

Baxter Healthcare Limited

# Baxter Education Centre Northwest

## Inspection report

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Date of inspection visit: 13 April 2022  
Date of publication: 17/06/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Summary of findings

## Overall summary

We did not rate this service following this inspection.

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Inspected but not rated	

# Summary of findings

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# Summary of this inspection

## Background to Baxter Education Centre Northwest

Baxter Education Centre Northwest is run by Baxter Healthcare Limited. Baxter Education Centre is a residential training facility where staff teach NHS patients how to manage their peritoneal dialysis. The service delivers training to approximately 185 patients each year. The centre does not see patients under the age of 18 years but does offer training to parents of children who required dialysis. These parents attend the centre for training without the child.

Baxter Education Centre Northwest in Swinton, Manchester opened in June 2018. The registered manager had been in post since the centre opened.

The Baxter Education Centre employed a supervisor, two nurses and a night housekeeper. Patients were referred to the service through their own NHS Trust. The centre was open five days per week and closed at weekends.

The building had a small entrance hall with a secure reception area. On the ground floor there were two adjoining clinical training rooms each with a storeroom, one sluice room, one meeting room, a plant room, two toilets, a cleaning storeroom and an open plan kitchen/living area for patients. Upstairs there were five bedrooms with adjoining on-suite bathrooms, one meeting room, one staff kitchen, one staff toilet, a server room, a large storeroom and a cleaning storeroom.

Following our last inspection of this service in December 2021 we issued two warning notices under Section 29 of the Health and Social Care Act 2008 because they were failing to comply with the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection was carried out to assess compliance with the warning notices.

## How we carried out this inspection

We inspected the service using our focussed inspection methodology. Two inspectors carried out the inspection on 13 April 2022 to follow up concerns that we raised in the two warning notices.

On the day of inspection, we only spoke to the registered manager due to the service being closed due to staff absence with COVID-19.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.




# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Dialysis services	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

# Dialysis services

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Well-led	Inspected but not rated 

## Are Dialysis services safe?

Inspected but not rated 

### Safeguarding

#### **Staff had training on how to recognise and report abuse and they knew how to apply it.**

At our last inspection, we found that staff did not have the required level of safeguarding training in line with the national guidance and staff that we spoke with did not understand their responsibilities in relation to adult and child safeguarding. In addition, the services safeguarding adults and children policies were not fit for purpose.

During this inspection we found that all staff had completed level three safeguarding adults and children training. There were no staff to test understanding of safeguarding roles due to COVID-19 absences however each staff member had now been issued with a safeguarding competency booklet to complete which included reflection and examples for group discussions. Safeguarding was now a standard agenda item in governance meetings. If there were no safeguarding cases to discuss staff reviewed examples from the competency booklets.

### Cleanliness, infection control and hygiene

#### **The service controlled infection risk well. Staff used control measures to protect patients, themselves and others from infection. They kept the premises visibly clean.**

At our last inspection, we found that infection prevention and control (IPC) processes and policies were not effective or in line with best practice guidelines. Clinical training rooms and bedrooms had carpeted floors which was not in line with The Department of Health, Health Building Note (HBN) 00-10. In addition, dialysis fluids were stored in cardboard boxes on the floor of the storage room.

During this inspection we found that all flooring in the clinical training rooms and bedrooms had been replaced with bespoke clinical flooring. Cleaning schedules were in place for contracted cleaning staff detailing what they were expected to clean. Dialysis fluids were now being stored safely on shelving in the storeroom.

### Environment and equipment

#### **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.**

At our last inspection, we found that blood pressure machines and scales used by patients were not calibrated and that daily checks on equipment were not being performed.

# Dialysis services

During this inspection we found that all equipment had been serviced and had a repair or replace by March 2024 sticker attached. We observed that equipment weekly check sheets were now in place and had been completed.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks.**

At our last inspection, we found that the staff did not complete relevant risk assessments on admission of patients to the service such as falls risk assessments and did not collect information from patients and relatives on admission in order to keep people safe.

During this inspection we found the service had updated their service level agreement (SLA) with the referring trusts. The SLA required the trust to identify patients with a falls risk, provide a falls risk assessment and include this on the referral form. There was a clear exclusion criterion in the SLA and if a patient was deemed a risk on site they were sent back to the referring provider or arrangements were made to train them at home or virtually. This was captured in the SLA and preadmission form. We saw this in use in the service user medical records we reviewed.

The requirement for the referring trust to identify patients with a 'do not attempt cardiopulmonary resuscitation' (DNACPR) order was now in the SLA. The information was captured on the referral form and included the requirement to ensure a copy of the DNACPR was sent with the referral. Guidance on how staff dealt with a DNACPR incident was now documented within the services site resuscitation policy.

Patients and relatives could leave the building during their stay so there was a risk that next of kin details could be required in an emergency. Patient next of kin details were now clearly documented on the pre-admission form.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.**

At our last inspection, we found that staff were lone working on a regular basis, and this was not listed on the services risk register. We did not see that a lone working risk assessment had been completed in line with the services lone working policy.

During this inspection we found the service had completed risk assessments in March 2022 for lone workers and lone working was now included on the services risk register.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

At our last inspection, we found the service did not have systems and processes to manage medicines safely and we could not be sure that staff knew how to store medicines safely. In addition, medicines used in emergencies were not secured. The policy for the management of a patient who suffered a hypoglycaemic episode did not contain any guidance for staff on the storage and use of glucose gel.



## Dialysis services

During this inspection we found the service had purchased five individual tabletop medicines fridges with integrated maximum and minimum temperature monitoring. These were held centrally until required for each patient room. We saw evidence of temperature checks being recorded and evidence of fridge cleaning in place. Dialysis fluids were stored safely, and patients had access to them overnight.

The service had updated the user pre-admission form to include a requirement for any patient, relative or carer who may stay overnight to inform staff of medicines they brought with them and included how to store medicines safely guidance. We saw these forms had been completed for some relatives.

We saw that emergency equipment including glucose gel was now stored in a room with key fob access. The management of a patient who suffers a hypoglycaemic episode was now included in the locations 'Acute medical emergency' policy ratified March 2022. The services clinical incident register had been replaced with a 'Risk clinical intervention tracker' which included the ability to record emergency medication use by patient and location and lessons learned were documented on the tracker. Records showed these had been discussed in team meetings.

### Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

At our last inspection, we found that service did not provide staff with training in the reporting and management of incidents and not all staff that we spoke with understood duty of candour. Not all clinical incidences were being reported. Managers did not have oversight of all reported incidents and the service did not have a policy on incident management.

During this inspection we found all staff had completed a two-day face to face incident reporting training course in March 2022 and had completed online duty of candour training.

The service had introduced an incident reporting policy in March 2022. There were separate sections relating to but not limited to reporting incidents, duty of candour, incident training, incident tracking, a governance flow chart and information for sharing lessons at a local and corporate level.

Incidents were now captured on the 'Risk clinical intervention tracker' which showed evidence of the Baxter Health corporate governance team allocating report numbers to each incident and showed investigation feedback and lessons learned. We saw incidents were discussed at team meetings as a standard agenda item. Learning was shared across both Baxter Education Centre sites and peer reviewed by the registered manager of each service.

## Are Dialysis services effective?

### Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

## Dialysis services

At our last inspection, we found staff we spoke with from the service did not understand what clinical audit was and its importance and relevance to the service.

During this inspection we found that all staff had now completed audit overview training during a two-day face to face training session in March 2022 conducted by the Baxter Health corporate governance team. Planned future audits included peer review of dialysis training delivery to patients and an audit of patient users' medical records.

### Competent staff

**The service made sure staff were competent for their roles.**

At our last inspection, we found the service did not monitor records of employment checks for staff in line with schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, the service had no formal induction programme for staff and the service did not hold a record of staff competencies. The service was not able to tell us about how the agency housekeeper who was lone working at night-time had been inducted and they had no records of any training or induction that they had been given.

During this inspection the registered manager provided us with evidence that checks of professional registration and revalidation dates were monitored. Records showed health declarations, curriculum vitae, qualification certificates and employment references were obtained at the time of recruitment or had been retrospectively recorded and filed. The registered manager was in the process of collating all this information into a central spreadsheet which the Baxter Health corporate governance team had oversight. There were plans in place to review and update the document on a quarterly basis.

The registered manager provided us with the services new induction booklet which also incorporated an annual competency review. There had been no new staff recruited since the last inspection, so the new induction had yet to be tested. We saw the agency housekeeper had completed a signed off induction however she was due to have her final day at the service on 15 April 2022 and a new full-time housekeeper would be employed on 19 April 2022. We saw a detailed induction plan from the registered manager who was conducting the induction.

The registered manager showed us a revised clinical competency workbook that all staff were currently completing. Following our inspection, the registered manager shared the completed competency workbooks with our inspectors. The clinical competency workbook included a section for use of specialist medical equipment.

## Are Dialysis services well-led?

### Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations.**

At our last inspection, we found that the service governance systems and processes to identify, assess and mitigate risks to the health, safety and welfare of people who use the service were not effective. We found policies were not fit for purpose or in some cases not available.

## Dialysis services

During this inspection, we found the service had updated its medicines management policy in March 2022. Aircon and temperature monitoring for medicine storage had been put in place. The registered manager could explain the actions to take in the unlikely event that temperature exceeded the Baxter recommended temperature control ranges, and this was documented in the policy and on the temperature recording sheets for staff.

The service safeguarding policy had been updated on March 2022. The policy included a detailed flow chart on how staff make a safeguarding referral both in and out of hours. All staff had access to a safeguarding app and the policy made it clear that staff should refer to the service user's local authority associated with the patients' home address and post code.

The services IPC policy had been updated in March 2022 to reflect the latest COVID-19 guidance and included detailed information for staff regarding service user screening, COVID-19 risk assessments for patients and PPE requirements.

The service had updated its IPC policy in March 2022 and now included a separate section within the main IPC policy for the management of sharps. It referred to the latest national guidance on management of sharps and sharps injuries.

The service had updated its Acute Medical Emergency Policy in March 2022. The policy now included the management of a deteriorating patient, 999 actions for day and overnight staff to follow in emergencies, sepsis management, BLS and defibrillator training requirements and NEWS scoring for monitoring the deteriorating patient.

The service had updated its resuscitation policy in March 2022 and the management of DNACPR had now been included. The policy also covered documenting DNACPR on the patient referral and preadmission form and discussion and recording of any DNACPR during the patient handover.

The service had updated its missing persons and consent policy in March 2022. All patients were booked into the patient admission book and were required to sign in/out when leaving the building. A curfew for patients was in place, if a service user did not return there was a clear escalation process for staff to follow with the police and local authority.

The service did not have a standalone exclusion and inclusion criteria policy, but it was clearly documented within the SLA with the referring trust and included actions for staff to take if the criteria was not followed by the trust.

The service had introduced an equality and diversity policy in March 2022.

Baxter Health had launched a new online corporate complaints management system in line with its updated complaints policy in March 2022. The new system allowed oversight of all complaints to the registered manager and the Baxter Health corporate governance team in line with the revised policy. It detailed actions and timelines for recording and responding to complaints.

Staff had now completed audit training and a planned programme of audit was in place.

Key performance indicators (KPIs) were reviewed at the quarterly team and corporate governance meetings and included a review against International Society for Peritoneal Dialysis (ISPD) guidelines and other KPIs such as completed training and patients still on dialysis at 90 days and one-year point. There was a process in place for future benchmarking of the service and KPIs with other Baxter Education Centres.

# Dialysis services

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.**

At our last inspection, we found the service did not have processes in place to identify and minimise the impact of risks to people who use the service. It did not have a process in place to record and review risks. In addition, it did not have an up to date fire risk assessment. The last fire risk assessment completed in June 2018 had six recommended actions to be completed immediately or within one month which had not been completed.

During this inspection, we found the services risk register has been revised and all risks were last reviewed on 23 March 2022 with clear ongoing actions and a minimum period of review date in place. All risks identified had mitigations and post mitigation risk scores to reflect this.

We found the service had employed a new contractor to conduct a new fire risk assessment on 25 March 2022. At the time of our inspection the completed report had not been produced by the contractor, but they supplied an email outlining only one moderate risk had been identified on the fire risk assessment. This related to a metal plate on a fire door that was catching preventing the door from closing fully. The plate had been subsequently removed. The registered manager provided us with the full fire risk assessment following our inspection and included an action plan to complete the recommendations from the assessment within six months of the date of the report. Evidence was subsequently received from the registered manager that all recommendations had been completed.