

# Walsall Kidney Treatment Centre

## Quality Report

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

## Ratings

### Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

## Overall summary

Walsall Kidney Treatment Centre is operated by Diaverum UK Limited. It was awarded a 10-year contract from 2017 to 2027 to provide haemodialysis services for adult patients living with chronic kidney failure as part of a partnership agreement with The Royal Wolverhampton NHS Trust.

The service has 32 dialysis stations, including four isolation rooms.

We inspected this service using our comprehensive inspection methodology. This service opened on 26 June 2017 after it had transferred from another provider as the contract with the referring trust had transferred to the current provider. We carried out the announced inspection on 11 July 2017 along with an unannounced visit on 25 July 2017. Therefore, when we conducted our inspections the service was still in the early transitional stages of the contract provision.

# Summary of findings

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

## Services we do not rate

We regulate dialysis services but we do not currently have a legal duty to rate them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- All areas were visibly clean and tidy.
- There was a well-established team who supported one another on a day-to-day basis and in particular during the transition process from the previous service provider.
- Staff and patients told us the clinic manager was very approachable and fair and would be 'hands on' if necessary.
- Patients we spoke with were all complimentary about the caring nature of all staff and in particular the clinic manager.
- The IT systems were linked to the referring NHS trust to ensure continuity of care and were regularly updated.
- There were good links with the referring NHS trust and monthly quality assurance meetings took place to discuss any concerns and patient outcomes.
- Staff had a well-established relationship with the referring NHS trust's renal team as it was the same team as when the service was run by the previous provider.
- Patients told us they felt involved in the decisions about their dialysis treatment and their care.

- Patients could access a translator via the referring NHS trust if required.
- There had been no cancelled treatments due to the transition from another provider since the clinic opened.
- Patients, relatives and staff had been involved in the transition process from the previous dialysis provider.

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

- There was no system for recording or oversight of risk. Therefore, we were not reassured the provider had yet fully assessed and planned for the risks to patients and staff at the new premises.
- Staff had not conducted risk assessments for the majority of patients since moving to the new clinic.
- Not all staff complied with aseptic non-touch technique and infection prevention control practices.
- Three patients did not have a signed consent form for treatment in place since transitioning from the previous provider.
- Staff had not carried out daily checks on the emergency resuscitation trolley each day the centre had been open.
- Some staff told us the training since transferring to the new provider had been unstructured. Staff had not been allocated protected time to complete training. They had to complete it ad hoc and it could be difficult finding the time between caring for patients.
- Staff did not always update patients regarding delays to treatment on the day of treatment.

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

**Heidi Smoult**

**Deputy Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

### Dialysis Services

### Rating

### Summary of each main service

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

# Summary of findings

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# Walsall Kidney Treatment Centre

**Services we looked at**

Dialysis Services

# Summary of this inspection

## Background to Walsall Kidney Treatment Centre

Diaverum UK operates Walsall Kidney Treatment Centre which opened on 26 June 2017. The service was under contract from The Royal Wolverhampton NHS Trust to provide haemodialysis for adults in the Walsall area living with chronic kidney failure. Another dialysis provider had previously run the service. When we conducted our announced visit on 11 July 2017 and unannounced inspection on 25 July 2017, the clinic was in the very early stages of a 100-day integration and transition period.

The centre has 32 dialysis stations, including four isolation rooms. It is a nurse-led unit with close links with renal consultants from the parent NHS trust who support the treatment of patients and have overall responsibility for the patients.

The service treats adult patients from the referring NHS trust in addition to accepting holiday patient referrals from outside the local area.

During our inspection, a registered manager from another Diaverum centre was the interim manager and was present to oversee and support staff during the transition period. The clinic manager, who had been the registered manager when the service was run under the previous provider, was in the process of applying to the CQC to become the clinic's registered manager.

Walsall Kidney Treatment Centre is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury

Due to the recent opening of the clinic on 26 June 2017, this clinic had not been previously inspected. We completed an announced inspection of Walsall Kidney Treatment Centre on 11 July 2017 and an unannounced inspection on 25 July 2017 using our comprehensive inspection methodology.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector Caroline Bell, one other CQC inspector and a specialist advisor with renal dialysis expertise. Tim Cooper, Head of Hospital Inspections, oversaw the inspection team.

## Information about Walsall Kidney Treatment Centre

Walsall Kidney Treatment Centre is situated in a recently renovated building. It is located within one mile of the previous service provider, which was a requirement of the contract agreement it has with the referring NHS trust. Another provider had previously run this service until the contract with the trust transferred to the current provider on 26 June 2017. All of the patients and the majority of staff had transferred to Diaverum from the previous service provider.

The service provides haemodialysis treatment for adults and is registered to provide the following regulated activity:

- Treatment of disease, disorder or injury

The service is open six days per week, Monday to Saturday and operates morning and afternoon sessions each day. A twilight session was not available, as this did not form part of the contract with the referring NHS trust.

Staff already had an established relationship with the NHS trust to provide coordinated care between the two services from working with the trust when the service was ran by the previous provider. During our inspections, we saw the consultant nephrologists employed by the NHS trust had visited the clinic each week since it had opened.

# Summary of this inspection

During the inspection, we spoke with nine staff including registered nurses, healthcare assistants, reception staff, senior managers and an external trainer. We also spoke with five patients. We reviewed eight sets of patient records and eight medication prescription charts.

This was the first inspection of Walsall Kidney Treatment Centre since registering with the CQC.

- 89 patients transitioned across from the previous service provider on 26 June 2017. However, at the time of our unannounced inspection the centre had 87 patients as one patient had received a kidney transplant and one patient had withdrawn from treatment.
- All dialysis treatment sessions were NHS funded.

The centre employed one clinic manager, 16 registered nurses, five health care assistants and one receptionist

(part-time). Diaverum employed a practice development nurse to provide training and development to staff in the midlands region. The registered manager was responsible for the storage of medicines. Controlled drugs were not stored at the location.

Activity and safety data was not available, as the service had recently opened on 26 June 2017.

## **Services provided at the clinic under a service level agreement:**

- Dietitian provided by a local trust
- Clinical and domestic waste collection provided by an external company
- Cleaning staff provided by an external company
- Social services

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

We found the following areas of good practice:

- Nursing staffing levels were in accordance with the contract with the referring trust and the British Renal Society's National Renal Workforce Planning Group 2002 staffing guideline.
- Staff had an awareness of the duty of candour regulation and had all read the provider's duty of candour policy.
- The centre was visibly clean and clutter free.
- Staff wore personal protective equipment appropriately.
- Staff recorded patient observations before, during and following their treatment.
- Stock we checked was within date and packaging was intact.
- All patients had been given emergency evacuation information for the building. We saw the emergency evacuation procedure on the reception noticeboard.

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

- Staff had not completed new risk assessments for the majority of patients.
- Not all staff complied with aseptic non-touch technique and infection prevention and control practices.
- Daily checks on the emergency resuscitation trolley had not been carried out.
- There were no pressure relieving cushions or mattresses available for patients.
- Staff had not been, allocated protected time to complete training they had to complete it ad hoc and it could be difficult finding the time to complete training between caring for patients.

### Are services effective?

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

We found the following areas of good practice:



# Summary of this inspection

- Staff followed current evidence-based practice in line with National Institute for Health and Care Excellence and the UK Renal association guidelines. We saw nursing staff checked patient's weight, blood pressure, pulse and temperature before, during and after patient's dialysis session.
- Patients told us and we saw staff assessed and managed patient's pain levels during treatment and tried to make patients as comfortable as possible.
- Staff had a well-established relationship with the referring NHS trust's renal team. The trust renal consultant had overall responsibility for the patient's care and treatment.

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

- We saw one nurse treating a temporary patient without the appropriate patient transfer information. Staff had not raised this as an issue with the trust or clinic manager.
- Three patient records had consent forms that patients had not signed.

## Are services caring?

We found the following areas of good practice:

- Patients we spoke with were all complimentary about the caring nature of all staff at the centre and in particular the clinic manager.
- Patients told us they felt involved in the decisions about their dialysis treatment and their care.

## Are services responsive?

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

We found the following areas of good practice:

- Patients had been informed there may be some delays with their treatment during the early stages of the service transition due to staff training and familiarising themselves with the new provider's policies and procedures.
- There had been no cancelled treatments due to the transition from another provider since the clinic opened.
- We saw manual handling equipment such as hoists were available for staff to use for patients with limited mobility. Records confirmed five staff had received training to use the hoist from the hoist company trainer.

# Summary of this inspection

- A variety of information leaflets were available to patients to help explain their condition and treatment. We saw the centre displayed these in the waiting area. The referring trust had produced some of these leaflets and they were available in a number of different languages and easy read formats.
- Translation services were available to patients whose first language was not English.

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

- Staff did not always update patients regarding delays to dialysis on the day of treatment.

## Are services well-led?

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

We found the following areas of good practice:

- Patients, relatives and staff had been involved in the transition process from the previous dialysis provider.
- The clinic manager knew the main risks to patients on dialysis, such as hospital acquired infections.
- The clinic manager told us nurses would be given the opportunity to act up as nurse in charge once a month to enable staff to develop new skills.
- Staff told us they were a close and well established team and they supported one another on a daily basis and in particular through the transition process.

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

- There was not a system or process in place to record risk. Therefore, we were not reassured the provider had yet fully assessed and planned for the risks to patients and staff at the new premises.

## Detailed findings from this inspection

# Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are dialysis services safe?

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

### Incidents

- Staff understood their responsibilities to raise concerns and report safety incidents. The clinic manager, lead nurse and area manager were all notified via email if a serious incident had occurred. We saw the incident reporter would be able to access the detail about the incident to be able to obtain an update.
- Staff told us and the clinic manager confirmed staff would report incidents to either the clinic manager or the nurse in charge of the shift. The centre used the electronic incident reporting to record, investigate, and monitor incidents. We saw incidents were automatically allocated a reference number for tracking through the investigation process.
- The clinic manager was becoming familiarised with the electronic incident reporting system when we conducted our inspections.
- The clinic manager had reported an incident on 10 July 2017 involving a problem with one of the softeners in the water treatment plant. We reviewed the incident report on the incident reporting system. At the time of the incident, staff did not have the contact details for the water treatment technicians to contact them to confirm the water was safe to use for dialysis. Staff had to phone Diaverum senior staff

members to obtain the contact number. As a result, patients' treatment was delayed by up to an hour and some patients chose not to complete their full treatment time.

- We saw learning had already taken place from this incident as the clinic manager had ensured a telephone number for the water technician and guidance was now available in the water treatment plant for all clinic staff to access. This was to ensure should this reoccur, patient care was not affected in future. The clinic manager shared this information with staff at handovers and team meetings.
- The clinic had not reported any never events or serious incidents from when it opened on 26 June 2017 to when we conducted our unannounced inspection on 25 July 2017. Never events are , where guidance or safety recommendations that provide strong systemic protective barriers have been implemented by all healthcare providers.
- There had been no patient deaths since the opening of the centre. The clinic manager had experience of investigating patient deaths, which occurred within 24 hours of treatment whilst working for the previous provider.
- Duty of candour is a regulatory duty that relates to openness and transparency. The duty 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. Since the opening of the clinic, there had not been any incidents where the duty of candour applied.
- Staff could access the provider's duty of candour policy electronically. The clinic manager had circulated this policy in the early days of the transition

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for all staff to sign to state they had read the policy. Staff understood the duty of candour principles and the process of applying duty of candour when necessary.

## Mandatory training

- All staff were up-to-date with mandatory training before transitioning from the previous provider. Mandatory training for the current provider included infection prevention and control, manual handling, basic life support training and fire safety.
- Senior staff arranged for staff to complete mandatory training and additional training dates were available if required.
- The clinic manager had a copy of a training matrix outlining what training staff had conducted with the previous provider so had oversight of when mandatory training was due in addition to the central region training matrix which would identify when staff training was due.
- Contemporaneous staff training folders for following standard operating procedures were not yet in place. The clinic manager had them ready to distribute in the near future. We saw the training record of one staff member who had transferred from another Diaverum centre, which showed they were up-to-date with all training.
- Staff were following an in-house competency based learning and development programme. This combined practical sessions and online learning and was in the early stages of implementation when we conducted our inspections. Staff told us the practice development nurse had supported them with their training and had been easily contactable to offer support. However, some staff told us the training since the centre had opened had been unstructured. As staff had not been allocated protected time to complete training, they had to complete it ad hoc and it could be difficult finding the time to complete training between caring for patients.
- Senior staff told us bank and agency staff were required to complete mandatory training before commencing any work at the centre.
- The nursing director for Diaverum was the safeguarding lead for the organisation. The provider had effective safeguarding policies and procedures to guide staff through this process if needed. Since the service opened, the clinic manager had circulated the Diaverum safeguarding procedure to all staff to sign to state they had read the policy.
- The policy included a guide to the safeguarding adult referral process. We saw emergency safeguarding contact details displayed in the clinic manager's office included the Diaverum safeguarding lead and the parent NHS trust's social worker contact details were displayed on a poster in the staff room. In addition, the clinic manager described their experience of raising safeguarding alerts whilst working for the previous provider. The process of contacting the local council's safeguarding team if they had concerns remained the same.
- The safeguarding policy outlined staff should conduct safeguarding adult's level 2 training as part of the mandatory training process every two years. This was to ensure staff were up-to-date with current legislation and understood their responsibilities.
- All staff who transferred from the previous provider had completed safeguarding adults' level 2 training. All staff were up-to-date with this training when moving to the current provider. The clinic manager, deputy clinic manager and three team leaders were due to conduct safeguarding adult's level 3 training so they could support staff with any safeguarding concerns should they arise. In the interim, the safeguarding lead was trained to this level so would be able to support staff if required.
- Staff demonstrated they understood how to recognise adults at risk and what procedures they would follow to protect them from harm.
- Patients less than 18 years of age were not treated at the centre and due to the treatment being provided, children were discouraged from visiting. Staff had not conducted safeguarding children and young people training. However, the intercollegiate document states all clinical staff working with children, young people or their parents/carers should have conducted this training. Following the inspection, the clinic manager

## Safeguarding

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confirmed all staff, with the exception of three staff who were currently on leave, had completed safeguarding young adults and children levels 1 and 2 by 27 October 2017.

## Cleanliness, infection control and hygiene

- We observed patient and staff areas including ancillary rooms which were visibly clean, tidy and clutter free. An external cleaning company was contracted to clean the centre every day, Monday to Saturday. A deep clean was planned every six months to take place on a Sunday when it was closed.
- There were four isolation rooms for patients identified as being a potential infection risk. This complied with Department of Health building requirements (Satellite dialysis centres: planning and design HBN 07-01) guidance which recommends an allocation of one to two isolation rooms per 12 dialysis stations. All isolation rooms were accessible from the main dialysis area and had a viewing window so patients were visible to staff.
- The isolation rooms were also set up for holiday patients and for surveillance of patients returning from holidays in high risk countries. These patients had dedicated dialysis machines.
- All staff were 'bare below the elbow', in accordance with the Department of Health's 'Uniform and Workwear Guidance' during both our announced and unannounced inspections. Staff changed into their uniforms on arrival to limit the risk of cross infection to patients. All staff were observed to be using facemasks, gloves and disposable aprons at appropriate times.
- The clinic manager told us they would conduct hand hygiene audits each month and more regularly if results were below the 95% target specified by the parent NHS trust. The clinic manager would ensure they gave feedback to staff if they observed good compliance and any would address any issues directly with the individual.
- The clinic manager begun conducting hand hygiene audits on 15 September 2017. The results met the target set by the trust for two of the six audits conducted on 25 September 2017 where the compliance rate was 96% and 100% compliance for 18 September 2017. For the four remaining audits, the results were 89% compliance on 15 September 2017, 83% for 22 September 2017, 92% on 2 October 2017 and 90% on 9 October 2017. As these results were below the trust target, the clinic manager addressed this with the staff on duty and repeated the audit on the next available shift.
- During our announced inspection, most nurses we observed did not follow good infection prevention and control practices and aseptic non-touch technique. We saw four out of five staff repeatedly contaminated sterile areas when connecting and disconnecting patients to the dialysis machine. This meant nurses were not always protecting patients from acquiring an infection. During our announced inspection, we saw staff adherence to aseptic non-touch technique had improved. The clinic manager told us they had raised this issue during handovers and at staff meetings.
- Staff disposed of clinical waste appropriately. Clinical, domestic and sharps waste was correctly separated. Clinical waste was securely stored in locked purpose-designed skips in a compound outside the clinic building. One clinical waste skip was used to store full sharps bins awaiting collection and disposal. We saw clinical waste was appropriately labelled with the clinic's name and the date staff had sealed them. This complied with the Department of Health's (DH) Health Technical Memorandum (HTM) 07-01: Safe management of healthcare waste
- To assist with compliance with HTM 07-01: Safe management of healthcare waste, staff had a supply of yellow tape pre-printed with its name and address to seal clinical waste bags waiting for collection and disposal so the waste could be tracked.
- We saw staff used some single use equipment such as disposable tourniquets to minimise infection risk to patients and staff appropriately disposed of these in the clinical waste bins.
- We saw staff minimised patient risk of exposure to infection by thoroughly cleaning the outside of dialysis machines and dialysis chairs between patient dialysis sessions. Staff also put the dialysis machines into heat disinfection mode and then a clean cycle.
- A brand new water treatment plant had recently been installed. Records we reviewed showed health care

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assistants and trained nursing staff had conducted water testing each morning since the opening of the clinic on 25 June 2017. This was to test for any impurities to ensure the water was safe to use for dialysis treatment. Records confirmed there had not been any issues with the water testing results since the centre opened.

- At the time of our inspection, the clinic manager, two registered nurses and five healthcare assistants had completed competencies in water testing. This meant there was always at least one member of staff on duty who was able to test the water used for dialysis to ensure it was safe for patients. Staff told us they would take water samples once a month starting from July 2017 and would submit them for testing.
- The loop and all dialysis machines connected to the loop were heat disinfected overnight between 1am and 4am. The loop is the water that is supplied from the treatment plant room to all the dialysis machines.
- The water maintenance company remotely monitored the water treatment plant 24 hours a day, seven days a week. The water treatment storage was linked directly to the manufacturer for remote monitoring and could regulate levels if required. The water treatment plant was in a restricted access corridor. This ensured only authorised staff had access.

## Environment and equipment

- We saw the design, maintenance and use of facilities kept people safe and met the needs of dialysis patients receiving treatment.
- The centre was spacious, bright, airy and fit for purpose. Senior staff told us it had been built to the same design and specification as other Diaverum satellite dialysis centres. We saw the building met the Department of Health building requirements (Satellite dialysis units: planning and design HBN 07-01).
- There were 32 stations divided into four bedded bays and four isolation rooms. The nurses' stations were positioned at each bay area to ensure all patients were visible to staff when they were receiving treatment. There were four stations dedicated for self-care patients.
- A receptionist staffed the reception office at the front of the building. The receptionist provided

administrative support to the clinic as well as assisting patients on arrival at the clinic. The receptionist had a panic alarm and used a video entry phone system so there was no uncontrolled access into the treatment area. Access to the main treatment area and clinical areas could only be gained by authorised staff or by staff escorting patients into this area. This ensured only authorised people could gain access to these areas therefore keeping the patients using the service safe.

- The large reception area had enough space to accommodate incoming and outgoing patients. There was wheelchair access and a wheelchair storage area in the reception area.
- There were sufficient separate male and female toilets and hand wash basins for the number of patients at the clinic.
- We saw appropriate emergency equipment was available and staff were competent to use the equipment in an emergency. Three emergency equipment bags were in place; two in the clinical area and one in the back corridor in close proximity to one of the emergency exits. Staff could access them quickly in the event of an emergency and contained a large amount of equipment to rapidly and safely take all patients off dialysis. All of the items we checked inside the bags was within date and all packaging was intact.
- There was one emergency trolley with basic life support equipment in the treatment area, which was easily accessible to all staff. All equipment on the resuscitation trolley was in working order and supplies were all in date. The trolley was clean and dust free. When we checked the trolley we found staff had completed the resuscitation equipment checklist every day the clinic was open (up to and including 11 July 2017). However, when we returned for our unannounced visit on 25 July 2017, staff had not completed daily checks of the equipment for two consecutive days. We raised this with the clinic manager at the time who immediately raised this with the staff on the rota responsible for conducting these checks. Records received following the inspection, covering the period 26 July 2017 to 29 August 2017 showed checks had been completed everyday on the



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days the clinic had been open. The clinic manager also confirmed checks had been appropriately conducted for the three months following our unannounced inspection.

- An emergency parking bay positioned outside the front of the clinic allowed emergency vehicles to easily and quickly gain access to the building if necessary.
- Patient scales and blood pressure equipment was available in a clinical room positioned next to the treatment area entrance to monitor patient's weight and fluid levels on their arrival and following their treatment.
- One set of weighing scales was available which had been calibrated before the centre opened. Staff and patients told us there had been no instances where the scales had failed. In the event of the scales failing, staff told us they would use the last post dialysis weight to calculate the patients estimated weight. The clinic manager told us there was currently no set of back up scales and would address this by obtaining a set of digital weighing scales.
- The service had 33 dialysis machines plus one spare machine. The machines were all newly installed and commissioned and were under a two-year warranty contract. They were the same brand as those used at the referring NHS trust's renal unit. The trust had specified this as a requirement in their contract to ensure patient outcome monitoring was consistent across the two sites. We were told only one other Diaverum clinic used these type of dialysis machines. Therefore, the external trainers employed by the dialysis machine company provided the majority of dialysis machine support.
- Five external trainers for the dialysis machines were on site for two weeks to closely support staff and sign them off as competent to use the machines. An additional trainer was on site to assist staff with trouble shooting in relation to machine alarms for example. The technical staff from the dialysis machine company were to be present every day for both dialysis shifts, including Saturdays to support clinic staff until the end of July. After July, technical support staff would still be contactable to offer support remotely.

- The dialysis machines would be serviced every two years. There was a technical room for on-site repairs and storage of machines. The spare machines were disinfected and available for use as soon as nurses needed them.
- We saw staff used alarm guards on the dialysis machines appropriately and staff did not override them. The trainers for the machines were supporting staff during our inspections.
- There was sufficient space around each dialysis chair to allow patient's privacy and rapid access for staff in case of an emergency.
- Each dialysis treatment chair had a nurse call bell, which was working during our announced and unannounced inspections and staff were aware when patients required assistance. We saw staff responded to call bells by quickly attending to patients during our inspections.

## Medicine Management

- There was a Diaverum medicines management policy in place.
- The service did not have any nurse prescribers and did not hold any controlled drugs. Patient Group Directions (PGDs) were not in place. PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).
- Before moving providers, we saw all patients had their prescription charts completed by either one of the consultants or the dialysis satellite co-ordinator at the parent trust. This was co-ordinated by the lead dialysis nurse at the parent trust. This was to ensure patients could receive their medicines from the first day of opening and prevent delays to patient treatment.
- Patients could bring in their own medicines and self-medicate if required. We saw staff supported patients to take their own medicines whilst receiving treatment if required and this was documented in their care plan.
- Staff used a fridge in the clean utility room, which was locked to securely store dialysis medicines. On the



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announced inspection, we saw staff had recorded 14 daily checks; five of these were above the recommended safe temperature maximum and staff had not recorded any actions. We discussed this with the clinic manager during the inspection and they confirmed staff should inform them if fridge temperatures were out of the safe temperature ranges. We asked one nurse what they would do if the temperature was outside of the safe temperature range and they told us they did not know the procedure but they would inform the nurse in charge. During our unannounced inspection, the clinic manager told us they had reminded staff of this procedure at handovers.

- We reviewed eight dialysis prescriptions, which were appropriately completed and up-to-date for when the service transitioned.
- All medicines within fridges and storage cupboards we checked were in date.
- We saw two nurses checked IV fluids against the patient's prescription chart on completion of dialysis treatment. However, they did not identify the patient. This is not in accordance with the nursing and midwifery council medication administration guidelines, which states 'you must be certain of the identity of the patient to whom the medicine is to be administered.'
- We saw three compressed oxygen gas cylinders were securely stored in the storeroom in accordance with the British Compressed Gases Association Code of Practice 44 – the storage of compressed gas cylinders.

## Records

- When not in use, we saw patient records were securely stored in a lockable cabinet in the clinic manager's office, which staff locked at the end of the day. However, during the announced inspection, we saw staff had left three patient records unattended at a nurses' station whilst they attended to patients. We raised this with the clinic manager during the inspection who told us lockable trolleys were on order to be stored at the end of each bay so records could be securely stored whilst in use. The clinic manager confirmed following the inspection lockable cupboards were in place at each bay for the secure storage of patient records.

- Patients were allocated a named nurse and this was written on the front of patient records. Staff told us wherever possible patients kept the same named nurse they had been allocated previously.
- Staff recorded patient observations throughout the dialysis treatment in the patient records.
- Patient records could not be transferred from the previous provider. Staff had added as much information as possible onto the trust's electronic system prior to transition to ensure they had as much patient information for the first day of the clinic opening. We reviewed eight patient records, found staff had not fully completed the patient admission assessment for four of the eight records and staff had not fully completed care plans in all five of the records. As patient's care records were not fully complete and up-to-date, we were not assured patient's care records were managed in a way to keep patients safe.
- Each patient had a patient card they used to record their weight before and after their dialysis treatment, which were stored in individual plastic boxes. Staff had labelled them with a colour to indicate morning or evening shift and the number of the dialysis station the patient used. Each card was labelled with the patient's initials to aid identification. Patients selected their own cards on arrival to the unit.
- We saw once patients had weighed themselves or staff had weighed them, a nurse put the card into the dialysis machine. Before starting the dialysis treatment, we saw nurses confirmed patient's identity by asking them their name and date of birth. Staff had taken photographs of all of the patients, which would be stored in each patient record to aid identification. They were not in place during our inspections.
- Once the patient's dialysis session was complete, the data from the card automatically uploaded onto the centre's electronic system.

## Assessing and responding to patient risk

- Patients we spoke with told us they felt safe when they were receiving their dialysis treatment.
- During our inspection, we saw none of the patient notes we reviewed had any risk assessments completed, for example for risk of developing pressure ulcers or at risk of falls. We raised this with staff who

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explained they had not had sufficient time to complete the risk assessments since the clinic opened, as the transition/integration process had not allowed time for staff to complete them. Senior staff told us this was going to be a priority over the next few weeks. However, when we returned for the unannounced inspection, staff had completed two risk assessments.

- We discussed the potential risks to patients with the clinic manager who told us staff knew the history of all patients as they had treated them at the previous clinic. Staff also had access to trust data, which included previous completed risk assessments.
- We saw staff recorded patient's observations in patient's notes before, during and after dialysis treatment. This included blood pressure, temperature, pulse and weight to ensure patients were well enough to start their dialysis treatment and detect deterioration in health. Staff also asked patients about their health since their last dialysis treatment.
- We saw a nurse used the dry needling technique where saline was not used to flush the needle, to check for proper needle placement. The nurse used this technique safely however, this was not in line with the provider's policy. This states staff should use the wet needling technique, which is a safer method as it helps prevent the introduction of air into the patient's bloodstream and the risk of blood spray. If used incorrectly, the dry needling method can introduce air into the patient's blood stream, which could have serious health implications for the patient.
- We raised this with the clinic manager during the inspection, who immediately investigated. Following discussion with the nurse involved, the clinic manager told us the nurse had used the dry needling technique, as they did not have the patient history regarding their fistula access. The clinic manager assured us staff would learn from this and they would remind staff not to treat patients until they had all of the necessary information and not to use the dry needling technique. Staff commenced training on the Diaverum policy 'cannulation of AVF' on 13 July 2017, which informed staff of the correct needling methods to use.
- Staff used the sepsis prevention policy from the parent trust for the management of sepsis. The clinic

manager was confident staff had sufficient knowledge regarding sepsis from experience and training received whilst working for another provider. A nurse told us if they had concerns, a patient had sepsis they would contact the NHS consultant. Staff cleaned patient's fistulas and dressings in line with this protocol. A fistula is an access made by joining an artery and vein in a patient's arm. Nurses use this access to place two needles into at the beginning of each dialysis treatment, which connect to soft tubes that go into the dialysis machine. This was the same protocol staff had used whilst working for the previous service provider.

- Since the unit had opened, there had not been any unplanned transfers of patients to hospital. However, staff told us if a patient's condition deteriorated during treatment, they would inform the nurse in charge and clinic manager who would contact the trust's consultant to arrange for the patient to be transferred to an acute hospital by ambulance.
- We saw pressure relieving cushions and mattresses were not available for patients at the clinic. We raised this with the clinic manager who told us patients should arrange with their own GP for these to be provided. However, it is the responsibility of the provider to ensure pressure-relieving equipment is available to patients at risk of developing pressure sores whilst receiving dialysis treatment.
- Staff had taken photographs of all patients receiving dialysis treatment. This was another agreed form of checking a patient's identity during treatment in addition to checking the patient's name and date of birth. At the time of our inspections, due to the early integration stage of the service, staff had not yet added to the photographs to the patient records.
- We saw if patients decided not to complete their fully prescribed dialysis time they would need to sign an early termination form to state they understood the risks of doing so. Staff told us they would also document this on a treatment variation report (TVR).
- Staff told us if a patient did not attend (DNA) for a treatment session they would contact the patient and, if necessary, their next of kin as details were held in the patient records. If staff were still unable to contact the patient they would request the police carry out a safe

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and well check. The receptionist updated any changes to patient's next of kin and GP and had ensured these were up-to-date before the change of providers took place.

## Staffing

- The centre employed a clinic manager, 16 registered nurses, five health care assistants and one receptionist (part-time). All staff had transferred over from the dialysis service run by a previous provider with the exception of two additional nurses who had relocated from other Diaverum clinics. This meant the majority of staff had cared for patients who they were familiar with from the previous clinic. The clinic manager told us they had over recruited slightly to be able to cover staff sickness and to limit bank and agency staff usage. Diaverum had their own bank staff who could work at a number of local Diaverum clinics.
- The clinic manager had also been the clinic manager at the service ran by the previous provider. They told us they would be conducting managerial duties all of the time once the initial transition process was complete. During the initial transition period, the clinic manager had been more hands on to support staff.
- On both our announced and unannounced inspections, we saw the unit was sufficiently staffed to one registered nurse to four patients. This was in accordance with the contract with the referring trust and met the British Renal Society's National Renal Workforce Planning Group 2002 staffing guidelines.
- Since opening, agency staff had been used to cover annual leave, as there had been some confusion over annual leave of some permanent staff. The clinic manager had to request agency staff via the project manager at the time of our inspections but would be able to request agency staff directly themselves in future. Agency staff were used from a specific agency and would be dialysis qualified, have a renal qualification and competent to use the types of dialysis machines at this clinic. This was to ensure patients were kept safe at all times. However, the clinic did not have a specific induction programme for agency and bank staff when they began working at the unit.

- The clinic manager told us they usually planned rotas up to two months in advance as this ensured staff covered all shifts for that particular period. It was also possible to accommodate staff requests and staff could swap shifts if there was sufficient notice.
- The centre did not employ any medical staff. Consultant nephrologists from the referring NHS trust attended each week to conduct their clinics. Consultants at the referring trust were also available to provide medical support to staff via email or telephone if required.

## Major incident awareness and training

- The provider employed a specialist fire officer who had visited the clinic to assess how best to evacuate patients undergoing dialysis treatment if a fire occurred. We saw the emergency evacuation procedure on the reception noticeboard.
- Patients confirmed staff had given them emergency evacuation information for the new building and we saw patients had personalised emergency evacuation plans in their patient records.
- Contingency plans were in place for the most common situations affecting dialysis services. This included loss of power, disruption to water supply and adverse weather. Staff we spoke with understood what actions to take in the event of one of these circumstances occurring. If one of these situations meant dialysis patients could not receive treatment at the centre then staff would contact the parent NHS trust to relocate patients to other dialysis units for treatment. We saw staff had coped well with a recent water treatment issue, which demonstrated contingency processes were already well embedded.

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

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

## Evidence-based care and treatment

- There were 15 patients receiving haemodiafiltration (HDF) treatment. This is a more effective treatment for

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kidney failure. The remainder of patients (72) were on haemodialysis (HD) due to problems with the water treatment at the previous building. Haemodiafiltration (HDF) treatment can improve patient outcomes and reduce the risk of patient complications. The clinic manager told us they would consider more patients receiving haemodiafiltration (HDF) treatment now they had relocated to the new clinic under the new provider.

- Staff followed current evidence-based practice in line with National Institute for Health and Care Excellence: renal replacement therapy services for adults quality standard (QS72), November 2014 and the UK Renal association guidelines. We saw nursing staff checked patient's weight, blood pressure, pulse and temperature before, during and after patient's dialysis session.
- We saw staff monitored patient's vascular access during every dialysis treatment.
- The centre did not directly contribute data to the UK Renal Registry as the local NHS trust reported this data for all of its patients, including patients receiving dialysis at this clinic. As the unit opened on 26 June 2017, they had not yet collected any data to submit to the trust. The UK Renal Registry is part of the Renal Association and provides independent audit and analysis of renal replacement therapy in the UK.
- Staff told us the dietitian would be reviewing patients each month after the blood results were available. We did not see this in practice due to the recent opening of the centre.

## Pain relief

- Patients told us and we saw staff assessed and managed patient's pain levels during treatment and tried to make patients as comfortable as possible.
- Nursing staff told us if patients were experiencing pain, they would escalate this to the consultant or the trust's satellite unit coordinator.

## Nutrition and hydration

- We saw patients weighed themselves before staff connected them to the dialysis machine. This was to enable staff to calculate the amount of fluid weight that needed to be removed from the patient during the dialysis treatment.
- It is essential for renal failure patients to have a strict diet and restrict their fluid intake to have a healthy lifestyle. Staff provided patients with advice to support their nutrition and hydration needs.
- We saw patients had access to food and hydration while undergoing treatment and they could bring in their own food and drink to have during their dialysis treatment. Patients' hydration needs were met during treatment as they were provided with one cup of tea. This took into account dialysis patient's fluid restrictions.
- Water dispensers to help meet patient's hydration requirements were positioned in the clinical area and one in the waiting area.
- Patients and staff had access to specialist dietary support and advice via the dietitian from the referring trust who attended three times per week.

## Patient outcomes

- Diaverum had an audit programme to monitor the performance of its units and to assess the effectiveness of patient's treatment in line with the Renal Association Standards. The provider compared the performance of all its units nationally. Walsall Kidney Treatment Centre had not yet formed part of this comparison due to it only recently opening.
- Consultants from the parent NHS trust led clinical care with the aim to achieve the UK Renal Association Standards regarding dialysis quality outcomes. The parent NHS trust was responsible for the submission of the unit's data to the UK Renal Registry. The unit's data would be combined with the parent NHS trust data and submitted as one data set. This data set would only include patients under the direct care and supervision of the trust.
- The service will be conducting monthly audits of patient's blood test results and other tests carried out for example in accordance with Diaverum guidelines. The results will be discussed at monthly disciplinary meetings to ensure patients received the treatment

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prescribed. In addition, patient's vascular access will be monitored during every treatment and audited each month. Diaverum set out targets for optimising patient's vascular access (by increasing the use of arterio-venous fistulas and reducing the use of dialysis catheters). Staff at the unit would work closely with the referring trust to ensure the national standards are met.

## Competent staff

- Nurses told us and records confirmed they received two full day training sessions on the new dialysis machines before the centre opened. Staff who were available the week before the clinic was due to open had been given an induction and training on the dialysis machines. At the time of our unannounced inspection, all staff had received the initial training on the dialysis machines. We saw the completed competency documents the dialysis machine external trainers had completed for staff.
- Staff told us the dialysis machine training was reasonably flexible. One nurse was on leave during some of the dialysis machine training and the external trainer attended on a Saturday specifically to conduct this training. However, another nurse told us the training had been a "scattergun approach" and if staff were not on shift when trainers were there, they would receive the training and they had to pick it up from other staff.
- One nurse we spoke to told us they were competent to use the dialysis machines but not fully trained to troubleshoot. The trainer who was on-site during our announced inspection was supporting staff with any troubleshooting queries. One nurse told us they were now getting used to the dialysis machines, but stated, "The first day was chaos but getting better."
- We checked the Nursing and Midwifery Council (NMC) registration of ten staff at random; all were in date. Staff were responsible for checking their own registrations each month and the clinic manager held a log of when staff registrations expired.
- There was no set date for when staff needed to have completed their competencies. This was part of the 100- day integration. The clinic manager told us this was an experienced team and they had no concerns regarding the competency of their staff.
- During our inspections, staff were still familiarising themselves with the new provider's policies and procedures. The clinic manager told us the team was very well established and experienced and had the right qualifications, skills, knowledge and experience to do their job on beginning employment with the new provider. Where procedures differed to those of the previous provider, for example taping methods used to secure needles, senior staff prioritised this training for staff to ensure they were adhering to Diaverum procedures.
- However, we saw inconsistent practices, for example, two nurses did not clamp an arterial bloodline during connection to dialysis, which could allow air to enter which did not comply with the Diaverum 'commencing haemodiafiltration' policy. The nurse told us they had been trained not to clamp the bloodlines. We also saw some staff correctly clamping the arterial bloodline as per the provider's protocol. It was still the early stages of the transition process and some staff had not fully embedded the new Diaverum processes. Following the inspection, senior staff reassured us staff now had a better understanding of Diaverum processes and there was continued support from the Diaverum practice development nurse
- Due to the recent opening of the centre, staff had not yet had an appraisal. The clinic manager had a log documenting when staff had previously received an appraisal when working for the previous provider so could calculate when annual staff appraisals were due.
- All staff had completed basic life support training before moving providers so were competent to respond to patients in an emergency.
- The centre had six patients who were part of an external study with a teaching hospital. The parent trust research team had provided initial training for this study in December 2014 to the clinic manager, deputy clinic manager and registered nurses (RNs) nominated to be responsible for the patients involved in the project. The trust gave a full explanation of the project via a presentation. Staff who had received the training then informed the remaining RNs to provide them with a brief outline of the project. No further training updates had been given. The allocated RN for the study received a monthly update of the patients



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bloods from the trust then followed the study protocol to calculate the amount of iron required which was then documented on a separate pivotal prescription. All patients involved in the project had this clearly marked in their daily treatment folders.

## Multidisciplinary working

- Staff had a well-established relationship with the referring NHS trust's renal team as it was the same team as when it was run by the previous provider. The trust's consultant had overall responsibility for the patient's care and treatment.
- Multidisciplinary team meetings were planned, which included the trust's consultant nephrologist, dietitian, and satellite dialysis coordinator, the clinic manager and team leaders. Due to the recent opening of the centre, these meetings had not yet taken place when we inspected. Team leaders would minute the meeting and would circulate updates to staff at team meetings and handovers.
- Patients told us the dietitian from the local trust had visited patients since opening and senior staff told us they would attend each week.
- Contract review meetings were planned with the trust to discuss patient outcomes and any problems since the transition of service. Senior staff told us they had arranged the first meeting since the transition for the week commencing 31 July 2017.
- Senior staff discussed transition of clinics from other providers at the provider area meetings.

## Seven-day services

- The clinic was open Monday to Saturday and had a morning and afternoon dialysis session each day. The service did not provide a twilight session, as this was not a requirement as of the contract with the referring NHS trust. If patients requested this service, the trust would allocate them to another clinic or to arrange for patients to have this at the trust.
- If patients had any concerns or emergencies outside of opening hours, staff advised them to call the emergency services or contact their own GP.

## Access to information

- Staff had access to the parent NHS trust's electronic patient records system. This included access to patient's blood test results. Therefore, the NHS trust and dialysis unit staff could share information to be able to deliver effective care and treatment to patients as soon as it was available. This reduced the time it took staff to chase test results such as patients' blood results as they were easily accessible. In addition, consultants could advise nursing staff regarding patient's treatment as they had access to patient's up-to-date information.
- However, we saw one nurse treating a temporary patient transferred from the parent trust without the appropriate patient transfer information, which staff had not raised as an issue. We discussed this issue with the clinic manager following our inspection who notified us the paperwork arrived later into the shift. The clinic manager told us they verbally addressed this with the trust and with the relevant staff on the day and at handover the following day. Staff were verbally reminded that no patient treatment should commence without the correct documentation.
- Staff told us there had been no issues with contacting patient's GPs to change medication for example since changing providers. The clinic manager had ensured patient's GP information was up-to-date before moving. However, patients' GPs had not been informed of the change of provider or been given contact details of the new clinic.
- A daily handover took place each morning once all patients had started their dialysis treatment, which all staff attended. Staff discussed any issues from the previous day and patients who had gone on dialysis that morning in addition to any concerns staff needed to be aware of. There was a process in place for staff on shift in the afternoons to document any issues or concerns. Senior staff would feed this back at handover the following morning. The clinic manager or team leaders informed staff at the handover of their allocated tasks for that week such as the resuscitation trolley checks and daily water testing.
- The clinic manager had a detailed knowledge of all patients transitioning across from the previous provider as they had carried out comprehensive handover with the parent trust for each of the patients in advance of the move.

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- All staff had an independent login to access the clinic email. Staff had direct access to the parent trust's electronic patient records system to view information about dialysis patients receiving treatment. Staff could access patient's laboratory test results from the trust in a timely way.
- We saw dialysis satellite co-ordinators and the consultants at the parent NHS trust could access information about patients' dialysis treatment so they were kept up-to-date about their treatment
- Patients told us they had access to their own blood results and staff would print them off if patients requested.

## **Consent, Mental Capacity Act and Deprivation of Liberty**

- Senior staff told us patients had re-consented to dialysis treatment on transition of the service. We reviewed eight patient records and found patients had signed consent forms in five of the eight records however; patients had not signed three of the patient records. The provider policy was to review consent for dialysis treatment each year.
- Senior staff told us they had photographed all patients on transition of the service to aid identification and we saw all patients had consented to this.
- At the time of our inspections, clinic staff did not treat patients with dementia or learning disabilities. Staff told us if they treated these patients, they would liaise with the trust on an individual basis. Patients with severe dementia would receive treatment at the parent NHS trust as staffing numbers were higher and they would be able to meet their needs more effectively.
- The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. These safety measures are in place to ensure people are cared for without inappropriately restricting their freedom. Staff told us they had received Mental Capacity Act training when working for the previous provider and could demonstrate a good understanding. If they had concerns regarding the ability of patients to consent, they would raise this with the clinic manager or trust renal consultant.

## **Are dialysis services caring?**

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

### **Compassionate care**

- All five patients we spoke with were all complimentary about the caring nature of all staff including the clinic manager. Patients used terms such as "excellent, caring and golden" to describe staff.
- Patients told us they had sufficient privacy in their treatment bays and they were happy with the layout. We saw two screens were available for staff to use to ensure staff respected people's privacy and dignity, particularly during physical or intimate care. One patient confirmed staff used screens if any personal treatment was taking place and they would raise privacy issues with nurses if they had any concerns. One patient received treatment in one of the side rooms at their own request, as they preferred the additional privacy.
- There were sufficient rooms available to conduct confidential discussions with patients if required.
- Nurses told us they loved their job as they gained great satisfaction from caring for dialysis patients.
- Staff ensured they provided support to patients if required, for example with weighing themselves pre and post treatment and in particular patients who had limited mobility.

### **Understanding and involvement of patients and those close to them**

- One patient we spoke with received haemodialysis (HD) treatment and was aware of the possible option to have haemodiafiltration (HDF) treatment.
- Patients told us they could have access to their blood test results on-line. Some patients preferred to ask the nursing staff directly for the results and told us staff always provided these quickly when requested. Patients told us they felt involved in the decisions about their dialysis treatment and their care.

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- Staff gave patients a Diaverum patient handbook when the service transferred from the previous dialysis provider to the new centre. This included the patient's name, named nurse, named consultant and the patient's dialysis days and shifts. The handbook included useful information about the dialysis treatment to ensure patients understood their care, treatment and condition. However, we saw the patient handbook was only available in English.
- Patients and their family and friends were invited to have a tour of the unit to familiarise themselves with the new facilities before the change of providers.

## Emotional support

- The receptionist came in at 7am on the first couple of days of the clinic opening and worked full time so that all patients saw a familiar face on their first visit to the new clinic. Staff told us they were proud to be part of the team with the nurses, patients were appreciative of the help they receive. One nurse told us they loved to see their patients 'getting the call' for transplant.
- If any patients passed away, staff supported each other. Staff could also arrange bereavement support for patients if they requested help.
- If patients needed additional psychological support staff told us, they could refer them to a psychologist at the parent NHS trust. Staff had experience of when patients were in need of this specialist support from working for another provider and if patient required, staff could arranged urgent appointments with the trust.
- Patients and relatives were given details of support groups such as the British Kidney Patient Association (BKPA) and the National Kidney Federation. Contact details were also included in the patient handbook.

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

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

## Service planning and delivery to meet the needs of local people

- When we inspected this service, the contract between the referring trust and the current provider was in its infancy. The contract was set up to provide haemodialysis to patients living in the local area.
- Senior staff told us the centre had been re-designed to the same design and specification as other Diaverum satellite dialysis units. The design and building company were experienced at designing renal units and had an in depth knowledge of the HBN and associated guidelines. We saw the building complied with the Department of Health building requirements (Satellite dialysis units: planning and design HBN 07-01).
- Another provider had the contract to provide the patient transport service for the trust. This was implemented on 1 May 2017 as part of a new contract with the local clinical commissioning group and during our inspections was still in the transition process. The clinic manager raised transport delays as incidents with the parent NHS trust who were collating any issues to take forward to meetings with the local clinical commissioning group (CCGs) who commissioned the service.
- Another provider contracted the patient transport service. Therefore, patient travel times were not monitored in accordance with National Institute for Health and Care Excellence (NICE) quality standards (QS72 – standard 6). Under the previous patient transport contract, the clinic arranged and booked transport for patients. As part of this new contract, staff and patients told us patients would have to book transport themselves. Patients and staff told us they were normally collected on time.
- There were sufficient toilet facilities to enable patients to use the toilet before they started their dialysis treatment. There were two toilets with disabled access in the reception area, one in the main clinical area and one by the side rooms.
- There was adequate patient designated parking which was free of charge. We saw there was a dedicated ambulance bay to drop off and collect patients. Staff



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parking spaces were separate to patient parking. This was in direct response to feedback received from patients during the consultation events Diaverum held before the clinic opened.

- There were three designated disabled parking spaces, which were closest to the clinic's main entrance. Staff car parking spaces were separate and this was a direct request current patients raised during consultation events. The car park was gated and locked during non-service times and at weekends after the unit closed on Saturday afternoons.
- The centre was situated on a main bus route so was easily accessible for patients and their families.
- We saw the reception area included a dedicated wheelchair storage area. The reception seating area included two larger chairs for bariatric patients. The clinic manager told us there were no bariatric patients currently receiving treatment.
- Each dialysis station had a ceiling mounted television with a remote control and internet access was also available while undergoing treatment.
- The unit was situated in a culturally diverse area. Staff told us they could access interpreting services via the parent NHS trust. Staff would identify on patient admission paperwork if patients required a translator. Staff would use interpreters mainly for initial patient assessments and consultant appointments. To aid with communication with patients whose first language was not English to discuss personal issues, family or carers translated for patients or they used staff who could speak that particular language.
- We saw some leaflets were available in languages other than English. For example, a leaflet 'An Introduction to Sharing Haemodialysis Care' distributed by the parent trust was available in languages such as Punjabi, Polish, Kurdish. In addition, if patients/carers required a leaflet in an alternative format such as larger print or another language not on the list, staff advised them to inform staff who could arrange this with the trust.

## Access and flow

- The centre offered two dialysis sessions each day, Monday to Saturday and aimed to accommodate patients preferred dialysis shifts as much as possible

in accordance with individual needs and preferences. The parent trust was responsible for allocating treatment shifts for patients when they first started dialysis. If patients wished to swap shifts, the clinic manager would arrange for this wherever possible to accommodate patient's work commitments for example. There was not a waiting list of patients to start dialysis treatment at the unit.

- Patients were given appointment times for their dialysis treatment. Staff told us this was the latest time patients would start dialysis. We saw patients waited in the waiting area until staff called them into the treatment area.
- Patients had been informed in advance there may be some delays with their treatment in the early stages of the new unit opening due to staff training and staff familiarising themselves with the new provider's policies and procedures. There had been no cancelled dialysis sessions since the opening of the new clinic.
- Staff told us treatment was prioritised for the nine patients who had longer treatment times of five hours. Staff put patients onto dialysis first to ensure they had time to complete their full treatment time for each session. Staff also told us they had one patient who split their dialysis over two days as they were in a band so this enabled them to finish dialysis in time.
- Patients told us staff did not always update them regarding any delays to starting their dialysis session since moving to this centre. The clinic manager told us they would remind staff they need to keep patients informed as much as possible.

## Meeting people's individual needs

- Staff told us and patients confirmed they were able to visit the toilet before dialysis started, as they would usually be unable to do so during the procedure. Staff would assist patients if required.
- The clinic's receptionist co-ordinated holiday dialysis for patients by making the initial arrangements and then the trust consultant would authorise it. We saw the provider's guide to holiday dialysis 'At home abroad' was available in the waiting area. The guide explained how Diaverum staff would support patients to go away on holiday.

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- The receptionist also assisted patients with grant applications from the British Kidney Patient Association BKPA during patient's times of need and liaised with the association on their behalf.
- Treatment was planned so patients were able to participate in their own care. For example, we saw some patients weighed themselves before treatment.
- We saw healthcare assistants assisted patients with additional mobility needs to weigh themselves. Staff told us they could also use the room for treatments where patients needed more privacy in addition to two examination rooms next to the waiting room.
- There were four dedicated bays for self-care patients that would be used once the service was more established following the transition. Nurses would oversee patient's treatment and support patients to look after themselves during dialysis to aid independence. The clinic manager told us these patients would have to complete competency assessments to ensure they can safely conduct certain procedures.
- There were a variety of information leaflets available to patients to help explain their condition and treatment. We saw these were displayed in the waiting area. The referring trust had produced some of the leaflets and they were available in a number of different languages and easy read formats.
- The parent NHS trust's consultant and dietitian attended the clinic regularly and on different days and times so patients did not have to make additional appointments in order to see them.
- At the time of our inspections, the centre did not treat any patients with dementia or learning disabilities. Staff told us if they treated these patients, they would liaise with the trust on an individual basis. Patients with severe dementia would receive treatment at the parent NHS trust as staffing numbers were higher and they would be able to meet their needs more effectively.
- The complaints process was in line with the provider's complaints policy. The patient handbook fully explained how patients could raise both informal and formal complaints. This notified patients to raise an informal complaint with the individual staff member concerned or with the nurse in charge. Staff told us they would try to resolve informal complaints at the time of the complaint however, if this was not possible they would request support from the clinic manager.
- The clinic manager was responsible for investigating formal complaints or anyone with a complaint about the service could also raise this with the Patient Advice Liaison Service (PALS) at the parent trust. We saw PALS leaflets were available in the waiting area.
- Patients we spoke with knew how to make a complaint and stated if they had any concerns they would raise this with their named nurse or the clinic manager in the first instance.
- The Diaverum complaints process was displayed on the noticeboard in the waiting area. There was a feedback box, which the receptionist checked regularly.

## Are dialysis services well-led?

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

### Leadership and culture of service

- We saw the clinic manager and deputy clinic manager had sufficient knowledge and experience to do their job. The clinic manager, deputy clinic manager and two team leaders had a renal qualification from a university. The clinic manager had six years' experience as a clinic manager with a previous provider and 12 years' experience in total as a renal nurse. One nurse also had 21 years renal experience.
- Patients were complimentary about staff and in particular told us the clinic manager was "brilliant, thorough and listens to patients".

### Learning from complaints and concerns

- Since opening on 26 June 2017, no complaints had been received about the service.

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- Staff told us they were a close and well established team and they supported one another through the transition process. Staff were confident to raise concerns to senior staff.
- Staff told us the clinic manager always listened, was fair, very approachable and had been 'hands on' to support staff during the transition process when required.
- Staff were representative of the local demographic.
- Senior staff were supportive and were visible and approachable. The clinic manager told us leaders had been supportive and were available each day since opening. The Diaverum managing director had attended on the second day of the service opening for a few hours and took the time to speak with staff. Staff were pleased to have them visit.
- WRES data had not been shared due to the recent opening of the service. The Workforce Race and Equality Standard (WRES) is a requirement for organisations providing care to NHS patients. This ensures employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Walsall Kidney Treatment Centre was situated in a culturally diverse area.

## Vision and strategy for this core service

- It was the early stages of the transition of the service and staff had a basic understanding of the provider's vision and strategy, which was not yet embedded.
- A poster to display the vision and values of the centre and organisation was to be ordered to be positioned in the waiting area.

## Governance, risk management and quality measurement

- The clinic manager could describe a clear governance structure. Clinic managers reported into the area manager for their region. Each area manager reported into the provider's operations director, quality manager and nursing director.
- The provider had produced a 'Walsall risk of mobilisation' register of risks surrounding the transition from the previous provider to the new premises. We reviewed this during our inspection.

However, these risks related to the transfer process and period and there was not a risk register for the service's day-to-day operation in place. The clinic manager was able to describe the main risks to patients using the service such as hospital acquired infection and needle dislodgements. However, we were not assured the provider had fully assessed and planned for the risks to patients and staff at the new premises. During our inspections, the clinic manager knew this would need to be implemented and told us they had experience of maintaining a risk register whilst working for the previous provider.

- Monthly quality assurance meetings were held with the parent trust to discuss any concerns and patient outcomes.
- The clinic manager told us they would be attending managers meetings where managers from local dialysis units would discuss issues, learning from incidents and monitoring performance.

## Public and staff engagement

- Patients, relatives and staff had been involved in the transition process from the dialysis unit run by a previous provider to this Diaverum run centre. Open days and engagement events had been held since January 2017 to discuss and clarify concerns patients and staff had about the change of provider.
- A plan of the Walsall Kidney Treatment Centre had been shared with staff and patients at a meeting in April 2017. Staff and patient feedback for the design and layout had been taken into consideration. For example, the clinic manager had requested their office to be directly next to the clinical area, which had been implemented.
- The provider had also asked patients for their preferences about where they would like to sit and patients told us they felt engaged and involved in the decision-making.
- The clinic manager told us they planned to hold an official opening for staff, patients and their relatives at the centre after around six months of it being open. Senior staff had invited a relative of one of the patient's to cut the ribbon for the event and give a speech.

# Dialysis Services

- An independent provider would facilitate a patient experience satisfaction survey twice a year. Due to the recent opening of the service, a survey had not yet been carried out and therefore survey results were not available.
- Staff had been given the opportunity to speak with Diaverum human resources before the transfer of providers took place to discuss any further queries or concerns they had.
- The staff survey would be completed annually. Due to the recent opening, a survey had not yet been conducted.
- The clinic manager told us nurses would be able to act up as nurse in charge once a month. This had been in place whilst working for the previous provider and the clinic manager was keen for this to continue as it had enabled staff to develop new skills.

- We saw the provider produced a patient and staff newsletter called 'In Touch UK' to help keep patients and staff updated with any developments within Diaverum.
- The provider had an Extra Mile Award programme each quarter 'to recognise employees who consistently went the extra mile to provide excellent patient care.'

## **Innovation, improvement and sustainability**

- The service continued to take part in a clinical research programme led by a teaching hospital since transferring to the current provider.
- Staff used a supply of yellow tape pre-printed with its name and address. Staff used the tape to seal clinical waste bags waiting for collection and disposal so that the waste could be tracked once the waste collection company collected it.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure staff comply with aseptic non-touch technique and infection prevention control practices.
- The provider must ensure processes are in place to assess, monitor and mitigate risks to patients, such as up-to-date risk assessments for all patients and a system to provide oversight of risk for the day-to-day running of the service.

### Action the provider **SHOULD** take to improve

- The provider should ensure all patients have a signed consent form in place.
- The provider should ensure nursing staff identify patients when administering medicines in accordance with the nursing and midwifery council medication administration guidelines, which states 'you must be certain of the identity of the patient to whom the medicine is to be administered.'

- The provider should ensure staff conduct daily checks on the emergency resuscitation trolley each day the centre is open.
- The provider should ensure staff monitor fridge temperatures appropriately and follow the correct procedures when temperatures are recorded above the recommended safe temperature maximum.
- The provider should ensure pressure relieving cushions or mattresses are available for patients to use during treatment.
- The provider should ensure staff are given sufficient time to enable them to conduct required training.
- The provider should ensure staff have the necessary transfer documentation from the referring trust for temporary patients before treating them.

## 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
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities)</p> <p>Regulations 2014 Safe care and treatment:</p> <p>12.—(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;</p> <p><b>How the regulation was not being met</b></p> <p>We observed four out of five staff did not comply with aseptic non-touch technique and infection prevention control practices when either connecting or disconnecting patients to dialysis.</p>
Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities)</p> <p>Regulations 2014 Good Governance:</p>

## Requirement notices

17(17(2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

### **How the regulation was not being met**

- The centre did not have a risk register in place for the day-to-day operation of the centre. We were not assured the provider had fully assessed and planned for the risks to patients and staff at the new premises.
- Staff had not conducted risk assessments for the majority of patients since moving to the new clinic.