre. Staff told us team meetings were ad hoc. We viewed minutes from a team meeting dated May 2017. The minutes recorded that discussions included: infection control, annual staff survey, named nurse, medication, incidents, water treatment plant, housekeeping, mandatory training, resuscitation trollies, and deteriorating patients. The registered manager also told us they worked on the clinical floor with staff and would speak to staff whilst on duty. There was a communications diary where the manager recorded messages for staff, which was reviewed at each shift handover. However, a lack of regular formal team meetings could mean staff did not

receive all information the registered manager wished to disseminate including discussions of the centres progress against targets, development plans, changes to practice, and any concerns staff had.

- Information from the Fresenius board was shared directly with staff working at the centre through emails, and verbal feedback at team meetings. We saw that the organisation leads were visible and staff told us they were included in any plans for development or change.

Public and staff engagement

- Fresenius completed annual patient surveys. Results showed that 90% patients thought the centre was "well run."
- Fresenius completed annual staff surveys. For example, 100% of staff at the centre had said they would recommend the centre to their friends or family. In the survey 20% of staff said they had felt pressurised to come to work by either managers or colleagues.
- Staff received regular newsletters from the Fresenius board informing them of service developments. Staff told us these were put in the staff room by the registered manager to enable staff to look at them during their breaks. We saw the April 2017 newsletter on a staff noticeboard in the staff room.
- The staff room had a flowchart informing staff of the stages in raising and escalating concerns. There was also information available to staff of a confidential counselling service offered to staff by Fresenius.
- Patients were not generally enabled to familiarise themselves with staff and the location prior to commencing treatment. However, the registered manager said patients could look around the centre and meet the staff working there upon request.
- We saw a 'You said, we did' local action plan in response to the national annual patient survey 2016. This outlined areas of improvement patient responses to the survey had identified. For example, the centre had a staff meeting to discuss improvements in staff verbal communication when speaking to patients to ensure patients privacy and dignity was respected.
- The NHS trust had links with the Kidney Patient Association and the National Kidney Foundation and

Dialysis Services

provided information leaflets and advertised support groups and events. However, there was no service user group at the centre where patients could attend meetings.

- We spoke with the NHS trust renal transport co-ordinator and they told us they regularly visited the unit and spoke with patients about transport issues.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- Ensure staff adhere to correct infection control procedures at all times, including the use of personal protective equipment and when removing sterile equipment from packaging.
- Ensure all staff are aware of the signs and symptoms of sepsis and ensure there are clear procedures in place to respond to a patient with sepsis symptoms.
- Staff should understand the Duty of Candour and how the duty is applied in practice.

Action the provider **SHOULD** take to improve

- Ensure staff have safeguarding children's training in accordance with national guidance.
- Use independent translation services when obtaining patients consent to care and treatment.
- Engage local staff and managers in identifying local risks on the centre's risk register. The risk register should reflect local risks to the service.

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

Care and treatment were not always provided in a safe way because;

1. Some staff were observed not to be using effective aseptic technique and infection prevention and control precautions to maintain patient safety and reduce the risk of infection.
2. There was no sepsis policy.

Regulation 12 (2) (h)

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

The provider did not always act in an open and transparent way because;

1. We saw records that a patient's family had been informed of an incident involving the patient. However, there was no record of the incident having been discussed with the patient.
2. Staff were not fully conversant with the Duty of Candour requirements.

Regulation 20 (2) (a)