

Diaverum UK Ltd - Rotherham Dialysis Unit

Quality Report

Rotherham District General 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

Rotherham Dialysis Unit is operated by Diaverum UK Ltd, an independent healthcare provider. The unit is a 'standalone' dialysis unit located within the grounds of Rotherham District General Hospital NHS Trust and commissioned by the local Sheffield Teaching Hospitals NHS Foundation Trust, to provide renal dialysis to NHS patients. The NHS trust refers patients to the unit. The service commenced in 1992 with 10 stations and increased to 20 stations in January 2009 (located in two bays and two side rooms). The service provides haemodialysis for clinically stable patients with end stage renal disease or failure.

There are on average 960 dialysis treatment sessions delivered a month. The service delivered 11,531 haemodialysis sessions in the 12 months prior to inspection. Adults aged 18 – 65 received 6,496 sessions and adults aged 65+ received 5,035 session from April 2016 to March 2017. There were 84 people in total using the service. The service provides dialysis for patients over the age of 18 years only. The unit does not provide peritoneal dialysis or services to children.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 30 May 2017, along with an unannounced visit on 12 June 2017.

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

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

Services we do not rate

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

We found the following issues that the service provider needs to improve:

- We found poor governance of policies and procedures, during the inspection we reviewed procedural guidance and policies that were past their review date and had been implemented, in some cases, up to six years ago, this included the consent for dialysis and care planning policy. In view of the range of policies that were not in date and lack of timely review inspectors could not be assured that all policies were up to date or in line with the most recent evidence or guidance available.
- We found that paper versions of care records did not reflect individual care and treatment needs of patients. Named nurses were responsible for the update of patients care plans in line with their individual needs and that care plans were reviewed at regular intervals or when the patient's condition or circumstances change. These were not consistently updated by named nurses.
- We found that paper copies of documentation which should have been in line with the electronic versions were not. The paper version of the health care record was inconsistently organised and not completed in full by nursing staff. This was not in line with professional standards for record keeping or the Diaverum policy.
- We also found inconsistent documentation and clinical practice in regards to consent of patients for dialysis treatment and care. The unit had a consent policy which was past its review date at the time.. Staff did not adhere to the unit policy for consent of patients for dialysis or best practice standards in line with the Department of Health guidance.

Summary of findings

- Staff failed to access interpreter services when patients needed them, although there was good access to this service. Staff told us they would ask family or friends to interpret. We observed this in practice during the inspection and corroborated this with review of health care records, and discussions with staff. This was particularly relevant to practice we found related to gaining informed consent from a patient in the unit for whom English was not their first language.
- There was no specific training for children's safeguarding in line with current national guidance. Provider policy did not reflect the need for children's safeguarding training in addition to the established adult safeguarding policy, training and practice. This was not included in the local risk register.
- There was no specific training for the recognition of sepsis. Clinical staff did not receive training regarding identification, assessment and management of sepsis. This was not recognised as a gap in training provision by the senior team at the time of inspection and had not been included in the local risk register.
- We found inconsistent daily checks on resuscitation trolleys in the unit, with gaps in signatories and nursing staff we spoke with could not explain the reason specific suction equipment had been recently crossed off the checklist. Resuscitation equipment checklists did not clearly state the essential equipment, that would need to be checked as per policy and best practice guidelines. Staff should have knowledge of all listed items to support their role and patient care in an emergency.
- We observed the admission 'low risk' criteria to be open to local interpretation, allowing for higher risk patients to be admitted to the unit. Inspectors observed one patient (with mental health crisis history) who clearly breached the low risk admission criteria set by the local policy. Patients needed to be 'stable' in terms of their renal care and have functioning vascular access, before being referred to the local satellite unit for on-going dialysis treatment, however this did not take into account the individual circumstances of all patients.
- The policy for duty of candour and the current grading system for harm caused by incidents did not clearly support staff to identify triggers for duty of candour. There was no detailed guidance in the policy to recognise the need to trigger duty of candour for moderate graded incidents. Staff however had triggered the regulation for serious incidents and the ethos of the duty was adopted in the unit.
- An audit programme was in place to monitor compliance against policies. We saw good results for the audit programme in a number of areas however, audit results for documentation did not reflect the findings on inspection. Policies were out of date and this did not provide inspectors with assurance that results were accurate.
- The risk register did not reflect all provider and local risks. Not all new or emerging risks had been included.
- The unit did not meet the Workforce Race Equality Standard (WRES) (2015) at the time of our inspection. This is a requirement for locations providing care to NHS patients with an income of more than £200,000 to publish data to show they monitor, assure staff equality, and have an action plan to address any data gaps in the future. This is to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

However we also found the following areas of good practice:

- We found that the unit was visibly clean, arrangements for infection prevention and control were in place and there was no incidence of infection. The environment met standards for dialysis units and equipment maintenance arrangements were robust. Staff were aware of their responsibilities in keeping the patient safe from harm. Mandatory training was completed by all staff.
- Nurse staffing levels were maintained in line with national guidance to ensure patient safety. There was use of a specialist nurse agency when required. Staff provided additional cover during peaks in activity or during staff shortage. Nursing staff had direct access to the consultant responsible for patients care.

Summary of findings

- There was a positive culture regarding reporting of incidents. Staff understood the incident reporting policy and understood the principles of the duty of candour regulation.
- Effective processes were in place for the provision of medicines. These were stored and administered in line with guidance and staff completed competencies annually to ensure they continued to administer medicines correctly.
- Effective arrangements and support from a dietitian and social worker was in place. There was effective multidisciplinary working and good collaboration with the unit consultant and the NHS trust renal team which helped support patients' treatment and positive outcomes.
- Staff were clinically competent and were proactively supported with their training and development needs and mandatory training compliance was high for the majority of required modules. Nursing staff were experienced and qualified in renal dialysis. Over 50% of nursing staff had a specialist renal qualification. One hundred percent of staff had received induction and appraisal.
- Staff followed current evidence based guidance, including National Institute of Health and Care Excellence (NICE) and The National Service Framework for Renal Services in providing care for patients.
- The unit provided a satellite local service, with flexible appointment system for patients requiring dialysis and the service contract obligations were clear to senior staff. Transport arrangements for patients were good. We observed a responsive approach to arranging appointments with the needs of the patient at the centre. Arrangements for unavoidable or emergency transfers to the NHS trust were in place.
- Patients were supported with self-care/shared care opportunities and a comprehensive patient education process was in place. Holiday dialysis for patients was arranged to provide continuity of treatment and support the wellbeing of patients.
- The unit had a corporate vision, mission and values for the service to improve the quality of life for renal patients and "to be the first choice in renal care". Staff we spoke with understood the corporate vision and values and said they had positive working relationships with the management team. The manager was described as approachable and supportive and staff and patients felt the unit was well managed.
- Employee surveys were performed annually and staff morale was good in the unit at the time of inspection. Patient satisfaction surveys showed consistent positive results and we spoke with patients who expressed high regard for the care and treatment they received from the team in the unit.

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

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

Summary of findings

Our judgements about each of the main services

Service

Dialysis Services

Rating

Summary of each main service

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

Summary of findings

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Rotherham Dialysis Unit

Services we looked at

Dialysis Services.

Summary of this inspection

Background to Diaverum UK Ltd - Rotherham Dialysis Unit

Rotherham Dialysis Unit is operated by Diaverum UK Ltd. The service opened in June 2009. It is a purpose built facility in the grounds of Rotherham District General Hospital. The service is contracted by the Sheffield Teaching Hospitals NHS Foundation Trust to provide renal dialysis to NHS patients. The unit serves the surrounding communities and gives access to treatment for patients for holiday dialysis.

The clinic has had a registered manager in post since July 2016, an experienced renal nurse who had previously been the unit deputy manager. Diaverum UK Ltd has a nominated individual and the location is registered for the following activities:

- Treatment of disease, disorder or injury.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Amanda Stanford, Head of Hospital Inspection.

Information about Diaverum UK Ltd - Rotherham Dialysis Unit

The Diaverum Dialysis Unit – Rotherham is a purpose built facility within the grounds of the Rotherham District General Hospital. It is located on the ground floor with good access. It provides treatment and care to adults only and the service runs over six days, Monday to Saturday. There are no overnight facilities. There are two or three dialysis sessions a day. The service offers three sessions on Monday, Wednesday and Friday from 6.30am until 10.30pm and two sessions on Tuesday, Thursday and Saturday from 6.30am until 5.30pm. There are a total of 84 patients currently attending the unit, with plans to increase to 88.

The dialysis unit is registered to provide the following regulated activities:

- Treatment of disease, disorder, or injury.

The unit has 20 stations in total: 18 stations (bed spaces) in the main treatment area and two isolation rooms. The building is modern and spacious in design and was extended in 2015. There was good storage, office space and treatment rooms. Access to the unit was good for patients and visitors with private and disabled parking directly outside. The main referring unit is the Sheffield Teaching Hospitals, NHS Foundation Trust. The trust

provides the renal multidisciplinary team (MDT), with a consultant nephrologist visiting the unit once a week. MDT meetings are held each month and the team review patient outcomes and blood results.

There are on average 960 dialysis treatment sessions delivered a month. The service delivered 11,531 haemodialysis sessions in the 12 months prior to inspection. Adults aged 18 – 65 received 6,496 sessions and adults aged 65+ received 5,035 sessions from April 2016 to March 2017. There were 84 people in total using the service, which had recently increased and there were plans to increase to 88. The service provides dialysis for patients over the age of 18 years only. The unit does not provide peritoneal dialysis or services to children.

During the inspection, we visited the treatment areas where dialysis took place, and the other non-clinical areas of the unit, such as the maintenance room, and water treatment area. We spoke with a range of staff including the unit manager, deputy manager, registered nurses, and dialysis assistants. We spoke directly with six patients and received 25 ‘tell us about your care’ comment cards that patients had completed prior to our inspection. During our inspection, we reviewed 15 sets of patient records.

Summary of this inspection

There were no special reviews or investigations of the unit during the 12 months before this inspection. The last CQC inspection took place in February 2013, which found that the service was meeting all of the standards of quality and safety it was inspected against.

Staffing

Diaverum Dialysis Unit – Rotherham employed eleven registered nurses, four assistant practitioners, five healthcare assistants and a receptionist. At the time of inspection the unit was managed by the unit registered manager. There were no employed medical staff. The contract included provision of services from a renal social worker and dietitian.

Activity (April 2016 to March 2017)

- In the reporting period April 2016 to March 2017, there were 80 patients treated at the unit. All of these were NHS-funded.
- In the reporting period, 49 patients were aged 18 to 65 years and 31 were over 65 years.
- There were 11,531 dialysis treatments carried out in this period, 6,496 dialysis sessions carried out for 18-65 year olds and 5,035 sessions for people over 65 years of age.
- During this period, there has been no statutory notifications to the CQC.
- There were no patients reported as being on a waiting list for treatment and there had been 14 transfers from the service to other healthcare providers in the reporting period April 2016 to March 2017.

Track record on safety

- In the reporting period April 2016 to March 2017 there were no reported never events at this unit.
- There had been four serious incidents reported and investigated at this unit in the last 12 months, three incidents were related to needle dislodgement and

one related to a serious infection. Although the unit internally considered these serious incidents, against their policy, they would not have been classified as external serious incidents (SIs) for the NHS 'Strategic Executive Information System (STEIS)'.

- There were no incidences of hospital acquired Methicillin-resistant staphylococcus aureus (MRSA), Methicillin-sensitive staphylococcus aureus (MSSA), or Escherichia-Coli infections.
- There were no complaints received by the CQC or referred to the Parliamentary Health Services Ombudsman or the Independent Healthcare Sector Complaints Adjudication Service.
- The unit had received three written complaints and one written compliment from patients.

Services accredited by a national body:

- The unit is accredited against ISO 9001 quality management system and the OHSAS18001 health and safety system and are therefore subject to regular audit and review.

Services provided at the hospital under service level agreement:

- Social worker provided by a service level agreement (SLA) with commissioning NHS trust.
- Counsellor provided by SLA with the commissioning NHS trust.
- Clinical and domestic waste SLA with local hospital.
- Laundry and linen services were provided by SLA with the local hospital.
- Planned preventative and reactive maintenance was provided by a SLA with a local and national company.
- Cleaning provided by a SLA with the local hospital.
- Security services provided by a SLA with the local hospital.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We found the following areas of good practice:

- There was a good understanding by staff of the incident reporting system. There was a low number of reported patient harm incidents in the unit. Lessons learnt from incidents were shared with the team in the unit.
- Mandatory training provision was good, well organised and all staff had attended the core elements.
- The unit was visibly clean and infection prevention and control practices were observed as good. Infection rates were low and audit results for infection prevention and control (IPC) were also consistently positive and staff were observed as compliant with aseptic non-touch technique (ANTT) practice.
- Equipment was available for patient treatment and the unit met health building notification (HBN07-01). Medicines management was in line with professional standards.
- There were systems and processes in place to manage the risk of the deteriorating patient including transfer if needed to the local NHS trust.
- Nurse staffing was good in the unit, with good patient to nurse ratios, staff retention, successful recruitment and low sickness rates.
- There was a clear business continuity plan in place to provide guidance to staff in the event of service disruption caused by an emergency.

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

- The policy for duty of candour and the current grading system for harm caused by incidents did not clearly support staff to identify triggers for duty of candour. There was no detailed guidance in the policy to recognise the need to trigger duty of candour for moderate graded incidents. Staff however had triggered the regulation for serious incidents and the ethos of the duty was adopted by staff in the unit.
- There was no specific training for the recognition of sepsis. Clinical staff did not receive training regarding identification, assessment and management of sepsis.

Summary of this inspection

- There was no specific training for children's safeguarding in line with current national guidance. The provider policy did not reflect the need for children's safeguarding in addition to the established adult safeguarding policy, training and practice.
- We found inconsistent checks on resuscitation trolleys in the unit and staff we spoke with could not explain the reason specific suction equipment had been taken off the checklist. Resuscitation equipment checklists did not clearly state the essential equipment.
- We found the health care records to be poorly organised, with inconsistent completion of paper copies and this did not support individualised care planning for patients. This was not in line with professional standards for record keeping. Named nurses did not fulfil the role requirements for update of records in the unit.
- We observed the admission 'low risk' criteria was open to local interpretation which allowed for an admission who was at higher risk, with specific mental health needs that could not be safely met by the team in the unit.

Are services effective?

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

We found the following issues that the service provider needs to improve:

- During the inspection we reviewed procedural guidance and policies that were past review date and had been implemented, in some cases, up to six years ago, this included the consent for dialysis policies. In view of the range of policies that were not in date and lack of timely review inspectors could not be assured all policies were up to date or in line with the most recent evidence or guidance available.
- We also found inconsistent practice and documentation in regards to consent of patients for dialysis treatment and care. The standards should be in line with the Department of Health guidance. The unit had a policy which was out of review date at the time of inspection.
- An audit programme was in place to monitor compliance against policies. We saw good results for the audit programme in a number of areas however, audit results for documentation did not reflect the findings on inspection. Policies were out of date and this did not provide inspectors with assurance that results were accurate.

However we also found the following areas of good practice:

Summary of this inspection

- There was effective multidisciplinary working and collaboration with the NHS trust renal team helped support patients treatment and positive outcomes.
- Activity was monitored closely for non-attendances of patients and the team worked flexibly to accommodate patients individual appointment needs. Any unavoidable transfers to the NHS trust renal unit were appropriately managed.
- There was good involvement with the dietitian in meeting the nutritional needs of the patients.
- We observed staff working with competence and confidence and the training available in the unit supported all staff to perform their role well. Nursing staff were experienced and qualified in renal dialysis and had received appraisals.
- Patient outcomes were good overall in the unit. Access to information was good for staff and patients.

Are services caring?

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

We found the following areas of good practice:

- We observed a caring and compassionate approach by the nursing staff during inspection. One patient told us that staff were 'wonderful' and 'always happy to help'.
- We received 25 "tell us about your care" comments cards and 20 of these were positive about the staff on the unit and their experience of care. Patients told us the care was excellent and very good, and that the environment was clean, and they were always treated with dignity and respect.
- Patient satisfaction survey data was consistently positive, with the unit being ranked highest against others Nationally.
- The named nurse was responsible for ensuring patients had updates about their treatment plans and blood results after the monthly MDT meeting or at any other review by consultant staff.
- Patients had access to their blood results and performance outcomes through 'patient view' and the newly developed smartphone application.

Are services responsive?

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

We found the following areas of good practice:

Summary of this inspection

- The unit provided a satellite local service, with a flexible appointment system for patients requiring dialysis. We observed a responsive approach to arranging appointments. These were arranged with the needs of the patient at the centre, taking into account their work and social commitments.
- Senior staff were committed to attending business and clinical meetings at the NHS trust to manage the achievement of contract obligations and key performance indicators.
- The unit staff had a good understanding of patient travel and waiting times. Patient transport was organised to reduce waiting times for patients before and after treatment
- Patients had access to Wi-Fi, personal televisions in each bed space and reading materials. Patients were able to bring anything in from home to help pass the time during their dialysis sessions.
- Staff supported patients with holiday dialysis services and access to this service.
- The complaints process was clear to all staff and formal complaint numbers were low.

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

- Staff failed to access interpreter services when patients needed them. We observed this in practice during inspection and corroborated this with review of health care records.
- We found that paper versions of care records did not reflect individual care and treatment needs of patients. They were not updated consistently by named nurses.

Are services well-led?

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

We found the following issues that the service provider needs to improve:

- We found poor governance of policies and procedures. Audit results for documentation did not reflect the findings on inspection. Policies were out of date and this did not provide inspectors with assurance that audit results were accurate.
- The local risk register did not reflect all provider and local risks. Not all new or emerging risks had been included.
- The unit did not meet the Workforce Race Equality Standard (WRES) (2015) at the time of our inspection.

However we also found the following areas of good practice:

Summary of this inspection

- Staff were familiar with and worked towards the organisational vision of providing the best possible care for renal patients.
- There was evidence of structured national and local leadership, with accessible and responsive managers. There were monthly governance meetings with the NHS trust.
- The centre engaged with patients and staff to make improvements to the service. Staff and patients were very positive about the service.

Detailed findings from this inspection

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

Start here...

Summary of findings

Start here...

Dialysis Services

Are dialysis services safe?

Incidents

- The unit had an effective system for recording, investigating and monitoring incidents. Processes were in place to ensure learning from incidents was shared with staff in the unit and across the organisation. There was an up to date policy and staff received training to guide them on the reporting and investigation of incidents. Staff told us they were encouraged to report incidents and there was a no blame culture when something went wrong.
- 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. During the reporting period, April 2016 to March 2017 there had been no never events reported in the unit.
- There had been four serious incidents reported during the reporting period from April 2016 to March 2017. One incident was a patient who developed a serious complication after infection and the other three incidents were reported as needle dislodgement, where the patient had come to no harm as a result. Although the unit internally considered and thoroughly investigated these serious incidents they were not externally reportable serious incidents (SIs) for the NHS 'Strategic Executive Information System (STEIS)'.
- The service told us that there were no reportable (unexpected) patient deaths in the unit in the last 12 months
- Staff we spoke with could explain the process for reporting incidents on the online intranet system and electronic clinical incident report form. Once reported, these generated an alert to the unit manager, who received all alerts of incidents reported in the unit. Managers told us that the organisational senior management team also received these alerts and undertook trends analyses. A quarterly report was generated to units.
- The unit reported 362 incidents in the reporting period in the Rotherham dialysis unit. Incidents were reported as no or low harm incidents or variances from treatment. Staff reported shortened treatment times, issues with dialysis lines and vascular access, falls, unplanned hospital transfers and any missed treatment. We reviewed incident forms with the unit manager and found them to include the relevant information to patient demographics, incident classification, descriptions, grading of incident (against Diaverum policy at the time of inspection) any injury and immediate actions taken.
- Staff we spoke with confirmed that incidents were discussed and shared locally and gave us examples of wider learning across the service. The nursing director also received alerts from serious incidents which were seen to be reviewed promptly. We reviewed a detailed root cause analysis (RCA) around a serious incident (SI) which had prompted investigation, sharing with the trust and other dialysis units.
- The unit monitored performance against patient harms, they reported against the number of pressure ulcers and falls that occurred on the unit. In the reporting period, April 2016 to March 2017 there had been three reported patient falls and no pressure ulcers on the unit.
- Under the Health and Social Care Act (Regulated Activities Regulations 2014), the duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of "certain notifiable safety incidents" and provide them with reasonable support. Staff had received duty of candour training and those we spoke with had an understanding of the regulation and valued being open and transparent with patients, offering an apology when things went wrong in healthcare and treatment.
- However, the policy for duty of candour and the current grading system for harm caused by incidents did not clearly support staff to identify triggers for duty of candour. There was no detailed guidance in the policy to recognise the need to trigger duty of candour for moderate graded incidents. Staff however had triggered the regulation for serious incidents and the ethos of the duty was adopted in the unit.

Mandatory training

Dialysis Services

- The service provided mandatory training to staff. This was delivered as classroom based modules or using online learning modules. There was a dedicated practice development nurse who worked across the region and supported all staff to complete mandatory training modules. The unit manager had oversight and responsibility for ensuring staff completed mandatory training annually.
- The unit manager maintained an electronic education log of staff completing training. The corporate target for mandatory training completion was 100% compliance. The annual mandatory training included fire safety, data protection, hand hygiene, infection prevention and control and medicines management. Staff had to complete safeguarding adults, control of substances hazardous to health (COSHH) and manual handling mandatory training every two years. The education log showed 100% compliance from 2016 to 2017 with all modules. This included basic life support and anaphylaxis training which was also 100% for 2016/17.
- Preventing Radicalisation and Extremism Training (PREVENT) and (NEWS) training had been added in 2016 as requirements for all staff compliance and work was on-going to achieve in 2017.
- Managers told us that the human resources department made additional checks of staff completion of mandatory training. Staff said the training available was very good and they felt supported to attend or access mandatory training.
- Staff in the unit had not received training for children safeguarding, as per national guidance. In addition there was no policy regarding safeguarding children. Although children were not treated at the unit and staff told us it was rare for children to attend the unit; intercollegiate guidance (2014) recommends that level 2 competence is the minimum level required for “non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers”. Some patients at the unit were parents or carers.
- There had been no safeguarding concerns or alerts raised by or against the unit in 2016/17. In the event of a concern, staff told us they would raise concerns locally with their unit manager and follow the process to refer on to the local authority. We saw contacts and flowcharts to guide staff at both nurse stations.

Cleanliness, infection control and hygiene

- We found the unit was visibly clean and tidy in all areas inspected.
- Patients we spoke with and those who had responded to the satisfaction survey were satisfied with standards of cleanliness and told us the environment was clean and staff washed their hands, which made them feel safe.
- The unit had policies and procedures that gave detailed guidance to staff on hand hygiene, personal protective equipment (PPE) and cleaning and disinfection of equipment. We observed good segregation of waste and disposal of sharps as per policy and watched staff cleaning medical devices before and after patient treatment. The unit manager was the lead for infection prevention and control and had overall responsibility for providing infection prevention and control advice. The nursing director was the organisational lead for infection prevention and control.
- Infection prevention and control audit scores showed 90% average compliance in the reporting period January 2017 to June 2017. The audit covered all aspects of IPC including buildings, maintenance of equipment, cleanliness, waste management and availability of hand washing facilities and PPE.

Safeguarding

- The Diaverum nursing director was the organisational lead for safeguarding and the unit manager was the local lead for the unit.
- The organisation had a safeguarding policy for ‘adults with care and support needs and dealing with concerns, suspicions or allegations of abuse, harm or neglect’. This advised staff on how and when to raise a safeguarding concern.
- Staff received training in adult safeguarding. We reviewed staff training records and saw that 100% of staff had received safeguarding adults training. However the unit manager had not completed level 3 children’s safeguarding.

Dialysis Services

- The unit manager, in conjunction with the practice development nurse, audited standards on an on-going basis. Hand hygiene specific audit data showed 100% compliance in the reporting period January 2017 to June 2017. Alcohol hand sanitiser was available at every dialysis station and during the inspection; we observed staff washing their hands at appropriate times. We observed the use of PPE used in accordance with local policy, to include eye protection.
- The unit reported no cases of healthcare associated methicillin-resistant staphylococcus aureus (MRSA) or methicillin-sensitive staphylococcus aureus (MSSA) in the reporting period between April 2016 and March 2017. Patients were screened for MRSA, MSSA and blood borne viruses on admission to the unit and at regular intervals. Protocols were in place to screen patients returning from holiday to high risk of infection regions for blood borne viruses, MRSA and MSSA.
- Procedures were in place to assess carriers of MRSA and blood borne virus such as hepatitis B and C. This included routine testing and screening of new and susceptible patients in line with best practice guidelines. Staff were able to describe the correct isolation requirements and actions required to mitigate the risk of cross infection. There were two isolation rooms for patients with a known or suspected infection. The isolation room did not have dedicated toilet facilities for patients as recommended in department of health building note.
- We inspected 20 pieces of equipment at the bedside, in storage and in treatment rooms including dialysis stations and suction pumps. Equipment was found to be visibly clean.
- Staff were knowledgeable about the surveillance of water systems for presence of bacteria. Staff were able to explain the procedures required to test water samples and were able to explain the procedure if a water sample came back as contaminated. The unit manager said the unit had not failed monthly water quality tests in the previous year. All water testing for the unit was carried out in line with the recommendations by the UK Renal Association and European standards for the maintenance of water quality for haemodialysis
- Staff received hand hygiene and infection prevention and control (IPC) training. Compliance rates for the unit were 100% for hand hygiene and 100% for IPC.
- All staff were trained and competent in aseptic non touch technique (ANTT). ANTT is the standard technique used for the accessing and attaching of all venous access devices regardless of whether they are peripherally or centrally inserted and is considered best practice in line with the National Institute for Health and Care Excellence (NICE). We observed good ANTT practice amongst the nurses in the unit during inspection.
- However, we observed eye protection visors in the small treatment room were not visibly clean and we reported this to the unit manager. During the unannounced inspection we noted the visors in the room were visibly clean.

Environment and equipment

- The unit was accessed via a single entrance and via an intercom system to reception as a security measure. Entrance to the main treatment area from the spacious main waiting area was via a digital lock and storerooms were kept locked. There was a receptionist in post who was based in the waiting area.
- The unit met standards for space in line with health building notification (HBN07-01) guidance. Two nurses stations allowed visibility of all patients during dialysis and privacy screens were available when required. Patients had enough space for privacy but were also able to be social with others in nearby stations. The unit had natural light and appeared warm and welcoming for patients and visitors on the day of inspection. There were 20 dialysis stations in total across two separate areas and two isolation rooms with large comfortable chairs that were observed as being in good condition.
- Maintenance of dialysis machines, chairs and other clinical equipment such as patient thermometers, blood pressure monitors and patient scales were scheduled and monitored using a maintenance and calibration policy. Quarterly audits were carried out to ensure equipment was maintained correctly. Annual

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electrical testing was also part of the planned preventative maintenance schedule. The organisational operations director was responsible for ensuring the schedule was in place.

- There were 24 dialysis machines in total. There was a plan for equipment replacement in 2018 and staff and one patient we spoke with recognised that the dialysis machines were approaching the recommended Renal Association end of service period of seven years to ten years' service and 25,000 to 40,000 hours of use for haemodialysis. Two dialysis machines were awaiting parts for repair by technicians and had been allocated as out of order. Two dialysis machines were primed and ready for use as back up for equipment failure. The systems were in place for assessment of machine condition pending replacement.
- Staff we spoke with could explain the process for reporting faulty medical devices. An external team provided planned and reactive maintenance. Staff we spoke with knew how to log a call with the company regarding any facilities issues.
- There were two resuscitation trolleys in the unit. There were three gaps in the checklist signatory which was observed as evidence of daily staff checking stock levels and expiry dates of single use items and function of essential equipment, such as automated external defibrillator (AED) and a suction system. These pieces of equipment had been checked as part of the maintenance programme. Oxygen was available and stored safely.
- We observed that endotracheal suction catheters had been recently crossed off (in pen) the resuscitation trolley checklist, after a period of being out of stock. Nurses we spoke with could not explain why they were no longer a stock item. The practice development nurse gave a good rationale for the safe removal however it was not clear if this was a change in local policy or in line with best practice for dialysis units. Nursing staff could not clearly explain if the equipment was needed for patient care and treatment in an emergency or not.
- Staff we spoke with said there were adequate stocks of equipment and we saw evidence of stock rotation. All single use items such as dialysis sets were in date and stock levels were good.

- During inspection we observed staff responding to the alarms generated by safety limits on the dialysis machines. There was no evidence or incidence to suggest that alarms were overridden by staff or patients. This supported the detection of problems with treatment early, to include the detection of dislodged needles to reduce the risk of significant blood loss.

Medicine Management

- We observed staff administering medicines in line with Nursing and Midwifery Council (NMC) standards for medicines management. This included appropriate checks of patient identification, not leaving medicines unattended and confirming all prescriptions were administered during dialysis with a second nurse or dialysis assistant as per policy.
- Medicines, including intravenous fluids were stored securely. Controlled drugs were not stored within Diaverum Dialysis Ltd – Rotherham. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs.
- There was a detailed medicines management policy. There was monthly audit of storage and daily checks of prescription performed by senior staff. We did not see audit of medicine management clinical practice to provide assurance that standards of practice were monitored or reviewed by pharmacy or senior staff.
- Staff at the unit administered individually prescribed medicines. Patient group directions (PGDs) were not used at this unit. A PGD allows some registered health professionals (such as nurses) to give specified medicines (such as painkillers) to a predetermined group of patients without them seeing a doctor.
- The unit manager had lead responsibility for medicines management. The nurse in charge, who was always an experienced nurse, was the key holder for the medicines cabinet on a day-to-day basis. A secure system for transportation of medicines was in place. There was a nominated renal pharmacist employed by the trust and staff could contact them by telephone and email.
- A transport company was subcontracted by the referring trust to deliver medicines. Systems and

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records were in place for registered nurses to receive and cross check the medicines against the order form. The medicine storage was secure. Delivery notes were checked and signed and kept on file by nursing staff.

- There were a small number of medicines routinely used for dialysis, such as anti-coagulation and intravenous fluids. The unit also had a small stock of regular medicines such as EPO (erythropoietin – a subcutaneous injection required by renal patients to help with red blood cell production). Stock medicine was ordered from the local NHS trust.
- Training was provided to staff on medicines management including safe administration of intravenous medicines. Annual updates and competency assessments were undertaken. Training compliance was at 100%.
- Pharmacy support was available from a nominated renal pharmacist at the local NHS trust pharmacy for advice and guidance.
- The patients consultant prescribed all medicine required for dialysis. Staff we spoke with said that there was regular review and good access to the consultant for prescription changes. Therefore, there was minimal need to access out of hours support. However, nursing staff could contact the on call renal doctor at the local trust for any urgent prescription changes or advice.
- Medicines were stored in a locked clean utility room; all cupboards containing medicine were locked. We did not observe any medicines unattended during our visit. Emergency medicines were readily available and found to be stored correctly and in date.
- Medicines requiring refrigeration were stored in a locked fridge. The fridge and room temperature was checked daily and staff were aware of how to record minimum and maximum temperature, the significance of this and the action to take if the temperature recorded was not within the appropriate range. Records we reviewed corroborated this.
- We looked at the prescription and medicine administration records for six patients on the unit. These records were fully completed and were clear

and legible. A quarterly audit of prescription cards, as part of the documentation audit showed that these were 100% compliant with all criteria in the three month timescale from January 2017 to March 2017.

Records

- Diaverum had information governance policies, which guided staff on record keeping and management, however these had not been reviewed for some time or were out of review date at the time of inspection. These policies were in place to promote a consistent approach to record keeping.
- Diaverum had an electronic patient information management system. Patients' healthcare records were stored in both paper and electronic formats. Staff also used the local NHS Trust clinical database system to record daily treatment data. Communication with the patients' General Practitioner (GP) was direct from the renal consultant. Any changes following the multidisciplinary meeting each month were also sent to the patients GP.
- We reviewed 11 complete sets of paper and electronic patient records. We observed good daily nursing updates of treatment to include observations made pre, middle and post dialysis as well as entries made for any variances during the period of dialysis. These entries were made at appropriate times in relation to the patient pathway in both the paper and electronic version of the care record.
- Inspectors found the senior nursing staff performed documentation audits, on a monthly basis, and that these monitored handwriting legibility, signatures of staff, clear signing for prescriptions, and measures for staff around updating patient details and care plans. Compliance in the audit was noted to be good in 2017 with 100%. However we found the following examples of poor record keeping during the announced and unannounced inspection;
 - lack of signatories and dates against entries,
 - patient demographics and next of kin information,
 - the named nurse not easily identifiable,
 - there were inconsistent copies of admission assessment and,

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- gaps in risk assessments such as pressure sore risk assessment nutritional needs assessment.
- The documentation folder kept at each patients station during treatment included a paper assessment and treatment care planning system and an organised checklist of sections for staff to update in order to have accurate information about each patient, and provide a guide to assessment and treatment. The sections were organised under headings as follows; dialysis treatment record, care pathway, individual plans and evaluations (compliance), medicines, patient risk assessment, consents to treatment, including screening, refusal and ongoing consent forms.
- In all 11 care records reviewed by inspectors we noted gaps across each of the headings and inconsistencies that would not be in line with professional NMC standards for record keeping or consistent with of the high standards reported as part of the recent unit documentation audit results.
- We also noted that individual care plans for specific individual patient needs were also inconsistent and lacked any detail, i.e. patients with diabetes, sight impairment, respiratory conditions who required oxygen therapy, patients with mental health needs, patients with pressure ulcers currently receiving treatment in the community setting but attending three times a week for dialysis, did not have individualised plans of care.
- The findings on inspection were fed back to the unit manager and regional lead nurse, across the announced and unannounced visit. The regional lead nurse reported that a review of documentation and care plans was planned in 2017.

Assessing and responding to patient risk

- All patients referred into the service were initially assessed by the referring NHS trust's renal team. As per admission policy only clinically stable patients were dialysed on the unit. If someone was acutely ill with renal problems, they were treated at a main NHS hospital.
- Patients weighed themselves before treatment began on electronic walk- on weighing scales. This was to

establish any excessive fluid, which had built up in between treatments. They informed the nurse or dialysis assistant of this weight prior to commencing treatment.

- We observed staff administering care, treatment and medicines in line with Nursing and Midwifery Council (NMC) standards for patient identification verbally confirming name, date of birth with patients, checking against care records and machine card systems. Staff had a good knowledge of patients and could identify most patients through regular the contact they had. We observed good practice and staff making appropriate checks to ensure identity was confirmed prior and during dialysis.
- Staff carried out patient observations of vital signs such as blood pressure and pulse before, during and after dialysis treatment. Temperature was recorded routinely when patients received dialysis through an intravenous line, pre, mid and post treatment.
- All staff were trained in basic life support (BLS). There was a unit policy in place for the emergency management of cardiopulmonary resuscitation.
- The staff we spoke with had recently undertaken National Early Warning Score (NEWS) training. The organisation had only recently made NEWS training available for staff and at the time of the inspection, 50% of registered staff had accessed the online training module.
- We observed the local trust NEWS tool on display in the unit. Staff told us that the did not record NEWS routinely as part of observations but only when patients had already deteriorated and required medical transfer to the NHS trust. The score was used as a baseline for the trust but this indicated that staff did not understand the rationale for using NEWS to recognise the deteriorating patient t. However, nursing staff we spoke with were experienced and able to articulate the clinical condition of a deteriorating patient. Staff could describe how they would escalate concerns and access paramedic services for deteriorating patients.
- There was no sepsis toolkit or pathway in use at the unit. This was not in line with the National Institute for Health and Care Excellence (NICE) guideline (NG51) for recognition, diagnosis, or early management of sepsis.

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(Sepsis is a life-threatening illness caused by the body's response to an infection). The unit had a pyrexia pathway and displayed a NHS trust poster on sepsis recognition with NICE guidance on resuscitation trolleys. Staff we spoke with had not received specific training on sepsis. However, staff were able to describe what would happen if a patient deteriorated and could describe signs and symptoms of infection.

- There was an agreement with the local NHS trust that patients, who became ill whilst in the unit, would be transferred to the hospital. Patients were transferred through 999 calls to the local ambulance service. There were 14 patient transfers to another healthcare provider in the 12-month reporting period from April 2016 to March 2017.
- We observed staff monitoring alarms on equipment in the unit. Staff we spoke with were knowledgeable about equipment and setting alarm parameters. We did not see evidence of patients being able to alter alarms during inspection.
- We reviewed 11 care records and found documentation of risk assessment for falls, pressure ulcers, and nutritional assessment to be inconsistent in paper entries.
- Staff explained the risks of refusing dialysis treatment to patients, if patients opted not to complete their prescribed dialysis staff then asked them to sign a form to say this had been discussed and they understood the risks. We observed this in the health care record of one patient.
- However, we had concerns about the strict application of the provider 'low risk' admission policy. This was based on observations of a patient with previous and recent history of mental health crisis. We questioned staff and found gaps in assessment for the nursing support needed for the patient and lack of individualised planning of care. We escalated this on the day of announced inspection and senior staff made prompt arrangements for the patient to have on-going care and treatment in the NHS renal unit. We expressed concern at the time of inspection, and could not be assured that the policy was consistently adhered to.

Staffing

- Rotherham dialysis unit was a nurse-led service with patients remaining under the clinical supervision of the renal consultants from the local NHS trust. The renal consultant visited the unit on a weekly basis to adjust and sign prescriptions and to see patients who needed a consultation.
- The dialysis unit employed eleven (10.7 whole time equivalent (wte) registered nurses (RN), four dialysis assistants (DA) (3.4 wte), five healthcare assistants (HCA) (4.1 wte) and a full-time secretary. There were no RN vacancies at the unit.
- In the previous 12 months to inspection, staff said that four registered nurses had left however four new RN staff had been appointed. Two renal assistants had left the service during the same reporting period and had been replaced with the addition of one assistant practitioner as a new appointment.
- The unit worked to a predetermined patient to staff ratio as defined by the trust contract and in line with renal association guidance. This meant one nurse looked after up to four patients on dialysis. Managers told us there was always a minimum of five RNs on duty and that skill mix was usually around 67% registered nurses to 33% dialysis assistants. We reviewed three months of staffing rotas, which confirmed planned staffing levels and ratios were achieved.
- There were very low levels of sickness at the unit in the three months before our inspection. (RN 0.4%, DA 0.9% and HCA 0.8%)
- The unit senior team ensured compliance with staffing ratios through the application of a rota system. The unit manager completed these in advance. Staff we spoke with did not raise any concerns over their duty rotas.
- The unit manager reviewed duty rotas on a daily basis to assess staffing levels based on the actual number of patients attending for dialysis and any unexpected staff shortages. When staff shortages were identified action was taken including rearranging shifts with the cooperation of unit staff. Where staffing levels could not be maintained the unit used staff from a renal agency. The unit did have 12 shifts covered by bank staff, who were known to the unit in the three months before our inspection.

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- The unit did not directly employ any medical staff. Consultants were contactable via telephone, e-mail, through the consultant's secretary or hospital pager. Out of hours, the on call consultant covering the trust dialysis unit could be contacted via the hospital switchboard. All unit staff, we spoke with, were aware of how to contact a patient's consultant.
- The unit employed a full time secretary.

Major incident awareness and training

- The unit had a business continuity plan, this plan included plans for IT, water, heating, power failure and staffing shortages. Once the plan was activated, an internal alert was sent to members of the senior management team. This information was also shared with the referring trust. All staff we spoke with were aware of this plan, and there was a requirement within it for training and site evacuation drills.
- Patients records we reviewed had personal emergency evacuation plans applicable to patients whilst on and off dialysis. This included specific reference to their mobility needs during evacuation. We noted that staff updated these plans on a regular basis.
- We saw evidence of provision of emergency equipment in the unit for example firefighting equipment.

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

Evidence-based care and treatment

- We saw that a range of policies and procedures were developed in line with guidance and standards from the UK Renal Association. Policies were stored on the shared drive and staff we spoke with told us that they were able to access them. However during the inspection we reviewed procedural guidance and policies that were past review date and had been implemented, in some cases up to 6 years ago, this included the consent for dialysis policies (407.1 and 407.2) and care planning policy (325).
- Policies submitted to the Care Quality Commission prior to inspection were also found to have been implemented in some cases up to six years previous and not reviewed. For example,

- Policy (502): Management of serious medical incidents: Issued 12/2015. Review date 12/2016.
- Internal Audit Procedural (230.01). Issued 2014. Review date 2018.
- Policy (QUC102) Risk Policy: Issued 04/2015. Review date 12/2016.
- Policy (Gov104) Clinical Governance Process. Implemented:12/2009. Review date 12/2011.
- Policy (325) Care plan process: Issued 12/2015. Review date 12/2015

- Services, care and treatment were delivered and clinical outcomes monitored in line with and against the Renal Association Standards, National Institute for Health and Care Excellence (NICE) and the referring trust's requirements. The Renal Association is the professional body for United Kingdom (UK) nephrologists (renal physicians, or kidney doctors) and renal scientists in the UK. However, in view of the range of policies that were not in date and lack of timely review inspectors could not be assured that all policies were up to date or in line with the most recent guidance available.
- Renal Association guidelines were followed for the management of 'life-threatening' haemorrhage from arteriovenous fistula (AV) and AV grafts. An AV fistula is an abnormal connection or passageway between an artery and a vein. An AV graft consists of synthetic tube implanted under the skin, connecting between the artery and the vein, and providing needle placement access for dialysis. We saw examples of nurses discussing care of the fistula with patients.
- We observed entries in the patient care record where discussions had taken place with the patient regarding the risks associated to care of the AV fistula. Patients came to the unit with fistulas for vascular access already created at the local NHS trust. The staff monitored the patients' vascular access or fistula site in line with the NICE quality standards. At the time of this inspection, 78% of patients had an arteriovenous fistula. This was in line with Renal Association guidance of over 70%.

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- The nursing team spoke with us about the expectations to work in line with the UK Renal Association Standards to achieve dialysis quality outcomes and we saw KPI's against standards.
- The unit used an International Standards Organisation (ISO) accredited Integrated Management System (9001) to ensure all policies and procedures supported best practice evidence. However, this system did not provide assurance that policies and procedural guidance available to staff were in date or in line with best practice.
- Individual care pathways and treatment prescriptions were available for staff to access to and these did guide and direct care and treatment for dialysis patients. These were based on the most up to date or relevant national guidance. We saw evidence of pathways and care plans that were not completed thoroughly or consistently.
- We observed that staff followed best practice guidelines when connecting and disconnecting patients' lines from the dialysis machines. Staff flushed the needles with saline before connecting to the dialysis machine and we saw no air was in the needles during cannulation.
- The unit participated in a range of clinical audits for infection prevention and control, medicine management and records management.

Pain relief

- Nursing staff assessed and managed patients' pain appropriately. We observed nursing staff talking to patients about their comfort and if they had any pain. Patients were offered pain relief, prior to dialysis.
- Patients we spoke with said they were offered pain relief if required and staff checked that pain relief administered had been effective. An assessment of pain score was noted in most of the care records we reviewed. We observed staff supporting patients' comfort with additional pillows and adjustment of reclining chairs.

Nutrition and hydration

- Patients who have renal failure require a strict diet and fluid restriction to maintain a healthy lifestyle. The dietitian reviewed all patients routinely as part of multidisciplinary team (MDT) care and review and visited the unit twice a week.
- Patients were advised on their fluid intake. Patients had monthly discussions with their named nurse on hydration and nutrition. We reviewed paper care records and found nutritional assessment for patients had not been recorded in all cases.
- Staff supported patients to bring their own food and drinks in during treatment. During the inspection we saw staff offer patients regular drinks, biscuits and sandwiches.

Patient outcomes

- The unit participated in the UK Renal Registry through the referring NHS trust. The UK Renal Registry is a resource for the development of patient care in renal disease. It provides a focus for the collection and analysis of standardised data relating to the incidence, clinical management and outcome of renal disease.
- The unit did not directly submit data to the UK Renal Registry; the data from the unit was combined with the NHS trust data and submitted as one data set. This data set included patients under the direct care and supervision of the trust i.e. it would not include for example those patients undergoing dialysis away from either the trust or the unit. Due to the inclusion with other units, the unit was not able to benchmark the effectiveness of the service against other providers.
- Clinical outcomes for renal patients on dialysis can be measured by the results of their blood tests. The unit manager and consultants held monthly meetings to monitor patient outcomes. The multi-disciplinary team (MDT) reviewed patients' results and changes to care, treatment plans and prescriptions were made. The unit measured treatment adequacy, infection prevention data and vascular access to ensure that patients were receiving optimum treatment. This information was also used to measure performance in the unit. Action plans were developed where the results fell outside of the anticipated range.

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- The unit undertook a monthly needle taping (securing of dialysis access) audit and results over the period January 2017 to June 2017 showed consistent adherence to procedure with 100% compliance.
- NICE quality standards (QS72- standard 6) indicate that adults using transport services to attend for 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 unit level to ensure the standard is being met. The unit also had key performance indicators for the service. Audits we reviewed showed the compliance was 100% in the three months prior to inspection for collection of patients to the unit. The unit manager informally monitored any delays caused for the journey home. There were very few (two) complaints from patients about the transport service in either satisfaction surveys for 2 years previous or the inspection findings.
- Clinical patient outcome results were available for the unit however; the unit manager told us they were not able to benchmark their unit's results or performance against other National units.
- The unit measured the urea reduction ratio (URR) post dialysis; renal association guidelines indicate a target of 65%. The average URR for the patients at the unit January to June 2017 ranged between 81% and 90%. Patients with these levels of waste reduction through dialysis have better outcomes and improved survival rates.
- A standard which we reviewed was the rate of blood which passed through the dialysis over time, related to the volume of water in the patients' body (expressed as $\text{eKt/V} \geq 1.2\text{h}$). We saw that between January to June 2017 this was measured as an average of 66.3%.
- Potassium levels in the blood were also monitored as part of the renal association standard as abnormal levels can be life threatening. From January to June 2017, 80% to 86% of patients had potassium levels within normal range. (3.5- 5.5) mmol/l)
- We also looked at the standards indicating patients' haemoglobin (Hb) was at appropriate levels. Anaemia can be a complication of renal failure and dialysis associated complication, with increased risks of mortality and cardiac complications. From January to June 2017, the average number of patients with the NICE recommended target of Hb (100-120 g/l) ranged between 60% and 65%. Where patients had low levels they were given injections of a stimulating agent to help their body produce more red blood cells.
- Effective weekly treatment time was recorded; records we reviewed showed that on average 72.4% of patients were dialysed for the prescribed four hours treatment time. This was better than the minimum standard of 70%.
- **Competent staff**
 - Staff had the skills, knowledge and experience to deliver effective care and treatment.
 - There was a comprehensive training programme available for staff. Registered nurses and dialysis assistants were required to complete a series of mandatory clinical competencies, to support their role and responsibilities. Staff said they felt they were experienced and were competent to carry out their role.
 - At the time of inspection 100% of the unit staff had received an appraisal and all registered nurses had their professional Nursing and Midwifery Council (NMC) registration checked by the unit manager. All staff we spoke with said they had received an appraisal in the last year and thought these had been beneficial. Nurses we spoke with said that they had been supported through the revalidation process, this supports nurses to give evidence that their skills are up to date and they remain fit to practice.
 - The senior management team were committed to the development of competent staff and staff had access to a regional professional nurse (practice development nurse) with specific responsibility for training. Staff all had a personal education record, which showed training requirements and training achievements. Records showed that the staff had undertaken the training required for their roles.
 - A senior member of staff usually the unit manager, deputy or practice development nurse signed off staff as competent. We saw evidence that staff had undertaken an induction into their clinical area

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including emergency procedures. The unit used competence assessments during their probationary period and records we reviewed showed that staff had been signed off by senior staff.

- New starters had a supernumerary period and period of probation and supervised practice; this was for a period of approximately eight to 12 weeks. Staff we spoke with corroborated this. During this time, staff had a number of competencies to complete. Staff we spoke with said that supernumerary periods could be altered and increased if the member of staff or the mentor felt that this period needed to be longer. Newly qualified staff had a period of preceptorship following employment. During this period, staff were to complete specific competencies for example administration of medicine and included use of resuscitation equipment.
- New nursing staff undertook a basic dialysis programme, which covered areas such as the dialysis machine and handling of equipment. For registered nurses training was also included for fistula cannulation.
- There were six qualified nurses with additional renal qualifications with an additional two planning to attend.
- Staff told us that the substantive nurse in charge completed induction and assessed competency packages with all temporary, bank or agency staff. This included haemodialysis, drug calculations and IV competencies
- Dialysis assistants were given training and competency assessed to enable them to administer Tinzaparin injections (this medicine prevents patients developing blood clots or thrombosis). This followed company guidance and was intended to highlight training and development needs to discuss in annual appraisals.
- We reviewed six personnel files and noted good compliance with recording of training undertaken and competence assessments.

- The unit used a talent management matrix to identify staff with potential for development and areas of interest or expertise. This facilitated retention of talented staff and supported those looking for development opportunities.

Multidisciplinary working

- We observed good communication and support between members of the team. Nursing staff and patients described good working relationships amongst all staff involved in care and treatment, including clinical and ancillary staff and transport services.
- Monthly multidisciplinary (MDT) meetings were held where all patients' blood results were reviewed, progress and general condition was discussed. The named nurses and dietitian discussed outcomes and changes with all patients. MDT meetings were held in the commissioning NHS trust and included attendance from dietitians, the renal social worker and the unit manager as well as members of the medical and nursing teams. Any changes in treatment were communicated through the electronic patient information system with the patients GP.
- Staff were made aware of changes for patients in their care, following the MDT. Written information was also provided as standard to ensure the patient had an ongoing record of their treatment outcomes. Patients we spoke with were clear about their treatment plans.
- Staff told us there were good working relationships with the NHS trust, visiting consultants and other trust staff such as the vascular access team, dieticians and social worker.
- Vascular nurse specialists from the parent NHS hospital attended the unit to provide clinical expertise and review patients if needed.
- Dietitians attended the unit on a monthly basis and staff referred patients to the renal social worker as needed.

Access to information

- Staff said they had all the relevant information they required to look after patients safely.

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- The team used a handover sheet, this contained appropriate information about patients that needed sharing. For example dressing changes, current chest infection, issues with equipment or current staffing levels.
- Staff had good access to computer workstations at the nurses stations in the unit.
- We saw the unit had a process in place to share information for patients going to other units for holidays or for acute care and vice versa.

Consent, Mental Capacity Act and Deprivation of Liberty

- Diaverum have policy documents (Gaining Patient Consent for Dialysis Treatment 407.2 and Patient Consent 407.01) to support staff in the informed consent of patients receiving dialysis in the unit. Copies of the procedure documents were submitted prior to inspection and had not been reviewed for five years or longer. During inspection inspectors found issues with consent that were in breach with local policy and Department of Health best practice as follows:
 - consent was inconsistently reviewed by staff, for example consent care plans, including annual reviews were not always complete in the paper health care record as per policy,
 - there were different levels of understanding of 'implied consent' by staff in the unit and what was required to be documented as per the local policy.
 - consent for treatment was considered the responsibility of the trust where dialysis treatment would have been initiated, however there was no mechanism for checking that this had been documented by either the consultant nephrologist or NHS trust pre-assessment nursing team.
- In addition to these finding in the documentation, inspectors observed a patient whose first language was not English and who also had visual impairment. The nursing staff could not provide evidence that informed consent had been obtained prior to treatment in the unit. No interpreter or support for communication had been arranged to ensure the patient had fully understood the plan of care and treatment in the satellite unit. We were not able to review the NHS consent and there was no written consent evident in the health care record. This was escalated to the nurse and senior team.
- During the inspection we received an update around arrangements for the patient. An interpreter had been arranged for the patient with regular visits to ensure understanding of treatment and care plans and conversations with the team. We reviewed documentation and that had been updated. The consultant nephrologist had responded to the unit manager with the details of the trust process. Copies of the procedure documents were reviewed and it was clear that this incident was in breach of the policy (Gaining Patient Consent for Dialysis Treatment 407.2 and Patient Consent 407.01) and Department of Health guidance for consent.
- We reviewed consent forms in 11 patient files. We found the consent policy to be inconsistently applied in all cases, in three cases we could not find any written consent. In other cases we found lack of consent if the patient had been screened for infection, (as per policy). We did not see consistent 'initialling' by the patient after any changes to consent or treatment. The annual review consent form was also not updated consistently. We did however observe nurses seeking verbal consent prior to undertaking care and treatment.
- Staff we spoke with had a limited understanding of Deprivation of Liberty Safeguards (DoLS) despite this having been completed under Mental Capacity Act training, which had been attended by all staff. The lack of experience in practice did not allow for staff to discuss in any detail.
- In view of gaps in the health care records and based on discussion with staff we were not assured that staff were in a knowledgeable position to escalate any concerns if patients level of capacity changed. Staff told us that assessments and best interest decisions would be made at the trust as patients lacking capacity would not be treated in the unit.

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Are dialysis services caring?

Compassionate care

- We observed a caring and compassionate approach by the nursing staff during inspection.
 - Patients had access to a nurse call system and staff were careful to place the handset to the side not connected to the dialysis machine, this ensured patients were able to call for help if they required. During the inspection, we saw that staff answered patients' needs promptly, including alarms on dialysis machines. The staff assisted patients with warmth and compassion and gave reassurance where needed.
 - The privacy and dignity of patients was prioritised. The curtain and screen system and space around the bed spaces was more than was needed to ensure conversations were not overheard and patients had privacy. Staff we spoke with told us of examples of using the quiet rooms to discuss sensitive information with patients.
 - We spoke with six patients who were positive about the care and treatment in the unit and talked about good relationships with the staff. A new patient told us that they had been made to feel very welcome by nurses in the unit. One patient told us that staff were 'wonderful' and 'always happy to help'. Comments about the care from nursing staff were positive. We received some negative feedback from patients around the availability to see consultant staff especially for patient who were on a twilight session, specific requests were said to have not been actioned. One patient told us that they had not been reviewed by the consultant for over a year.
 - We observed that the patients comfort was prioritised and use of additional mattresses on beds and adjustable reclining bed controls were used to advantage, whilst patients either slept or watched television during treatment. We observed staff checking with patients during dialysis that they were comfortable.
 - Staff made efforts to keep noise levels low, respected the patients privacy and gave additional pillows where needed.
- We received 25 "tell us about your care" comments cards and these were mostly (20) positive about the staff on the unit and their experience of care. Patients told us the care was excellent and very good, that the environment was clean, and they were always treated with dignity and respect. One patient told us that 'the staff are always responsive and caring and go out of the way to help.' Another patient expressed that the unit was 100% in every way.
 - Five of the 25 responses from the comment cards had mixed positive and negative feedback to include, temperature of the unit, access to consultant staff, one nurse staffing issue as an observation during one shift, and two comments specifically around an individual nurses attitude that was escalated to the unit manager.
 - The latest patient survey was undertaken in October 2016. Key questions were regarding trust in the unit team, involvement, understanding of diet, waiting time before treatment, care and would patients recommend the unit. The overall score indicated that the unit was ranked the highest performing out of 15 Diaverum units with an overall score of 98 out of a possible 100.
 - Staff we spoke with understood the impact that chronic renal failure and dialysis treatment had on patients' personal life and their family.
 - Staff told us they used a consultation room or the quiet room, to have confidential discussions with patients about their care.

Understanding and involvement of patients and those close to them

- We observed the use of a named nurse approach, which had been recently implemented and had set criteria for nurses to follow as part of the role. Nurses had a caseload of patients and built relationships over a long period of time. This fostered familiar yet professional communication between patients and staff in the unit. The named nurse was responsible for ensuring patients had updates about their treatment plans and blood results after the monthly MDT meeting or at any other review by consultant staff.

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- Patients we spoke with told us that they were involved in their care decisions. This included discussion of the risks and benefits of treatment. Patients did not give any negative feedback around care and treatment plans.
- On the day of inspection, we saw that the unit manager and deputy manager were visible in the unit. Relatives and patients were able to speak with the senior nursing staff if required.
- Staff we spoke with also said that they engaged regularly with their patients keeping them informed about their care, involving them and their families in decisions and ensuring that they have the opportunity to participate in their own care.
- Patients had access to their blood results and performance outcomes through 'patient view' and the newly developed smartphone application.

Emotional support

- Patients and those close to them received the support they needed to cope emotionally with their care, treatment and condition.
- Staff we spoke with said that as many of their patients attend the unit over a long period of time, staff built up a good relationship with the patients and they got to know patients very well and understood any changes in the patients emotional, social, cultural, spiritual, psychological and physical state.
- Staff we spoke with could explain the process to commence end of life care planning for renal patients, and how they would support patients at this time. However, they did not refer to the 'End of life care in advanced kidney disease framework'. Staff were planning to attend the Sage and Thyme foundation training, which is recognised training course for staff to improve listening and communication skills, used widely in cancer and Macmillan services.
- Patients told us they felt the atmosphere in the unit was friendly and happy and feedback was positive about the emotional support provided by nursing staff.
- We saw information was available for patients regarding accessing support groups and advocacy services.

- Patients had access to psychological support through a renal counselling service.

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

Meeting the needs of local people

- There had been a renal dialysis service in the Rotherham unit since 1992 serving people in the local communities. Diaverum UK's current contract was commissioned by the NHS in 2009 and services expanded to include 20 stations in January 2009. Patients were referred for haemodialysis treatment from the local NHS trust.
- We saw acceptance criteria for referrals in place as per policy however we observed one patient (with mental health crisis history) who reached that low risk admission criteria set by the local policy. Patients needed to be 'stable' in terms of their renal care and have functioning vascular access, before being referred to the local satellite unit for on-going dialysis treatment. The trust and local commissioning group defined the scope and specification of the service which incorporated the local needs of the clinic.
- Patients in the area travelled to the dialysis unit a minimum of three times a week. The service contracted a transport provider for patients travelling to the clinic.
- Senior unit staff attended business meetings at the commissioning NHS trust to review the service and ensure that key performance indicators were being met. The unit reported progress in delivering the service against the defined requirements in their monthly contract meeting, which reviewed key performance indicators and quality outcomes.
- The service offered different dialysis sessions to meet individual needs and was currently planning to extend sessions to additional patients with recruitment of nursing staff underway. Dialysis sessions were available six days a week from 6.30am to 5.30pm for three days, Tuesday, Thursday and Saturday and a third session was offered as a 'twilight' until 10.15pm

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on Mondays, Wednesdays and Fridays. Appointment bookings took into consideration the working, cultural and family responsibility needs of the patients currently receiving treatment at the unit.

- Staff and patient's told us of times when session's would be changed to accommodate a patient's individual circumstances.

Access and flow

- Patients could access care and treatment in a timely way. In the reporting period from April 2016 to March 2017, there were 80 patients treated at the unit, all of these were NHS-funded. There had been an increase in patient numbers attending the unit at the time of inspection to 84 with further plans to increase to 88.
- There were on average 960 dialysis treatment sessions delivered a month. The service delivered 11,531 haemodialysis sessions in the 12 months prior to inspection. Adults aged 18 – 65 received 6,496 sessions and adults aged 65+ received 5,035 sessions during April 2016 to March 2017. There were 84 people in total using the service.
- Referrals for admission came from the consultant nephrology team at the commissioning NHS trust. Admissions were arranged directly between the referring team and the unit manager or deputy. Patients needed to meet acceptance criteria to have dialysis at the satellite unit, we observed an example where this had not been applied during inspection.
- The utilisation of capacity in the unit in the three month reporting period was reported as follows: December 92.5%, January 92.5% and February 95.2% and so it had limited spaces to accommodate for holiday treatment sessions for people staying in the local area.
- The unit had not cancelled or delayed any dialysis sessions for non-clinical reasons in the 12 months prior to the inspection.
- There was no waiting list for treatment at the unit and staff we spoke with said that this was consistent, although new patients had been recently added to admit to the unit.
- The unit used an appointment system, which staff said ensured structure, timeliness and minimises delays as

far as possible. The unit offered a flexible approach to the patient's dialysis sessions changing dialysis days or times as far as possible to accommodate external commitments and appointments or social events the patients may have. Sometimes this may necessitate a dialysis session being relocated to the referring hospital.

- The unit operated a staggered appointment time system across each session and we noted that patients were very satisfied, with no concern expressed around delays to treatment or transport arrangements.

Service planning and delivery to meet the needs of individual people

- A range of leaflets were available for patients within the unit. For example, there were leaflets providing information about holiday dialysis and of how to access the patient advice and liaison service (PALS) at the commissioning NHS trust. Patients also had access to the organisational and national kidney association's magazines. Within the waiting area, patients had access to statements of purpose and unit profile.
- Patient information was available in four main languages. Staff said they were able to obtain information in other languages if required. Staff also told us that they had access to language support services and information was observed at nurses stations in the unit.
- However, during inspection we observed care of a patient whose first language was not English and it was clear that further support was required to facilitate their understanding that had not been arranged. Staff we spoke with told us that they had relied on family to support communication barriers and this was escalated to the senior team as an unacceptable practice.
- Patients had access to 'patient view' a national initiative to review their blood results and information about their care and treatment. They also had access to an online patient telephone application which had been developed by Diaverum. This allowed them to monitor their blood results, weight and record their

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mood and general wellbeing during and after treatment. The use of the application was encouraged by staff to enable patients to have greater control over their treatment.

- Patients had access to Wi-Fi, personal televisions in each bed space and reading materials. Patients were able to bring anything in from home to help pass the time during their dialysis sessions.
- Staff we spoke with told us that patients were allocated dialysis appointment times to fit in with social care and work commitments and that they would change these if a patient's needs required it.
- Patients were offered visits to the unit as part of the pre-assessment process in the local trust prior to commencing dialysis.
- The unit was accessible for people with limited mobility and people who used a wheelchair. Disabled toilets were available. There was ramp access outside of the unit. Personal evacuation plans were in place for some patients, which took into account reduced mobility needs. We observed the nurses assisting patients with mobility problems in a patient and caring manner.
- Staff encouraged and supported patients to arrange dialysis away from base and welcomed patients to the unit for temporary 'holiday' treatment' following medical approval and available dialysis session. We spoke with some patients, who said they had been supported in accessing and arranging holiday dialysis services across the UK. Two patients described using holiday dialysis services across the country and told us that staff organised these visits well.
- The service was able to offer dialysis to patients from out of area who may be on holiday. Arrangements for referrals were managed by a dedicated holiday co-ordinator. Once all relevant information had been collated, the unit manager reviewed and ensured medical acceptance was sought.
- Every dialysis chair had access to a nurse call bell. Patients said that staff did not take long to answer call bells or equipment alarms. During the inspection, we did not hear call bells or alarms ringing for long periods.
- The unit had a process and complaints policy that addressed both formal and informal complaints that were raised via the unit manager. It was the responsibility of the unit manager or deputy manager to ensure all complaints were sympathetically dealt with within a maximum of 20 working days, unless an investigation was ongoing then a full response would be made within five days of the investigation being complete. Acknowledgement of the complaint should take place as soon as possible and at a maximum of two days.
- Performance data indicated the unit dealt with complaints in a timely manner. Patients received information on how to make a complaint and how the complaints escalation pathway worked in Diaverum UK Ltd.
- In the reporting period from April 2016 to March 2017, the unit received three complaints and one written compliments. The service had managed one of the complaints under the formal complaints procedure, which was upheld. The practice development nurse and operations manager told us complaints were reviewed at senior level and there had been no themes apparent. None of the complaints had needed to go to second stage.
- Staff we spoke with could describe their roles in relation to complaints management and the need to accurately document, provide evidence, take action, investigate or meet with patients or relatives as required.
- Staff we spoke with recognised that lessons for continuous quality improvement for people using the service might develop as a direct result of concerns or complaints. The approach was said to mirror the NHS approach. We saw complaints information displayed in the unit waiting room and feedback boxes that patients and visitors to the unit could use.
- Staff told us complaints were shared with staff via team meetings and individual conversations. We saw from minutes of staff meetings that complaints and patients concerns were discussed.

Learning from complaints and concerns

Leadership and culture of service

Are dialysis services well-led?

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- Diaverum Dialysis UK Ltd – Rotherham unit was led by a unit manager, supported by the regional nurse lead and nursing director.
- Diaverum had a clear organisational structure and senior staff were divided into three regions nationally, and each area had a practice development nurse (PDN) and an area manager.
- The unit manager worked the majority of their time undertaking management duties, however on occasions it was necessary for them to provide cover if there was a staff shortage. This meant undertaking clinical duties as part of the team delivering direct care to the patients.
- A deputy unit manager and two senior staff nurses supported the unit manager from within the nursing team. The PDN also supported the unit manager once a week with all aspects of training and education to staff. The unit manager told us they also received support and training regarding their management role at the six monthly national meetings, conferences and with other managers and the nursing director. The PDN and regional lead nurse manager from Diaverum were present during inspection to support the team.
- The unit manager was clearly proud of the team and described them as very experienced, and demonstrated a good work ethic. The unit had a good track record for staff retention and recruitment from student nurse cohorts who had worked in the unit on placement.
- From our discussions with staff, nursing staff said that unit manager was available and approachable. Staff we spoke with said that the unit manager was visible in the unit and the management team visited regularly and was accessible if needed. Staff said they had positive working relationships with the management team.
- The unit manager held staff meetings every six weeks. We reviewed three sets of minutes and saw well written, specific agendas. It was clear that discussion was held regarding patient complaints or concerns, staff concerns and improvements required from recent performance results.
- Service managers told us their vision, at provider level, was to be the “number one provider” of dialysis services in the UK, with a patient-centred approach and a caring and compassionate team of staff. Their mission was to improve the quality of life for renal patients.
- Diaverum UK Ltd had top five priorities including focus on the quality of life for all their patients, pursuit of operational efficiency, grow the numbers of clinics, be a great place to work and implement patient care coordination in clinics.
- The management team were aware of the strategy and values of the organisation, staff we spoke with could describe in their own words the values of the unit and the key messages were displayed as a strong corporate identity in the unit.

Governance, risk management and quality measurement

- Governance is a term used to describe the framework, which supports the delivery of the strategy and safe, good quality care. The nursing director and operations director oversaw and reviewed performance information submitted by the unit manager and area operations manager. The newly appointed quality and compliance director held overall responsibility for Diaverum UK Ltd governance and quality.
- The unit had a clear management structure however the team we spoke with during inspection had a mixed understanding of the issues facing the unit. The unit manager was knowledgeable about the service and performance however there were a number of areas for concern relating to governance across the inspection findings:
 - Inconsistent application of a consent policy and Department of Health best practice for consent.
 - Documentation omissions and inconsistent record keeping by nurses with the contradictory assurance given by very positive documentation audit results.
 - Out of date and lack of timely review processes for policies and /procedures review dates.
 - Patient admission criteria application and higher risk admission acceptance

Vision and strategy for this core service

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- Opportunities missed to access interpreter service for patients
- Assessment and documentation of patients individual care and treatment needs
- The local risk register did not comprehensively reflect emerging or new risks to the service.
- Policy and training for safeguarding children
- We reviewed board of director minutes and noted that the company directors had oversight of quality and performance indicators, which enabled them to highlight risks in the different units across the UK. We reviewed the local risk register and risk policy and although the unit had included local risks with a description, assessment of likelihood and severity of the risk, overall risk level, mitigating actions, target for completion of actions, risk status and responsible persons we found that emerging risks had not been included and the approach had not considered issues such as, overall performance, specifics related to capacity and staffing in the unit and more recently the lack of sepsis and NEWS policy and training for staff.
- The unit manager was responsible for undertaking clinic audits and reviews and for providing information to measure the unit's performance against key performance indicators. The clinic took part in nursing audits for example; infection prevention and control practices, medicines and pressure area care.
- The area manager used the audit and satisfaction results to compare performance in the organisations they managed, and information allowed for comparing and benchmarking the results with other units. Clinical performance measurements were submitted quarterly and compared countrywide and globally within the Diaverum organisation.
- Monitoring meetings took place with the trust to review performance against the service contract. A report against key performance indicators was produced and shared at the meeting and with Diaverum UK Ltd. Arrangements were in place to monitor maintenance of equipment, provision of medicines and other stores and waste management.
- The NHS trust consultant nephrologist had a lead role in clinical governance of patient care review and

treatment in the unit, however governance of the unit overall was the responsibility of the country quality and compliance manager and country managing directors.

- The clinic did not meet the Workforce Race Equality Standard (WRES) (2015) at the time of our inspection. This is a requirement for locations providing care to NHS patients with an income of more than £200,000) to publish data to show they monitor, assure staff equality, and have an action plan to address any data gaps in the future. This is to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Public and staff engagement

- The team in the unit and Diaverum UK Ltd encouraged feedback from patients, patient representatives, staff and commissioning NHS trusts.
- Staff we spoke with told us that senior managers engaged with the team regularly through monthly staff meetings and daily handovers. Meetings would be scheduled to be flexible so staff could attend more easily.
- Diaverum UK Ltd complete an annual staff satisfaction survey. The unit participated in the 2017 survey and results were compared against other units satisfaction data. Overall, staff working in the unit were positive about the work they carried out and scored four stars out of a possible score of five. Staff would recommend the unit as a good place to work.
- The unit engaged well with patients and their relatives. Patient engagement was encouraged through direct access to the unit manager or via feedback cards and suggestion boxes in the clinical and waiting areas.
- A patient satisfaction survey was carried out to seek views twice yearly, based on the principles of "I want great care". In October 2016 the survey showed that the unit was placed first out of all other units with a score of 96.14% with a response rate of 44 patients (55%). This was a slightly improved result from March 2016 (92.12%). The result showed an overall 96.14% satisfaction on all the standards audited, with scores of 100% from 24 patients surveyed. There were only 3

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negative comments provided, one around temperature of the unit and two around general dissatisfaction with the contract transport provider. Survey results were shared with patients and in the unit.

- Poster information in the unit actively supported the social aspect of patients and relatives care. Photographs of past events were displayed. Organised events were common and the unit celebrated milestone birthdays and organised decorations and banners for patients. Renal organisations had displays of information that supported patients with access to groups and information. Staff spoke of jubilee celebrations, raffles and Christmas charity events for patients.
- Patients had access to an organisational magazine, which highlighted key issues for dialysis patients and showcased the different events taking place at different dialysis units. The March 2017 magazine informed patients of the organisation's 10th anniversary, and highlighted their achievement, thanked and mentioned names of patients and staff who had been with Diaverum since inception. The magazine also discussed its education programme

that was designed for staff, patient and physician programme. The magazine also included various places patients could visit for their holiday in the UK and abroad where the organisation had dialysis clinics they could attend for their on-going dialysis treatment.

Innovation, improvement and sustainability

- The organisation developed a smartphone application system that provided patients with 24-hour access to their medical information in an easy and convenient way. This was developed to empower patients and take active part in their health and wellbeing. It covered areas like patient medicines, dialysis treatment, bones, energy level and how do I feel. Patients were able to rate their general wellbeing after treatment and monitor their weight and blood result on the application. It could be used on smart phones and tablets. We noted that patients were positive about its implementation .
- Diaverum UK Ltd had invested in the role of practice development nurses to work across each region, this supported staff and unit managers in the delivery of training and education which supported good practice.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must support training for children's safeguarding in line with current national guidance. Provider policy must reflect children's safeguarding practice in addition to the established adult safeguarding policy, training and practice.
- The consent process in the service must be reviewed to give clear guidance to staff delivering care and treatment in the unit. The standards should be in line with the Department of Health guidance. The policy must be adhered to in practice and adherence monitored.
- The service must access interpreter services on all occasions to support patient communication and understanding of treatment plans, especially when staff need to seek informed consent.
- Health care records must be an accurate and contemporaneous record for each patient in the unit, that reflects an accurate assessment of risk and individual needs.
- Effective governance processes must be in place to the quality of the service delivered and support the review of policies and procedures.
- The provider must have a thorough policy for duty of candour that includes a grading system for moderate and serious harm caused by incidents in order to meet the requirements of the regulation.

Action the provider **SHOULD** take to improve

- The provider should ensure all clinical staff receive training regarding identification, assessment and management of sepsis.
- The service should ensure that checks on the resuscitation trolley are in line with policy, best practice for satellite dialysis units and in line with Resuscitation Council UK guidance. Resuscitation equipment checklists should clearly state the essential equipment and staff should have knowledge of all listed items.
- Staff should maintain organised paper health care records that are consistently updated and reviewed by staff in addition to the electronic system updates.
- The service should ensure that staff and named nurses consistently update patients care plans in line with their individual needs and that the care plans are reviewed at regular intervals or when the patient's condition or circumstances change. The paper copies of documentation should be in line with the electronic versions.
- The service should have an accurate and up to date risk register that reflects local risks.
- The provider should consider how it can best meet the Workforce Race Equality Standards (2015).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment 12 (1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) (a) assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Risk assessments were not fully completed.• Staff had not received training to help them identify and take action to initiate treatment for sepsis.
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014: Safeguarding service users from abuse and improper treatment. 13(2) Systems and processes must be established and operated effectively to prevent abuse of service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There was no designated member of staff with level 4 safeguarding children training who could be contacted for advice or information.

This section is primarily information for the provider

Requirement notices

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014 11(1) Care and treatment of service users must only be provided with the consent of the relevant person.

How the regulation was not being met:

- Policies and procedures for obtaining consent were out of review date and staff did not follow policy.

Patients were not given all the information about risks, complications and treatment in a way that met their communication needs. There was no evidence of using language or interpreter support services for consent of patients.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014 Good governance 17 (1) (2) (b): Systems or processes must be established (c) and operated effectively, such systems or processes must enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

How the regulation was not being met

- An accurate and contemporaneous record was not kept for each patient in the unit, that reflected an accurate assessment of risk and individual needs.

Requirement notices

- Provider policies had not been reviewed against the policy timescale. This meant that the policy was out of date and did not reflect the most current evidence based guidance.
- The provider must have a thorough policy for duty of candour that includes a grading system for moderate and serious harm caused by incidents in order to meet the requirements of the regulation.
- Inconsistent application of a consent policy and Department of Health best practice for consent.
- Documentation omissions and inconsistent record keeping by nurses with the contradictory assurance given by very positive documentation audit results.
- Patient admission criteria application and higher risk admission acceptance
- Opportunities missed to access interpreter service for patients
- The local risk register did not comprehensively reflect emerging or new risks to the service.
- The provider must have a thorough policy for duty of candour that includes a grading system for moderate and serious harm caused by incidents in order to meet the requirements of the regulation.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.