Colliers Wood Dialysis Unit

Quality Report

Unit 11
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

Colliers Wood Dialysis Unit (the clinic) is operated by Fresenius Medical Care Renal Services Limited under a contract with St George's University Hospital NHS Foundation Trust. The clinic provides haemodialysis for stable patients with end stage renal disease and failure. Dialysis units offer services which replicate the functions of the kidneys for patients with advanced chronic kidney disease.

The service opened and has been in its present location since February 2011. The facility is a standalone unit within an industrial park operating 24 dialysis stations, 16 stations were provided in four bed bays, eight stations were provided in side rooms with en-suite facilities.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 6 July 2017, along with an unannounced visit to the clinic on 17 July 2017.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

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.

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 issues that the service provider needs to improve:

- The unit did not have a sepsis policy or pathway to ensure patients with potential sepsis were identified and treated in a timely manner.
- There was an increased risk to patients as a result of not all staff not adhering to aseptic techniques at all times.
- There was a lack of secure storage space with blood samples not being stored securely.
- There was a risk that saline was stored at incorrect temperatures due to being stored in a corridor where temperature was not monitored.

Summary of findings

- All staff were not trained to an appropriate level in children's safeguarding, in accordance with national guidance.
- There were gaps in the daily recording of high and low readings of the blood sugar monitoring boxes.
- A few records relating to staff competence were inconsistent.

However, we also found the following areas of good practice:

- All staff had completed infection prevention and control and aseptic non-touch technique, as part of their mandatory training for the year.
- Overall, the unit achieved effective outcomes for their patients.
- Patients who use this service were largely satisfied with their treatment and care.
- Staff were caring and looked after patients with compassion and understanding.
- Overall, feedback from patients was positive about the nursing staff delivering day to day care.
- Policies and procedures were based on national guidance.
- A patient had secured funding from the Kidney Patients Association to create a sensory garden at the unit.

Following this inspection, we told the provider that it must and should make some improvements to help the service improve. Details are at the end of the report.

Professor Edward Baker

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis Services		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. Colliers Wood Dialysis Unit was opened by Fresenius in 2011. The clinic provides haemodialysis to patients with chronic kidney disease, under the care of a consultant at St George's University Hospital Foundation Trust. The clinic is open Monday to Saturday, providing care for 144 adult patients who live in surrounding areas of South London.

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Background to Colliers Wood Dialysis Unit

Colliers Wood Dialysis Unit operated by Fresenius Medical Care UK. The service primarily provides dialysis service under a contract with St George's University Hospital NHS Foundation Trust. The service opened and has been in its present location since 2011.

At the time of the inspection the clinic had a registered manager in post since February 2011, but they have since resigned.

The service was not previously inspected.

Our inspection team

The team that inspected the service comprised Debbie Wilson, CQC lead bank inspector, another CQC inspector, an assistant inspector, and a specialist advisor with expertise in renal dialysis. The inspection team was overseen by Roger James, Inspection Manager.

Information about Colliers Wood Dialysis Unit

Colliers Wood Dialysis Unit is a unit that provides dialysis for patients with chronic renal failure. Fresenius Medical Care is contracted to complete dialysis for local patients under the care of nephrologists at St George's University Hospitals NHS Foundation Trust (local NHS trust). All patients attending Collier's Wood Dialysis Unit (the unit) receive care from a named consultant at the local NHS trust, who remained responsible for the patient. The unit has support and close links with the local NHS trust that provide medical cover, pharmacy support, transport coordination and regular contact with a dietitian. The clinical team attends the clinic regularly and assess patients in preparation for monthly quality assurance meetings.

The clinic operates Monday to Saturday with a maximum capacity of 144 registered patients. Approximately 72 sessions are provided each day the unit is open. Opening hours are 6.45am to 11.30pm Monday, Wednesday and Friday; and 6.45am to 7pm Tuesday, Thursday and Saturday.

The clinic has 24 dialysis stations (comprised of 16 stations in the main dialysis area, seven side rooms, and a side room which is used for isolation purposes). Facilities include a reception and waiting area, two consulting rooms, staff room and a meeting room.

The clinic is registered to provide the following regulated activities:

- Treatment of disease, disorder, or injury.

  During the inspection, we visited the treatment areas where dialysis took place, and the other non-clinical areas of the clinic, such as the maintenance room, and water storage area. We spoke with seven staff including; registered nurses, dialysis assistants, health care assistants, reception staff, and senior managers. We spoke with five patients. We also received 16 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed eight sets of patient records.

  There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. This was the centre's first inspection since registration with CQC.

  From January to December 2016, there were 18,364 dialysis sessions carried out for patients funded by the NHS. An average of 1530 treatment sessions were delivered each month.

Summary of this inspection

At the time of the inspection the unit did not provide services for people who are on holiday or patients under 18 years of age. Both male and female patients are treated in the same areas at the same times.

The clinic does not employ any doctors, in a medical emergency patients are transferred to the acute hospital's emergency department. The clinic employs 10 registered nurses (eight full-time and two part-time). There were five health care assistants (HCA) (three full-time and two part-time).

Access to the facility is by established routes with bus stops in close proximity. Most patients use hospital arranged transport to and from the clinic. Ambulance access is available and a designated drop off base is available at the entrance. A small number of patients use private transport and designated parking is available.

Track record on safety in 12 months before inspection:

- No never events.
- No incidences of healthcare associated Meticillin (MRSA).
- No incidences of healthcare associated Meticillin – sensitive staphylococcus aureus (MSSA).
- No incidences of healthcare associated Clostridium difficile.
- No incidences of healthcare associated infection caused by other bacteraemia.
- No incidences of pressure ulcers, urinary tract infection (UTI) and hospital associated venous thromboembolism(VTE).
- Two incidences of patient falls.
- Eight complaints received.

Services provided under other contracts:

- Clinical and or non-clinical waste removal.
- Maintenance of medical equipment and environment.
- Maintenance and service of dialysis chairs.
- Laundry services and provision.

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 which the provider needs to improve:

- The unit did not have a sepsis policy or pathway to ensure patients with potential sepsis were identified and treated in a timely manner.
- There was an increased risk to patients as a result of not all staff adhering to aseptic techniques at all times; although all staff had completed infection prevention and control and aseptic non-touch technique as part of their mandatory training for the year.
- There was a lack of secure storage space with blood samples not being stored securely.
- Staff were not trained in safeguarding children in accordance with the intercollegiate document 2014.
- There was a risk that saline was not stored securely and ambient temperature was not monitored.
- Following our inspection the local NHS trust informed us that an arrangement whereby additional staff were provided by the local NHS trust had ended in May 2017, following a senior nursing review and with a planned phased return of trust staff. Following the repatriation of these staff, the service increased their staffing on 24 June 2017. However, between May and June 2017 the ratio was one to 4:5.
- The provider worked in partnership with the trust team and renal consultants. There was an admission criterion. On the rare occasions that patients were admitted and assessed in the unit to not meet the agreed criteria, they were readmitted to the NHS Trust and were reviewed by the renal consultant.

However, we also found the following areas of good practice:

- 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.
- Medicines were stored securely.
- There was a business continuity plan in place and patients could be safely evacuated in an emergency.

Are services effective?

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

We found the following areas of good practice:

Summary of this inspection

- Overall, the unit achieved effective outcomes for their patients.
- Policies and procedures were based on national guidance.
- Patients' pain and nutrition were assessed regularly and patients referred to appropriate specialists for additional support as necessary.
- The IT system automatically updated patient dialysis records and information was available at the point of care.
- Patient's consent to treatment was recorded.

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 respect and compassion.
- Patients said staff were helpful and kind.
- Patients and their relatives were encouraged to participate in their treatment if appropriate.
- The social and emotional aspect of care for the patient was managed by the relevant professionals and professional bodies.
- The Kidney Patients Association funded annual social events for both patients and families and this promoted good emotional support.

Are services responsive?

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

We found the following areas of good practice:

- As a result of the reorganisation of dialysis services at the local NHS local NHS Trust, the unit had expanded its service provision with three additional twilight sessions to accommodate extra patients.
- The clinic was running at full capacity, in response to increased demand from the local NHS Trust.
- Patients whose needs placed them in a higher acuity than was usually accepted at the clinic, were assessed by the team and trust colleagues and were not admitted.
- Patients were under the care of the NHS renal consultant who worked in partnership with the clinic's staff.
- Patients were provided with appropriate information leaflets to enhance their understanding of treatment and its impact on their lives.
- The clinic was fully equipped to provide patients with mobility, hearing, or visual impairment with a safe treatment area.
- At the time of our inspection, patients were largely satisfied with the quality of their treatment and care.

Summary of this inspection

We also found the following areas which the provider needs to improve:

- A few patients told us the rationale about staggered start times for connection had not been explained to them. Some patients needing connection to machines experienced delays, if another patient's connection took longer than expected.
- Some patients, who had been recently admitted as a consequence of the trust's dialysis unit closure, were dissatisfied with the changes to the time or day of their session. There had been an increase in complaints to the unit as a result of the reorganisation of dialysis services, but these had declined as patients became familiar with the clinic and its staff.

Are services well-led?

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

We found the following areas of good practice:

- Processes were in place to foster patient engagement.
- There was an annual staff survey and an action plan in response
- A patient had secured funding from the Kidney Patients Association to create a sensory garden at the unit.

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are dialysis services safe?

Incidents

- The clinic had a system in place for recording, investigating and monitoring incidents. Staff were fully aware of the roles and responsibilities in the recording of incidents, both internally and externally.
- No never events were reported by the clinic in the 12 months prior to inspection as none had occurred.
- The clinic reported three deaths, one of which was unexpected, in the previous 24 months. The unexpected death in April 2017 had involved the coroner and the patient was found to have died of natural causes. 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 had been one serious incident, no incidents of pressure ulcers, one urinary tract infection (UTI) and no hospital acquired in the 12 months prior to the inspection. Serious incident investigations were carried out by the provider's clinical team in line with the provider's policy.
- Work was in progress for the unit to introduce the same electronic incident recording system used by the local NHS trust. Managers told us staff would be trained in the use of the system when it was rolled out.
- All incidents and any learning arising from them were shared across the team at ad hoc team meetings at the staff handovers. We saw minutes from team meetings, which evidenced feedback to staff regarding local incidents and the actions to be taken. We saw that staff meetings included lessons learnt and details of investigations following incidents.
- Following our inspection concerns were raised in regards to an incident on 5 August 2017 involving a blood spillage. We discussed this with a senior member of staff who told us the incident was being investigated by the provider.
- The dissemination of information regarding incidents and lessons learned was through electronic communications and staff meetings.
- 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. The unit had two 'Duty of candour' notifications in the 12 months prior to inspection in May 2017. These were recorded on the clinical incident log 2017 as 'no harm.' The regional business manager told us Fresenius had been confused about the 'Duty of candour', but the organisation had spent time clarifying it. The regional business manager said any patient harmed by the provision of a service was informed of the fact and an appropriate remedy offered, regardless of whether a complaint had been made or a question asked about it.
- Staff were aware of the 'Duty of candour' regulations and the need to apologise for any errors, mistakes or incidents. For example, team meeting minutes dated 28 March 2017 recorded that the 'Duty of candour' had been discussed with staff.

- 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 and were conversant with what the 'Duty of candour' requirement was.
- 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. All staff were required to complete a programme of mandatory training appropriate to their role. Training was completed either in face-to face or by an electronic learning programme. No staff we spoke with described difficulties accessing these electronic training packages.
- We saw the staff records for mandatory training. The average mandatory training compliance was 100%. The clinic manager kept an electronic record which recorded the training required, and its completion dates.
- The registered manager described how the system was used to ensure staff remained up to date. We viewed the annual timetable of training for the staff working in the unit. The training programme contained modules that included basic life support (BLS).
- As part of their mandatory training, staff completed a number of competencies when they started their employment at the clinic. This included water education and treatment and the administration of catheter locking solutions and specific medicines.

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. They were able to explain the main types of abuse, and knew how to access the clinic's policy for safeguarding patients.
- Staff told us they had not had to report or escalate many safeguarding concerns but were aware of the escalation process. All safeguarding concerns were reported through the local NHS trust safeguarding team who contacted the clinic with any feedback from investigations.
- Data showed us 100% of staff had completed safeguarding adults training at the time of inspection. Staff were trained to safeguarding adults' level 2. Staff also had access to the Fresenius safeguarding lead.
- The clinic did not treat patients under the age of 18 years. Data received from the clinic recorded that 100% of staff had received level 1 safeguarding training. However, this was not in accordance with the intercollegiate document, 'safeguarding children and young people: roles and responsibilities for healthcare staff, 2014.' The guidance highlights that nursing staff should be trained to level 2. Staff told us they would seek advice from the local NHS trust safeguarding team in the event of concerns about a child.
- Fresenius had a safeguarding adult's policy and procedure which specified the process and responsibilities of staff. However, there was no children's safeguarding policy to guide staff in regards to safeguarding concerns about children.

Cleanliness, infection control and hygiene

- The clinic's hand hygiene audits showed an average of 96% compliance. Following the inspection, the provider told us that there was no target set, but close monitoring of performance applied; and action plans and unannounced audits were carried out if performance dropped.
- We saw there were sufficient numbers of hand washing sinks available, in line with Health Building Note (HBN) 00-09: Infection control in the built environment. Soap and disposable hand towels were available next to sinks. Sanitising hand gel was readily available throughout all areas.
- One isolation room and seven side 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. Patients with Hepatitis B, Hepatitis C and HIV were treated in isolation rooms which were heat disinfected following sessions.

- We saw patients identified as at risk were allocated the same equipment and rooms for each session to prevent risks of cross infection. Rooms were observable from the main nurse's station.
- During the inspection we saw staff were bare below the elbow, this facilitated staff washing hands and wrists. We saw personal protective equipment was available for all staff this included face visors to protect staff from the possibility of blood sprays.
- Infection prevention and control and aseptic non-touch technique (ANTT) was part of mandatory training for staff to complete every year. Aseptic techniques are methods designed to prevent contamination from microorganisms; they involve actions to minimise the risks of infections. We saw all staff had completed the courses at the time of inspection. However, we saw a member of staff who did not observe ANTT when connecting a patient to dialysis. The staff member touched the machine and touched the sterile field of the connection pack. The nurse also touched the hub of the fistula needle with the same pair of gloves.
- We saw a further incident involving a nurse not observing ANTT procedures at all times. The nurse used wipes to clean a trolley, and the same nurse touched blood lines and clamp and then touched the arterial port, increasing the risk of cross infection.
- The clinical area and equipment that we checked were generally visibly clean. We were told that cleaning was subcontracted to an external provider. The contractors had regular meetings with the registered manager to ensure satisfaction with the service.
- The clinic had a schedule for the cleaning of patient care equipment. The schedule listed all the equipment, the type of cleaning required and frequency. This included the cleaning and disinfection of the interior fluid pathway and the exterior surface of the dialysis machines.
- 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 the provider's head office for analysis and recorded on the service dashboard. However, we viewed the clinic's dashboard and this recorded that cleaning audits had not been put on the dashboard from March to April 2017.
- Records from January to April 2017 demonstrated 93% compliance with infection control audits; the provider's target was 100%. We saw the clinic manager had included the results of audits and actions to be taken by staff to improve compliance with infection control in an action plan. Improvement in infection control practice was discussed and recorded in team meeting minutes. The Fresenius head office also monitored infection control practices through audit returns which were measured against compliance with key performance indicators.
- Water used for dialysis needs to be specially treated. There was a large water treatment room, which was monitored remotely by the Fresenius technician, as well as the technician visiting the service at least once a week to monitor the water supply and treatment. This enabled the technician to monitor and identify any issues with supply, effectiveness of treatment, or leaks. In addition staff had telephone access to the water equipment manufacturers in the event of emergencies.
- The service had no incidence of bacteraemia in the previous 12 months. Bacteraemia were reported centrally for review by the provider's infection control committee to monitor trends and identify learning needs.
- There was an increased risk to patients as a result of the provider not having a policy on sepsis, (blood poisoning), and all staff not adhering to aseptic techniques at all times.
- Following the inspection, the provider acknowledged that there was not a policy that aligned to good practice guide for treating sepsis. However, they stated

there was a toolkit recommended by NICE (National Institute for Health and Care Excellence) that recognised, diagnosed and detected sepsis early across clinics.

- From May 2016 to May 2017, the clinic reported no cases of healthcare associated infections such as clostridium difficile (C diff), MRSA) or (MSSA). MRSA and MSSA infection screening was completed by nursing staff quarterly for all patients.
- Nursing staff or health care assistants (HCA) cleaned machines. Cleaning was logged on the machine when a patient was disconnected. Cleaning of the machine was conducted immediately. This provided evidence of who cleaned the machine, signature and date; but did not record the time.
- We saw sharps bins were available in treatment and clinical areas where sharps may be used. This demonstrated compliance with health and safety sharps regulations 2013, 5 (1) (d). This requires staff to place secure containers and instructions for safe disposal of medical sharps close to the work area. We saw the labels on sharps bins had been fully completed which ensured traceability of each container.
- During the inspection we saw all seating used within the patient areas was covered in a material that was impermeable, easy to clean and compatible with detergents and disinfectants. This was in line with HBN 00-09 section 3.133 for furnishings.
- The centre did not have carpets in clinical rooms. The flooring was seamless and smooth, slip resistant, easily cleaned and appropriately wear-resistant.

Environment and equipment

- The clinic had two consulting rooms which could be used for patient assessments, private conversations and treatments. The clinic complied with all 'Renal Care Health Building Note 07-01: dialysis unit requirements', including appropriate waiting areas, storage, dialysis station size and access to facilities such as toilets.
- The environment and equipment met patients' needs. The clinic provided 24 dialysis stations, this included eight isolation rooms. Each dialysis station had a reclining chair, dialysis machine, table and nurse call bell. All equipment was numbered to ensure it remained in the same location. There was sufficient space around each station to allow for patients, staff, and equipment.
- Emergency equipment was located in the main treatment area by the nurse's station. The resuscitation trolley contained all the required equipment including a defibrillator, to manage a medical emergency such as a cardiac arrest. We saw the trolley was secure and fully stocked and ready for immediate use. All equipment needed was available, as indicated by an equipment list. All consumables were in date. There was a system for checking these daily and we saw the fully completed records of checks, which confirmed staff checked the trolley on the days the unit was open.
- Fire extinguishers were serviced appropriately and were in prominent positions. Fire exits were clearly sign posted and exits were accessible and clear from obstructions.
- All patients had access to the nurse call system and we observed that systems were working at the time of inspection.
- Alarms on the machines would sound for a variety of reasons, including sensitivity to patient's movement, blood flow changes or leaks in the filters. Overall, we saw the alarms were used appropriately and not overridden by staff. However, we saw a patient cancel an alarm on one occasion. A nurse attended the patient but did not advise the patient not to cancel their machine alarm. Generally, when alarms sounded we saw nursing staff check the patients and the lines before cancelling the alarms.
- We saw there was adequate equipment to enable regular servicing and maintain full service. All dialysis machines were under manufacturer's warranty and maintained according to guidance. A manufacturer's engineer attended the clinic at regular intervals to complete routine servicing. In addition, reported faults were actioned in a timely manner. All equipment checked was logged electronically with a record sent to the registered manager detailing works completed. Staff were aware of the escalation process for the reporting of faulty equipment.

- We asked for evidence of the replacement programme for dialysis machines which should be replaced every seven to ten years or between 25,000 to 40,000 hours of use according to Renal Association guidelines. All of the machines had been in place since the unit opened in 2011. The clinic informed us that machines were monitored and would be replaced once they had 25,000 hours of use.
- The unit had five spare dialysis machines which were serviced and in date, which could be used in the event of machine malfunctions. The clinic also had five machines used for patients in isolation, these were clearly identified.
- All staff were trained on the equipment in use. Either Fresenius or external providers completed this as necessary. We saw equipment training records showed 100% compliance for all staff.
- All single use equipment was labelled accordingly, and disposed of after use.
- We saw the blood glucose machines were calibrated daily and the results were documented according to manufacturer's instructions. The machines are required to be calibrated periodically because there are variances in the test strips used which can make the results different between batches.
- We saw the ambient temperature of the treatment area was recorded daily.
- Waste in the clinical areas was separated and in different coloured bags to identify the different categories of waste. This was in accordance with the Department of Health (DH) Technical Memorandum (HTM) 07-01, control of substance hazardous to health and Health and Safety at Work regulations.
- Filled bin bags were tagged and removed to a secure unit outside of the building awaiting collection.
- We had concerns in regards to the storage of saline. We found six boxes of 50 ampoules of intravenous saline, 25 boxes 500ml saline, and 14 boxes of 100ml saline stored in a service corridor. There was also a box of machine cleaning fluid. The registered manager told us this was due to a lack of storage space in the building. This meant there was a risk that saline was not stored at the required temperature as there was no temperature recording in the corridor, and there was a risk the saline could be tampered with as the corridor was accessible to all staff.
- We found access to the plant room was blocked with several pieces of equipment. Staff told us the equipment was stored there waiting servicing.
- One patient told us there were no bed pans or commodes available at the unit, and this could make using toilet facilities difficult. Staff told us patients usually used the toilet facilities prior to being connected. But patients who wished to use the toilet could be disconnected, but this had not happened as no patients had requested this.

Medicines

- Fresenius had a medicines management policy. The purpose of the policy was to make suitable arrangements for the recording, safe-keeping, handling and disposal of medicines. The policy stated it was reviewed in April 2017.
- The clinic did not use or store any controlled drugs (CD), medicines that are liable for misuse and have additional legal requirements regarding their storage, prescription and administration. The registered manager had lead responsibility for the safe and secure handling and control of medicines.
- There were a small number of medicines routinely used for dialysis, such as anti-coagulation and intravenous (IV) fluids. Medicines were stored in a treatment room, which was secured with a keypad access door.
- We saw medicines cupboards and fridges were clean and tidy. We found all the items stored were within date and there was a system of monthly expiry date checks by registered nurses.
- Medicines which were temperature sensitive were monitored. The medicines management policy gave guidelines for staff for action to take in the event temperatures were outside the required ranges. We saw the fridge and ambient room temperatures were recorded daily, and had been maintained within the recommended parameters.
- The pharmacy departments from the local NHS trust supplied medicines to the clinic. Ordering of

medicines occurred on a monthly basis or more often if required. The local NHS trust used internal couriers to deliver medicines to the clinic. This meant a secure system of transportation of the medicines was in place. Upon arrival at the clinic, the registered nurse would check the medicine against the order form to confirm it was correct. We saw the stock forms were kept at the clinic.

- Prescriptions were written by the consultants at the local NHS Trust. Medicines were reviewed at the quality assurance meetings for each patient. We saw prescription charts were clearly written, showed no gaps or omissions and were reviewed regularly.
- Staff checked patients' identity prior to giving medicines by asking their name.
- All permanent staff were assessed annually for medications administration and understanding, manual handling and basic life support (BLS).
- The unit did not use patient group directions (PGD). These are arrangements in regards to who can supply and or administer specific medicines to patients.

Records

- Patients' records were held both electronically and in paper format. Fresenius electronic record system recorded information downloaded directly from the dialysis machines and data recorded by nursing staff. We saw the electronic records detailed dialysis sessions by date and time. This meant any changes in treatment, any problems occurring during the session and any treatment changes could be easily identified. The electronic data was shared with the local NHS trust. This meant the relevant consultant had access to the patient records at all times.
- The local NHS trust's electronic system formed the main frame for access to all patient information and was visible to the multi- disciplinary team. Staff told us the system operated effectively as all people involved in delivery of the patient care had access, could make referrals, follow up and monitor progress of the patient.
- The paper records included the dialysis prescription, patient and next of kin contact information, and GP details. There were also nursing assessments, medicine charts, and patient consent forms.
- The patients' individual file was kept by the patient during their dialysis session. When not in use, the active patient files were kept in a locked cupboard by the nurses' station and inactive files kept in a secure storeroom.
- Paper and electronic records were available for all clinic appointments and quality assurance meetings. This meant the multidisciplinary team had access to the most up to date patient records when reviewing their care and treatment.
- We looked at eight sets of patient records which were well maintained and easy to navigate. Patient records were generally compliant with guidance issued by the Nursing and Midwifery Council (NMC), the professional regulatory body for nurses. The records we viewed were contemporaneous and reflected the care and treatment patients received. Overall, patient records were completed legibly and accurately.
- We examined the records for the blood glucose monitoring equipment. We found most records were within the required range. However, there were gaps in the daily recording of high and low readings of the blood glucose monitoring boxes. For example, the box in side room six had not been checked from 5 to 8 July and 11 to 13 July 2017.

Assessing and responding to patient risk

- The local NHS trust consultant nephrologist was responsible for referring patients suitable for Colliers Wood Dialysis Unit.
- Patients attending the satellite clinic received their initial dialysis treatment at the local NHS Trust. After the closure of the unit at the NHS Trusts, the renal consultant continued to refer suitable patients to the clinic in line with the admission policy, for lower risk admissions. The provider told us that it was recognised that the dependency and fundamental care needs of some patients admitted since the closure had increased, for example, patients with poorer mobility.
- The area lead nurse and the registered manager told us that the unit accepted referrals on the basis of the local NHS Trust's assessment and that decisions about which of their patients were transferred to the unit.

- In response to risks, staff were able to refer such patients back to the local NHS Trust.
- Nursing staff used risk assessments to review patients on a regular basis.
- We found staff had not received training to recognise sepsis in patients even though there was an increased risk in this patient group. This was not in line with National Institute for Health and Care Excellence (NICE) guidance NG51: sepsis recognition, diagnosis, and early management. Sepsis is We were told Fresenius was in the process of training staff in the recognition of sepsis and the registered manager had received sepsis training in December 2016.
- Nursing staff were able to manage a number of scenarios and were trained to do so. It was clear to staff when the scenario required a 999 emergency call or admission.
- Nursing staff completed a patient assessment on referral to the clinic. However, the dialysis co-ordinator told us that staff needed support from local NHS trust staff with challenging grafts and fistulas, (these are methods of vascular access designed for long-term use. A fistula is created by directly connecting an artery to a vein, usually in the wrist, forearm or upper arm. graft consists of synthetic tube implanted under the skin, connecting between the artery and the vein, and providing needle placement access for dialysis). The dialysis co-ordinator told us staff at the unit did not have skills in assessing and grading pressure ulcers. The dialysis co-ordinator told us they were providing on-going training with staff at the unit, but highlighted that Fresenius did not have a tissue viability advisor in their service structure.
- 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.
- Patients' blood pressures were recorded at regular intervals during their dialysis. Alarm settings were adapted for each patient, allowing any variance to the patients' normal readings to be highlighted to nursing staff.
- Patients weighed themselves before treatment began. They inserted an electronic card which identified them, into the electronic walk-on weighing scales. This was to establish any excess fluid which had built up in between treatments.
- The local NHS trust had a dedicated renal consultant who visited the unit a minimum of 42 weeks a year. Treatment was reviewed and changes made on the basis of patient clinical needs. The consultant visits were to conduct clinics for planned patients as well as seeing patients who would benefit from a consultation.
- All staff received training in basic life support and anaphylaxis. The course was completed every year and included practical sessions. Records showed us all staff had completed the update course at the time of inspection.
- Patients who showed signs of a deteriorating condition 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.
- Patients' call-bells were left within reach of patients and were answered promptly. Overall, we saw staff respond promptly to requests for assistance.
- The consultant completed a review of each patient to monitor and track their condition. This was completed as part of the consultants' routine visit to the clinic; this enabled patients to be seen when they attended for their dialysis, preventing an additional appointment. We saw the consultant in attendance on both the announced and unannounced inspection.
- Each patient had an electronic patient ID card which recorded the patients' prescription and the outcomes of the patients last three dialysis sessions. Patients took their ID cards and weighed themselves and their weight was automatically recorded.
- All patient data during each session, especially blood pressure, was monitored and recorded and was displayed on screens at the nursing station.

Staffing

- During our announced visit, we saw that there were two Flexibank, four agency nurses, and two extra agency nurses on duty.

- The clinic was staffed to provide staffing levels in line with policy, contract arrangements and standards of practice in satellite units.
- The registered manager and the local NHS Trust dialysis co-ordinator told us there had been high use of Flexibank and agency nurses.
- The clinic had a rota with an in-built tool which calculated and displayed the required number of staff required on each shift by category.
- The registered manager was contracted to work 150 hours a month, mainly from Monday to Friday. A rota we viewed from May 2017 to July 2017 showed that the registered manager regularly worked more than their contracted hours, and also showed an increase in the clinical hours the registered manager worked.
- The clinic'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.
- In May 2017 there were 10 whole time equivalent (WTE) qualified dialysis nurses employed by the unit at the time of inspection and five WTE health care assistants (HCA). There were two WTE dialysis nurse vacancies and no HCA vacancies.
- The clinic 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 team leads 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 patients the opportunity to discuss anything that concerned them. In addition to the daily rounds, the clinic 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 were told that as the clinic was not staffed 24 hours per day, 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 clinic.
- The clinic used its own staff to cover vacant shifts. However, if shifts could not be covered by clinic staff the service used Fresenius Flexibank. We were told that Flexibank staff were usually from other Fresenius dialysis centres or staff employed specifically to attend clinics when staffing levels were short. These staff members were trained by Fresenius and familiar with the policies, procedures and equipment. However, the unit was also using a number of agency staff. (Please refer to the section on staff competence in this report).
- Between March 2017 and May 2017 there had been 46 dialysis nurse shifts covered by Flexibank staff and 245 dialysis nurse shifts covered by agency staff. There had also been 17 shifts covered by bank or agency health care assistants (HCA) in the same period.
- We saw that the nursing rota confirmed staffing numbers were consistent with a ratio of four 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 three shifts per day, and a ratio of 70 /30 qualified and unqualified staff, for the management of moderately complex patients.
- Data for the unit's dashboard covered the period for April 2017, when sickness rates were averaging 7.3%.
- The unit's dashboard recorded the vacancy rate for March 2017 as 18%, and recorded that for April 2017 the rate was "to be confirmed." The dashboard also recorded that a new registered nurse had been recruited and clinics were running at a ratio of one to 3.5 pending a review. The registered manager told us the service were actively recruiting new nurses and positions were being advertised.

Dialysis Services

Major incident awareness and training

- An emergency preparedness plan (EPP) was in place for Colliers Wood 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 clinic maintaining a paper record of the patients' last dialysis sessions. This recorded the details of the filter used; pump speed and dialysis solutions used.
- All patients had personalised emergency evacuation plans, these would be used in the event of the unit needing to be evacuated.
- 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 clinic was registered as requiring essential utilities, which meant that in the event of a local electrical failure or loss of water the clinic would be reconnected as a priority.
- Nursing staff told us that in the event of a power cut patients could receive their treatment at one of the other nearby dialysis clinic until power was restored.
- All staff had fire safety training.

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

Evidence-based care and treatment

- Fresenius Medical Care Renal Services UK used Nephrocare guidelines developed in line with national guidance, standards and legislation.
- We spoke with the registered manager and a senior member of staff who both told us the unit was contracted to provide dialysis services only and other healthcare needs would be provided by acute or community services. The consultant told us the unit did not provide non-dialysis associated treatments. For example, if a patient needed a non-dialysis associated wound dressing. The consultant said this had caused frustration for patients. The consultant said the unit provided what they were contracted to provide, dialysis services. The consultant said the nurses at the dialysis unit were working on a 1:4 ratio, and this did not give them a lot of time to do dressings, and the unit tried to make patients aware that responsibility for their wider healthcare needs and prescriptions lay with their GP. A senior member of staff told us the unit did not carry dressings for non-dialysis associated wounds.
- NICE guidance, (QS89), the quality standard for pressure ulcers specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole pressure ulcer care pathway. The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. This meant the clinic should have considered how the needs of patients with pressure ulcers would be met whilst at the unit and a policy should be in place to guide staff. However, following the inspection, the provider told us that nursing staff considered the individual needs of patients who attended for dialysis with a pre-existing wound or pressure ulcer.
- Staff at the clinic were able to access records at the local NHS trust reducing time spent awaiting 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. Local NHS trust were responsible for the creation of fistulas; staff at the clinic were responsible for monitoring them. Recordings detailed the type of access, appearance, and details of any concerns. If concerns were identified, patients were immediately referred 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'. Patients were predominantly dialysed through arteriovenous fistulas, a surgically created vein used to remove and return blood during haemodialysis. This

was in accordance with the NICE Quality Statement (QS72) statement 4 (2015): 'Dialysis access and preparation'. Staff told us more experienced staff were responsible for cannulating patients with less established fistulas.

- Minutes from the 18 January 2017 renal governance board for Fresenius satellite haemodialysis units recorded that 49 of the 144 patients (29%) received their dialysis via central venous catheter known as a 'line', this is a soft plastic tube placed through the skin into one of the large veins in the neck or the groin at the top of the thigh, connected to the tubes on the haemodialysis machine to allow blood to be pumped from your body to the machine and back for dialysis.
- The clinic 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 clinic 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 local NHS trust hospital.
- We saw from a review of the minutes of a meeting of the renal governance board for Fresenius satellite haemodialysis units, dated 15 February 2017, a need "to focus on eligibility criteria" had been discussed. We noted that the notes were not detailed and were unsure if this referred to the acuity of patients or patient transport.
- 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, registered 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 dietitian.

Pain relief

- None of the patients we spoke with required pain relief at the time of our inspection. However, we observed staff asking patients about their pain levels.
- Patients did not routinely receive oral analgesia during their dialysis sessions; however, local analgesia was available for cannulating the 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.
- Local analgesia was prescribed as a 'to be administered as necessary medicine', which enabled it to be used at each attendance to the clinic. If the pain related to the patients' general condition, they were reviewed by the consultant as soon as was possible. Patients who required an urgent review for pain management were referred to their GP or the local NHS trust depending on the severity.

Nutrition and hydration

- Patients who have renal failure require a strict diet and fluid restriction to maintain a healthy lifestyle. We saw patients' hydration and nutritional needs were assessed and managed appropriately.
- Patients were reviewed by the dietitian monthly, who assessed their past medical history and their treatment plans to advise patients on the best diet for them. We saw patients were provided with written information and guidance relating to their diet and fluid management.
- Patients weighed themselves on arrival to the clinic at each visit. This was to identify the additional fluid weight that needed to be removed during the dialysis session. This varied from patient to patient.
- Patients were offered hot and cold drinks and pre prepared sandwiches or biscuits while they were having their treatment. Patients told us they also bought their own refreshments to consume whilst having their treatment.

Dialysis Services

Patient outcomes

- 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.
- 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 haemodialysis three times a week, K/DOQI (Kidney Disease Outcomes Quality Initiative) national guidelines recommend a delivered Kt/V of at least 1.2. In April 2017 the Colliers Wood Dialysis Unit was better than the Fresenius national average (87%). The average for Colliers Wood Dialysis Unit in April 2017 was 89%. However, the trend was downwards as the clinic average in the previous year was 96%.
- Average pump speeds were monitored by Fresenius and reported to the local NHS trust monthly, (a rate of less than 300ml/minute indicates access dysfunction). In April 2017 Colliers Wood Dialysis Unit pump speeds, (350mls/minute), were much worse than the Fresenius national average (55%). Colliers Wood Dialysis Unit averaged 44%. The trend was downwards, as there had been a 33% reduction between April 2016 and April 2017.

- The urea reduction ratio (URR) is a way of measuring dialysis adequacy, based upon how much waste is removed by haemodialysis. If a patient receives haemodialysis three times a week, each treatment should reduce their urea level (also called blood urea nitrogen or BUN) by at least 65%. In April 2017 the unit were marginally better than the Fresenius national average (94%), with a 95% of patients on average having a URR reduction of at least 65%. This was also better than the Renal Association 65% target. However, there had been a year on change of -2% from April 2016 to April 2017.
- The clinic'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 the improvement actions to be taken.
- Staff monitored patients' dialysis access (dialysis catheter, arteriovenous graft or fistula) monthly. The targets for optimising vascular access were set by Fresenius and based on the national standards.
- Research suggests dialysis sessions of less than 240 minutes can increase risks to patients. The clinic monitored the length of patients' dialysis. In March 2016 133 patients of 144 patients were dialysed for 240 minutes, in April 2017 129 patients of 144 patients were dialysed for 240 minutes, with three patients having 180 minutes prescribed. This meant the majority of patients were dialysed for 240 minutes. Staff told us they always advised patients in regards to spending 240 minutes on dialysis.
- The clinic did not directly contribute data to the UK Renal Registry, as the clinic's data was uploaded to the national database from the local NHS trust, where a central return was made.

Competent staff

- The clinic had been in the position of recruiting a number of staff in a short period of time to replace local NHS Trust staff.
- Following our inspection, in a telephone call with the Fresenius clinical services director we were told that the interim manager, (a manager from another Fresenius dialysis unit who was managing the unit following the resignation of the registered manager), was reassessing the competencies of agency nurses. A senior member of staff told us the unit used had different competency assessments from Fresenius, which were not based on the Nephrocare guidelines which the unit used.
- A senior member of staff confirmed that the unit had identified shortfalls in some agency staff competencies. For example, following our inspection, we received information on an incident on the 5 August 2017 where there had been a blood spillage in the unit. The senior staff member confirmed this had involved an agency member of staff.
- We saw an incident dated 12 June 2017 where a member of the Flexibank had not followed Fresenius policy, and had recapped two needles. Staff had informed the Flexibank staff of the policy immediately following the event and reported this as an incident.

- On commencement of employment, permanent staff were given a corporate induction at the Fresenius head office and a local induction at the unit. This included an orientation programme, and competencies booklet, which was based on the national standards framework.
- Practical skills were competency based and practical training included clinical skills such as aseptic non-touch technique (ANTT), medicines' management, care of fistulas (a connection of an artery to a vein) and dialysis catheters. For example, 84% of staff were trained in grafts, fistulas and catheters.
- Equipment and facilities training covered all machinery such as hoists, dialysis chairs, resuscitation trolley, glucometers and the centrifuge (fast sample processing). These topics were completed at the commencement of employment and updated as required in accordance with the Fresenius policy. For example, 75% of staff were trained in water treatment.
- Staff had access to the Fresenius training programmes for nurses, health care assistants (HCA) and managers. These were completed via an online log in. Access to training was arranged by the Fresenius human resources (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. The registered manager told us they had trained staff to manage situations like these.
- There were systems which alerted managers when staff's professional registrations were due and to ensure they were renewed.
- Newly recruited permanent 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 clinic's governance policies, patients data requirements and uniform policy. We saw that the induction plans were signed off by a substantive member of staff.
- 100% of staff had completed their annual appraisal. Annual appraisals identified any areas for development and an agreed timescale for completion. All staff completed competencies, which were measured against the Nephrocare guidelines. These were reviewed annually as part of the staff member's appraisal.
- 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. The registered manager told us there had been no staff disciplinary actions in the previous 12 months.
- 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, and manual handling training.
- Permanent nursing staff were trained in dialysis by Fresenius and 84% staff had completed renal training programmes. Overall, we found most staff competence was monitored and recorded annually. However, we viewed nine staff competency records and found one competency document that had been completed by the staff member in 2016 and was not signed by the registered manager. We also found five staff records with incomplete competency assessments for infection prevention and control.
- The registered manager told us 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.
- There were link nurses for specific topics such as infection control or nutrition. The roles of the link nurse were to feedback on changes in practice, and update staff at the unit.

- We viewed monthly team meeting minutes for April and May 2017. The minutes had an agenda based on CQC key lines of enquiry. The minutes had an action plan in place, but did not have follow up actions recorded, although staff groups were identified to implement the identified actions.

Multidisciplinary working

- Communication between staff at the unit and the local NHS trust staff was effective. The centre was supported by the renal multidisciplinary team (MDT) who were based at the local NHS trust. This included a consultant nephrologist, renal registrars, junior doctors, renal nurses, and a dialysis co-ordinator. Nursing staff could access the renal team for additional support or advice.
- The consultant nephrologist visited the dialysis unit monthly. During these visits, the consultant held a dialysis clinic ensuring that all patients were reviewed once every three months as a minimum, or more frequently if there were changes in the patient's needs.
- The local NHS Trust's consultants and dietitian attended monthly MDT meetings. These meetings were also attended by the registered manager and senior nurse on duty. We saw the meetings followed a set format where patients' current condition, care plans, most recent blood results and medicines were discussed and recorded in the electronic patient record. Any changes were communicated to the wider team and discussed with the patient before implementation.
- Patients had access to a dietitian who reviewed each patient monthly, prior to the multidisciplinary team meetings. This enabled an informed discussion about planned care and treatment. Any changes to patients' diets were recorded on information leaflets which were given to patients.
- The unit could refer patients to the local NHS trust renal services psychologist and hospital social work services.
- Communication with the patients GP and any other service outside the local NHS Trust network was carried out by the consultant and nursing staff.

Access to information

- Information needed to deliver effective care and treatment was available to staff through either the electronic or paper records. Paper records consisted of all patient risk assessments, consent forms and dialysis and medicine prescriptions. Electronic records including records from the local NHS trust and blood test results were accessible to permanent and NHS staff attending the clinic.
- Following the inspection, the provider told us that agency staff had access to policies and procedures on induction and through the clinic staff on duty.
- The consultant from the referring NHS trusts was contactable by email and phone. Staff were aware of the contact numbers and had confidence to contact the consultants if required.
- Patients and their GP's received copies of their multidisciplinary notes on the day of the meeting. This included any detailed changes to treatment or medicine, which needed to be implemented.

Consent, Mental Capacity Act and Deprivation of Liberty

- Consent to treatment means a person must give their permission before they receive any kind of treatment or care. An explanation about the treatment must be given first. The principle of consent is an important part of medical ethics and human rights law. Consent can be given verbally or in writing.
- Overall, we saw patients were asked for verbal consent at the start of each dialysis session and for any treatments or care during their attendance at the clinic. We saw each patient completed consent forms for the completion of treatment and for dialysis. This consent form was kept in patients paper based records. However, from our review of six patient consent records we found consent forms were not always easily located and one person had recorded on their consent form that they consented to dialysis, but did not consent to being relocated to the unit from the local NHS trust. However, staff told us some patients had felt there was a lack of choice about being relocated from the local NHS trust to Colliers Wood Dialysis Unit.
- Patients who were suspected not to have capacity to consent to treatment would be discussed with the

consultant, and the consultant referred the patient for a mental capacity assessment. Best interest decisions would be made by the multidisciplinary team (MDT), with the involvement of the patients' family. However, staff said patients who required a formal mental capacity assessment usually had this completed prior to being referred to the unit.

- Deprivation of Liberty Safeguards () are part of the Mental Capacity Act (MCA) 2005. The safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff were aware of DoLS, but had not experienced any situation where a referral needed to be made.

Are dialysis services caring?

Compassionate care

- A Healthwatch (Wandsworth) Enter & View (E&V) visit took place at the clinic on 31 March 2017. The aim of the E&V visit was to obtain information from patients on their experiences of treatment and care.
- The E&V reported "medical and nursing staff were praised for being respectful, helpful, and kind." We saw that all interactions between patients and staff were respectful, considerate and polite.
- Staff maintained patients' privacy and dignity. All information was treated as confidential. Special arrangements were in place to facilitate private discussions and consultations with the patient. We saw that patients in the main dialysis area were spoken with quietly when speaking with staff to ensure their privacy was respected.
- Patients received treatment in shared areas. The unit had curtains which could be pulled around the dialysis stations to maintain patients' privacy and dignity.
- We viewed comment cards we had sent to the clinic to be anonymously filled in by patients before our inspection. Out of 16 returned cards, 12 were positive, three were neutral, and one card contained negative comments. Positive comments included: "No complaints, very happy with the staff and the care given", "Staff are very helpful and very nice" and "I have always found the staff to be caring. They have always treated me with dignity and respect." The negative comment was by a patient who considered the care and treatment to be variable.
- We saw the results of the patient satisfaction survey for quarter four, 2016. Out of 144 patients 77 had participated in the survey and the results were mainly positive about the service received.
- All dialysis stations were equipped with a call bell, radio, TV and WiFi. Patients were asked to provide their own headphones for reasons of hygiene. The registered manager told us patients were asked to provide their own universal remote control units, as they unit did not provide these due to patients taking them home and forgetting to return them. Side rooms had individual temperature controls and the main dialysis area had a central control system. Blankets were available to patients upon request.

Understanding and involvement of patients and those close to them

- The Healthwatch review reported staff, "might be encouraged to talk more to patients when attaching them to machines, and at other times during a session." This echoed comments from a renal peer review of the service in July 2016, which commented that the unit "was slightly impersonal and task-orientated."
- Patients and their relatives were encouraged to participate in their treatment if appropriate. Staff encouraged patients to take responsibility for parts of their treatment, such as weighing themselves before and after dialysis. The registered manager told us, "They can do as much or as little as they like."
- All patients were reviewed by the consultants and dietician who enabled discussions of any concerns, medicines or treatment changes. Following each meeting, patients were given a printed summary of the discussion and any planned changes to treatment.
- We saw 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 any changes made to treatments were written and given to patients to ensure they were informed of the reasons for the change.

- Information in the form of a factsheet on what patients could expect from dialysis was available in the reception area. The factsheet also carried information on medicines, how often patients would see the consultant, fistulas and grafts.
- There was also a photo board of staff and information about the consultant's clinics and information for patients who wished to dialyse on holiday including travelling overseas.

Emotional support

- The social and emotional aspect of care for the patient was managed by the relevant professionals and professional bodies. Senior staff told us the clinic worked in partnership with the local NHS trust social worker and the renal psychologist. Staff and patients told us social workers would arrange for relevant social care support for patients.
- Staff told us where any social needs were identified, the local NHS trust social worker was contacted.
- Staff said they saw patients frequently and they were familiar with their moods and were able to identify when patients were having a bad day or were feeling unwell.
- Peer support groups such as the Kidney Patient Association (KPA) were actively involved and offered access to support services for patients, family members and carers.
- The KPA also funded annual social events for both patients and families and this promoted good emotional support. Activities such as Christmas dinners and days out were some of the activities arranged by the staff.

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

Service planning and delivery to meet the needs of individual people

- Dialysis services were commissioned by NHS England. Patients were referred to the clinic by the local NHS trust. Senior staff told us Fresenius met with commissioners in order to plan services for patients.
- As a result of the reorganisation of dialysis services nine nurses from the local NHS trust were contracted to provide support on a temporary basis to the unit. The unit also expanded its service provision with three additional twilight sessions to accommodate extra patients. Patient numbers increased from 120 to 144.
- The service completed monthly contract meetings with the NHS trust, which were attended by the senior nursing team and managers. The meetings had a set agenda and reviewed audit data, patient dialysis performance and any contractual details.
- Access to the facility was by established routes. Most patients used hospital arranged transport to and from the unit. A small portion of patients used private transport and ample parking was available at the unit. Ambulance access was available and we saw a designated drop off base was at the entrance.
- The registered manager told us the unit did not have any patients who were on a self-care programme. There had been five patients who were self-cannulating but these had all received transplants. The registered manager said the majority of patients weighed themselves and some patients did their own blood pressure and temperature. The registered manager said training was available to patients who wished to complete self-care tasks, but there had been low patient uptake.
- Patients were allocated a named nurse. The named nurse was the main point of contact and had responsibility for assessing, planning, coordinating and evaluating patients care needs on an individual and ongoing basis.

Access and flow

- The unit had 144 patients registered to receive dialysis at the Colliers Wood Dialysis Unit. The clinic had delivered 22,052 treatment sessions to a total of 44 patients that were aged between 18 to 65 years old and 92 patients aged over 65 years old in the 12 months up to May 2017. The service did not treat patients under 18 years.
- All patients at the unit were under the care of the consultant. Patients were assessed by the local NHS trust prior to referral. However, the registered manager told us the unit could return patients where the unit were unable to meet their needs.

Dialysis Services

- Following our inspection the service informed us senior nursing and consultant staff who already cared for the patients at the local NHS trust dialysis units were involved in the triage of patients that moved to the unit. A trust consultant reviewed patients and completed medication and dialysis prescriptions for them, some patients did transfer only for a short period of time. The service informed us this was not because the initial transfer was medically inappropriate, but, because the local NHS trust identified a better solution for these patients as dialysis capacity became available on the local NHS trust site.
- Following our inspection the local NHS trust informed us senior nursing and consultant staff who already cared for the patients at the local NHS trust dialysis units were involved in the triage of patients moving to the unit. The accepting consultant reviewed patients and completed medication and dialysis prescriptions. This had resulted in some patients transferring for a short period of time. The service informed us this was not because the initial transfer was medically inappropriate, but rather, because the local NHS trust team, identified a better solution for these patients as dialysis capacity became available on the local NHS trust site.
- Each patient attended the unit three times a week. The unit could accommodate 24 patients per session. The unit was open 17 hours a day from 6.30am to 11.30pm, six days a week and closed on Sundays. Sessions lasted for four hours and start at 7am, 12.30pm and 7pm. The evening session permitted patients who work to retain their employment. The relocation of 24 patients was achieved by providing additional evening shifts on Tuesdays, Thursdays and Saturdays. The new patients were allocated into different sessions across the week.
- The clinic had introduced a system of staggered appointments for connecting patients to dialysis machines at the beginning of each session. Patients regularly started their session at fifteen minute intervals, for example, 7.00, 7.15, and 7.30. The registered manager told us the staggered start times had been introduced to avoid patients having long waits for connection.
- The service had considered patients that travelled to the clinic together and had coordinated patients appointments.
- The registered manager said dialysis machine neck line connections and fistula disconnections took longer and this could lead to delays for other patients, as only senior nursing staff could perform these tasks. However, two patients told us the rationale about connection times had not been explained to them. We discussed this with the registered manager who told us the staggered start times and the skill sets of staff had been discussed with patients, but that some patients were not happy about waiting for senior nursing staff to be available to connect and disconnect patients with complex connection needs. This had led to some patients with complex connection needs experiencing delays, if another patient's connection or disconnection took longer than usual and senior nursing staff were delayed due to this. However, following the inspection, the provider told us that a staggered start was common practice and preferred by patients in most cases.
- Staff told us there was limited flex in the schedule, following the closure of the local NHS dialysis unit.
- The level of utilisation of capacity in the service for the three months before inspection was 99%.
- The service had not cancelled any planned dialysis sessions for non-clinical reasons in the 12 months prior to inspection.
- Data showed no planned dialysis sessions were delayed by the service for non-clinical reasons in the 12 months before inspection.
- Patients saw the consultant every three months, or more frequently upon request or if there was a change in their needs. All appointments with the consultant or dietitian were scheduled for the same day as the patient's dialysis sessions to prevent multiple attendances at the clinic.
- At the time of inspection the clinic was unable to accept referrals for out of area patients due to capacity.

- Monthly routine blood tests were sent from the unit to a private provider of blood testing services; any 'ad hoc' blood samples were taken by the hospital's transport service to the local NHS trust for analysis.

Meeting the needs of local people

- The clinic was on one level with a reception area, clinic rooms, dialysis stations and two service corridors. Each area was secure with keypad access. Patients arriving in the reception were required to be buzzed in through a secure door from the car park. This area had a camera to enable staff to identify callers upon arrival. The service corridors contained all treatment storage, water room, staff room, changing facilities, maintenance room and utility rooms.
- The building had a reception area where patients waited on arrival. There was a receptionist who worked from 9am to 5pm from Monday to Friday. The reception area led onto the main dialysis area through secure automatic doors.
- There was a nursing station on the main dialysis unit. There were four, four bedded bays, and eight side rooms with facilities. The side rooms were used for patients with Hepatitis B, Hepatitis C, MRSA and HIV; patients who had been on holiday or had visited high risk infection risk areas, were quarantined for three months.
- Staff told us about adjustments which could be made for someone living with learning disabilities or who were living with dementia; they could have someone with them during treatment. We saw the clinic had a specific patient handbook to provide information for those living with learning disabilities. .
- Facilities were provided to support patients comfort. These included electrically operated dialysis chairs which could be adjusted, and pressure relieving mattresses were on the chairs. Wheeled tables were positioned at each station for ease of use.
- The clinic provided disabled access, wheelchair accessible toilets and a selection of mobility aids. We saw hoists were available for patients who could not transfer onto chairs or beds and wheelchairs were used to assist patients to and from their transport. However, we found both toilet seats in both disabled toilets were broken on our announced visit. The registered manager told us this had been reported to the Fresenius Head Office and the seats were on order and the unit was awaiting delivery.
- Patients could be referred by the local NHS trust consultant for physiotherapy or to an occupational therapist for aids and adaptations to their home.
- From 1st August 2016 onwards, all organisations that provide NHS care were legally required to follow the Accessible Information Standard. The standard aims to make sure people who have a disability, impairment, or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services.
- We found the service took into account the needs of disability, race, religion and sexual orientation. Reasonable adjustments were made for disabled service users, for example the installation of ramps, wheelchair access, toilets and moving and handling equipment. Adjustments to the service were also made for vulnerable patients, for example those living with dementia and learning difficulties. The registered manager told us patients work, religious needs including prayers, and social needs had been considered and prioritised when sessions had been allocated following the transfer of patients from the local NHS local NHS trust. However, staff and patients told us the clinic did not have flex in scheduling treatment sessions due to the unit being at full capacity.
- The local NHS trust had provided the unit with equipment for patients with complex needs, such as mattresses for patients with tissue viability needs and profiling beds for patients who could not dialyse in a dialysis chair.

  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 was no in accordance with best practice. Information leaflets were available in the reception areas. For example, we saw a range patient information leaflets were available

in the reception area, including information on blood pressure monitoring, side effects and common risks and benefits of treatment, and healthy lifestyle choices.

- There was also a photo board of staff and information about the consultant's clinics and information for patients who wished to dialyse on holiday including travelling overseas.

Learning from complaints and concerns

- Patients who had concerns about any aspect of the service received were encouraged to contact the unit in order that these could be addressed. All staff were encouraged to identify and address any concerns or issues while the patient was in the unit. The registered manager told us they had an open door policy to patients.
- Staff were able to tell 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 clinic.
- Staff told us the clinic 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 clinic were taken seriously. Staff also told us there had been a rise in the number of complaints following patients transferring from the local NHS trust to the unit. However, complaints had declined as patients became familiar with the unit and its staff.
- 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.
- On referral to the clinic, patients and their relatives were given a copy of the patient guide, which contained details of the complaints procedure. This included how a complaint could be made, the process for investigation and the timescale.
- Staff told us patients could be directed to the local NHS trust patient advice and liaison service (PALS) for support with complaints.
- The overarching responsibility for all operational complaints rested with Fresenius clinical operations director. Complaints were escalated from the unit to the nursing director. The registered manager was responsible for the management of all complaints before escalation
- The service received eight written complaints in the 12 months before inspection. Of these, six were managed under the formal complaints procedure and these were all upheld. We reviewed these complaints and saw the clinic responded in a timely and appropriate manner.
- The unit informed us that some patients had not been satisfied receiving their treatment at the unit, due to relocation leading to the disruption of their dialysis sessions and some patients having further to travel to the unit than the hospital. This also resulted in complaints to the CQC in January 2017. However, this was not a reflection on the unit as services were commissioned and the unit did not make the decision in regards to patients' relocation.

Are dialysis services well-led?

Leadership and culture of service

- Fresenius had an organisational structure, which included a managing director, supported by four divisions which were led by: a clinical operations director, medical director, commercial services director, executive assistant and plant manager.
- The registered manager reported directly to the area lead nurse who reported to the chief nurse and clinical operations director. Locally the unit was supported by a deputy manager, nursing staff, health care assistants and an administrator/receptionist.
- The Fresenius unit managers met regularly at area meetings as a support network for teaching and sharing learning.
- The area lead nurse had monthly meetings with the registered manager to discuss progress against targets and any development plans or changes to practice.

- The registered manager told us they had resigned in the week commencing 21 August 2017. The manager of another Fresenius dialysis unit was supervising Colliers Wood on a full time basis as of 28 August 2017.

Vision and strategy for 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. The registered manager and deputy manager were aware of the Fresenius values and staff told us these were on the company's intranet.
- Fresenius had a set of core values which were understood by permanent 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'. This was displayed on a noticeboard in the meeting room which also served as a training room.

Governance, risk management and quality measurement

- Governance is a term used to describe the framework which supports the delivery of the strategy and safe, good quality care.
- The area lead nurse told us about difficulties following the transfer of the extra patients. Some patients were dissatisfied with the changes to the time or day of their session. The area lead nurse and business manager told us the unit was dealing with patients that would not usually be allocated to a satellite unit.
- They both told us the unit was contracted to provide dialysis services and patients with other healthcare needs would receive support from either NHS acute services or NHS community services.
- Minutes from a meeting of the renal governance board for Fresenius satellite units dated 15 May 2017 stated the local NHS trust staff were being withdrawn from 3 April 2017, with three staff remaining in the unit until 28 May 2017. The registered manager told us the local NHS Trust arrangement had originally been a temporary arrangement and there had been difficulties recruiting new staff to cover the gaps left by the withdrawal of the NHS nursing staff.
- Following our inspection, the service informed us that an arrangement whereby additional staff were provided by the local NHS Trust had ended in May 2017. This was following a senior nursing review and with a planned phased return of trust staff. Following the repatriation of these staff members, the service increased their staffing on 24 June 2017 to a ratio of 1:4. However, between May and June 2017, the ratio was one nurse to 4:5 patients.
- There were monthly quality assurance meetings of the renal governance board for Fresenius satellite units which were attended by the consultant, dialysis unit coordinator, registered manager, dietitian and any other available staff. These meetings followed a set agenda and discussed incidents and investigations, 'saving lives' audits, infection rates, and complaints. We saw that minutes from these meetings, but these were not detailed and were not shared with all staff.
- We viewed the minutes of the 'meeting of the renal governance board for Fresenius satellite haemodialysis units, 15 February 2017. We saw that eligibility criteria had been discussed at the meeting. However, the registered manager told us there was no documented eligibility criteria for patients transferred to the unit.
- The consultant was responsible for feeding information back to the local NHS trust and monitoring patients' progress at the unit.
- The clinic's dataset was monitored monthly by the area lead nurse. As part of the Fresenius clinical governance review and reporting schedule, a report addressing how the unit was meeting the Renal Association standards was sent to the consultant.
- There was a programme of regular audits, which detailed which audits should be completed monthly (such as use of personal protective equipment, infection prevention and control, and medication incidents). This information was fed into the organisational database to produce a dashboard of

compliance. We viewed the unit's dashboard for May 2017 and found the unit was meeting most KPIs. However, some KPI information was recorded as 'tbc' which meant the result of these KPIs had not been confirmed. These were KPIs in regards to catheter care and cleaning audits. The dashboard recorded that this was due to merging the audit information with the local NHS trust's systems.

- We saw evidence that staff worked with staff at the local NHS trust. However, there was not a clear understanding of each role and professional interaction to meet patients' needs. Fresenius managers told us there had been a difference in the approach of the local NHS trust staff and staff at the unit. Both the registered manager and the dialysis co-ordinator told us there had been some tensions between the local NHS trust staff and staff at the unit.
- The provider had recently introduced a risk register which covered 21 clinical risks. The register contained risk ratings and subsequent mitigating actions.
- The Workforce Race Equality Standard (WRES) is a requirement for organisations which provide care to NHS patients. This is to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The clinic employed a culturally diverse range of employees to reflect this. However, the registered manager told us the unit did not have plans in place to implement the WRES requirement.
- Following our inspection the local NHS trust informed us that in September 2016, nursing staffing at the Colliers Wood Unit was temporarily increased by staff from trust, this was to support and increased staffing ratio of one nurse for every 3.5 patients. The local NHS trust supported and approved the renal services plan to increase the staffing ratio to oversee the large urgent transfer of patients from the trust site to community dialysis units.
- The local NHS trust informed us the temporary arrangement ended in May 2017 following a senior nursing staff review with a planned phased return of the trust's staff. Following the repatriation of these staff, Fresenius advised the trust they had increased their staffing to a ratio of one nurse for every four patients from 24th June 2017.

Public and staff engagement

- A Healthwatch report dated 31 March 2017 found that, despite the hurried relocation of renal services from the hospital; patients were largely satisfied with the quality of their treatment and care.
- The service engaged with key stakeholders. The key stakeholders were the local NHS trust, patients and staff. We were told the organisation strived for an open culture where feedback, ideas for improvement and escalation of concerns were all encouraged. We saw processes were in place to foster patient engagement and included direct access for patients to senior managers, engagement with local, regional and national Kidney Patient Association advocates, a quarterly patients forum, and an annual staff engagement survey.
- The provider completed annual patient surveys. Results showed that 68% patients thought the clinic was "well run."
- The provider completed annual staff surveys. For example, 100% of staff at the clinic had said they would recommend the clinic to their friends or family. In the survey 40% of staff said they had felt pressurised to come to work by either managers or colleagues; and 36% said they felt unable to meet the conflicting demands on their time at work.
- 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.
- There was information available to staff in the staff room 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.

- The unit had links with the Kidney Patient Association and the National Kidney Foundation and provided information leaflets and advertised support groups and events. There was also a service user group at the unit where patients could attend meetings.

Innovation, improvement and sustainability

- A patient had secured funding from the Kidney Patients Association to create a sensory garden at the unit. Patients had created a rota to tend to the garden. The unit had donated an area of land on site for the sensory garden.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure the unit has a sepsis policy or pathway to ensure patients with potential sepsis are identified and treated in a timely manner.
- Ensure staff are trained to an appropriate level in children's safeguarding in accordance with the intercollegiate document, 'safeguarding children and young people: roles and responsibilities for healthcare staff, 2014'.

Action the provider SHOULD take to improve

- Ensure all staff follow aseptic non-touch technique (ANTT) at all times.
- Ensure there is secure storage space for blood samples.
- Ensure saline is stored securely and at the correct temperature.
- Ensure accurate records are kept for staff.

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. 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 in place. Regulation 12 (2) (h)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Children of service users were not protected from abuse and improper treatment because: 1. All staff were not trained to an appropriate level in children's safeguarding in accordance with the intercollegiate document 2014. Regulation 13 (2)