

Mary Rankin Dialysis Unit

Quality Report

St Pancras 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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Summary of findings

Letter from the Chief Inspector of Hospitals

We undertook an unannounced focused inspection of the supported self-care unit (SCU) in the Mary Rankin Dialysis Unit at St Pancras Hospital Kidney Care Centre which is operated by the Royal Free London NHS Foundation Trust.

The inspection was conducted because the Care Quality Commission (CQC) had received anonymous information that patients were being left without proper supervision by qualified nursing staff.

During our inspection we found that patients had been left for short periods of time, up to an hour during staff breaks leaving only one nurse or health care assistant on the ward. There was no evidence that patients had been harmed prior to our inspection but there was an unnecessary risk at these times.

On the day of our inspection the trust took immediate remedial action to ensure that at all times there were two clinical staff including a nurse looking after patients.

We have not rated any part of this inspection because of its specific focus which did not include all areas of our ratings assessment model.

The summary of the key findings of our inspection were:

- There were systems in place for recording and escalating incidents both internally and externally.
- Staff were compliant with mandatory training and there was a reliable system to monitor this.
- Staff were aware of their roles and responsibilities in the escalation of safeguarding concerns.
- All equipment was maintained according to the manufacturer's guidance.
- There were systems in place to safely manage the ordering, storage and administration of medicines.
- Nursing staffing levels were maintained in line with national guidance to ensure patient safety. The unit had taken action to address staff cover during staff scheduled breaks.
- Staff were aware of their roles and responsibilities to maintain the service in the event of a major incident.
- All policies and procedures were based on national guidance, standards and legislation.
- Patients' pain and nutrition were assessed regularly and patients referred to appropriate specialists for additional support as necessary.
- The service monitored key performance indicators. This demonstrated the service performed similarly to other dialysis centres.
- All staff completed a competency pack on commencement of post. Staff had the skills, knowledge and experience to ensure safe patient care.
- There were processes in place to ensure effective multidisciplinary team working, with specialist support.
- There were effective processes in place for gaining patient consent for treatment.
- Patients were treated with respect and compassion.
- Nursing staff gave patients adequate time to ask questions and provided written information regarding patients' conditions, treatment plans and support networks.
- Nursing staff provided patients with information and contact details of support networks, which included the Kidney Patients' Association and Citizens Advice Bureau.
- There was evidence that senior leaders were accessible and responsive.
- A 'speaking up' investigation in December 2016 had led to the local manager receiving increased support to manage unit. The unit had also introduced a lead nurse for home therapy.
- The 'speaking up' investigation update in April 2017 identified that work was in progress on a unit strategy and vision.
- The unit had effective systems in place to monitor risk and quality.

There were also areas of practice where the trust should consider making improvements:

Summary of findings

- The trust should ensure patients and staff use personal protective equipment in accordance with the unit's infection, prevention and control procedures.
- The trust should ensure the labels on sharps bins are fully completed to ensure the traceability of each container and stored securely.
- The trust should ensure cleaning solutions are stored and labelled in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- The trust should ensure fire evacuation procedures displayed on the wall provide instructions to staff on actions staff should take in regards to patients that were attached to dialysis machines.
- The trust should ensure that recording of patient competence is complete and the patients' progress and level of competence is clearly documented.
- The trust should ensure managers are able to appropriately supervise and support staff at all times.

Professor Edward Baker
Chief Inspector of Hospitals

Summary of findings

Contents

Summary of this inspection	Page
Background to Mary Rankin Dialysis Unit	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
<hr/>	
Detailed findings from this inspection	
Outstanding practice	32
Areas for improvement	32
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Mary Rankin Dialysis Unit

Services we looked at:

Dialysis Services

Summary of this inspection

Background to Mary Rankin Dialysis Unit

Dialysis services at the Mary Rankin Dialysis Unit are provided by Royal Free London NHS Foundation Trust.

The Mary Rankin Dialysis Unit consists of a ground floor 30 station dialysis unit and a 12 station supported self-care dialysis unit (SCU) on the first floor, sited at St Pancras Hospital Kidney Care Centre. This inspection report is based on our inspection of the SCU only. Dialysis units offer services which replicate the functions of the kidneys for patients with advanced chronic kidney disease.

The Mary Rankin Dialysis Unit was registered by CQC on 13 June 2010. The SCU opened on its current site in March 2015. The unit is registered to provide the following regulated activities: Treatment of disease, disorder or injury.

The service has not been previously inspected.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in renal dialysis. The inspection team was overseen by David Harris, Inspection Manager.

Why we carried out this inspection

The inspection was conducted because the Care Quality Commission (CQC) had received anonymous information that patients in the self-care unit were being left without proper supervision by qualified nursing staff.

How we carried out this inspection

During the inspection, we visited the self care unit (SCU) treatment areas where dialysis took place. Patients on the self care unit are expected to learn over a number of weeks how to take more responsibility for their dialysis treatment, such as setting up the dialysis machine. We

spoke with seven staff including; senior managers, registered nurses, dialysis assistants, and cleaning staff. We spoke with four patients. During our inspection, we reviewed 12 sets of patient records.

Dialysis Services

Safe

Effective

Caring

Responsive

Well-led

Information about the service

The Mary Rankin Dialysis Unit is a dialysis unit sited at St Pancras Hospital Kidney Care Centre. Dialysis units offer services which replicate the functions of the kidneys for patients with advanced chronic kidney disease. The main dialysis unit is located on the ground floor. We did not visit the main dialysis unit during this inspection.

The supported self-care unit (SCU) is located on the first floor of the Mary Rankin Dialysis Unit at Kidney Care Centre at St Pancras Hospital. The unit promoted a patient-centred approach, central to this is the provision of supported self-care that offers flexible dialysis sessions to patients who are able to perform their own dialysis. This unit also includes the provision of home haemodialysis training and support. The SCU has 12 dialysis stations, including two isolation rooms. The unit provides dialysis for up to 72 patients.

This service was registered by CQC on 13 June 2010. The unit opened on its current site in March 2015, and offers eligible patients flexibility and independence in their dialysis care.

After receiving the appropriate training, patients using the unit are able to carry out some or all of their dialysis treatment themselves. By reducing reliance on nursing assistance the system gives patients greater flexibility and cuts the amount of time they spend at each treatment.

The unit includes a dedicated supported self-care training area available to all patients using the unit. Patients attend the consultant led dialysis clinics and are able to access dietetics, social care and psychology services at St Pancras Hospital.

We inspected the first floor supported self-care unit (SCU) using our comprehensive inspection methodology. We carried out the unannounced inspection of the supported

self-care unit (SCU) on 11 July 2017, in response to concerns that were raised with the CQC in regards to patients being unattended by a nurse on the SCU, staff training, medicines administration, patient competence in self-care, and infection prevention and control (IPC).

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

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

The team that inspected the service comprised a CQC inspection manager, a lead inspector, a CQC inspector, and a specialist advisor with expertise in renal dialysis.

Dialysis Services

Summary of findings

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

We found the following areas of good practice:

- There were systems in place for recording and escalating incidents both internally and externally.
- Staff were compliant with mandatory training and there was a reliable system to monitor this.
- Staff were aware of their roles and responsibilities in the escalation of safeguarding concerns.
- All equipment was maintained according to the manufacturer's guidance.
- There were systems in place to safely manage the ordering, storage and administration of medicines.
- Nursing staffing levels were maintained in line with national guidance to ensure patient safety. The unit had taken action to address staff cover during staff scheduled breaks.
- Staff were aware of their roles and responsibilities to maintain the service in the event of a major incident.
- All policies and procedures were based on national guidance, standards and legislation.
- Patients' pain and nutrition were assessed regularly and patients referred to appropriate specialists for additional support as necessary.
- The service monitored key performance indicators. This demonstrated the service performed similarly to other dialysis centres.
- All staff completed a competency pack on commencement of post. Staff had the skills, knowledge and experience to ensure safe patient care.
- There were processes in place to ensure effective multidisciplinary team working, with specialist support.
- There were effective processes in place for gaining patient consent for treatment.
- Patients were treated with respect and compassion.
- Nursing staff gave patients adequate time to ask questions and provided written information regarding patients' conditions, treatment plans and support networks.

- Nursing staff provided patients with information and contact details of support networks, which included the Kidney Patients' Association and social work support.
- There was evidence that senior leaders were accessible and responsive.
- A review of the service in December 2016 had led to the local manager receiving increased support to manage the self-care unit (SCU). The unit had also introduced a lead nurse for home therapy.
- The 'speaking up' investigation update identified that work was in progress on a unit strategy and vision.
- The unit had effective systems in place to monitor risk and quality.
- The unit had a project to reduce violence and aggression in the unit.
- Following a 'speaking up' investigation in December 2016, the SCU it was highlighted that staff morale was low, a team effectiveness audit was completed. Staff and managers told us this had led to an improvement in staff morale and team effectiveness.

We also found the following areas the service provider needed to improve:

- Stickers used to indicate when equipment was clean were incomplete or had not been attached to equipment in accordance with the unit's infection control procedures.
- Patients and staff did not use aprons appropriately at all times; this was not in accordance with the unit's infection, prevention and control procedures.
- The labels on sharps bins had not been fully completed to ensure the traceability of each container. Sharps bins were stored in the dirty utility room which was unlocked.
- There were inappropriately labelled and undated cleaning solutions left on a worktop in the dirty utility room. Bleach was also left unsecured. This was not in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH), for the safe storage of substances and the dilution of chemical concentrates.

Dialysis Services

- The fire evacuation procedure displayed on the wall of the unit was a generic procedure and did not document what actions staff should take in regards to patients that were attached to dialysis machines.
- There were inconsistencies in the recording of patient competencies. There was a lack of clarity about which patients were fully self-caring and this posed a risk that patients may complete tasks for which they had not been assessed as competent.
- Staff reported that the nurse in charge was often busy and felt they were sometimes left to “get on with it.”

Are dialysis services safe?

We found the following areas the service provider needed to improve:

- Stickers used to indicate when equipment was clean were incomplete or had not been attached to equipment in accordance with the unit’s infection control procedures.
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- All equipment was maintained according to the manufacturer’s guidance.
- There were systems in place to safely manage the ordering, storage and administration of medicines.

Dialysis Services

- Nursing staffing levels were maintained in line with national guidance to ensure patient safety. The unit had taken action to address staff cover during staff scheduled breaks.
- Staff were aware of their roles and responsibilities to maintain the service in the event of a major incident.

Incidents

- The self-care unit (SCU) had a system in place for recording, investigating and monitoring incidents.
- Staff were fully aware of their roles and responsibilities in the recording of incidents. For example, a dialysis assistant told us they were trained in the use of the trust's electronic incident reporting system. However, only registered nurses were allowed to add incidents to the system. Unqualified staff asked qualified staff to add incidents to the system. We asked staff if this led to delays in incidents being uploaded to the system. Unqualified staff told us qualified staff would upload incidents without delay as soon as unqualified staff reported them. Unqualified staff told us they received feedback from incidents at team meetings.
- Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. No never events were reported by the centre in the 12 months prior to inspection as none had occurred.
- The unit reported no deaths, serious incidents; pressure ulcers, urinary tract infections (UTI) and hospital acquired venous thromboembolism(VTE) in the 12 months prior to inspection as none had occurred. There had been one fall at the unit in the previous 12 months.
- An electronic incident reporting system was used in reporting incidents and staff demonstrated their understanding of how to use the system. Staff told us feedback from incidents was discussed at team meetings and handovers. We viewed minutes of team meetings in April and May 2017 that confirmed this.
- Staff told us the trust encouraged them to report incidents. Staff were able to give us examples of incidents that had been reported. For example, a dialysis assistant told us they had reported a patient fall to the registered nurse and the registered nurse had recorded this on the electronic incident reporting system.

- Staff told us they had recently received update training on blood-borne viruses as a result of an incident where a patient was not meant to be in isolation, but had used an isolation machine,
- All incidents were investigated by the band 7 nurse in charge. The dissemination of information regarding incidents and lessons learnt was through electronic communications and staff meetings.
- 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'. The trust process for determining whether or not a trigger has been reached for duty of candour was detailed in the 'incident reporting and learning (including serious incidents and never events) policy,' 18 November 2016 with a review date of 18 November 2019: The band 8a lead nurse for home therapies was aware of the policy and told us it was accessible on the trust intranet.
- Staff were able to describe the basis and process of the duty of candour. Staff told us service users and their families were told when they were affected by an event where something unexpected or unintended had happened. The unit would apologise and inform people of the actions they had taken. We saw operational staff understood their responsibilities with regard to the duty of candour legislation. Senior managers explained how the directorate ensured the duty was considered and met when investigating safety incidents.

Cleanliness, infection control and hygiene

- There were clear infection prevention and control policies and hygiene plans in place for staff to follow. All staff we spoke with told us they were aware of the procedures. The nurse in charge of the SCU at the time of the inspection was also the link nurse for infection prevention control.
- The unit reported one case of healthcare acquired infection in the 12 months prior to inspection. Data showed there was one case of methicillin-sensitive staphylococcus aureus (MSSA), and no cases of methicillin-resistant staphylococcus aureus (MRSA), and clostridium difficile (C diff). There had been no reported cases of other blood borne viruses in the previous 12 months as none had occurred.

Dialysis Services

- Multidisciplinary team (MDT) meeting notes dated June 2017 detailed actions the SCU staff had taken in response to a patient with MSSA, this included seeking further advice on managing the patient's condition from the trust's infection control lead nurse.
- Patients were screened every three months to monitor virology bloods, MRSA, MSSA and any other healthcare acquired infection according to national guidelines. We were told a zero target where practicable was aimed for and variances acted upon in accordance with the trusts' policies and procedures.
- Two side rooms were available for patients identified as being at risk or those with potential infectious conditions. The unit had guidance on the segregation and monitoring of patients. Due to the possibility of blood borne viruses, patients were required to be isolated upon admission and returning from temporary dialysis in another unit or country. Patients were tested every two weeks and all results were treated as potentially positive until the result was known. This was in accordance with national guidance.
- During our inspection we noted that isolation room one had 'I am clean' stickers attached to equipment to indicate the equipment had been cleaned and was ready for use. However, the stickers were not signed, and did not have the time and date recorded. Isolation room two did not have any of these stickers on any of the equipment, even though staff told us the room was clean and ready for use. We also saw 'I am clean' stickers on three machines in the main dialysis area that had stickers applied, but did not have a signature or have the date and time recorded. Staff told us patients were responsible for cleaning the outside of the dialysis stations and attaching the stickers once they had completed their dialysis session. Staff said the previous patient in room two must have overlooked this. The unit's cleaner told us they would clean room two, and attach stickers once cleaning had been completed. However, this indicated that patients were not aware of the policy on using 'I am clean' stickers or were not following the units infection control procedures. This meant staff and patients could not be assured that equipment was clean.
- We saw patients identified as at risk were allocated the same equipment and rooms for each session to prevent risks of cross infection. The rooms were not observable from the main nurse's station, due to not having transparent doors. The rooms were equipped with non-recording closed circuit television (CCTV) which nurses used to observe a patient when a patient was in isolation.
- We saw there were sufficient numbers of hand washing sinks available, which was in line with Health Building Note (HBN) 00-09: Infection control in the built environment. Soap and disposable hand towels were available next to sinks. The 'five moments for hand hygiene' information was displayed near the hand-washing sinks to promote staff and patients compliance. Sanitising hand gel was readily available throughout the building.
- During the inspection we saw staff were bare below the elbow and demonstrated an appropriate hand washing technique, which is in line with 'five moments for hand hygiene' from the World Health Organisation (WHO) guidelines on hand hygiene in health care.
- We saw personal protective equipment was available for all staff and patients. However, we saw staff and patients using gloves, but did not see any staff or patients using aprons. This posed a risk of cross infection from both patients and staff clothing.
- Aseptic techniques are methods designed to prevent contamination from microorganisms; they involve actions to minimise the risks of infections. Infection prevention and control and Aseptic Non Touch Technique (ANTT) was part of the unit's mandatory training for all clinical staff. All staff had completed ANTT training. Some patients had also been trained in ANTT as part of their self-care programme
- We viewed the SCU schedule for the cleaning of patient care equipment. This included the cleaning and disinfection of the interior fluid pathway and the exterior surface of the dialysis machine. The schedule listed all the equipment, the type of cleaning required and frequency. For example, dialysis chairs were to be cleaned with suitable wipes and cloths using approved cleaning agents. Single use consumables such as blood lines were used and disposed of after each treatment.
- Weekly cleaning scores were carried out by an external cleaning contractor. The cleaning scores were consistently above 96% for the SCU. In addition, spot checks were undertaken weekly and actions carried out in response to rectify the shortfalls identified.
- We saw sharps bins were available only in the treatment and clinical areas where sharps may be used. However, the labels on sharps bins had not been fully completed

Dialysis Services

to ensure the traceability of each container. Sharps bins that were full were also stored in the dirty utility room which was not locked. Staff told us the cleaners removed the sharps bins and clinical waste twice a day. We saw a patient enter the dirty utility room in bare feet. This increased the risk of harm of injury from inappropriate labelling and unsecured storage of full sharps bins.

- During the inspection we saw all seating including dialysis chairs and staff seating in patient areas was covered in a material that was impermeable, easy to clean and compatible with detergents and disinfectants. This was in line with HBN 00-09 section 3.133 for furnishings.
- The flooring in the unit was seamless and smooth, slip resistant, easily cleaned and appropriately wear-resistant. This was in line with HBN 00-09: Infection control in the built environment, 3.109.
- We viewed the cleaning schedules of the building and facilities. The schedules were maintained, with evidence of regular cleaning documented. The cleaning of the building was subcontracted to an external provider. The contractors had regular meetings with senior staff at the unit to ensure satisfaction with the service.
- Water testing was completed monthly to ensure the water used during dialysis was free from contaminants. This was in line with guidance on monitoring the quality of treated water and dialysis fluid.

Environment and equipment

- The Mary Rankin Dialysis Unit was accessed via a main reception with a receptionist on duty from 8.30 am to 5.30pm and key codes to all clinical areas.
- The Mary Rankin Dialysis Unit had consulting rooms which could be used for patient assessments, private conversations and treatments. The centre complied with 'Renal Care Health Building Note 07-01: dialysis unit requirements', for appropriate waiting areas, dialysis station size and access to facilities such as toilets.
- The SCU provided 12 dialysis stations, including two isolation rooms. Each dialysis station had a reclining chair, dialysis machine, table and nurse call bell. All equipment was numbered to ensure it remained in the same location. There was plenty of space around each station to allow room for patients, staff, and equipment to move.
- The dirty utility room on the SCU was not locked and anyone on the unit could gain access. The room did not appear clean and tidy with shelving for all equipment. We saw a container of solution on the side that was labelled as '24 hour urine collection.' However, staff told us it contained cleaning solution the cleaner had made up earlier in the day. The solution was not appropriately labelled or dated. Bleach was also left unsecured and was on a worktop and not in a secure cupboard. This was not in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH), for the safe storage of substances (SR24) and the dilution of chemical concentrates (SR2), which requires all chemical concentrates to be appropriately labelled. There were a number of empty boxes left in the dirty utility room which had not been disposed of.
- We looked at the linen cupboard on the SCU and found linen that had fallen on the floor of the cupboard. The posed a risk of linen being soiled or contaminated.
- A cupboard on the SCU next to the main entrance was not locked. This contained blood bottles and wet and dry needles. The cupboard also contained blood cultures. Staff told us they did not use a lot of blood cultures, but we noted that two of the cultures had two weeks until their expiry date. Staff told us they checked blood cultures and were aware of blood cultures that were approaching their expiry date. Staff told us all the cupboards on the SCU were locked by staff at the end of the day's dialysis sessions.
- The emergency equipment was located in the main treatment area by the nurse's station. The resuscitation trolley contained all the required equipment including a defibrillator, to manage a medical emergency such as a cardiac arrest. We saw the trolley was secure and fully stocked and ready for immediate use. All equipment needed was available, as indicated by an equipment list. All consumables were in date. There was a system for checking this daily and we saw the fully completed records of checks. Staff checked the trolley on the days the department was open. The records clearly stated 'not in use' on the days the centre was not open.
- Fire extinguishers were serviced appropriately under a service level agreement (SLA) and were in prominent positions. Fire exits were clearly sign posted and exits were accessible and clear from obstructions. The fire evacuation procedure dated November 2016 was

Dialysis Services

displayed on the wall next to the main door. However, this was a generic procedure and did not document what actions staff should take in regards to patients that were attached to dialysis machines.

- All patients had access to the nurse call system and we observed this system was working at the time of the inspection.
- Alarms on the machines would sound for a variety of reasons, including sensitivity to patient's movement, blood flow changes or leaks in the filters. We did not see any dialysis machine alarms in use at the time of our inspection. However, staff told us the alarms were responded to appropriately and not overridden by staff or patients.
- The SCU had two spare dialysis machines which were allocated for isolation purposes. All the trust's dialysis units used the same type of equipment; therefore another of the trust's dialysis units could provide equipment in an emergency.
- The trust had a replacement programme for dialysis machines, which should be replaced every seven to ten years or between 25,000 to 40,000 hours of use, according to Renal Association guidelines. All of the machines on the unit were scheduled to be replaced with new machines in 2017.
- All single use equipment was labelled accordingly, and disposed of after use.
- We saw the blood glucose machines were calibrated daily and the results were documented according to manufacturer's instructions. The machines are required to be calibrated periodically because there are variances in the test strips used which can make the results different between batches.
- Waste in the clinical areas was separated and in different coloured bags to identify the different categories of waste. This was in accordance with the Department of Health (DH) Technical Memorandum (HTM) 07-01, control of substance hazardous to health and Health and Safety at Work regulations.
- Staff told us waste was collected twice a day and filled bin bags were removed to a secure unit outside of the building awaiting collection.
- The fridge in the kitchen was used to store patients food, and the fridge in the staff room where required had temperatures recorded daily when the centre was open. Records we viewed for May 2017 recorded that fridge temperatures were within the required range of 5 degrees.

- Curtains on each dialysis station were visibly clean and had been installed in May 2017. However, we found four sets of curtains which did not carry a date. There was a risk that staff may overlook when these curtains needed to be replaced.
- The trust provided maintenance and servicing of the Mary Rankin Dialysis unit building through their total facilities management contractor. There was a service level agreement contract in place, which covered security, waste management and disposal, as well as repairs including helpdesk logging and support, cleaning services, linen and estates services.
- We saw there was adequate equipment to enable regular servicing and maintenance. Staff were aware of the escalation process for the reporting of faulty equipment.
- Maintenance and servicing of the dialysis equipment at the unit was carried out by the onsite renal technician. The dialysis equipment replacement program was due for completion by October 2017. All 15 dialysis machines within the SCU would be replaced with new machines. The new machines carried two years original equipment manufacturing warranty and would then be maintained by the trust's in-house team of renal technologists. Once commissioned the first service dates for the new machines would be set 24 months following installation, in accordance with the manufacturer's recommendations.

Medicines

- The unit had an updated trust-wide medicines management policy that advised staff on the recording, safe-keeping, handling and disposal of medicines.
- The unit did not use or store any controlled drugs (CD's), medicines that were liable for misuse and had additional legal requirements regarding their storage, prescription and administration. The nurse in charge had lead responsibility for the safe and secure handling and control of medicines.
- We saw medicine management was part of mandatory training for all clinical staff. Training records showed 100% of staff had completed the update course at the time of inspection. Staff competencies in medicines management were completed regularly and in accordance with the trust's training and development policy and NMC medicines management guidelines.
- The unit used a small number of medicines routinely during dialysis, such as anti-coagulation and

Dialysis Services

intravenous (IV) fluids. Concerns were raised with the CQC from an external source that HCAs and assistant practitioners were administering anticoagulant drugs unsupervised. However, staff including an assistant practitioner told us they did not administer anticoagulants without the supervision of a qualified nurse, and said that HCAs did not administer medicines. All the staff we spoke with including managers, nurses and assistant practitioner staff told us only staff who were competent in medicines administration including anticoagulants could administer medicines.

- The trust's pharmacy department supplied medicines to the unit. Ordering of medicines occurred on a monthly basis or more often if required. Internal couriers were used to deliver medicines to the unit. This meant a secure system of transportation of the medicines was in place. Upon arrival at the unit, the registered nursing staff would check the medicine against the order form to confirm it was correct. Dialysis medicines were prepared by registered nursing staff. Patients who were assessed as competent to administer their own medicines could only administer these in the presence of a registered nurse.
- A second registered nurse counter checked all medicines. Staff and patients told us nursing staff had to be present when patients were administering their own medicines. Although it is not a legal requirement to have two registered nurses check at the point of administration, it is seen as good and safe practice when administering IV medicines. Standard 20: IV medication of the NMC medicines management states: 'wherever possible, two registered nurses should check medicines to be administered IV, one of whom should also be the registered nurse who then administers the IV medicine'
- Medicines were stored in a large treatment room, which was secured with a keypad access door.
- We saw medicines cupboards and fridges were clean and tidy. We found all the items stored were within date and there was a system of monthly expiry date checks by registered nurses. We viewed the completed monthly audits of the expiry dates for April, May and June 2017. These confirmed all stock was checked to ensure it was in date and recorded any medicines returned to pharmacies.
- Medicines which were temperature sensitive were monitored. The medicines management policy gave guidelines for staff for action to take in the event

temperatures were outside the required ranges. We saw the fridge and ambient room temperatures were recorded daily, and had been maintained within the recommended parameters.

- Prescriptions were written by the renal consultant. Medicines were reviewed at patients' consultant appointments or earlier if requested. We saw prescription charts were clearly written, showed no gaps or omissions and were reviewed regularly.
- Staff told us they ensured patients identification was confirmed before medicines were administered. This was achieved by confirming the patients name and date of birth.
- Nursing and Midwifery Council (NMC) 'standard 1: methods', for medicines management state registered nurses must only supply and administer medicine products in accordance with specific processes including the use of patient medicines administration chart (prescription chart) or patient group directions (PGD). A PGD is a specific written instruction for the supply or administration of a licensed named medicine to specific groups of patients who may not be individually identified before presenting for treatment.
- We viewed a range of PGD's the unit had in place. The PGDs stated medicines were to be administered by registered nurses only and included anticoagulant injections and named brands for adrenaline, antihistamine and corticosteroids.

Records

- The renal unit had a customised renal electronic records system in which all patient care was recorded by staff. This included nursing care, medical care, comments, dialysis prescriptions, clinical psychology and dietetics. Any events such as patient deterioration on dialysis were recorded and could be seen by all staff in real time on the system. This included all vital sign measurements and technical dialysis records.
- Patient competency assessments were paper based. During our inspection we found inconsistencies in the recording of patient competencies. We looked at 12 patient records and found discrepancies in all the documents we viewed in regards to patients training information. It was not evident from viewing the training competency records that patients had completed a uniform learning programme which was signed off by staff. For example, two records had competency dates that were not in chronological order. This made it

Dialysis Services

difficult to follow at what stage in their self-care training programme the patients were. We found six documents which were incomplete with no clear indication of when the patients' competency had been achieved, or whether any other patient learning had taken place. Different members of the staff team had different ways of recording competence, this meant there was no uniformity in the way staff recorded whether a patient was competent and this had the potential to confuse anyone viewing the records.

- The trust informed us this had been identified by a service, 'speaking up' review, prior to our visit and there was an action plan in place. The trust told us it was a priority for the nurse in charge to develop mechanisms to improve patient competency documentation. These improvements in documenting patient competence were within a process of improvements where support was being provided on a weekly basis to the unit manager. However, the trust recognised that more work was needed to improve the method of monitoring the progress of patient competency recording. In response, the action plan recorded that the nurse in charge was to prioritise improvements in patient competency recording as an immediate action. All patients' competency and assessment documentation was being reviewed in tandem with a review of patients' levels of self-care. These reviews were scheduled to be completed by the 28th July 2017. The trust also told us work was in progress to provide further support and education for staff in the unit to ensure consistency in patient competence assessments.

Safeguarding

- There were systems, processes and practices in place to keep patients safe from avoidable harm. Staff were aware of their roles and responsibilities for escalating safeguarding concerns. Staff were able to explain the main types of abuse, and knew how to access the trust's policy for safeguarding patients.
- Staff told us they had not had to report or escalate many safeguarding concerns but were aware of the escalation process. All safeguarding concerns were reported through the trust safeguarding team who contacted staff with any feedback following investigations.
- The service lead for safeguarding vulnerable adults and children was the senior sister.

- The trust had up to date safeguarding adult's and children's policies and procedures which specified the process and responsibilities of staff in escalating safeguarding concerns.
- The unit did not treat patients under the age of 18 years. Staff told us they would seek advice from the trust's safeguarding team in the event of concerns regarding children.
- Data the trust provided showed us that staff had received safeguarding training at induction and received regular updates.
- Staff were trained to safeguarding adults' level 2 and the unit manager trained to level 3. 100% of staff were trained to level 2 safeguarding children in accordance with the intercollegiate document, 'safeguarding children and young people: roles and responsibilities for healthcare staff, 2014.'

Mandatory training

- The unit had an effective mandatory training programme. All staff were required to complete a programme of mandatory training appropriate to their role. Training was completed either face-to face or by an electronic learning programme. No staff we spoke with described difficulties accessing electronic training packages.
- The mandatory training programme was comprehensive and contained all the training topics that would be expected. For example, data protection, infection prevention control, medicines management, fire safety and immediate life support (ILS). Staff told us they had received immediate ILS refresher training in May 2017.
- The trust sent us the compliance rates for mandatory training. We found 100% of staff on the SCU were compliant with mandatory training, for example, equality and diversity training. The nurse in charge kept an electronic record which recorded what training each member of staff required and its completion dates.
- As part of their mandatory training, staff completed a number of role appropriate competencies when they started their employment at the unit. This included aseptic non-touch technique (ANTT) and medicines administration.

Assessing and responding to patient risk

- Consultants' mobile phone numbers were available to the nursing team if urgent medical advice was required

Dialysis Services

when the consultant was not on site. The named consultants were present three times a week and non-urgent issues could be communicated via a diary system which was reviewed at the next consultant visit. There was an on call registrar available for staff to contact for advice 24 hours a day at the Royal Free hospital. There was also renal trained medical staff on site Monday to Thursday who could respond in the event of an emergency.

- Nursing staff called the 999 emergency services to assist with any patient who rapidly deteriorated during their dialysis session for an urgent transfer to an accident and emergency department. Staff told us the paramedic services were quick to respond.
- All patients were allocated a named nurse who performed an assessment of their physical, psychological and social needs on admission and reviewed these when there were changes in patients' needs.
- Patients' competence in self-care tasks was signed off by the named training nurse who was responsible for their training. There were three levels of patient competence leading up to patients becoming fully self-caring. We asked qualified nursing staff how many patients were fully self-caring and they all said they didn't know. One health care assistant (HCA) said they knew which patients were fully self-caring as they had worked with patients for over a year. The assistant manager told us it was, "about 20%."
- The SCU used wet needle cannulation. Staff told us the service only used dry needle cannulation for bloods (a form of cannulation using a "dry stick" technique).
- During an observation of patients practice we saw one patient lining a dialysis machine. On inspection of the patients competency assessment we found the patient did not have this competency signed off by the patient's lead training nurse. We saw a student nurse intervene and complete the task for the patient. However, a lack of clarity about which patients were fully self-caring posed a risk that patients may complete tasks for which they had not been assessed as competent.
- Staff told us they were supported by staff from the main dialysis unit in the event of a patient becoming unwell on the SCU. Staff told us about an incident where a patient with no history of fits had a fit on the unit. There had been a qualified nurse and a health care assistant staffing the SCU at the time of the incident. Staff said they used an emergency button on the SCU to call qualified nursing staff from the main unit dialysis unit on the ground floor to assist. Staff said the nurses from the main dialysis unit had responded quickly to the emergency call and the patient had their blood returned quickly.
- Following our inspection the trust forwarded the trust's, 'haemodialysis guidelines and policies: management of a triggering patient, version two (v2)' policy. The policy had been reviewed on 13 July 2017. We also viewed version one (v1) of the document and found the policy gave staff a nine step process to follow in the event of a patient whose observations indicated that the patient was deteriorating and triggered the escalation process. However, version two (v2) of the policy had been enhanced with an algorithm to guide staff with the escalation process. The policy also gave guidance to staff on using the document in conjunction with the trust's patient observation chart and the patient at risk and resuscitation team (PARRT) algorithm to support nurses and clinicians in identifying and managing acutely ill patients in the unit.
- 'Haemodialysis guidelines and policies: management of a triggering patient' (v2) policy also gave staff guidance on a patient that did not need an emergency call, but who appeared too unwell to go home or see their GP. The policy gave staff guidance on completion of the patients' dialysis if the patient had not triggered the (PARRT) algorithm, and guidance on facilitating a patient's admission and transfer to an inpatient ward. The policy also prompted staff to consider hospital admission avoidance strategies, and prompted staff to communicate whether the patient could be considered a vulnerable adult, and a prompt to communicate this to the receiving hospital team.
- The trust assured us that staff were being made aware of the policy update and changes to practice by disseminating the policy to the band 7 nurses in charge of the unit, with a requirement that they discuss the changes with staff at staff handovers and at MDT meetings. The clinical director was also raising the policy changes at the trust's consultants meeting.
- Work was in progress to introduce an algorithm for the monitoring of vital signs during dialysis and competence in the use of this algorithm was being added to band 5 nursing staff renal competence requirements.

Dialysis Services

- Staff followed the trust's sepsis guidelines, with any patients thought to be unwell. Nursing staff told us they would not commence dialysis if they suspected sepsis. Patients would be referred directly for an urgent medical review by the consultant.
- Staff had received training to recognise sepsis in patients, as dialysis patients were a high risk group. This was in line with National Institute for Health and Care Excellence (NICE) guidance NG51: sepsis recognition, diagnosis, and early management. Sepsis is a life-threatening illness caused by the body's response to an infection. Staff followed the trust sepsis guidelines with any patients thought to be unwell. Nursing staff told us they would not commence dialysis if they suspected a patient had sepsis. Patients displaying sepsis symptoms were referred directly for an urgent medical review.
- Effective systems were in place to assess and manage risks of deterioration to patients. Nursing staff used risk assessments to review patients on a regular basis.
- Nursing staff completed a full patient assessment based on the activities of daily living to identify the patient baseline condition on referral to the centre. The assessment included past medical history, mobility assessment, skin integrity assessment and dialysis access assessment. This information was used to plan treatments and attendance at the centre.
- Patients had clinical observations recorded prior to commencing treatment. This included blood pressure, pulse rate and temperature. The nurse reviewed any variances prior to commencing dialysis, to ensure the patient was fit for the session.
- Patients' blood pressures were recorded at regular intervals during their dialysis. Alarm settings were adapted for each patient, allowing any variance to the patients' normal readings to be highlighted to nursing staff.
- Patients weighed themselves before treatment began. This was to establish any excessive fluid which had built up in between treatments.
- Patients were required to confirm identity prior to treatment and medicine administration. This was completed by the patient being asked to give their name and date of birth which was checked against the patient record, the dialysis or medicine prescription or dialysis card. In addition all patients' records contained photographic identification of the patient.
- The trust had a dedicated renal consultant who visited the unit a minimum of twice a week. Treatment was reviewed and changes could be made. These visits were to conduct clinics for planned patients as well as seeing patients who would benefit from a consultation.
- We saw there was adequate resuscitation equipment and it was easily accessible. Staff knew where it was located.
- All staff received training in immediate life support and anaphylaxis, the course included practical sessions.
- Staff told us they were not trained in the use of the national early warning score (NEWS). This monitors patients' clinical observations, such as blood pressure and pulse. However, patients vital signs were recorded and monitored at every visit. The operational policy also provided guidance for staff on the steps to take in the event of a patient deteriorating.
- The unit had a vaccination programme for Hepatitis B in place.
- The trust identified a high frequency of violence and aggression incidents in the Mary Rankin dialysis unit. Using quality improvement methodology the aim was to reduce these incidents by 50% in 6 months. All stakeholders, including patient representatives, transport, facilities management, medical and nursing staff and operations staff attended fortnightly meetings on managing violence and aggression. There was scheduled training sessions for all staff, commencing in August 2017, facilitated by a clinical psychologist to support staff in the recognition of stress and de-escalation strategies. Staff were aware of how to report and escalate concerns in regards to violent or aggressive behaviour from patients or visitors.
- Advance care planning included the patient's individual wishes and the completing of 'do not attempt cardio-pulmonary resuscitation' (DNACPR) if appropriate. The trust did not have a set agenda at the time of inspection but staff told us consultants would see specific patients for this purpose if highlighted by staff.

Staffing

- This unit was a nurse led unit. The unit was managed by a band 7 nurse in charge, supported by a band 8a lead nurse for home therapies. There was also a senior matron for haemodialysis with managerial responsibility for all services at the Kidney Care Centre, including dialysis and home therapies.

Dialysis Services

- The daily planned staffing level for 12 stations was a minimum of one registered nurse and a band 4 assistant practitioner. The nursing skill mix had recently been reviewed and increased to add a shift coordinator for 7.5 hours on Monday to Friday.
- The unit employed 2.6 whole time equivalent (WTE) band 6 junior sisters, two WTE band 4 assistant practitioners, and one WTE band 3 HCA.
- There were no vacancies for dialysis assistants and HCAs. We noted that one WTE dialysis nurse had left the service and 1.6 WTE nurses had been recruited in the previous 12 months.
- The average sickness absence rate at the time of the inspection was 3.4%. This was similar to the national average sickness rate of between 3% and 4%.
- We saw that staffing numbers on the SCU were consistent and maintained a 50:50 skill mix of qualified nursing staff and dialysis assistants. Staff told us there was always one qualified nurse and one dialysis or health care assistant on each shift. This maintained a ratio of six patients to each member of staff. During the inspection, we saw there was one registered nurse and one dialysis assistants on duty.
- Staff told us during shift handover there was a four hour overlap which meant that between shifts there were two registered nurses on the unit.' The Renal Team: A Multi-Professional Renal Workforce Plan For Adults and Children with Renal Disease', 2002, recommends a staff to patient ratio of 1:4 to 1:5 on an 18 station dialysis unit with a 50/50 split of qualified and unqualified staff for the management of moderately complex patients. However, the document does recommend that staffing ratios and skill mix should be assessed locally in relation to both case mix and patient dependency; and recruitment and retention.
- The divisional director of nursing told us staffing levels at the SCU had been assessed locally and reflected the lower acuity of the patients using the unit. The divisional director of nursing told us the staff skill mix had been reviewed in May 2017 and was based on a model of 'self-care'. The director said 30% of patients were self caring, dependent patients worked on a ratio of 1:5. Staff flexed with self-caring patients as these patients required less nursing input.
- The senior sister was trained in rostering and used the trust's workforce planning tool to support and assess safe staffing numbers. Business continuity plans were developed so the unit could effectively respond to changing circumstances, for example sickness, absenteeism and workforce changes. Bank nurses were used when required to maintain safe staffing levels.
- There had been 14 shifts worked by NMC registered bank nurses in the three months prior to our inspection. Bank assistant practitioner staff had also covered eight shifts in the previous three months.
- There was a band 7 nurse in charge at the SCU from 7am to 3pm, Monday, Wednesday and Friday. The role of the nurse in charge was to complete administration tasks, coordinate the team, complete home dialysis tasks, support staff, patients and ensure the safe running of the unit
- There was a registered nurse and a band 4 assistant practitioner or health care assistant (HCA) on every shift. There was also a band 3 HCA from 7am to 3pm Monday to Friday. On Saturdays there was a registered nurse and HCA working a long shift from 7am to 7pm.
- In December 2016, an investigation was commissioned by the trust director of nursing into concerns raised by a former member of staff via the trust 'speaking up' policy and procedure into staffing levels, staff competence, and leadership. The investigation team concluded their investigation in April 2017 and found most of the allegations were unsubstantiated. However, the investigation identified that the unit was facing a number of challenges. In response to an allegation of a lack of clarity on provision of adequate competent safe staffing and nursing skill mix, the service introduced an additional nurse in charge for three days a week. This included two allocated days per rota for home haemodialysis. The investigation also highlighted that further investment was required for a new staffing model and clarified staff roles and responsibilities.
- Staff told us staffing had improved on the unit as a result of the investigation in December 2016. A staff member told us, "before we were really struggling; but now they book bank staff. It has made a difference."
- We asked staff and the trust how staff breaks were covered on the first floor of the unit in the event of only two staff being present on the SCU. Staff told us staff from the ground floor would provide assistance during staff breaks, but sometimes there was not always two members of staff present on the unit. We raised this with managers and the trust. We were informed that the trust had taken immediate action following our inspection,

Dialysis Services

this entailed two members of staff being on the SCU at all times, this involved combining dialysis teams on the first and ground floors of the unit to ensure cross cover at all times.

- We asked the trust about break times during the morning shift, which were not always covered on the staff rota. Following our inspection the trust informed us they had changed the rota and taken action to ensure cover was in place at all times when staff were on breaks in the unit. We viewed a revised rota for July and August 2017 which confirmed this. We also saw a risk assessment, dated 14 July 2017, which assessed the risk posed by staff breaks and also contained an action plan in response to the identified risk. The unit had introduced a policy whereby the nurse in charge in the self-care unit (SCU) would telephone the nurse in charge in the main dialysis unit before 9am to arrange and agree cover for staff breaks, this would be communicated to all staff and documented in the unit diary on a daily basis
- The renal consultant attended the unit regularly to review patients who were there that day. If doctors were needed outside of this, staff told us the consultant could be contacted by phone or email.
- Staff recognised the need for an effective handover between shifts. The handover was attended by all staff on duty to enable them to review the patients visiting the centre on that day. Staff told us the handover included any changes in treatment, condition or outcome of investigations and appointments.
- Two members of the medical staff were responsible for the routine care of patient in the self-care unit. Consultants provided cross cover across the trust's dialysis units. Both consultants were scheduled to attend the unit twice a week and attend a monthly MDT meeting. In addition there was a medical staff in the building delivering renal specialist care and advice four days week.

Major incident awareness and training

- We did not view the business continuity plan for Mary Rankin Dialysis Unit. However, the trust informed us that all of the trust's renal dialysis units had an 'emergency plan protocol'. These had been formulated into 'action cards' which were available to staff both visually and electronically at all units including the operations office for use during an emergency.
- All staff received fire awareness and evacuation training.

- We saw the fire evacuation plan displayed in the entrance to the supported self-care unit (SCU). The unit also had a nominated fire warden for when the unit was open. The fire officer visited the centre regularly to check compliance and the environment.
- The unit had an operational policy which contained the unit policies and procedures in place in the event of fire, information technology (IT) failure, and water supply failure. The operational policy (v1), April 2015, detailed relevant contact numbers; and actions expected by staff.
- Senior managers told us there was a process in place which meant when any adverse event affecting the operation of the unit was resolved; an investigation into the cause would be completed. If the unit's response to a business continuity adverse event was found to be inadequate, an improvement plan would be implemented. Outcomes of the investigation and any learning would be shared with staff through a debriefing session.

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

We found the following areas of good practice:

- All policies and procedures were based on national guidance, standards and legislation.
- Patients' pain and nutrition were assessed regularly and patients referred to appropriate specialists for additional support as necessary.
- The service monitored key performance indicators. These demonstrated the service performed similarly to other dialysis centres.
- All staff completed a competency pack on commencement of post. Staff had the skills, knowledge and experience to ensure safe patient care.
- There were processes in place to ensure effective multidisciplinary team working, with specialist support.
- There were effective processes in place for gaining patient consent for treatment.

We found the following areas the service needed to improve:

- We viewed seven staff dialysis machine competency assessments and found that not all of the qualified nursing staff had up to date competency in the use of

Dialysis Services

the dialysis machine. The trust told us that those staff would work alongside a competent registered nurse until they had demonstrated compliance with the trust's competency requirement.

Evidence-based care and treatment

- All policies and procedures were developed in line with national guidance, standards and legislation. This included guidance from the Renal Association, National Service Framework for Renal Services and the National Institute for Health and Care Excellence (NICE). However, we found the supported self-care unit (SCU) operational policy (v1), April 2015, had not been updated to reflect that the supported self-care unit was not open to midnight seven days a week.
- Staff had access to flowcharts and algorithms to give staff clear guidance and actions staff should take in response to a specific event. For example, we viewed the psychology referral algorithm and the new dialysis patient flowchart.
- Patients were assessed using risk assessment tools based on national guidelines and standards. This included falls risk assessments, nutrition scores and skin integrity assessments.
- Staff monitored patients assessed as having achieved the required level of self-care competence, (level 2b and above), in regards to vascular access competency. Vascular access is the term used for access into a vein, for example, a dialysis catheter.
- Recordings detailed the type of access, appearance and details of any concerns. Any patient scoring one or more was referred immediately to the consultant for review. This was in line with NICE Quality Statement (QS72) statement 8 (2015): 'Haemodialysis access-monitoring and maintaining vascular access'.

Pain relief

- None of the patients we spoke with required pain relief at the time of our inspection. However, patients told us the consultant asked about their pain levels at their consultant appointments, and nursing staff routinely enquired about patients pain.
- Patients did not routinely receive oral analgesia during their dialysis sessions; however, local analgesia was available for cannulating the patients' arteriovenous fistula or graft (AVF/G).

- Local analgesia was prescribed as a 'to be administered as necessary medicine', which enabled it to be used at each attendance to the unit. If the pain related to the patients' general condition, they were reviewed by the consultant as soon as possible.
- We saw the results of the September 2016 Patient Reported Experience Measures (PREMs), sometimes known as Patient Reported Outcome Measures (PROMs), these are self-reported questionnaires which measure patients' health status and/or quality of life at a snapshot point in time. All haemodialysis patients were asked to complete the questionnaire. However, it should be noted that the data referred to in the report was collated from all the trust's kidney centres and not just Mary Rankin Dialysis Unit. 485 patients were approached to participate and 387 patients agreed. Nearly half of all respondents reported having experienced at least moderate levels of bodily pain in the month prior to completing the questionnaire. However, although over one third (36%) of patients who had experienced pain had had no analgesia prescribed for them, patients experiencing severe (48%) or very severe (65%) pain reported taking medication for pain 'very often' suggesting that a number of respondents were likely to be taking medicines purchased over-the-counter. The report found that pain appeared to be commonly accepted by patients as a 'normal' part of receiving dialysis treatment to the extent that pain was frequently not mentioned by patients at consultations with their consultant. In response consultants had been advised that they should routinely enquire about patients' pain at each consultation.

Nutrition and hydration

- Patients who have renal failure require a strict diet and fluid restriction to maintain a healthy lifestyle. We saw patients' hydration and nutritional needs were assessed and managed appropriately.
- Patients were reviewed by the dietician monthly, who assessed their past medical history and their treatment plans to advise patients on the best diet for them. We saw patients were provided with written information and guidance relating to their diet and fluid management.
- Patients weighed themselves on arrival to the SCU at each visit. This was to identify the additional fluid weight that needed to be removed during the dialysis session. This varied from patient to patient.

Dialysis Services

- Patients were offered hot and cold drinks and snacks while they were having their treatment. Patients told us they also bought their own refreshments to consume whilst having their treatment.

Patient outcomes

- Care was standardised across all the trust's dialysis services and measured against the Renal Association metrics. There was no evidence that the Mary Rankin Dialysis Unit was an outlier in terms of these metrics.
- The trust informed us the unit was compliant with its submissions to the UK Renal Registry and to the National Access Audit. We did not request the results of these audits and cannot therefore comment on this.
- We saw the results of the September 2016 Patient Reported Experience Measures (PREMs), sometimes known as Patient Reported Outcome Measures (PROMs), these are self-reported questionnaires which measure patients' health status and/or quality of life at a snapshot point in time. All haemodialysis patients were asked to complete the questionnaire. However, it should be noted that the data referred to in the report was collated from all the trust's kidney centres and not just Mary Rankin Dialysis Unit. 485 patients were approached to participate and 387 patients agreed.
- The unit informed us that infection control audits were completed monthly, these included hand hygiene and line care. We did not request the results of these audits and cannot therefore comment on this.
- The unit also audited the number of patients who were MRSA positive, the number of days since last MRSA bacteraemia, the number of patients requiring isolation, the number of patients requiring in-patient admission, the % of patients with definitive vascular access. We did not request the results of these audits and cannot therefore comment on this.
- The rate for patients assessed for suitability for transplant listing was 95%.
- There were 90% of patients that were performing at level 2 and above in self-care. The SCU had consistently recorded 90 % of patients achieving five independent components of self-care, compared with an average of 25% in other areas of the service. The level of self-caring patients, level 2 is equivalent to the national metric of five independent dialysis treatment tasks, had been above 90% for the previous six months.
- The number of safeguarding issues, number of complaints and compliments, number of staff

vacancies, and % workforce key performance indicators (KPI), and number of incidence of violence and aggression were reported at the trusts' matrons meeting, local team meetings, and the renal service line meeting for shared learning.

- Patient key performance indicators (KPI) were reviewed at monthly team meetings. For example, minutes from the June 2017 team meeting recorded that an audit of patient' outcome modality once treatment had started was discussed; as well as the decision that staff should take a more positive approach for patients considered unsuitable for haemodialysis to promote patients opting for peritoneal dialysis (PD).
- The 'speaking up' investigation action plan dated April 2017 identified a lack of consistency in assessment and training of patients. In response a review and update of patient competencies had been completed. Work was in progress with the clinical practice educator standardising patient training and education. A review of self-care levels was also in progress and was scheduled to be reported at the directorate performance meeting on completion.
- NICE quality standards (QS72- standard 6) indicates adults using transport services to attend dialysis are collected from home within 30 minutes of the allotted time and collected to return home within 30 minutes of finishing dialysis. The quality standard indicates dialysis providers should collect evidence at centre level to ensure the standard is being met. However, we did not request and were not presented with localised data for Mary Rankin Dialysis Unit.

Competent staff

- Newly recruited registered nurses were supernumerary for a minimum period of four weeks at the start of their employment. This included a comprehensive orientation timetable which was individualised to meet band 6 nurses development needs.
- On commencement of employment, all staff were given an induction to the unit and their role. This included an orientation programme and competencies which were based on the national standards framework. The trust told us all staff had received a corporate induction.
- Bank staff received an orientation to the unit and orientation pack when they commenced work at the unit, "induction booklet for agency and bank staff working in the renal dialysis unit".

Dialysis Services

- Support was provided to the unit by the clinical practice educator for four hours a week. The infection control clinical nurse specialist also provided support for four hours a week. A vascular access nurse attended the multi-disciplinary team (MDT)
- Staff in the centre had the relevant qualifications and memberships appropriate to their position. There were systems which alerted managers when staffs' professional registrations were due and to ensure they were renewed.
- Renal specific and trust core competencies for all members of the nursing staff band 2 to band 5 were completed over a six month probationary period when first employed by the unit, and then reviewed as part of the annual appraisal process. If areas of concern were identified as part of the process this would trigger the need for reassessment and additional support and training. For example, the 'speaking up' investigation action plan, April 2017, identified that the clinical practice educator would support staff with training and documentation standardisation
- All band 6 nurses held an accredited renal course.
- Band 4 assistant practitioners held a foundation degree or equivalent and evidence of renal clinical core competencies
- There was a defined career pathway from band 2 to band 6 with core competencies and objectives. There were link nurse roles, for example, vascular access and infection control. Support and training was also provided by the vascular clinical nurse specialist
- Staff practical skills were competency based and assessed regularly and they were provided practical training. This included clinical skills such as ANTT, medicines' management, care of fistulas (a connection of an artery to a vein) and dialysis catheters.
- Registered nurses and dialysis assistants were required to complete a series of mandatory clinical competencies, to support their role and responsibilities. We viewed seven staff dialysis machine competency assessments and that not all of the qualified nursing staff had up to date competency in the use of the dialysis machine. Following our inspection the trust responded that all members of the nursing team were required to maintain up to date evidence of their competency documentation and they had taken immediate action to address the situation. The trust told us any member of staff who were not up to date would work alongside a competent registered nurse until they had demonstrated compliance with the trust's competency requirement.
- Equipment and facilities training covered all machinery such as hoists, dialysis chairs, resuscitation trolley, glucometers and the centrifuge (fast sample processing). These topics were completed at the commencement of employment and updated as required.
- Specific competencies for the administration of medicines were updated according to the trust training and development policy and Nursing and Midwifery Council (NMC) medicines management guidelines. Competencies were completed at commencement of employment and then updated annually.
- Permanent and bank staff were recruited through the central human resources department. All bank staff used completed an induction to the unit. This included emergency procedures (fire safety, evacuation and resuscitation equipment and procedure) and equipment training in line with safe working practices.
- Data showed most staff had received an appraisal in the 12 months before inspection. The trust target was 95% of staff having received an appraisal in the previous 12 months. The overall average appraisal rate for the unit was 95%, this met the trust's target. The actual figures broken down by role were: 100% for the nurse in charge, 100% for assistant practitioners and HCAs.
- Both consultants had recently undergone appraisal. Both consultants were compliant with mandatory training.
- All staff we spoke with told us they had received an annual appraisal. They told us this process was effective in developing their skills and knowledge further. It also contributed to qualified nursing staff maintaining registration with the NMC.
- The unit had allocated 'lead role' for specific topics such as infection control or health and safety. The lead nurses attended meetings and brought information, for example changes in practice and updates, back to the units staff.
- The trust informed us they were developing a written policy to ensure the nurse in charge of the unit had agreed leadership competencies as part of their "in charge" requirements.
- The SCU had two student nurses on placement. One of the students was in their first year of study and another

Dialysis Services

student was in their third year of study. We spoke with one of the students who told us it was their second day on placement at the unit. The student nurse told us they had a mentor provided by the unit and a practice educator provided by the trust. The student said they were on induction at the unit.

- The unit had a performance management policy and access to a HR business manager for support with staff performance issues.
- There were regular monthly team meetings. We viewed minutes for the SCU team meetings dated from March to July 2017. Incidents, infection control and complaints were regular agenda items at the meetings. For example, minutes from the March 2017 minutes recorded that 15 minutes teaching time was being added to all team meeting agendas.

Multidisciplinary working

- Staff told us the renal consultants had overall responsibility for patient care and visited the centre twice a week to complete patient clinical reviews.
- The MDT provided monitoring and governance of outcome measures.
- The trust's consultants and dietician attended monthly MDT meetings at the unit. These meetings were also attended by the lead nurse. We saw the meetings followed a set format where patients' current condition, care plans, most recent blood results and medicines were discussed and recorded in the electronic patient record. Any changes were communicated to the wider team and discussed with the patient before implementation.
- Patients had access to a dietitian who reviewed each patient monthly. Any changes to patients' diets were recorded on information leaflets which were given to patients.
- Patients had access to a social worker who visited the centre and assisted with any benefits and housing advice. Patients we spoke with us told us the social work service was helpful.
- Support was provided to the unit by the clinical practice educator for four hours a week. The infection control clinical nurse specialist also provided support for four hours a week. A vascular access nurse attended the multi-disciplinary team (MDT)

Access to information

- All information needed to deliver care and treatment was available to staff through either the electronic or paper records. Paper records consisted of all patient risk assessments, consent forms and dialysis and medicine prescriptions. Electronic records including blood test results were accessible to all staff.
- Policies and procedures were accessible to staff via the trust intranet.
- To provide coordinated care the consultant was briefed by the named nurse at dialysis start and prior to clinics commencing.
- Patients were routinely invited to enrol for renal patient view, this was a web based resource that gave patients access to their records and blood results, 54% of patients across the wider dialysis service were enrolled and used the resource.
- We saw the centre shared information to send with a patient when they went for treatment to another centre whilst on holiday. This was to ensure care and treatment would continue

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients told us they gave verbal consent at each treatment, and their wishes and feelings were respected.
- Staff told us some patients on the supported self-care programme worked on a principle of implied consent, in that they consented to their own treatment by performing dialysis task themselves. Staff told us a patients' that could not consent to completing tasks independently would not be referred to the SCU.

Are dialysis services caring?

We found the following areas of good practice:

- Patients were treated with respect and compassion.
- Nursing staff gave patients adequate time to ask questions and provided written information regarding patients' conditions, treatment plans and support networks.
- Nursing staff provided patients with information and contact details of support networks, which included the Kidney Patients' Association and social work support.

Compassionate care

Dialysis Services

- We saw staff treating patients in a kind and considerate manner.
- Patients received treatment in shared areas. The unit had curtains around the dialysis stations. Screens were available for use if a patient wanted privacy.
- We saw that call-bells were left within reach of patients and staff responded promptly to requests for assistance.
- Staff told us all patient information was treated as confidential. However, there were no special arrangements in place to facilitate private discussions and consultations with the patient. Staff told us patients often had their appointment with the consultant at their dialysis station. Staff said this meant patients did not have to go to the consultation room and could speak with the consultant whilst receiving their dialysis. Staff told us the consultant always spoke quietly when speaking with patients. Patients who preferred to go to the consultation room were given a choice.
- We viewed comments relating to the St Pancras Kidney, Diabetes, and Eye Centre on the NHS Choices website. Five ratings of the centre had been left in the period November 2015 to October 2016. The centre had received four out of a possible five stars for patients' privacy and dignity being observed.
- One comment on the NHS Choices website dated October 2016 related to dialysis said, "nurses often complain of being tired which I can understand but it is disheartening to hear." The service had responded to the patient's comment on the NHS Choices website, apologised and given the contact details for the patient advice and liaison service (PALS) with a request that the patient contact PALS. However, the comment echoed what a member of staff told us in regards to staff sometimes feeling tired when working long shifts, "especially on Saturdays as staff have to unplug all the machines, and on days when the monthly bloods are collected." This meant there was a risk of staff sharing inappropriate personal information about their feelings with patients at times when staff were feeling fatigued.
- We saw the results of the September 2016 Patient Reported Experience Measures (PREMs), sometimes known as Patient Reported Outcome Measures (PROMs), these are self-reported questionnaires which measure patients' health status and/or quality of life at a snapshot point in time. All haemodialysis patients were asked to complete the questionnaire. However, it should be noted that the data referred to in the report was collated from all the trust's kidney centres and not just

Mary Rankin Dialysis Unit. 485 patients were approached to participate and 387 patients agreed. Survey findings showed 59% of respondents were highly likely to recommend their dialysis unit to their friends or family.

- The trust told us the service received four written compliments in the 12 months before inspection. The SCU also had thank you cards which had been given to staff on display.

Understanding and involvement of patients and those close to them

- Patients were given information about the unit, this detailed what to expect from the service and information on haemodialysis. Patients and their relatives were encouraged to discuss their care with the staff to ensure they were satisfied with the SCUs supported self-care model before agreeing to start treatment at the SCU.
- Information leaflets were available on the unit to inform patients of side effects and common risks and benefits of treatment.
- Patients and their relatives were encouraged to participate in their treatment if appropriate. Staff encouraged patients to take responsibility for some or most of their treatment, such as weighing themselves before and after dialysis, inputting data to the dialysis machine, preparing needles and connecting dialysis lines. Nursing staff and relevant patients told us patients liked to have some control over their care and treatment.
- The September 2016 PREMs Report, findings showed that 58% of respondents believed their kidney doctor encouraged independence in managing their own treatment 'very' or 'quite often' and more than half of respondents (51%) believed they were involved in their treatment. Eighty percent of patients felt respected by staff at least 'quite often' with 5% of respondents feeling respected 'rarely' or 'never'.
- All patients were reviewed at either three monthly or six monthly intervals by the consultants which enabled discussions of any concerns, medicines or treatment changes. Following each meeting, patients were given a printed summary of the discussion and any planned changes to treatment.

Dialysis Services

- The named nurse provided a single point of contact for patients on a monthly basis. The named nurse was responsible for communicating care plans and monthly blood results to patients and coordinating patients' dialysis.
- Staff spoke openly about patients' blood test results and dialysis treatment plans. We observed patients speaking to staff about their latest blood results and what these meant and staff responded appropriately.
- We saw patients were fully informed of their blood results at each dialysis session. Patients spoke with the nurses about the impact of their blood results and whether any changes would be made to their treatment.
- The centre was fully equipped to provide safe treatment for patients with translation needs, or those living with mobility, hearing or visual impairment needs.
- The centre encouraged patients to self-care through the 'shared care' programme.
- The centre received no formal complaints in the previous 12 months. There were systems to ensure that patient complaints and other feedback was investigated, reviewed and appropriate changes made to improve treatment of care and the experience of patients and their supporters.

Emotional support

- The social and emotional aspect of care for the patient was managed by the relevant professionals and professional bodies. Patients had access to a social worker.
- The renal service employed 1.94 whole time equivalent (WTE) registered psychologists to work with patients primarily with end stage renal failure. This was a highly targeted service focused on patients with significant psychological issues related to their renal disease and treatment. Any member of staff could refer a patient to the service. Patients could also self-refer.
- Peer support groups such as the Royal Free Kidney Patients Association (RFKPA) were actively involved and offered access to support services for patients, family members and carers.
- Staff told us they saw patients frequently and they were familiar with their moods and were able to identify when patients were in a low mood or feeling unwell. This enabled them to spend additional time with the patients as necessary to support them with their treatment or assist with any concerns they may have.

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

We found the following areas of good practice:

- The centre was working at 73% capacity and had no patients on the waiting list at the time of inspection.

Service planning and delivery to meet the needs of local people

- Staff and senior managers told us the unit had opened in 2015 before patients and staff were fully ready for the transition to the new Mary Rankin Dialysis Unit and the new supported self-care specification.
- The supported self-care unit (SCU) was opened in March 2015 as a self-care dialysis centre with 12 dialysis stations. The unit was located on the upper floor of a longstanding chronic community dialysis service. The service was designed to reduce multiple hospital visits for patients and to provide a home training hub for the dialysis service. The approved business case for the service had outlined the required skill mix based upon a model of self-care. At the same time the trust were served four month notice for closure of a private dialysis facility dialysing 72 patients. The trust informed us that many of these patients were more dependent and less able to perform self-care than had initially been anticipated. To accommodate this the trust elected to limit the dialysis unit's capacity and increase staffing for a period of four months.
- The trust informed us that a further decision was made in March 2015 to limit evening dialysis session capacity at the unit by offering these sessions on Monday, Wednesday, and Friday twilight.
- Dialysis services were co-located at the Mary Rankin Dialysis unit to reduce the need for multiple hospital visits, such as, dialysis dependent diabetics, podiatry and ophthalmology needs.
- The Mary Rankin Dialysis Unit was purpose built for self-care and operated a flexible scheduling system where treatment was planned to fit in with the patient's lifestyle to maximise their independence. Patients with complex needs were accommodated on the ground floor of the unit.

Dialysis Services

- Access to the Mary Rankin Dialysis Unit facility was by established routes with bus stops in close proximity. Most patients used hospital arranged transport to and from the unit. A small portion of patients used private transport and designated parking was available. Ambulance access was available and we saw a designated drop off base was at the entrance.
- The supported self-care unit (SCU) was located on the first floor of St Pancras Kidney Care Centre on site St Pancras Hospital. The aims of the unit were to promote patient the provision of supported self-care to offer flexible dialysis sessions to patients able to perform their own dialysis. The unit also included the provision of home haemodialysis training and support. The unit had 12 dialysis stations, including 2 isolation rooms.
- Staff told us there were plans to switch home dialysis machines to the same type of machines used by satellite dialysis providers when the dialysis machine contracts were renewed. This would ensure uniformity in terms of patients' dialysis machine competencies.
- Arrangements were in place to procure new home haemodialysis machines to standardise the specification of machines used in the unit and in patients homes.
- Patients were encouraged to bring their own personal electronic device and or reading material. Wifi was available throughout the unit.
- Facilities were provided to support patients comfort. These included electronically operated dialysis chairs which could be adjusted, and pressure relieving mattresses were on the chairs. Wheeled tables were positioned at each station for ease of use.
- The SCU worked to a 'named nurse' model. This meant a named nurse was responsible for a cohort of patients. The patients named nurse taught and supported the patient to become as independent as possible in all aspects of their dialysis. Some patients would move on to dialyse at home and continue to be seen for regular follow-up and support in their local unit. However, most patients would continue their dialysis at the unit with support from staff to dialyse independently.
- The divisional director of nursing told us the unit had recently completed a security risk assessment and reviewed its service level agreement (SLA), due to patient arriving at the unit early in the morning before the unit was open. We saw posters displayed in the unit, dated 22 May 2017, asking patients not to arrive at the unit prior to 6.30am due to the unit not being staffed at these hours and patients not being allowed entry prior to this.
- Staff told us patients who wished to attend an alternative dialysis unit whilst on holiday would source their own unit. Staff said some patients' contacted units directly and some patients asked staff at the Mary Ranking dialysis unit to contact them on their behalf. Once dialysis had been agreed by the receiving dialysis unit. Staff would send a consultant letter, blood results, the size of the patients IV needle, and prescriptions to the receiving dialysis unit.
- The unit was the hub for home dialysis training, length of training is individualised according to patient's needs. There were 17 patients on home haemodialysis. The unit also provided care and treatment for chronic kidney disease (CKD), dialysis preparation, diabetes, ophthalmology and podiatry services.
- Where the capacity of the unit permitted, the unit accommodated patients from out of area when patients attended for specialist services (amyloid) or patients on holiday. Referrals for out of area patients were received by consultants and triaged. The patient navigator coordinated the availability/schedule. A standardised patient information request was sent to the referring dialysis unit to collate patient information, including: the dialysis prescription, blood borne virus status, access issues, and the patients' medical history.

Meeting people's individual needs

- Staff told us 20% of patients required support with connection and disconnection on the SCU, but independent in other tasks. Patients completed an observation based competency booklet which was signed by the named nurse responsible for training the patient where the patient was assessed as competent.
- Patients with limited mobility or complex medical problems were not be able to use the first floor SCU but were able to complete self-care tasks in the main dialysis unit.
- Staff told us about adjustments which could be made for someone living with learning disabilities or who were living with dementia. Patients with complex needs could have someone with them during treatment.

Dialysis Services

- If translation or interpreting services were needed, for example, for someone who was hearing impaired and used British Sign Language to communicate; or a non-English speaker, this would be arranged by the trust's accessible communications team.
 - There was a hearing loop available to assist patients who were hard of hearing.
 - Patients had access to a renal psychology service by referral from the consultant or nursing staff. We saw contact details for the service displayed on the SCU. The service specialised in helping patients to cope with their diagnosis, adjust to their kidney disease and treatment, and supported patients in "working up" to kidney transplants. The service was consensual as patients had to give their consent to be referred to the service.
 - A variety of written information was available to patients using the SCU. For example, we saw written information on how patients with diabetes could manage their condition during Ramadan.
 - Patients were encouraged to bring their own personal electronic device and or reading material. Wi-fi was available throughout the unit.
 - The unit offered disabled facilities and varying shifts to accommodate service users and their lifestyles.
 - The Mary Rankin Dialysis unit was accessible to wheelchair users. The SCU was on the first floor and had a lift to transport patients.
 - The unit also accommodated patients religious needs, for example, rooms were available for prayers and dialysis sessions could be rearranged to accommodate religious holidays and periods of fasting.
- Access and flow**
- The unit had 41 patients receiving dialysis aged between 18 and 65 years old. The unit had 12 patients over the age of 65 years. The unit did not offer dialysis to patients under 18 years old.
 - In the previous 12 months the unit had provided 8,453 dialysis sessions.
 - The renal psychology service received 407 renal psychology referrals in 2016, from the 850 dialysis patients receiving dialysis from the trust. All patients were seen within 24 hours. Patients would be seen in convenient locations and, where possible, in tandem with other clinical appointments they were attending.
 - The unit had 12 stations that provided 35 sessions per day on Monday, Wednesday and Friday. This involved morning, afternoon, and evening shifts between the hours of 7am and midnight. The unit also provided 24 sessions a day, before and after midday, from 7am to 7pm, on Tuesday, Thursday and Saturday.
 - Self-care dialysis aims to promote self-care in all activities to levels appropriate to each patient. Self-care was introduced to patients on the main dialysis ward. Patients who achieved a high level of independence on dialysis would be invited to progress to the dedicated supported self-care unit (SCU) on the first floor. The SCU aimed to provide independent patients with the advantage of a flexible dialysis schedule.
 - Following an assessment on the main dialysis unit and discussion with the patient, when a patient was identified as being suitable to attend the SCU, a referral was completed and an assessment arranged. Patients attended the SCU to have a look around and meet the staff. This gave staff the opportunity to complete the initial risk assessments and collect patient details and consent. Once the patient had agreed to attend the SCU, the trust arranged transport, if required, and ensured medical notes were available. If there was no capacity to accept the referral, the patient was placed on a waiting list.
 - Staff told us they were as flexible as far as possible to accommodate patient wishes and other commitments for the days or sessions they attended for treatment. For example patients who worked would receive an evening slot.
 - The service cancelled no planned dialysis sessions for non-clinical reasons in the 12 months before inspection.
 - All emergency admissions underwent a root cause analysis (RCA) in the multidisciplinary team meeting (MDT) to identify areas where practice for admission avoidance could be improved.
 - Staff told us patients on the SCU received a consultant appointment every three to six months. However, staff said if patients had concerns the consultant would see them outside of these appointments.
 - Staff said the consultant would make time when they were visiting the unit for patients scheduled appointments, to speak with patients on the unit that did not have an appointment. Staff said patients were monitored by the SCU staff in between consultant appointments. The consultant discussed patients' blood results on a monthly basis with staff at the unit.

Dialysis Services

Staff said if there were any concerns in between consultant appointments the nurse in charge would escalate this to the consultant and the patient would be reviewed on the consultants' next visit to the unit.

- Staff said appointments with the consultant were scheduled for the same day as the patient's dialysis sessions to prevent multiple attendances at the centre.
- Home dialysis patients were reviewed every three months. They attend the unit every six months for consultant review and an 'in unit' dialysis assessment to monitor quality and effectiveness of their treatment. They also received a home visit scheduled between these appointments every six months from the nursing staff.
- Bloods were taken monthly and reviewed by patients designated consultant.
- The level of utilisation of capacity in the service for the three months before inspection was 73%. The SCU did not have a waiting list. It was a policy to allow for additional capacity on the SCU to accommodate home haemodialysis patients in the event of machine failure or respite care for carers.
- The dialysis service had an electronic database that recorded all referred patients with a dated and prioritised waiting list within the database. There were no patients on the unit's waiting list. Referrals were prioritised on the basis of patient need and catchment area and the capacity of the referring NHS organisation.
- Referrals received from other NHS organisations for a dialysis slot were reviewed by the clinical lead and senior matron. All referrals for admission to the renal service were entered on the electronic database. The waiting list was monitored by the matron.
- There had been no clinic delays for non-clinical reasons in the previous 12 months.
- The total number of patients transferred to hospital emergency departments by the unit between July 2016 to July 2017 was 39.

Learning from complaints and concerns

- Staff told us patients who had concerns about any aspect of the service received were encouraged to contact the unit in order for their concerns to be addressed. Staff said they were encouraged to identify and address any concerns or issues raised by patients immediately.

- When a patient was transferred to the SCU, both the patient received a patient booklet that included information about the complaints policy and procedure. An explanation of how complaints could be made was given to the patient.
- The unit had a copy of the complaints policy displayed in the main reception waiting area, in addition to information leaflets about other organisations such as the Patient Advice and Liaison Service (PALS) and the Royal Free Kidney Patient Association (RFKPA).
- Where there were concerns or complaints related to the service delivered, the service encouraged transparency and openness so the service user was able to express their opinions. We saw the contact details of senior management members, who were contactable at any time, were displayed in the patient waiting area.
- The band 7 nurse was responsible for the management and resolution of local complaints. The escalation process was via the senior matron, and the divisional director of nursing was responsible for governance and risk including complaints.
- We saw complaints across the division were reviewed and formally discussed as part of monthly divisional dialysis and chronic kidney disease (CKD) service line meetings.
- The service received no formal written complaints in the 12 months prior to inspection.
- Staff told us some patients had raised issues about the frequency of appointments with the consultant. Staff said the consultant would speak to patients on the unit upon request. Staff said the consultant always asked if there were any patient concerns when they visited the unit.
- The unit manager did regular ward rounds meeting patients and carers to discuss patients care and any to give them the opportunity to raise concerns. If the nurse in charge's absence, any concerns raised with the nurse in charge were escalated, if the nurse in charge was unable to resolve immediately. Staff told us the lead nurse and senior matron regularly visited the unit and spoke with patients.
- Patients also had access to PALS and advocacy services from the RFKPA, these services were advertised on the unit.

Dialysis Services

Are dialysis services well-led?

We found the following areas of good practice:

- There was evidence that senior leaders were accessible and responsive.
- A review of the service in December 2016 had led to the local manager receiving increased support to manage the self-care unit (SCU). The unit had also introduced a lead nurse for home therapy.
- The 'speaking up' investigation update identified that work was in progress on a unit strategy and vision.
- The unit had effective systems in place to monitor risk and quality.
- The unit had a project to reduce violence and aggression in the unit.

Leadership of service

- The divisional director was appointed to their position in July 2017; prior to this the divisional director had been the head of nursing at the trust since 2014.
- The service was led by a triumvirate structure of a clinical director, operation manager and senior matron. The senior matron had extensive renal experience.
- Locally the unit was managed by a band 7 nurse in charge, supported by a lead nurse for home therapies. All senior nursing staff held a renal accredited qualification.
- Staff we spoke with told us the local leadership was approachable and supportive, but busy. Staff said local leaders would listen to staff concerns.
- In response to the 'speaking up' investigation in December 2016 the local leadership was being supported to enhance their management capability. The divisional director of nursing said this was as a result of a review of the service and the review identifying that the local manager needed increased support to manage the unit. The unit had also introduced a lead nurse for home therapy and said the local manager had found this helpful.
- The unit was a nurse led unit, supported by a renal consultant who provided clinical leadership. Staff told us the consultant was approachable and responsive when approached for advice or guidance on clinical issues.

- The trust provided education and development programmes for staff in a leadership role for example, 'license to lead'. The unit manager was undertaking the 'license to lead' programme.
- Following the 'speaking up' investigation in December 2016, the leadership team responded to the findings with an action plan which was partially implemented at the time of the inspection.

Vision and strategy for this service

- The divisional director of nursing told us there had been significant investment from the trust in rolling out the self-care strategy at the unit.
- The Royal Free London NHS Foundation Trust values were displayed on the wall of the unit next to the main entrance. These included a commitment to patients that the service would be, "positively welcoming, actively respectful, clearly communicate, visible and reassuring." The trust World Class Care Values underpinned the values and behaviours expected of all staff members, this was reflected in recruitment and appraisal processes.
- The unit also displayed the trust's mission statement which was, "to deliver world class expertise and local care." The mission statement had a set of objectives services would need to achieve in order to meet the trust's mission. Staff compliance against the trust values of were embedded within staff recruitment, appraisal, and performance measures.
- The overall strategy for dialysis patients was to promote self-care and increase home therapies with clear patient outcome measures. The service was in the process of reviewing its five year strategy plan.
- The April 2017 'speaking up' investigation update identified that a unit strategy and vision was to be agreed and shared with patients and staff. Information was also being produced to provide patients with a unit profile and information on what to expect from dialysis.
- In a recent peer review the leadership was described as 'strong and visionary'. The peer review recognised the service was also innovative and demonstrated outstanding leadership.

Governance, risk management and quality measurement

- There was a home haemodialysis governance meeting which was held every three months. All main

Dialysis Services

stakeholders attended including: the nurse in charge, lead nurse for home therapies, senior matron, consultant nephrologists, renal technicians, and operations manager.

- There was a patient transport policy and performance group meeting which consisted of a patient representative, clinical member, service users, a transport contracts manager and a member of the operations team from the transplant and immunology division. The meeting aimed to provide a communication channel between the transport service and the clinical areas for the benefit of patients using patient transport services. The group's objective was to actively understand and review the transport contract and develop better ways of working to meet patient needs.
- The unit was a nationally commissioned specialist service. The clinical director met quarterly with the London clinical directors for renal services to share and coordinate dialysis planning pan-London. NHS England (NHSE) met with the trust as part of the contracting process to review performance. The trust also completed the annual quality surveillance declaration for specialised commissioning and updated other clinical directors in London and NHSE on service delivery plans or identified gaps in services.
- There were monthly divisional dialysis and chronic kidney disease (CKD) service line meetings. We viewed minutes from the meetings from February to June 2017. The meetings discussed divisional serious incidents and themes from incident investigations. Learning from investigations was shared at the meetings. The meetings also discussed divisional audits and performance. For example, the March 2017 meeting minutes recorded a discussion of the case of MSSA at the unit and actions the unit were taking in response.
- There were lines of accountability in regards to the identification and management of risks. For example, the trust risk register contained risks which might prevent the trust from achieving the corporate objectives. This included trust-wide risks, corporate risks, divisional risks and project risks which were added to the register following review by the patient safety and risk department in conjunction with the department that owned the risk. The dialysis and chronic kidney disease (CKD) division maintained a divisional risk register containing clinical and non-clinical risks. All

unresolved divisional, directorate, specialty, and project risks would be placed on the divisional risk registers. Divisional risk registers were monitored on a quarterly basis via the divisional quality safety boards (DQSB).

Culture within the service

- We were told the organisation strived for a culture of openness, candour and honesty. Leaders were visible and approachable to service users and staff, including the senior leadership team. However, staff told us the band 7 manager was often distracted by the demands of the home dialysis service.
- In December 2016, an investigation was commissioned by the divisional director of nursing into concerns raised by a member of staff via the trust's 'speaking up' policy and procedure. The April 2017 action plan update from the investigation reported on the action plan in response to allegations concerning the culture of safety at the unit, staff ability to escalate concerns, and team working. In response the trust had completed a team effectiveness audit using the Aston tool and had used 'web of care' mapping to demonstrate how the service collaborated with other services. The unit were also implementing further training for staff in reporting and raising incidents.
- The director of nursing told us the 'speaking up' investigation was in response to allegations from a staff member who had left the service. The investigation looked at concerns in regards to: bullying and harassment, staffing, and the culture of the service. The director told us although most of the allegations had not been upheld; the investigation had identified some areas for improvement. An action plan had been drawn up in response, and was being reviewed by the divisional board in the week following our inspection.
- Staff we spoke with told us they had not experienced bullying and harassment. One staff member told us there were sometimes tensions in the unit between staff as different staff had differing opinions on what tasks should be prioritised. Staff said the manager would leave staff on the SCU to "get on with it." The staff member said this was due to the manager being aware that staff could work autonomously. Staff said the manager was, "very busy." However, managers told us there had been tensions between staff previously, but that this had been resolved as there had been changes in staff working at the unit.

Dialysis Services

- Staff we spoke with told us the unit was a good place to work and they were proud of the work they did.
- Staff had monthly team meetings which had a set agenda and incidents, complaints and updates were discussed. Incidents were also discussed at handovers.
- Following the 'speaking up' investigation in the SCU it was highlighted that staff morale was low, a team effectiveness audit was completed, along with further activities. Staff and managers told us this had led to an improvement in staff morale and team effectiveness.
- The Citizen's Advice Bureau (CAB) was a targeted service running clinics twice a month at the Mary Rankin unit and SCU. The service provided patients with advice on welfare, benefits, housing, debt and money advice, community care and charitable applications. The trust told us the service was well used and referrals could be made by any member of staff, as well as by patient self-referral.
- The patient transport policy and performance group provided a patient focused environment to develop transport policy and protocols for the trust using patient experience to inform service design and to influence continuous quality improvement. The group used patient experience to inform service design and to influence service improvements.

Public and staff engagement

- The director of nursing told us the trust had recognised a need to focus on staff experience. As a result a trust-wide staff experience initiative was due to be rolled out commencing in July 2017.
- The promotion of home therapies was a central component of the unit's strategy for improvement of service. Services were co-designed with patient and staff engagement.
- The director of nursing told us processes were in place to foster patient engagement and included patient survey's, direct access for patients to senior managers, including engagement with local, regional and national Kidney Patient Association advocates and patient representatives on quality improvement projects.
- The Royal Free Kidney Patients Association (RFKPA) met with senior clinical and operational teams every two months. There was an RFKPA patient representative for the unit. An RFKPA representative also sat on the trust transport committee.
- Findings and an action plan from a recent trust investigation into the service provided at the unit was being shared with the RFKPA.
- The unit held a, "what matters to you most?" day on 19 July 2017, where patients and their carers had the opportunity to feedback on services at the Mary Rankin Dialysis unit.
- The senior matron and the lead nurse were planning to launch a fortnightly matron's surgery for staff and patients providing them with a structured opportunity to raise concerns.

Innovation, improvement and sustainability

- The unit had an ongoing quality improvement project to reduce violence and aggression in the unit. The divisional director of nursing told us a review had identified issues at the Kidney Care Centre relating to incidents of violence and aggression. This had resulted in some staff being trained in de-escalation techniques.
- Work was in progress at the unit to produce a frailty and dependency acuity tool, which could be used to assess the level of patients frailty and dependency.
- The trust told us work was in progress to set up a matrons surgery for patients and staff to discuss what 'matters to them' and to raise any concerns or ideas for improvement.
- The Royal Free renal dialysis service has been ranked fourth world wide in academic contribution to dialysis research in 2016. This includes the MDT with nursing, psychology and dietetics pursuing academic excellence in higher degrees supported by the department and publications.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure stickers used to indicate when equipment is clean are used in accordance with the unit's infection control procedures.
- The trust should ensure patients and staff use personal protective equipment in accordance with the unit's infection, prevention and control procedures.
- The trust should ensure the labels on sharps bins being fully completed to ensure the traceability of each container and stored securely.
- Cleaning solutions should be stored and labelled in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- The fire evacuation procedures displayed on the wall should provide instructions to staff on actions staff should take in regards to patients that were attached to dialysis machines.
- Recording of patient competence should be complete and clearly document the patients' progress and level of competence.
- Managers should ensure staff are appropriately supervised and supported at all times.