Aldeburgh Renal Unit

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

BBraun Avitum UK Limited provides the services at Aldeburgh renal unit. Services at the unit are commissioned by Ipswich Hospital NHS trust. Aldeburgh renal unit is one room within Aldeburgh Community Hospital. BBraun Avitum Uk LTD operate the unit as a satellite service of Ipswich Hospital NHS Trust renal unit (referred to as the hub).

Facilities at Aldeburgh renal unit include five renal dialysis stations and a water treatment room. The service provides ten haemodialysis (dialysis) sessions per day to adults aged 18 years and over Monday to Saturday, 60 sessions per week in total.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 25 April 2017 along with an unannounced visit to the hospital on 5 May 2017.

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

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

Services we do not rate

We regulate dialysis services but we do not currently have a legal duty to rate them. 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:

- The service held an up to date policy for the reporting of adverse patient occurrence (APO) and incidents and nursing staff were able to describe what type of incident they would report and there was evidence of investigation and learning from incidents.
- There were robust procedures around infection prevention and control of blood borne viruses, management of medicines and for patient medical records.
- Nurse staffing was better than Renal Workforce guidelines 2002, nursing staff identified and responded appropriately to risks to people who used the service and knew their responsibilities around safeguarding vulnerable adults.
- Nursing staff used policies and procedures developed from professional guidance. Dietary support and advice was available to patients from a dietitian who visited the unit weekly. Nursing staff were 100% compliant with mandatory training and the unit had an adverse incident plan and staff had practiced resuscitation and fire evacuation scenarios.
- The provider had procedures in place to enable nursing staff to support patients living with dementia or learning disability when they attended for dialysis and nursing staff provided care in line with the 6Cs of nursing - care, compassion, competence, communication, courage and commitment.
- Nursing staff were trained link nurses for anticoagulant therapy and anaemia for example. Link nurses have undertaken additional training in specialist areas to enable them to provide expert up to date knowledge to patients and colleagues.
- All the patients we spoke with during our inspection gave consistently positive feedback about nursing staff behaviour and the dialysis service and said they felt involved in decisions around their care.

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- There was a strong leadership team in place at the unit and nursing staff felt management staff were visible and supportive. There were robust processes for communicating between management and nursing staff.

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

- Space between the dialysis chairs was not in line with health building note (HBN) 07-01 – satellite dialysis unit guidance. This meant patients did not have the recommended space to ensure patient privacy or allow easy access for resuscitation equipment.
- Nursing staff knew about the duty of candour regulation but were unable to describe what type of patient incident would lead to it being applied.
- The provider did not have a sepsis policy or a documented procedure for the escalation of deteriorating patients and staff had not received sepsis training.
- There was no process in place for checking patient identification before administering medications or starting dialysis. Nursing staff did this informally by greeting patients by name

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 one requirement notice that affected dialysis. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Independent Health, Central region)

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Background to Aldeburgh Renal Unit

BBraun Avitum UK Limited is the provider of the services at Aldeburgh renal unit. Services at the unit are commissioned by Ipswich Hospital NHS trust. Aldeburgh renal unit is one room within Aldeburgh Community Hospital. BBraun Avitum Uk LTD operate the unit as a satellite service of Ipswich Hospital NHS Trust renal unit (hub).

The unit opened in February 2008 and primarily serves the local communities around Aldeburgh and accepts occasional patient referrals for patients holidaying in the area.

The unit is registered for the treatment of disease and disorder and for diagnostic and screening procedures in the form of haemodialysis (HD). There has been a registered manager in post since 2012.

We inspected the service in 2013 and found it to be meeting all standards of quality and safety that we inspected against.

Our inspection team

The inspection team comprised of a CQC lead inspector and a specialist advisor with expertise in renal dialysis. Fiona Allinson, Head of Hospital Inspection, oversaw the inspection team.

Information about Aldeburgh Renal Unit

Aldeburgh renal unit is a satellite renal unit of Ipswich renal unit (hub). Aldeburgh renal unit delivers its service in one main room within Aldeburgh Community Hospital. Patients access the Community Hospital through double doors from the car park, and make their way to the renal unit. Nursing staff greet patients at the door to the renal unit. Disabled parking bays are available and car parking is free.

Patients began dialysis at the hub. Once the patients were medically stable and clinically suitable they could have their dialysis at Aldeburgh renal unit. Patients who required a carer to support them through the dialysis session were not seen at Aldeburgh due to space constraints. These patients were seen at the hub, this included patients with dementia.

Patients waited to be seen in a small waiting area beside the dialysis unit. Nursing staff escorted patients to the weigh scales to be weighed, prior to dialysis, and into the dialysis unit. Patients had access to toilets prior to dialysis. The dialysis unit had five “dialysis stations”, each station consisting of a reclining dialysis chair, a dialysis machine, a wall mounted adjustable TV and an adjustable table. The dialysis stations were arranged around the edge of the room facing into the middle towards the nurses station. There was a water treatment room and a store cupboard accessed directly off the room.

The dialysis unit is open from 7.30am to 6.0pm Monday to Saturday. The unit is secured overnight by a security-coded keypad on the door.

The provider employed five registered nurses, and two health care assistants at the unit as well as having its own bank staff available from the hub. One consultant nephrologist from the local NHS trust oversaw the care of patients who attended the unit.

Facilities at Aldeburgh renal unit include five renal dialysis stations and a water treatment room. There are

Summary of this inspection

no isolation rooms available. The service provides ten haemodialysis (dialysis) sessions per day to adults aged 18 years and over Monday to Saturday, 60 sessions per week in total.

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

In the reporting period January 2016 to January 2017, staff performed 2,834 dialysis sessions at the unit. Of these 100% were NHS-funded patients, 708 sessions were provided for patients who were aged 18 to 65 years and 2,126 sessions for patients aged 65 years and over.

The provider reported no never events, clinical incidents or serious injuries for the reporting period March 2016 to March 2017.

The provider reported no incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive staphylococcus aureus (MSSA), hospital acquired Clostridium difficile (c.diff) or hospital acquired E-Coli for the reporting period March 2016 to March 2017.

The provider received no complaints for the reporting period March 2016 to March 2017.

Services accredited by a national body:

The Aldeburgh Renal unit held International Organisation for Standardisation ISO:9001 2015 accreditation.

BBraun Avitum UK LTD were Investors in People Accredited in 2016.

During the inspection, we visited the dialysis unit, the water treatment room, the patient waiting area and the consumables stock room. We spoke with seven staff including; the BBraun Operations manager, the unit manager, a senior dialysis nurse (SDN) registered nurses (RN) and a health care assistant (HCA). We also spoke with seven patients and received feedback from one patient's relative.

We reviewed four sets of patient records and other relevant documentation provided by the service manager as part of our documentary review.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We found the following areas of good practice:

- The provider had a policy for the reporting of adverse patient occurrence (APO) and incidents and nursing staff were all able to describe what type of incident they would report and how. There was evidence of investigation and learning from incidents.
- The provider had robust procedures around patient medical records.
- Nurse staffing was better than Renal Workforce guidelines 2002. Nursing staff identified and responded appropriately to risks to people who used the service and knew their responsibilities in relation to safeguarding vulnerable adults.
- The unit had an adverse incident plan and staff had practiced resuscitation and fire evacuation scenarios.
- Nursing staff were 100% compliant with mandatory training.

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

- Space between the dialysis chairs was not in line with health building note (HBN) 07-01 – satellite dialysis unit guidance. This meant patients did not have the recommended space to ensure patient privacy and there was not enough space to easily access the patient with emergency equipment if required.
- There was no process in place for checking patient identification before administering medications or starting dialysis .Nursing staff did this informally by greeting patients by name.
- Nursing staff were unable to describe what type of patient incident would lead to the duty of candour regulation being applied.
- The provider did not have a documented escalation procedure for deteriorating patients. The provider did not have a sepsis policy and nursing staff did not use a sepsis tool kit. Nursing staff had not received training in sepsis.

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

- Nursing staff used policies and procedures developed from professional guidance and a dietician visited the unit weekly to give dietary support and advice to patients.
- Nursing staff were trained link nurses for anticoagulant therapy and anaemia for example. Link nurses are nurses with special interest in certain areas of medicine and are points of contact for patients and staff requiring more information in that area.
- The unit manager attended weekly multidisciplinary team meetings (MDT) at the hub to ensure patients received holistic care.

Are services caring?

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

We found the following areas of good practice:

- Nursing staff provided care in line with the6Csof nursing – care, compassion, competence, communication, courage and commitment.
- All 17 patients (100%) who responded to the patient satisfaction questionnaire were satisfied with the approachability of nursing staff and the professional level of care they provided.
- All the patients we spoke with gave consistently positive feedback about nursing staff behaviour and the dialysis service.
- Nursing staff spoke with patients in a way which the patient could understand and patients told us they felt involved in decisions around their care.

Are services responsive?

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

We found the following areas of good practice:

- Nursing staff had access to translation services for patients whose first language was not English.
- The unit could accept patients who were on holiday in the area if their own patients were on holiday and therefore they had capacity. The provider supported patients to arrange holiday dialysis.

Are services well-led?

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

We found the following areas of good practice:

- The leadership team at the unit was strong and nursing staff felt management were visible and supportive.

Summary of this inspection

- The provider had robust processes for communicating between management and nursing staff.
- The provider created opportunities for patient and staff engagement.
- The provider was looking at ways to improve patient experience during dialysis.

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Summary of findings

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.

- The service held an up to date policy for the reporting of adverse patient occurrence (APO) and incidents and nursing staff were able to describe what type of incident they would report and there was evidence of investigation and learning from incidents.
- There were robust procedures around infection prevention and control of blood borne viruses, management of medicines and for patient medical records.
- Nurse staffing was better than Renal Workforce guidelines 2002, nursing staff identified and responded appropriately to risks to people who used the service and knew their responsibilities around safeguarding vulnerable adults.
- Nursing staff used policies and procedures developed from professional guidance. Dietary support and advice was available to patients from a dietitian who visited the unit weekly. Nursing staff were 100% compliant with mandatory training and the unit had an adverse incident plan and staff had practiced resuscitation and fire evacuation scenarios.
- The provider had procedures in place to enable nursing staff to support patients living with dementia or learning disability when they attended for dialysis and nursing staff provided care in line with the6Csof nursing – care, compassion, competence, communication, courage and commitment. Nursing staff were trained link nurses for anticoagulant therapy and anaemia for example. Link nurses have undertaken additional training in specialist areas to enable them to provide expert up to date knowledge to patients and colleagues.
- All the patients we spoke with during our inspection gave consistently positive feedback about nursing staff behaviour and the dialysis service and said they felt involved in decisions around their care.
- There was a strong leadership team in place at the unit and nursing staff felt management staff were visible and supportive. There were robust processes for communicating between management and nursing staff.
- Nursing staff received mental capacity act training yearly as part of safeguarding vulnerable adults training. However, patients who were known to lack capacity were dialysed at the hub and not at Aldeburgh renal unit.

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

- Space between the dialysis chairs was not in line with health building note (HBN) 07-01 – satellite dialysis unit guidance. This meant patients did not have the recommended space to ensure patient privacy or bring emergency equipment close enough in the event of a cardiac arrest for example.
- Nursing staff knew about the duty of candour regulation but were unable to describe what type of patient incident would lead to it being applied.

Dialysis Services

- The provider did not have a sepsis policy or a documented procedure for the escalation of deteriorating patients and staff had not received sepsis training.
- There was no formal process in place for checking patient identification before administering medications or starting dialysis. This meant there was a risk of the wrong patient receiving the wrong medication.

Are dialysis services safe?

We regulate this service but we do not currently have a legal duty to rate it.

We found the following areas of good practice:

Incidents

- The provider had a policy for the reporting of adverse patient occurrence (APO), unplanned patient complications and incidents. The policy was in date.
- We spoke with three nursing staff and they were all able to describe what type of incident they would report and how to do it although there had been no incidents to report. The APO system sends an automatic email to the unit manager and the operations director to alert them to an incident.
- Information from the provider stated there were no never events or serious incidents in the past 12 months. Never events are serious incidents, which are wholly preventable as guidance and safety recommendations are available that provide strong systemic protective barriers at a national level. Although each never event has the potential to cause harm or death, harm is not required to have occurred for an incident to be categorised as a never event.
- The provider had introduced changes to a procedure because of the outcome of an investigation into an incident that occurred at another unit. We saw an email received by all nursing staff detailing how staff at the other unit had investigated the incident and what action they had taken to prevent a reoccurrence. This assured us there was sharing of learning from incidents.
- We asked three nursing staff about the duty of candour regulation. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff stated that they knew that they had to be honest and open about any untoward incidents that occurred but were not clear about the type of incidents, which would trigger it.

Mandatory training

- Nursing staff received mandatory training annually in aseptic non-touch technique (ANTT), manual handling, basic life support, blood transfusion, vulnerable adult protection awareness and infection control.
- Information supplied by the provider showed nursing staff were 100% compliant. We reviewed two nursing staff training folders and saw certificates of competition of mandatory training.
- Nursing staff received mandatory training three yearly in disability discrimination and awareness, assessing the risk of patient falls and control of substances hazardous to health (COSHH) among other courses.
- Nursing staff received training around fistula, vascular access, intravenous (IV) drug administration, and pre and post dialysis patient assessment among many other courses within the first six months of employment at the unit. We reviewed the training folders of two RN and saw certificates evidencing they had completed this training.

Safeguarding

- The provider had a corporate policy for the protection of vulnerable adults and safeguarding. The policy was in date.
- We spoke with two nursing staff about safeguarding, both staff knew how and when to raise a safeguarding concern. Although neither staff member had needed to do this. The senior dialysis nurse (SDN) was the safeguarding link nurse for the unit.
- Nursing staff received safeguarding vulnerable adults training to level two. At the time of our inspection, compliance with training was at 100%.

Cleanliness, infection control, and hygiene

- All the areas we visited during the inspection were visibly clean and tidy.
- Staff wiped down dialysis chairs, tables and dialysis machines with disinfectant wipes between each patient.
- Staff decontaminated dialysis machines before each patient according to manufacturer's guidelines. This was an automated programme which was initiated every time the machine was turned on.
- Nursing staff used an aseptic non-touch technique (ANTT) to minimise the risk of sepsis when accessing the patients' fistula or central line. We observed nursing staff using the technique. Audit data showed all nursing staff achieved 100% compliance with the technique for the period January to April 2017.
- The infection control policy was in date, and detailed the screening procedure all nursing staff followed when screening patients for Methicillin-resistant Staphylococcus aureus (MRSA) and other blood borne viruses (BBV) such as Hepatitis B and C.
- Nursing staff screened patients for Methicillin-resistant Staphylococcus aureus (MRSA) monthly. We reviewed the provider wide policy for the prevention and control of infection. The policy stated "All new patients to the unit must be screened for MRSA. Any patient found positive to be given decolonisation treatment, & treated in isolation until found to be negative after 3 clear results". The policy also stated that "patients requiring dialysis in isolation included any patients that are infected or colonised with MRSA".
- The unit did not have any isolation rooms. Patients requiring isolation were dialysed at the hub. The infection prevention policy did not describe what procedures the provider would undertake for patients who were returning from holidays in high infection risk areas.
- We reviewed the provider wide policy for the control of blood borne viruses (BBV). Nursing staff could describe what action they would take if a person were positive for a BBV or for MRSA. Patients who required dialysis in isolation due to being BBV positive were dialysed at the hub unit where there were isolation rooms.
- A hand gel dispenser was located at the entrance to the unit and a poster on the door encouraged patients to use it before entering. However, audit data showed not all staff were encouraging patients to wash their hands before entering the room. The SDN had taken action to remind all staff of the importance of this step.

- Nursing staff had access to two hand washbasins inside the unit and there were two more hand gel dispensers available. The SDN carried out hand hygiene audits monthly. Compliance for January, February and March 2017 was 100%. We observed staff washing their hands regularly and using hand sanitiser gel..
- We observed nursing staff using personal protective equipment (PPE) when providing patient care. This was in the form of disposable gloves, disposable aprons and face shields.
- Aldeburgh renal unit did not have an isolation room. Patients knew to telephone the unit if they felt unwell so that nursing staff could arrange for them to undergo dialysis at the hub where there were isolation facilities.
- The health care assistant (HCA) on duty carried out water quality testing before each dialysis session. Nursing staff countersigned test results before allowing the dialysis session to begin. We reviewed water-testing records for April 2017, the HCA and registered nurse (RN) had signed and countersigned all the results with no omissions. Nursing staff had taken corrective action immediately when one test result did not reach the required standard of water quality.
- Staff monitored water quality for bacteria monthly. The consultant nephrologist signed off all the monthly test results as acceptable. We reviewed the water test results for 2016 and found there were no gaps in the records.

Environment and equipment

- Staff had access to resuscitation equipment stored on a trolley in the corridor of Aldeburgh Community Hospital just outside the dialysis unit door. The resuscitation equipment was the property and responsibility of the Aldeburgh Community Hospital. Aldeburgh renal unit nursing staff did not have any oversight of the checking of the equipment, this meant staff were relying on equipment which they did not check for appropriateness or availability.
- The BBraun Avitum LTD technician serviced dialysis machines every six months in line with manufacturer guidelines. We reviewed the service records for three machines and found the service technician had serviced them in line with guidance and signed and dated records with no omissions.
- A nurse call alarm system was available at each dialysis station. Due the size and lay out of the unit, patients rarely used their call alarm, preferring to call to the nurses by name to attract their attention.
- Standard operating procedures (SOP) were stored electronically. Nursing staff showed us how they accessed SOPs. When the provider updated an SOP nursing staff printed it off, read it and signed it to confirm they were aware of the update.
- Dialysis machine alarms alerted nursing staff to issues with patient blood pressure or flow rate. We heard alarms sounding and nursing staff responded to them appropriately. Nursing staff did not override alarms.
- Nursing staff prepared single use dialysis sets in trays labelled with the patient details prior to each patient's session. Nursing staff recorded the lot number of the set on the patients' dialysis flow record so there was traceability for future reference.
- One dialysis chair had signs of wear and tear on the arm. We brought this to the attention of the unit manager who assured us there was a replacement programme underway. We reviewed the policy for equipment maintenance, repair and replacement and saw it was in date.
- We checked the annual service history of the five dialysis chairs and saw they had all undergone appropriate testing and service within the last 12 months.
- Renal Association guidance suggests that dialysis machines should be replaced between seven and ten years or when they have completed 25,000 to 40,000 hours of dialysis. The provider managed equipment replacement via a corporate database. The provider logged equipment by asset number and recorded dates for service, repair and replacement. We reviewed the policy for equipment repair, replacement and maintenance and saw it was in date.
- Aldeburgh renal unit had a spare dialysis machine which nursing staff kept serviced and functional. This

meant that if a machine broke down nursing staff could use the spare machine while the technical engineer repaired the broken machine and not affect patient care.

- The provider had a shared stock room with the Community Hospital. Dialysis nursing staff monitored the stock room temperature daily and there were no omissions for April. The SDN ensured the stock room was well stocked and there was evidence of stock rotation.
- The provider had an agreement with the Community hospital for the disposal of clinical waste generated in the unit.
- Space between the dialysis chairs was less than the 900mm recommended in line with health building note (HBN) 07-01 – satellite dialysis unit guidance regarding patient privacy and the risk of the spread of infection. We raised this with the unit manager who described the mitigating action they had taken; nursing staff used mobile screens between dialysis stations if a patient required privacy and unwell patients were only dialysed at the hub where there were isolation rooms. However, we were concerned that the lack of space between dialysis stations would make it difficult for nursing staff to bring emergency and resuscitation equipment close enough to the patient if required.

Medicine Management

- Nursing staff stored medications such as Erythropoietin (EPO), iron supplements, vitamins and antibiotics in a locked medicine cabinet and a locked fridge. Staff monitored fridge and room temperatures daily. We reviewed the temperature monitoring records for April 2017 and staff had completed them daily without omissions. This ensured medicines were being stored within safe temperature range.
- Staff stored medications in an orderly and tidy way and there was good stock rotation which ensured nursing staff used older medications first. We checked a random sample of five medications and saw they were within their expiry date.
- The unit used electronic prescribing for medications and all the registered nurses were able to administer them. Nursing and medical staff could review patients' prescriptions using the electronic patient record.
- All prescriptions were patient specific The provider did not use patient group direction (PGD) prescriptions. Electronic prescribing was available at the unit and the consultant nephrologist was able to prescribe medications remotely from the hub.
- The provider told us nursing staff used the 5Rs (right patient, right drug, right dose, right route, right time) based on the national institute of health and care excellence (NICE) guidelines for the administration of intravenous (IV) medications.
- We reviewed the provider wide General Medication Guidelines. The policy was in date and stated "(the RN) must be certain of the identity of the patient to whom the medicine is to be administered". Nursing staff greeted patients by name but there was no formal process in place for checking patient identification before administering medications or starting dialysis. This meant that there was a risk of giving the wrong patient the wrong medication.

Records

- The SDN carried out records audits monthly to confirm the correct patient documents were present, were legible and stored correctly. Compliance for the period January to March 2017 was 100% for all staff.
- Nursing staff used paper "Dialysis flow" records to record patient observations throughout the dialysis session. Nursing staff uploaded the relevant "flow" data onto the patient electronic record at the end of the patient session and the paper record was stored in the patients care folder in a locked storeroom behind the nurses station.
- Nursing staff carried out patient care assessments every two months. During these assessments nursing staff reviewed and updated patient records including the patient's vascular access, blood protein level, groin and nasal MRSA status and risk assessments for falls, diet and pressure ulcers. We reviewed four continuing care pathways, nursing staff had completed them thoroughly, clearly and signed and dated them.

- We reviewed four patient records both electronic and paper versions. The records contained details of the patient's next of kin, General Practitioner (GP) contact details, current medications, allergy status and risk assessments as well as copies of letters between GPs and the consultant nephrologist..

Assessing and responding to patient risk

- Patients began dialysis at the hub. Once the patients were medically stable and clinically suitable they could have their dialysis at Aldeburgh renal unit. Patients who required a carer to support them through the dialysis session were not seen at Aldeburgh due to space constraints. These patients were seen at the hub, this included patients with dementia.
- Nursing staff provided patients identified as being at risk from pressure ulcers with pressure relief cushions for the duration of their dialysis session.
- Nursing staff recorded the patient's weight at the beginning and end of a dialysis session to allow them to .
- Nursing staff monitored patients pulse and blood pressure every half hour and temperature hourly during the dialysis session, which was line with guidance from the UK Renal Association. However, the provider did not follow an early warning system to identify deteriorating patients and the provider did not have a documented deteriorating patient procedure.
- Nursing staff were knowledgeable about what steps they would take in the event of a patient having a raised temperature and other signs of infection during dialysis. Nursing staff said they were able to email or telephone the consultant's secretary if they had concerns about a patient and the consultant would contact the nursing staff within an hour. However, the provider did not have a sepsis policy and nursing staff did not use a sepsis tool kit.
- If a patient became unwell during dialysis nursing staff could seek support from the Aldeburgh Community Hospital ward staff or telephone 999. One nurse told us, in the past, they had arranged same day GP appointments for patients who had complained of feeling unwell.
- Nursing staff confirmed the patient name and date of birth for any patient who was not a regular attender at the dialysis unit before beginning dialysis. However, nurses did not routinely confirm patient identity for patients they saw regularly every week. This meant there was a risk of patients receiving the wrong medication.
- The provider had a corporate policy documenting the procedure to follow when transferring patient care in to or out of the dialysis unit to another care provider.

Nursing Staffing

- Staffing was two registered nurses (RN) and one health care assistant (HCA) for the morning session (7am to 1pm) and two RN for the afternoon session (1pm to 6.30pm). The HCA worked from 7am to 1pm and the nursing staff worked from 7.30am to 6.30pm. Between 7am and 9am, the HCA was responsible for completing water testing and setting up the room for the patients. Both RN worked both dialysis sessions which ensured continuity of patient care. Nurse staffing was better than the Renal Workforce Planning Group guidance of one RN to four patients.
- The unit employed one senior dialysis nurse (SDN), three RN and two HCA. The unit was exceeding establishment and had no vacancies at the time of our inspection.
- Each patient had his or her own named nurse. This enabled continuity of care and an understanding of the patient holistically. The named nurse was responsible for updating patient records and was the point of contact for the patient if they had any queries.
- The unit reported a less than 2% sickness rate for the period December 2016 to March 2017. This was better than the provider target of 4%.
- The unit did not use agency staff. Nursing staff cover, if required, was from the hub unit.
- The provider employed a dialysis technician who attended the unit on an ad hoc basis and to carry out the dialysis machine six monthly service.

Medical Staffing

- All the patients attending Aldeburgh renal unit were under the care of one consultant nephrologist. The

consultant attended the unit once or twice per month to review patients.Nursing staff said they were able to contact the consultant by telephone or email within an hour if they had concerns about a patient.

- We saw a rota of on call consultants from the local NHS trust that nursing staff should contact if the consultant nephrologist was sick or on annual leave. Medical cover was also available on Saturdays.

Major incident awareness and training

- The SDN described how simulated fire drills were practiced six monthly. All the nursing staff we spoke with knew the drill and could describe what they would do in the event of a fire.
- The SND arranged mock resuscitation scenarios every two months. Staff could describe the procedure they would follow.
- Patients attending the unit also received fire drill and dialysis chair training so they knew what to do in the event of an emergency. We reviewed four records signed by patients to state they had received and understood the training.

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 found the following areas of good practice:

Evidence-based care and treatment

- Nursing staff provided patient care in line with provider wide standard operating procedures (SOPs) developed from professional guidance such as the National Institute for Health and Care Excellence (NICE) and the UK Renal Association (RA).
- The provider developed the policy for infection prevention and control relating to blood borne viruses (BBV) in line with guidance from the department of health (DOH) Good practice guidelines for renal dialysis /transplant units: prevention and control (2002).
- The UK Renal Association guidelines recommend a minimum of 80% of patients on long-term dialysis had a functioning arteriovenous fistula (AVF). Data provided by the unit showed 50% of patients had a functioning AVF, the other 50% had central venous catheter (CVC). AVF are the preferred method for dialysis due to the increased risk of infection with CVC at both the area where the catheter enters the body, and within the bloodstream. Vascular surgeons at the local NHS trust were responsible for creating AVF.
- Nursing staff checked the patients' vascular access routinely at each dialysis session and carried out a formal review every two months. Nursing staff arranged for patients who were having vascular access difficulties to attend a vascular clinic at the local NHS trust the same day or next day.
- The provider participated in the monthly UK Renal Registry (RA) audits for blood flow rates, treatment times, blood pressure, haemoglobin levels and Kt/V (Kt/Vis a measure of how effective a haemodialysis treatment is).
- The RA recommend that 100% of patients receiving dialysis three times per week should have a Kt/V of greater than 1.2 (Kt/V >1.2). Data provided by the unit showed in March 2017, 18 patients (90%) had Kt/V >1.2.
- In March 2017, 18 patients (90%) dialysed three times or more per week, this was less than the RA target of 100%. However, nursing staff explained that two patients still had residual kidney function so it was usual for them to have less than three dialysis sessions per week. All appropriate patients were dialysed in line with the RA target.
- The RA recommends the optimum treatment time for dialysis is four hours (h) per session up to a total of 12h per week. In March 2017, nursing staff dialysed 75% of patients for 12h or more. This was less than the RA target, however, nursing staff explained that some patients need to stop dialysis early if they feel unwell. Two patients attending the unit only dialyse for a maximum of eight hours per week due to still having a small amount of kidney function.
- The provider audited against their own corporate targets for a range of key performance indicators (KPI) including treatment frequency, treatment time,

haemoglobin level and Albumin. The audit was performed as snap shot on a single day every month. In March 2017, the unit was performing better than target in all areas.

Pain relief

- Nursing staff provided simple analgesia to patients if they had a prescription for it. Nursing staff could contact the consultant nephrologist to prescribe pain relief electronically if patients required it.

Nutrition and hydration

- Nursing staff offered patients complimentary food and drinks during the dialysis session. Some patients liked to have a biscuit and other patients preferred a sandwich which nursing staff organised from the Aldeburgh Community Hospital kitchen.
- Dietary support and advice was available to patients from a dietitian who visited the unit weekly.Nursing staff were able to refer directly to the dietician if they had any concerns.

Competent staff

- All the staff received a mid-year review and an annual appraisal. Appraisal compliance was at 100%. All the staff we spoke with had received their appraisal. Nursing staff identified training needs during their appraisal.
- The nurses employed at the unit were trained link nurses. Each nurse was a link nurse in a different specialty for example, in anticoagulation, anaemia, and diabetes. Link nurses are nurses who have undertaken additional training in a specialist area and are able to provide up to date information for patients and nursing staff.
- Nursing staff felt encouraged and supported to attend external training courses. One nurse we spoke with was due to attend a training course to help in their role as link nurse.
- The SDN reviewed staff competencies at monthly one to one meetings and had recently supported one nurse who had undergone revalidation.
- Nursing staff received training around fistula, vascular access, intravenous (IV) drug administration, and pre and post dialysis patient assessment among many other courses within the first six months of employment at the unit. We reviewed the training folders of two RN and saw certificates evidencing they had completed this training.
- Nursing staff had received training in the benefits, hazards and outcomes of Erythropoietin (EPO) therapy. The anticoagulant link nurse kept nursing staff up to date on the use of anticoagulants. Nursing staff could describe why they used therapeutic drugs such as EPO.
- Nursing staff did not undertake any training regarding sepsis or deteriorating patients.

Multidisciplinary working

- The consultant nephrologist wrote to the patient's GP after each monthly dialysis review. We reviewed copies of the letters held electronically on the patient's record and could see there was good sharing of information.
- The unit manager attended weekly multidisciplinary team meetings (MDT) at the hub. Other attendees included the consultant nephrologist, the dietician, the clinical nurse manager, vascular consultants, the vascular access nurse and the transplant coordinator. This ensured the patient received holistic care.
- The consultant nephrologist at the local NHS trust worked in partnership with the patient's GP to provide care. This ensured all co-morbidities were recognised and considered.

Access to information

- Consultant nephrologists had access to the patient record via an electronic records system.
- At the time of our inspection, patients did not have access to an electronic database where they could review their own results. Some patients wished to know their results and nursing staff discussed them with them if this was the case.
- Nursing staff filed GP and consultant letters inside patient care records. We reviewed letters from the consultant nephrologist to the patient's GP. The letters were clear and concise. This ensured all staff who were delivering care were aware of any medical issues.

Equality and human rights

- We reviewed the corporate patient equality and diversity policy. The policy stated, "The purpose of the Equality and Diversity policy is to ensure that BBraun Avitum UK provides accessible, high quality services to the widely diverse populations that it serves". The policy described how nursing staff would do this by treating all colleagues and patients with respect, making adjustments so that services are accessible and by asking patients about their needs and removing barriers to meet them along with other things.

Consent, Mental Capacity Act and Deprivation of Liberty

- Nursing staff used a provider wide "Consent to Treatment" form to record the patients written consent prior to commencing dialysis.
- Nursing staff recorded written consent before the patient had their first session of dialysis. We reviewed four consent forms appropriately completed, signed, and dated.
- We observed nurses obtain verbal consent before starting patient care.
- Nursing staff received mental capacity act training yearly as part of safeguarding vulnerable adults training. However, patients who were known to lack capacity were dialysed at the hub and not at Aldeburgh renal unit.

Are dialysis services caring?

We regulate this service but we do not currently have a legal duty to rate it.

We found the following areas of good practice:

Compassionate care

- The provider had a corporate patient privacy and dignity policy. The policy was in date.
- Nursing staff provided care in line with the6Csof nursing – care, compassion, competence, communication, courage and commitment. This was in line with the provider wide vision and values.
- Each patient had his or her own named nurse. This enabled continuity of care and an understanding of the patient holistically. The named nurse was responsible for updating patient records and was the point of contact for the patient if they had any queries.
- Nursing staff had a great understanding of patients' holistic needs, personal circumstances and family situation through talking with them regularly.
- Nursing staff spoke respectfully and courteously to patients and each other and shared appropriate humour.
- Patients told us "They're (the nursing staff) a kind bunch", "friendly, nice staff", "professional and courteous", "(they) take good care of us".
- The relative of one patient contacted CQC after the inspection to tell us "The whole team of nurses and HCA's areA star plus. The nursing staff are very dedicated, kind, and compassionate and nothing is too much trouble. They are always cheerful, I cannot praise the unit enough and know that when I leave my husband there for his treatment he is safe and very well cared for every minute during his stay."

Understanding and involvement of patients and those close to them

- Patient satisfaction questionnaire (2016) showed a response rate of 85% (17 out of all the 20 patients who attend the unit). All the patients who responded (100%) responded positively to the question "do staff explain things to you in a way you understand?"
- Two of the patients we spoke with had received training to enable them to carry out home dialysis. Neither patient had chosen to continue with home dialysis due the amount of space it involved at home.
- Patient satisfaction questionnaire (2016) showed a response rate of 85% (17 out of 20 patients). All the patients who responded reported feeling involved in planning their care. Two patients we spoke with told us they felt involved in decision making around their care.
- Nursing staff empowered people who used the service to manage their own dialysis to maximise their independence. For example, patients could take their own weight measurement.

- Information taken from the patient satisfaction questionnaire 2016 showed 100% of patients (17 responses) rated the information they had received about their medication as "good" or "very good".
- Information taken from the patient satisfaction questionnaire 2016 showed 100% of patients (17 responses) rated the information they had received about their diet as "good" or "very good".
- Nursing staff gave patients the quarterly magazine from National Kidney Foundation (NKF).

Emotional support

- Nursing staff reviewed the patient's emotional wellbeing as part of the two monthly continuing care pathway assessment.
- Patients told us nursing staff were "very supportive" and had time to talk and listen to their concerns. Information taken from the patient satisfaction questionnaire 2016 showed 100% of patients (17 responses) responded positively to the question "Do staff spend enough time with you?"
- We saw a nurse reassuring a patient that there was nothing to worry about when the alarm repeatedly sounded on the dialysis machine.
- Patients were able to access a counsellor via the hub unit if they needed to. None of the patients we spoke with had done this. We did not see any information leaflets regarding how to access a counsellor.
- One patient described how they felt the other patients attending for dialysis were a good source of emotional support.

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 found the following areas of good practice:

Meeting the needs of local people

- Services at the unit were commissioned by a local NHS provider. Patients could attend the unit rather than having to travel to the NHS provider.
- An external provider arranged patient transport services and the commissioning organisation held the contract. Generally, a private hire taxi brought patients to the unit.
- Aldeburgh Community Hospital had two designated disabled parking bays outside the front entrance which could be used by patients attending the unit. Car parking at the location was free.

Service planning and delivery to meet the needs of individual people

- Nursing staff were link nurse for specific areas such as anticoagulation, anaemia, diabetes, and holiday dialysis coordination. Link nurses are responsible for sharing information regarding their specialist area.
- Nursing staff had access to translation services for people who did not speak English as a first language.
- Nursing staff told us of an occasion when they had opened up additional dialysis slots to accommodate an out of area dialysis patient who wished to visit a dying relative who lived locally.
- We spoke to one patient who was due to undergo surgery at the local NHS acute trust. The patient told us their named nurse had arranged with the trust for them to convalesce on the Aldeburgh Community Hospital ward so they could still have their renal dialysis at the unit.
- We observed a nurse making alternative arrangements for treatment for a patient who wished to attend a family occasion.
- Patients attending for dialysis were able to watch TV or listen to music.
- The provider accepted patients holidaying in the local area providing the unit had capacity at that time, for example if a patient had gone on holiday. We reviewed the "Patient admission and Transfer" policy which described information required by the nursing staff at the unit before they could treat out of area patients.

- Nursing staff described the process for arranging holiday dialysis for patients going on holiday in the UK and abroad. Nursing staff contacted a dialysis unit near to the patient's holiday location and sent the relevant medical information by secure email.
- Patients had access to single sex toilet facilities within easy reach of the unit. The toilet cubicles could accommodate a wheelchair.
- Patients were able to park in designated disable parking bays outside the unit although these were shared with the NHS Community hospital.
- There were posters displayed relating to "kidney disease and diet" and "controlling phosphate". Information leaflets were available on a range of topics including diet and managing fluid intake. However, there were no leaflets detailing how to access a counsellor.

Access and flow

- Aldeburgh renal unit was available for dialysis session's morning or afternoon, Monday to Saturday. Nursing staff could make appointments for patients to attend the hub renal unit where there was an evening session available if the patient wished.
- During our inspection, all dialysis sessions started at their given time. Information from the patient satisfaction questionnaire (2016) showed 17 out of 20 patients reported waiting less than 15 minutes from their appointment time to begin dialysis, two patients reported waiting up to 30 minutes on average. One waiting time was not known.
- Nursing staff regularly reviewed the patient's preference for location and session and made changes to individual session times and locations if a slot became available at the patients preferred location or time.
- At the time of our inspection, the service had no patients waiting to start dialysis at Aldeburgh renal unit.

Learning from complaints and concerns

- The provider held two patient forums each year. Nursing staff told us these were not well attended but that patients "used each dialysis session as a forum."
- The provider had a corporate complaints procedure. There were no complaints about the service during the period January 2016 to January 2017.
- Two patients told us they had nothing to complain about but if they did, they would feel happy to speak to the nursing staff face to face.
- The provider displayed information about how to make a complaint on a notice board at the entrance to the unit.

Are dialysis services well-led?

We regulate this service but we do not currently have a legal duty to rate it.

We found the following areas of good practice:

Leadership and culture of service

- The unit manager oversaw the running of Aldeburgh renal unit with the SDN responsible for the day-to-day running of the unit. The unit manager was manager of both the hub and satellite unit and reported to the provider operational lead. (BBraun Avitum UK LTD).The unit manager visited the unit one day per week but was in daily contact with the SDN by telephone and email.
- Both the unit manager and the SDN were very experienced in renal dialysis and had been employed by the provider since 2008.
- All the nursing staff we spoke with said the management team were visible, supportive and approachable.
- Nursing staff were proud of each other and the service they provided. Two nursing staff said staff helped each other, by swapping shifts or staying later to provide the best care for the patient.
- Nursing staff had fedback to senior management that they would like some recognition for additional optional training courses they had undertaken. The provider had produced a certificate of achievement to address this. We saw the certificates in two staff training records.

- During our inspection staff were polite and professional in the way they spoke to each other and shared appropriate humour between themselves and patients.

Vision and strategy for this core service

- The provider corporate vision was "Providing open, engaged and quality holistic care to patients that fosters and supports coaching to promote independence, integration in care to make decisions that optimize their health and outcomes."
- The provider corporate staff values were "the 4 Ps," prioritise people, practice effectively, preserve safety and promote professionalism and trust.
- Nursing staff we spoke with said they were aware of the provider vision and values from their induction.
- Nursing staff were not aware of a provider strategy.

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

- The provider, BBraun Avitum UKL LTD, under a service contract with the local NHS trust, operated Aldeburgh renal unit.
- The provider had a clear structure for governance and accountability. The unit manager carried out monthly audits of key performance indicators (KPI) and these were reported to the provider through the hub.
- The unit manager attended the three monthly renal governance meeting (RGM) held at the commissioning NHS trust. We reviewed the minutes and assured that the trust had oversight of the renal unit.
- The provider clinical lead chaired quarterly SDN meetings to facilitate sharing and learning between SDNs employed nationally
- The SDN held fortnightly team meetings. We reviewed minutes of the meeting held 12 January 2017 and saw quality management and staff training were set agenda items.
- The unit manager held team briefings monthly. We reviewed the minutes from the meetings held in January and February 2017 and saw that audits, changes to procedures and learning from incidents were regularly discussed.
- The SDN carried out a comprehensive audit programme of hand hygiene, patient records and ANTT.
- We reviewed the provider wide risk management policy. The policy was in date and under document control and detailed how and when risks should be reviewed.
- We reviewed the provider wide risk record. There were no risks recorded specific to Aldeburgh renal unit. We were concerned the provider did not have oversite of the risks to the unit such as nursing staff not formally identifying patients before beginning dialysis or administering medicine.

Public and staff engagement

- The service provider collected patient opinions through an annual patient satisfaction questionnaire and a suggestion box as well as facilitating twice yearly patient forums.
- Patients received a quarterly newsletter and nursing staff invited patients to submit their own articles for inclusion in it.
- There was evidence that nursing staff took action in response to patient feedback. Patient satisfaction survey results (2016) showed some patients had reported the dialysis unit feeling cold. We saw a memo to staff to remind them to close the water treatment door to prevent a cold draft on patients.
- The provider held quarterly staff forums at the head office. Each dialysis unit had a named representative who attended the meetings and feedback to colleagues on their return via team brief. We saw no other methods of staff engagement.

Innovation, improvement and sustainability

- The provider was developing a dialysis specific sepsis six tool and a malnutrition universal screening tool to be used by nursing staff nationally by the end of the year.
- The provider was reviewing the model of dialysis chair currently in use at the unit and was introducing new chairs as part of a pilot study.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must implement an effective medicines management procedure where patients are formally identified before medications are administered to ensure the correct patient receives the correct medication.
- The provider must implement an effective policy for identifying, assessing and responding to deteriorating patient health while service users are undergoing dialysis.
- The provider must ensure staff receive appropriate support, training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform.

Action the provider SHOULD take to improve

- The provider should ensure all staff understand the duty of candour regulation and incidents that initiate it.
- The provider should ensure all dialysis chairs are in a good state of repair to reduce the risk of cross infection.
- The provider should review the number of patients attending the unit who have CVC rather than AVF and seek to meet the Renal Association target of 80% patients having AVF.
- The provider should ensure all risks at the unit are documented on the provider wide risk record and mitigating actions are taken.
- The provider should ensure the resuscitation equipment the nursing staff rely on is checkedto ensure it is appropriate and available.

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 **12** (1) Care and treatment must be provided in a safe way for service users. • (2) (a) assessing the risks to the health and safety of service users of receiving the care or treatment; • (b) doing all that is reasonably practicable to mitigate any such risks • (g) the proper and safe management of medicines; • **How the regulation was not being met:** ▪ Nursing staff did not have access to a sepsis or deteriorating patients policy. ▪ Nursing staff did not receive any training around identification and management of sepsis. ▪ Nursing staff were administering medicines without formally confirming patient identity first. Nursing staff did not have a formal process for identifying patients prior to administering medications.