

Diaverum Dialysis Clinic - Queen Mary's Hospital Sidcup

Quality Report

Queen Mary's Hospital
Frognal Avenue
Sidcup
Kent
DA14 6LT.
Tel:020 8300 5320
Website: www.diaverum.com

Date of inspection visit: 30 May and 13 June 2017
Date of publication: 07/08/2017

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

Overall summary

Diaverum Dialysis Clinic – Queen Mary's Hospital Sidcup is an independent healthcare location operated by Diaverum UK Limited. The service has 20 dialysis stations which include four bays and four isolation rooms.

The clinic is commissioned through a partnership contract with Guy's and St Thomas' NHS Foundation Trust to provide a dialysis service for renal NHS patients over the age of 18 who are considered low risk and did not require dialysis in the hospital. Dialysis treatment is used to provide artificial replacement for lost kidney function. Dialysis units offer services that replicate the functions of the kidneys for patients with advanced chronic kidney disease.

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 to the hospital on 13 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?

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

Services we do not rate

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

We found the following areas of good practice:

- The clinic had effective systems for recording, escalating, investigating and sharing learning from incidents both internally and externally.

Summary of findings

- The centre and equipment were visibly clean and tidy, with evidence of effective cleaning regimes and schedules. There were internal and external audits to ensure staff compliance with local policy and procedure.
- Patients' records were legible, accurate, thorough and detailed, and were secured at all time.
- Staff were competent and able to recognise, assess and respond to patient risk during emergency situations.
- There was an effective process for the ordering and administering of medicines in line with guidance. All medicine seen was in date and stored appropriately by staff. Staff were 100% compliant with their medications management training.
- Nursing staff were aware of their roles and responsibilities in the escalation of safeguarding concerns.
- The service maintained staffing levels effectively in line with national guidance to ensure patient safety and meet their care needs.
- The service had policies, protocols and procedures that were based on national guidance and best practice.
- Staff assessed patients' pain and nutrition regularly and referred appropriately to specialists for additional support when necessary.
- The clinic participated in local and external audits and used the outcomes to improve care and develop the patient care and treatment pathway.
- The clinic had effective processes for gaining patients' consent for treatment.
- Staff received induction, annual appraisals and competency assessments.
- All staff had access to all relevant information for patient care and treatment.
- Staff treated patients with respect, kindness, dignity and compassion. Patients we spoke with were consistently positive about the service and support received.
- Staff understood the impact of dialysis treatment and worked especially hard to make the patient experience as pleasant as possible and meet individual patient needs.
- The clinic provided a flexible appointment system that ensured patients' preferred treatment sessions were met and could be adjusted to meet their social needs and everyday commitments.
- There was a clear and strong local and regional leadership, with accessible managers.
- There was clear vision, values, strategy and priorities within the organisation. Staff were familiar with and worked towards the organisational vision, strategy and priorities to provide the best possible care for renal patients.
- There were robust and effective governance systems to monitor risk and quality and identify trends or areas for development.
- The clinic and organisation sought feedback and engaged effectively with patients and staff. All staff and patients were positive about the service.
- We saw various examples of innovation which included the patient application process that monitored patient's blood result, mood and weight.

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

- Aseptic non touch technique (ANTT) was not always maintained effectively by staff during the connection and disconnection of patients on the dialysis machine.
- Mandatory training were below the clinic 100% target for Mental Capacity Act (40%) and Equality and diversity (40%).
- Staff were not trained on level 2 safeguarding training.

Professor Edward Baker

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis Services		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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Summary of this inspection

Background to Diaverum Dialysis Clinic - Queen Mary's Hospital Sidcup

Diaverum Dialysis Clinic – Queen Mary’s Hospital Sidcup is operated by Diaverum UK Limited.

The clinic is commissioned through a partnership contract with an NHS trust. The service opened in July 2010 and provides haemodialysis to patients from the local area of Bexleyheath and Greenwich. The clinic previously operated in a portakabin (modular structure), situated in a hospital site that was not linked to the commissioning NHS. The clinic recently relocated to a newly built clinic within the same hospital premises.

The hospital has had a registered manager in post since December 2016.

The service is registered for the regulated activity of treatment of disease, disorder or injury

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected previously using our old inspection methodology, and the last inspection took place on 23 November 2012 which found that the service was meeting all standards of quality and safety it was inspected against.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, Isimat Orisasami and three other CQC inspectors. The inspection team was overseen by Nick Mullholland, Head of Hospital Inspection.

Information about Diaverum Dialysis Clinic - Queen Mary's Hospital Sidcup

Diaverum Dialysis Clinic – Queen Mary’s Hospital Sidcup was opened on the 2 July 2010. The new clinic is a 20 bedded unit and an improvement from the 12 bedded unit at the Portakabin. Each dialysis station had a reclining chair. The new clinic is built in 2017 following the increased demand for dialysis treatment in the local area.

The clinic is a nurse-led clinic and all patients in the clinic are under the care of a nephrologist working for the commissioning NHS trust. All patients attending the clinic receive care from a named consultant at the hospital with the support of two registrars. Diaverum have close links with the NHS trust to provide care between the two services. The service has support from the local NHS trust to provide medical cover, satellite haemodialysis unit coordinator support, pharmacy support, social services

and regular contact with a dietitian. This NHS team attend the centre regularly and assess patients in preparation for monthly quality and safety meetings and quarterly management review meetings.

The centre is open between 6.30am and 11pm from Mondays to Saturdays. It provides treatment for patients aged 18 and over. The clinic runs three shifts on Mondays, Wednesday and Fridays. The clinic runs two shifts on Tuesdays, Thursdays and Saturdays.

The clinic had 80 patients receiving dialysis treatment in the clinic during our inspection. The clinic had 10 patients on haemodiafiltration (HDF) and 70 patients on haemofiltration. Hemofiltration is a renal replacement therapy where a patient's blood is passed through a set of tubing via a machine to a filter where waste products and water are removed by convection. HDF is a form of renal

Summary of this inspection

replacement that combines hemofiltration with hemodialysis to pump blood through the blood compartment of a high flux dialyzer at a high rate of ultrafiltration.

The service provided 11,232 dialysis sessions in the 12 months before our inspection, of these all were NHS-funded. The service provide 5,148 dialysis treatment for adults age 18 to 65 years and 6,084 adults aged over 65 years of age in the 12 months before our inspection.

During the inspection, we spoke with 16 staff including; registered nurses, reception staff, and senior managers. We spoke with 12 patients and one relative. We also received one 'tell us about your care' comment cards which patients had completed prior to our inspection. We reviewed 10 sets of patient records and associated documents during our inspection. We also received feedback from the stakeholders and local commissioners about their views of the service.

Track record on safety from March 2016 to April 2017:

- No never events.
- No incidences of healthcare acquired Methicillin-resistant Staphylococcus aureus (MRSA).
- Two incidences of healthcare acquired Methicillin-sensitive staphylococcus aureus (MSSA).
- No incidences of healthcare acquired Clostridium difficile.
- No incidences of healthcare acquired E-Coli.

- Six incidents of falls.
- No complaints were received by the CQC or referred to the Parliamentary Health Services Ombudsman or the Independent Healthcare Sector Complaints Adjudication Service. The clinic had received eight complaints in the last 12 months and all were upheld.

Services provided at the centre under service level agreement included and not limited to:

- Clinical and or non-clinical waste removal
- Interpreting services
- Pathology and histology
- Medical staffing, Dietician, Pharmacy and Occupational Health ,
- Calibration and validation of medical equipment
- Domestic waste, clinical waste and domestic cleaning
- Domestic Hot Water Systems Maintenance
- Electricity, Fire Safety and Emergency Equipment
- Fixed Electrical Testing - 5 Year and PAT Testing
- Gas , Health and Safety, Heating, Hot Water Boilers and Lighting
- Monitor Maintenance, Patient Food
- Water Dispensers, Water Treatment Plant Sampling, Water Treatment Plants

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Dialysis Services	N/A	N/A	N/A	N/A	N/A	N/A

Notes

Dialysis Services

Safe

Effective

Caring

Responsive

Well-led

Are dialysis services safe?

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

Incidents

- The clinic had an effective system for recording, investigating and monitoring incidents. There were processes to ensure learning from incidents was shared with staff and the other dialysis unit attached to the NHS commissioning trust.
- Staff were provided with up to date policies, procedures and training that guided them on incident reporting, concerns, escalation process, investigation and learning procedures.
- The clinic reported 301 incidents for the period of May 2016 to May 2017. The incidents were mainly related to patients safety (89%). The rest were related to equipment and services (10%) and staff or visitors (1%). The top five incident categories reported for the period of June 2016 to May 2017 were: shortened voluntary treatment (23.6%), clotting of line (22.9%), missed treatment (16%), unplanned hospital transfer (8%) and vascular access problem (7.6%). Other clinical and non-clinical incidents accounted for 21.9%.
- Staff reported incidents through an online reporting system that was linked to the NHS commissioning trust. This generated an alert when an incident occurred such as medication errors, falls, air embolisms, haemolysis, anaphylactic reactions, equipment failure and water treatment plant.
- The clinic manger received alerts of all incidents reported in the clinic. We noted that the nursing director received alerts from serious incidents and undertook trends analysis with the clinic manager which fed into the directors meetings. Such incidents were immediately reviewed after patient safety was secured before conducting a root cause analysis. Action plans were then implemented following the root cause analysis to ensure prompt and appropriate clinical care that prevented further harm. We saw evidence that incidents investigations, root cause analysis and action plans were submitted to the trust and shared at the quality and safety renal meetings. We noted that the quality and safety meeting minutes for December 2016 and January 2017 included root cause analyses and learning for the clinic, trust and other dialysis units which ensured learning to prevent future incidents. We saw example of where changes had been made following incidents investigation and learning. Following falls incidents, the clinic trained staff in undertaking falls assessment and using the traffic light system which was introduced to help identify patients at risk of falls.
- The manager reviewed incidents weekly and communicated with staff following reported incidents as part of their debriefing, learning and improvement process. We saw evidence that the severity or levels of harm were discussed between the management team and the trust at the quality and safety renal meeting to determine if a statutory notification were to be made. For example, the December 2016 quality and safety meeting showed that six incidents were reported at the clinic for the month of November 2016. The incidents were related to falls and patient transport. We noted that incident investigations, root cause analyses, actions and learning were discussed at the meetings.

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- We noted that the manager completed a continuous quality improvement action plan for incidents. We reviewed three of the action plans. There was a 12 stage process for each incident. The incident action plans related to drug error and voluntary interruption of treatment over 15 minutes. The action plan was detailed and identified the incidents, cause, investigation, solution, improvement priorities, appropriate education and the investigation findings.
- We noted that the practice development nurse (PDN) was involved in clinical incident processes, and reviewed and assessed staff competence when required. For example if a medication error occurred, the PDN was informed and was responsible for supporting and assessing staff competence to identify issues staff support. We saw examples of where staff had been supported through additional training and assessment following medication incidents. Staff were observed and signed off as competent before been able to administer medicines.
- The service reported no never events for the period of May 2016 to May 2017. A never event is a serious patient safety incident that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious harm or death but neither need have happened for an incident to be a never event.
- Providers are required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (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 reasonable support to that person. The service had a Diaverum policy relating to duty of candour that was aligned with the National Patient Safety Agency, which outlined actions to be taken when something went wrong. We noted that the policy also outlined examples of serious incidents that the duty of candour can be applied. All staff had completed training in duty of candour and the steps to follow when something goes wrong. Staff were aware of the thresholds for when duty of candour was triggered. During inspection we observed a duty of candour poster was displayed in the staff room.
- Staff told us where a patient was directly affected, the lessons learned and improvements made were communicated to the patient and where appropriate a letter of apology issued. We saw evidence of duty of candour investigation letter and outcome letter sent to a patient that was administered antibiotics while level was high. We saw that staff initially called the patient via telephone initially when the incident happened and advised them to attend the accident and emergency if they had adverse reaction or unwell. We noted that the patient was not symptomatic or had no adverse reaction following the incident. The letters sent to the patient included an apology to the patient about the incident, also highlighted their investigation findings and lesson learned. The letter highlighted that staff did not followed correct trust protocol regarding gentamycin dosing in dialysis patient. As a result all nursing staff were enrolled on a refresher course on antibiotics administration and adverse reaction. Following the incidents, two registered nurses are now required to check patients level for vancomycin and gentamycin on the electronic patient record before administering medicines. We saw that the patient was reassured that the lesson learned from the incident was discussed with other clinic manager at their south area meeting and to be shared with other clinic staff.

Cleanliness, infection control and hygiene

- The service had policies and procedures that gave detailed guidance to staff on hand hygiene, personal protective equipment (PPE), cleaning and disinfection of equipment.
- We noted that the service audited infection control standards regularly at the clinic. The May 2017 cleaning audit showed an overall 98.1% compliance for all 49 standards audited. The standards audited were categorised into nursing and domestic. The nursing standards included patients equipment and facilities such as drip stands, commodes and fans. The domestic standards related to non-clinical equipment and facilities such as microwave, dishwashers, mirrors, chairs and cleaning equipment. There was 100%

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compliance on the nursing standards for the cleaning of the patient equipment. The audit showed 98% compliance on the domestic standards for the cleaning of equipment.

- The clinic manager carried out monthly hand hygiene audits of the unit to monitor compliance. The hand hygiene audit for the period of March 2017 to June 2017 showed an average 96% compliance. We noted 100% compliance for May 2017 which was an improvement from the May 2017 audit (96%).
- The hygiene and infection control audit indicated the clinic was assessed against nine standards which included waste disposal, sharp handling and disposal, hand hygiene, clinical practice and kitchen area. The audit result showed an overall 93% compliance on all standards. Staff achieved 100% compliance on the standards audited with the exception of clinical area (71.4%) and entrance and reception area (63%).
- The clinic was visibly clean on inspection and staff told us the cleaning was subcontracted to an external provider. The sluice areas were suitably cleaned and maintained. We noted that cleaning schedules were maintained by staff. We saw evidence of regular cleaning during inspection.
- We observed staff cleaned and disinfected the dialysis chair, dialysis machine and equipment after each treatment. Staff documented the cleaning of the dialysis chair and dialysis machine after every dialysis treatment by the patient station. We reviewed the dialysis chair cleaning record for the period of April to May 2017 and noted that staff were compliant with the cleaning and disinfection of patient's dialysis chair after each use.
- Staff received training regarding infection prevention and control and this was part of their mandatory training. Training records showed 100% compliance for hand hygiene and 95% for infection control.
- There were no infection cases reported for the reporting period of 2016/17 of healthcare acquired infection such as blood borne virus, bacteraemia, methicillin resistant staphylococcus aureus (MRSA) and Clostridium difficile (C.Difficile). There were two incidents of methicillin sensitive staphylococcus aureus (MSSA) for the same period. We noted that one of the incidents related to an unplanned patient transfer to the hospital. It was noted that patient had previous MSSA.
- Staff completed MRSA, MSSA and virology screening for all dialysis patients regularly. Monthly blood samples and quarterly swabs were taken by staff for analysis. The clinical performance measure data for the period of January 2017 to March 2017 showed 96.7% staff compliance for MRSA screening.
- The clinic had an isolation procedure that was adhered to by staff. The service had strict guidance on monitoring and segregation of holiday patients who returned from high risk areas which was in line with national guidance. The service had four side rooms which were made available for patients identified as being at risk or who had a potential infectious condition.
- Staff generally followed the correct process during the connection and disconnection of dialysis patient on the dialysis machine through the central venous catheter (CVC) and arteriovenous fistulas (AVFs) lines during inspection. AVFs are an abnormal connection or passageway between an artery and a vein formed through vascular surgery specifically for dialysis. Central lines are larger cannulas, which were inserted for long episodes for dialysis.
- We saw that staff wore appropriate PPE materials like aprons, gloves, visor and facemask. Patients were also given a facemask during the procedure. We saw that staff used the appropriate dressing packs during the procedures and washed their hands using the World Health Organisation (WHO) five steps hand hygiene, which was in line with good practice.
- However we observed some staff did not maintain the aseptic non-touch technique (ANTT) which meant the sterile area was contaminated which increased the risk of infection to staff and patients. For example, staff were seen touching the dialysis machine with their sterile hand or contaminating the sterile area with used gauze during procedure. The training matrix showed 95% compliance on ANTT competency training. Staff we spoke with told us the ANTT

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procedures were for lines as patients are at high risk for infection. We saw that staff disposed of the clinical waste and domestic waste in the appropriate bins following the disconnection of patients.

- The service adhered to the clinical practice guidelines in regards to the water treatment systems, dialysis water and dialysis fluid quality.

Environment and equipment

- The clinic was accessed through a single entrance into a ground floor facility. Access was gained to the clinic reception area through an intercom system as a security measure to ensure patient and staff safety. Patient gained entrance to the main treatment area with the support of the receptionist or when called by staff using their access card. There was wheelchair access to the unit. There was good overall access and paid parking outside the clinic with designated disabled bays.
- The clinic had 16 dialysis stations in four different bays plus four isolation rooms in the treatment area of the clinic. The clinic was visibly clean, tidy, decorated and well maintained during inspection. The clinic environment and equipment met patients' needs. We observed that the dialysis chair space was adequate, tidy and compliant with the Health Building Note 07-01- Satellite Dialysis Clinics.
- We observed the water-treatment plant room and saw the environment was in line with Health Building Note 07-02 Main renal unit guidelines. The clinic had a new hybrid water treatment plant room with two water plants that were linked to computers. We noted that staff monitored the water treatment system and tested the water for chlorine, hardness and salt bag. We reviewed the log for the water treatment for the period of April 2017 to May 2017 which showed staff were compliant with the testing. The water treatment plant monitor was seen by the nurse station during inspection. Staff had access to the technical support including out of office hours for the water treatment plant seen. Staff told us their first point of contact for the water plant was the manufacturer before contacting their technical team. Staff told us the response time for the manufacturer was sufficiently quick.
- Staff were trained on the use of the equipment in the clinic. We noted that the same equipment was used in all clinical areas which ensured staff transferring between dialysis areas were familiar with the equipment.
- The service had a resuscitation equipment trolleys and oxygen that could be used during emergencies. The emergency trolleys were sealed on observation and we noted it was checked daily by staff. We noted that the oxygen cylinder seen in the treatment area and store room were full and stored appropriately. We noted a poster was displayed at the door to the main store room that warned staff and others oxygen was kept in the room. The clinic had an emergency drugs box that contained emergency medicine to use during emergency. We noted the medicines were all in date and staff monitored this daily and recorded their early expiration date.
- The service had a COSHH cupboard where flammable products and equipment used in the clinic were kept. The flammable products included chemicals used for cleaning the dialysis machine and dialysis chairs.
- We noted a portable air condition system in the treatment room. Staff told us this was placed in the treatment room to control the room temperature as they had issue with the treatment room temperature being hot.
- We reviewed the daily and weekly staff checklist of equipment, glucometer, fridge and room temperature and noted staff were consistently compliant for the period of January to May 2017. The manager carried out regular audits of the equipment daily check carried out by staff. The June 2017 equipment audit showed 91% staff compliance. Staff were compliant in the daily check of the clean utility, drug fridge, emergency equipment and glucometer. The audit noted that staff needed to improve in the daily check of store room, emergency evacuation pack, monitor of water treatment and cleaning schedule.
- The operations director was responsible for a planned preventative maintenance schedule and that contractors carried out their duties in accordance with

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Diaverum 'UK Supplier Approval and Management procedure'. All dialysis machines were under manufacturer's warranty and records showed that all equipment had been serviced and tested.

- Staff managed waste appropriately with the segregation of clinical and non-clinical waste. We noted that bins were not overfilled and emptied regularly between patients. We noted that the empty bins were stored in the dirty room before being collected for disposal.

Medicines management

- The provider had various policies that advised and guided staff on medicine management, handling, storage, administration and disposal.
- The training matrix showed 100% staff compliance on 'medicines management' training.
- The clinic did not store controlled drugs at the time of inspection. The clinic manager was the lead responsible for the safe and secure storage and handling of medicines.
- All routine medicines used in the clinic were prescribed and we saw written and signed prescription chart in patients' record during inspection.
- The nurses had the duty as key holders for the medicines cupboard on daily basis. We noted that nurses recorded when they took and returned the fobs (key) to the medicines cupboard. We noted the fobs log were checked daily and documented appropriately for the period of January 2017 to May 2017.
- Staff conducted monthly medication checks of the medication stored in the cupboard to ensure they were still in date and accounted for. We reviewed the medicines log for the period of June 2016 to May 2017 and noted staff were generally compliant with the monthly checks with the exception of February 2017 and April 2017 that were omitted.
- Staff completed a daily check for the blood sugar machine (glucometer). We reviewed staff documentation of the daily check for the period of January 2017 to May 2017. We noted staff were compliant with the daily checks for this period.
- We inspected the medicines in the medicines cupboard and medicines fridge during the announced and unannounced inspection. We selected random samples of drugs from the medicines fridge and cupboard and noted they were all in date and stored appropriately. We noted that the room and medicines fridge temperatures were within the normal range. We reviewed the room and fridge temperature records for the period of January to May 2017. Staff were compliant with the daily checks of the treatment room and medicines fridge.
- We observed that all emergency medicines were available to staff and in date.
- There was a dedicated pharmacist assigned to the clinic. Communication was managed via a generic email account and a bleep system. In the event that a patient was admitted to the commissioning NHS hospital, the pharmacist reconciled the patients prescribed medicines with the hospital's electronic prescribing system'. We noted that ordering of medicines was done monthly and as needed. The pharmacist carried out a regular audit for all patient prescriptions, methods of storage and the daily monitoring of the refrigerators and clean utility room as part of quality assurance. No concerns were noted on these audits.

Records

- Diaverum had information governance policies that guided staff on record keeping and management to ensure a consistent approach by staff in documentation of clinical records. The information governance policy gave guidance on areas such as data protection and Caldecott guardianship.
- Patients' records were held both in a paper and electronic format. Diaverum had an electronic system called iRMS (International Renal Information Management System). The electronic system recorded information directly from the patient dialysis machine and information recorded by staff. The clinic electronic system was compatible with the commissioning NHS trust and staff could share information directly with the trust.
- The clinic kept a small number of paper records which included patients recent dialysis prescriptions, risk assessment, consent forms, medication chart, next of

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kin and nursing staff recent notes. The paper records were stored according to the patients dialysis day and time. Staff stored patients records securely when not in use.

- We noted that staff were trained in using the electronic system as part of their induction. Staff received annual data protection training to ensure compliance with record keeping maintain patient confidentiality. The training matrix showed 95% staff compliance on data protection training which was below their 100% target.
- We reviewed 10 sets of patients records and observed staff were compliant in record writing and legibility. All patient records reviewed were comprehensive and included demographic information, GP, dietary history, social history, medical history, discharge and transfer letter. The records also included patient consent, mental capacity assessment, dialysis prescription, drug chart, care plan, blood result, care pathways, manual handling, Waterlow assessment, fluid management, special requirement and admission form from the hospital. We noted that the patient's physical disability and medical conditions were also noted in their records. The records detailed good examples of MDT working, referral and that acceptance criteria had been strictly adhered to.
- Patient records and dialysis prescriptions were audited on a monthly basis. The service target for patients records and dialysis prescription audits was 100%. If there was any variance to the target that must be achieved an action plan was implemented. We reviewed the June 2017 dialysis prescription audit. The audit result showed 97% compliance for the period of April 2017 to June 2017 and 96% for the period of January 2017 to March 2017. For the period of April 2017 to June 2017 staff achieved 100% compliance on blood pressure recording, weight records and correct dialyser. However, staff scored 94.4% on erythropoietin signed for, heparin, correct needle gauge and temperature recording before dialysis.
- The management conducted a monthly care plan audit to monitor the quality of records. We reviewed the care plan audit for the period of March 2017 to May 2017. The result showed an average 90% staff compliance for that period. We noted that staff were 100% compliant on all standards audited for the

month of May 2017 which was an improvement from previous months. The standards audited included care pathway evaluation and review date, patient dialysis treatment history and patient had up to date dialysis.

- The receptionist had an open office in the reception area and also a separate office. We noted the separate office which was not accessible by patients and visitors was used by the receptionist for archiving patient record. This ensured when documenting and archiving patient records other patients and visitors could not see the patients note.

Safeguarding

- The clinic had systems and processes to keep vulnerable patients safe from avoidable harm. Staff were aware of their roles and responsibilities for reporting and escalating safeguarding concerns.
- Staff were provided with a safeguarding policy that advised them on how and when to raise safeguarding concerns. During inspection we observed that the safeguarding policy summary was displayed in the staff room.
- Staff raised safeguarding concerns locally to their clinic manager. The Diaverum director of nursing was the service lead for safeguarding who supported the clinic manager and staff on safeguarding issues. The clinic manager reported safeguarding issues to the director of nursing and the commissioning NHS trust safeguarding team.
- The clinic had a designated social worker based at the commissioning NHS trust that supported staff with safeguarding concerns.
- Staff we spoke with knew how to recognise abuse, report or escalate safeguarding concerns. We saw example of safeguarding referrals made by staff due to concerns of neglect. We saw written evidence of collaboration with professionals such as the social worker and patient relatives to ensure patients were safe.
- We noted there was no serious case review reported in the last 18 months at the clinic.
- The training matrix showed 85% of staff had completed safeguarding adults level 2 training. Staff

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had not completed children safeguarding training. Staff told us that children were treated at the clinic and patients were not allowed to be assisted by their children when receiving treatment.

- Staff were aware of the main types of abuse, and knew how to access the centre's policy for safeguarding patients.

Mandatory training

- The service provided mandatory training to staff which was delivered face to face or using online learning modules. Staff told us the organisation mainly designed their own training for all their dialysis clinics. Training which was not provided by the organisation was completed externally online.
- We noted some mandatory training was one-off, others bi-annual or annual. The clinic manager kept an electronic record of staff training compliance. Staff were sent an email reminder when they are due a mandatory training or it was outstanding and not completed. The clinic manager told us that when staff were overdue an e-learning training, they were given protected time whilst on shift to complete their training. Training targets were 100% with the exception of when a member of staff was on long term leave. Senior staff told us that they had new staff that had not completed their mandatory training and that was the reason for them not meeting their 100% target. We noted that three staff joined the clinic less than three months prior to our inspection.
- The annual mandatory training included data protection, fire safety, cardiopulmonary resuscitation (CPR), hand hygiene, infection prevention and control (IPC) competency, ANTT competency, and medications management. We reviewed the annual training matrix and staff training compliance was 95.9%. The CPR training covered choking and anaphylaxis. Staff told us the CPR training was tailored to the dialysis unit which made it useful to their practice. All staff had CPR training and while the PDN had intermediate life support training.
- The bi-annual mandatory training included anaphylaxis, safeguarding, control of substances hazardous to Health (COSHH), manual handling and PPE and the training matrix showed 92% staff compliance.

- The one-off mandatory training included Mental Capacity Act (MCA), equality and diversity, code of conduct, blood borne virus, water treatment, and cannulation competency. We noted 75% staff compliance with the one-off mandatory training.
- We noted that staff achieved 100% compliance on fire, hand hygiene, medication management, COSHH and PPE training. However, staff compliance was low on MCA (40%) and equality and diversity (40%) training. The clinic manager told us they all staff that have not completed the MCA and equality and diversity training had been booked for participatory session training with the practice development nurse on 30 August 2017. All new employees will complete these training as part of their induction.

Assessing and responding to patient risk

- There was an effective system in place to assess and manage risks of deterioration of patients in the clinic. Staff reviewed patients regularly by completing various risk assessments. These assessments included but were not limited to skin integrity assessment, mobility assessment and vascular assessment. Senior staff reviewed all patient blood test results monthly to identify any issues or variances and escalate with the medical staff where appropriate.
- Staff assessed patient vascular access regularly. Staff told us if they had problems with a patient fistula or graft they discussed with their senior colleague before contacting the rapid access unit (RAU) team at the commissioning NHS hospital. Staff told us the commissioning trust rapid access team advised staff if patients should come to the hospital or rest their arm for that day. Patients with vascular access problem were also sent to accident and emergency (A&E) during out of hours or weekends when the RAU were closed.
- Patients had access to the organisation smartphone application (app) system that provided patients with 24-hour access to their medical information in an easy and convenient way. The app covered areas like patient medications, dialysis treatment, bones, energy level and how do I feel. Patients were able to rate their

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general wellbeing after treatment and monitor their weight and blood result on the app. This helped the patients and staff identify and respond to patient risk and treatment.

- Staff carried out clinical observation of patients like blood pressure, temperature and heart rate prior to commencing dialysis treatment. This was to ensure nursing staff reviewed and responded to any variance prior to patient treatment to ensure they were fit for their dialysis session. The treatment area was small and staff were present on each bay, which patients did not cancel their own alarms. We saw that staff responded immediately and cancelled alarms on the dialysis machine during inspection.
- Each dialysis station had a call bell that was linked to every area of the clinic including the staff room. Patients used the call bell for various reasons including when they are unwell. We observed that staff responded immediately to patients call bells during the clinic.
- We noted that patients who became unwell during their dialysis treatment were assessed by staff and transferred to the nearest hospital. The service reported two patients' unplanned transfers to another provider in the last 12 months before inspection.
- The service had a sepsis protocol and we noted staff followed the protocol for patients that were thought to be unwell. These patients were transferred to the nearest hospital for an urgent review.
- The clinic used the NHS trust protocol for recognising and responding to acutely unwell patients. The clinic used the national early warning score (NEWS) tool to recognise when a patient deteriorated. Staff were aware of the deteriorating patients protocol and how to escalate using the emergency service. Staff gave us examples of where the NEWS score had been used. During the unannounced inspection, we saw a recent example of where NEWS scores had been used appropriately to recognise a deteriorating patient. We saw that the patient was later transferred to the local hospital as the NEWS score completed by staff was rated medium risk. We noted and staff told us they used the SBAR (Situation-Background-Assessment-Recommendation) technique to communicate important information during an emergency.
- We noted an example of where staff and the multidisciplinary team responded to an identified risk of patients in the clinic. This was related to a patient's blood results which showed high potassium level. The laboratory contacted the consultant during out of hours about the result and the clinic staff were notified by the NHS trust medical team. We saw that these patients were contacted by staff and advised to go the nearest accident and emergency hospital or to call the emergency service.
- Staff had a process to assess the risk of patients that opted not to complete their prescribed dialysis. Patients that wanted to disconnect from dialysis before their scheduled time were made aware of risks and required to sign that they wanted to be disconnected. Staff told us depending on the hours remaining for the patient dialysis treatment patients were offered to come back the next day to continue treatment. This was to ensure patients were not overloaded and followed their dialysis treatment.
- Staff told us they followed up on patients that did not attend their dialysis treatment to ensure their safety. Staff offered these patients other available appointments as soon as possible to prevent patients becoming acutely unwell.
- There was a formal patient identification (ID) used to identify patients before care and treatment. Pictures were used to identify patients and staff told us identification wristbands were used for patients that did not want the picture ID. The use of the patient identification prevented the risk of patients receiving the wrong dialysis treatment and medication.
- Staff were aware of patients that were not for resuscitation. The DNACPR forms seen during inspection were completed, reviewed and signed by staff.

Staffing

- The clinic employed eight registered nurses, four dialysis assistants, one health care assistant and one receptionist.

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- Staff were supported by the clinic manager who was supernumerary.
- The clinic worked to a predetermined staff to patient ratio (1:4) and the skill mix was defined by the contract and agreement with the commissioning NHS trust. Staff felt they were adequately staffed as they had health care assistants that supported the nurses and dialysis assistants. The health care assistant did not conduct clinical work.
- The data submitted for the period of January 2017 to March 2017 showed eight nursing staff had joined the service and eight nursing staff had left the service within the last 12 months.
- There were four vacant posts during inspection which included; three nurses, one dialysis assistant. We noted that the clinic was recruiting staff for the vacant post. Senior staff we spoke with told us the organisation was actively recruiting staff from abroad using their Diaverum international program to recruit staff due to the challenge of recruiting renal nurses. Senior staff told us they were working closely with the trust in recruiting staff in order to meet demand. The clinic had recruited a nurse from abroad within the last two month.
- The service had a staffing and skill mix policy. The clinic manager was trained on rostering and used the headcount guidance tool to support with maintaining safe numbers. There was a business continuity plan for staff to respond to in changing circumstances such as sickness, staff absence and workforce changes.
- Senior staff told us the correct skill mix and staff level was maintained so that patient received safe care and treatment. In the event of inadequate nurse staffing ratios, the manager approved the use of bank and agency staff to cover the clinic and ensure safe staffing levels were maintained. The clinic used 15 bank staff to cover four shifts in the period of January to June 2017.
- The sickness rate was 3.8% for staff for the period of January to June 2017. Staff told us they used bank or agency staff to cover the shift when a member of staff called in sick.
- Medical care was provided by the commissioning NHS trust and the unit had an allocated renal consultant and two registrars. The renal consultant attended the unit every two weeks for clinics where patients were assessed and reviewed. The consultant and registrars were available to all staff to be contacted via email or phone for advice outside the weekly visit. The nursing staff told us they had regular contacts with the medical staff for advice.
- The consultant reviewed and monitored patients monthly and quarterly in the clinic. The consultant saw patients at least every three months if things were stable and reviewed new patients within a month. This system ensured patients were seen when they attended for their dialysis treatment.
- The renal registrars were the first line to be contacted for any advice or for urgent patient referrals. The nursing staff told us the registrars were on call 24 hours and available to support staff and make clinical decision where necessary. The clinic had a protocol and medical escalation pathway for staff. In the event of an emergency and where a decision about changes to care or prescription needs to be made with immediate effect, the on call registrars would be contacted as per trust protocol and escalation pathway.
- The commissioning NHS trust's medical team assessed new patients on dialysis at the hospital before referral and when ready to be transferred to the clinic.

Emergency awareness and training

- The clinic had policies and procedures that outlined guidelines and what measures were to be put in place in the event of any unforeseen or unplanned business disruptions. The business continuity plan included areas such IT fault and failure, power supply failure, water supply failure, loss of heating, staffing shortages, water treatment plant failure and telephone systems failure.
- We noted the clinic had an internal alert system which, once activated, sent immediate notification to the senior management team via email. Staff we spoke with told us the referring NHS trust would also be notified of the events and contingency plans would be agreed on.

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- The organisation policy was that when an adverse event was resolved an investigation into the cause would be completed. An improvement plan would be completed if the recovery procedure was inadequate. The outcomes of the investigation and learning were shared with staff through a debriefing session.
- Staff were aware of what to do during an emergency or major incidents. Staff gave us example of major incidents that have happened in the past and actions they took for example faults with their water plant in the old building. Staff told us they now had two water plants in their clinic and it was very rare for both water plants to be faulty.
- The clinic had a fire evacuation plan for emergency. During inspection we observed the fire evacuation plan was displayed by the nursing station and was available for staff to refer to during emergency.
- The clinic met the national recommendations outlined in the Renal Association Haemodialysis Guidelines such as Guideline 5.7: 'The monthly measurement of dose or adequacy of haemodialysis' and Guideline 6.2: 'Monthly monitoring of biochemical and haematological parameter (blood tests)'.
- The clinic had an effective IT system that enhanced the collection of data process and ease of monitoring. The Diaverum system could upload data collected during dialysis at the clinic to the commissioning NHS trust database. We noted that staff at the centre could access all records at the NHS trust which reduced the time spent chasing blood and test results. Nursing staff told us this impacted positively on the patients' treatment. This resulted in fewer referrals to the NHS trust for additional blood sampling and treatment due to lack of blood results.

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

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

Evidence-based care and treatment

- All policies and procedures were developed based on guidance, standards and legislation. This included guidance from the Renal Association guidelines, Kidney Disease Outcomes Quality Initiative (KDOQI), National Institute for Health and Care Excellence (NICE), National Service Framework for Renal and the Health and Social Care Act 2008. We noted the sepsis protocol used in the clinic was based on the NICE guideline (NG51) sepsis: recognition, diagnosis and early management.
- The clinic had an individualised care pathway to ensure dialysis patients vascular and arteriovenous fistula were monitored and maintained which was in line with NICE guidance (NICE QS72 statement 4 and 8). We saw evidence which showed the clinic monitored and referred patients with line access problem to the hospital.

- We observed that staff followed best practice, guidelines when connecting, and disconnecting patients' lines from the dialysis machine. Staff flushed the needles with saline before connecting patient to the dialysis machine and we saw that no air was noted in the needles and during cannulation. However, during inspection we observed that some staff did not effectively maintain the aseptic non-touch technique during procedure which was against evidence best practice.

Pain relief

- Nursing staff accessed and managed patients' pain control needs appropriately. Patients' routine paracetamol was prescribed as 'to be administered as necessary medication' and to be given when needed at each dialysis session. The clinic also had local analgesia available that could be administered as necessary when cannulating the patients vascular access such as arteriovenous fistula or graft.
- Patients we spoke with told us the nursing staff asked if they were in pain. Patients told us their pain control was well managed.
- A patient commented that "staff were helpful and very responsive with pain relief".

Nutrition and hydration

- We noted that staff assessed and managed patients' hydration and nutritional needs appropriately using

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the malnutrition universal screening tool (MUST). Patients were weighed before and after their dialysis treatment at each dialysis session. Their weight formed part of their assessment and treatment prescription. This process helped the nursing staff to identify the additional weight that need to be removed during the dialysis session.

- Patients with chronic kidney disease were placed on a strict diet and fluid restriction to help maintain a healthy lifestyle. Dialysis patients in the clinic had access to the commissioning NHS hospital renal dietitian. We noted that the dietitian visited the clinic to review patients nutrition, hydration and blood result. We saw that staff also referred patients to the dietitian where necessary.
- All patients were offered refreshments like biscuit and hot or cold drinks at the clinic during their treatment. Patients were also able to bring their own food and drinks to the clinic.
- Staff also advised patients on the diet restriction and fluid intake. Patients had a monthly discussion with their named nurse on hydration and nutrition. The discussion included health education and promotion around their diets.
- Staff provided patients with written information and guidance about their diet and fluid restriction. We noted that the clinic had posters and leaflets on patient's diet and fluid intake to empower them to take control of their nutrition as well as seek advice when necessary.

Patient outcomes

- The clinic manager, senior managers and consultant held monthly meetings to monitor patient outcomes. Patients' results were reviewed by the multi-disciplinary team (MDT) and changes to care plans, prescriptions were made and communicated to the wider team. Care pathways and plans were reviewed monthly as a minimum and adjustments or referral made accordingly. Changes to patients' treatment were discussed with the patient before implementation.
- Staff monitored patients' vascular access such as fistula, graft and dialysis catheter monthly. We noted that staff reviewed the targets for optimising vascular

access by increasing the use of arterio-vascular fistulas (AVF) and reducing the use of catheters as set out by Diaverum. The clinic worked closely with the referring NHS trust to achieve the national standards. The service collected data for clinical performance measures. The patients vascular access data for the period of January to March 2017 showed 65.5% had AVF access, 27.7% for catheter and 6.8% on AVG.

- The organisation carried out an annual unannounced clinical audit of the clinic in November 2016. The clinic was assessed against 216 criteria's of which 17 were mandatory key performance indicator (KPI) for the audit. The unannounced audit covered areas such as medications management, infection control and emergency equipment. The clinic was expected to pass an average 80% of mandatory KPIs. Where there was poor performance the clinic manager was required to complete an action plan to meet audit standards. The result showed the clinic achieved an overall 95.6% compliance on the 216 criteria. The audit noted the clinic met 15 on the mandatory criteria, of which 10 were an improvement from previous year audit. They achieved the criteria on areas such as PPE, prescription, connection process, water treatment, sharp disposal. Areas highlighted for improvement included the clinic environment, hand hygiene and access needling. All actions in the action plan of this audit had been completed by February 2017.
- The clinic submitted specific KPI data to the NHS trust. The KPIs for the clinic included attendance, infection control, medication administration, patient record audits, prescription auditing, pressure ulcers. All patient outcomes were monitored and audited against National Standards. Any variances are actioned and data reported as part of commissioning Trust KPI meetings.
- The unit did not directly submit data to the UK Renal Registry; this was undertaken by the 'commissioning' NHS trust. The data from the clinic 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.
- Clinical outcomes for renal patients on dialysis were measured by the results of their blood tests. The blood results were monitored on a monthly basis before and

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after dialysis treatment as directed by the NHS trust and in accordance with the Renal Association Standards. Results were collated on the Diaverum electronic database used at the clinic. The data was available for the clinic manager and consultant to review so they could see individual patient outcomes.

- The results showed how the unit performed well in the achievement of quality standards based on UK Renal Association guidelines. We reviewed results of blood tests for three months for the period of February to April 2017. These comprised of a number of outcomes, for example:
- On average just over 87% of patients had effective dialysis based on the rate blood passed through dialyzer over time.
- For the Urea Reduction Ratio (URR), Renal Association guidelines indicate a target of 65%. The average URR for the patients at the clinic from February 2017 to April 2017 was 96% which was better than the Renal Association target. Patients with these levels of waste reduction through dialysis have better outcomes and improved survival rates.
- We also looked at the standards indicating patients' haemoglobin (Hb) was at safe levels. Anaemia can be a complication of renal failure and dialysis associated with increased risks of mortality and cardiac complications. From February to April 2017, the average number of patients with the NICE recommended target of hemoglobin (Hb) was 71%. This meant the other 29% of patients had lower Hb levels. Where patients had low levels they were given injections of a stimulating agent that helped their body produce more blood cells.
- Potassium levels in the blood are monitored as part of the Renal Association standard. From February to April 2017, an average of 11% of patients had high levels of potassium (greater than 6.0 mmol/l). If potassium levels are higher than 6mmols, it can cause acute cardiac problems. This meant around 89% of patients had potassium levels within acceptable ranges.
- In the same timeline, outcome standards for the unit showed that 92.5% of patients received Haemodialysis treatment and 7.5% of patients received

Haemodiafiltration (HDF) treatment. This is a more effective treatment for kidney failure than Haemodialysis. However the option of treatment delivered was a medical Consultant decision.

- For the period of February to April 2017, we saw 100% of patients who attended the clinic three times a week were dialyzed for their prescribed four hours treatment time. This was better than the minimum standard of 70%. It also meant that all of patients had their prescribed four hours of treatment.
- In the 12 months leading up to our inspection, 100% of patients received high flux dialysis. High flux dialysis is a form of more effective clearance of the waste products and fluid. High flux dialysis delay long-term complications of haemodialysis therapy.

Competent staff

- We noted that staff involved in the delivering patient care were adequately qualified, skilled and trained. All nursing staff had an induction and competency pack. Staff induction includes topics such as fire safety and evacuation procedure, resuscitation equipment and procedure, acknowledgement of internal information governance policy and equipment training. Staff we spoke to told us they had their induction and allocated a mentor when they commenced work.
- New staff were allocated a mentor and supernumerary period for eight to twelve weeks. The mentors were renal trained with minimum one year equivalent experience. New staff that were renal trained had three weeks supernumerary before been signed off by the clinic manager or mentor in order to work independently. We observed that new staff were not allowed to practice if they had not been cleared by the occupational health. Newly employed registered nurse that were not renal trained were enrolled on a 16 weeks course at the organisation renal academy as part of their induction. Senior managers were positive about the 16 weeks course as it was their most successful approach for capturing and recruiting nurses.
- New nursing staff were enrolled on a basic dialysis programme. The program covered areas such as machine, handling, and cardiac arrest on dialysis unit. Staff were enrolled for specialist training every three years. The specialist training included orientation

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program, basic life program, renal course, mentorship, fistula graft and cannulation, intravenous iron, Arteriovenous fistulas (AVF) or Arteriovenous graft (AVG).

- Staff competences were measured and monitored against the National Health Service Knowledge and Skills Framework. Each staff had a tailored training plan that was set out based on the level of experience and qualifications of each staff member.
- Staff had an annual appraisal system that gave them the opportunity to identify development objectives that was agreed with their line manager. The clinical manager completed appraisal for senior staff while the senior nurses completed the junior staff appraisal annually. Junior nurses completed appraisal for the HCA and dialysis assistants. Record showed that all staff had completed their appraisal with the exception of a staff member that was on maternity leave. Nurses spoke positively about the appraisal processes as it gave them leadership skills and competency in managing and supporting other staff.
- The clinic had a practice development nurse (PDN) that supported staff and assessed their training. The PDN visited the clinic weekly and also spent a week with new staff when recruited for support. The PDN worked closely with the clinic manager in supporting staff and maintaining high standards of competence.
- All staff training was tracked and monitored. Staff had access to online training to check and track their training progress. The service had a performance management process when a staff member failed to comply with meeting standards of care and competence.
- The clinic had process to ensure agency staff were competent and their mandatory training were up to date. The clinic manager made request to the nursing agency to provide the agency staff proof of qualifications, valid nursing registration, CPR training, manual handling training and minimum one year renal experience and qualification to ensure their competence.
- Registered nurses were required to comply with a new yearly revalidation process since April 2016. We inspected staff records and saw that staff had completed their revalidation which ensured that nurses were fit to practice and able to provide a good level of care. The clinic manager monitored staff registration pin with the Nursing and Midwifery Council (NMC) to ensure they were up to date.
- As the new clinic building opened in April 2017, all staff were trained on the new fire and water systems before they were relocated to their new building to ensure competency. Staff we spoke to told us they received training when the service introduced a new system for stock control and ordering to ensure their competence. Staff we spoke to told us they were recently trained on the use of hoist as the clinic now had patients that used hoist in the clinic.
- The human resource department conducted enhanced Disclosure and Barring Service checks (DBS), reference checks and occupational health assessments for all staff before they resumed their post. Management used DBS checks to ensure that people are fit and proper to work with vulnerable people. Staff told us they received timely reminders alerting them about the due date of the NMC registration. We reviewed five staff records during inspection and noted their DBS had been checked. Other checks completed for these staff included employment checklist completed, ID passport, visa check, vaccination and reference. All these check were satisfactory.
- Staff we spoke to told us they were supported and encouraged to expand their skills through extra training. We noted that all nursing staff were linked nurses for various roles which were rotated on a monthly basis. The link nurses included pharmacy order, blood forms and bottles, health and safety, transplant, hep b vaccination, dialysis prescription, anaemia, needle taping and holiday. Staff rotated the role of the holiday coordinator which ensured they were all competent to support patients that went on holiday abroad. The link nurses trained each other before rotating the role and staff told us this process ensured good continuity in care.

Multidisciplinary working

- The multidisciplinary team (MDT) team comprised of consultant nephrologist, satellite matron, dietician, clinic manager, senior nurses, physiotherapist,

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psychologist, end of life care team, social workers and vascular access team. The commissioning NHS trust provided the specialist support for patients with the exception of the nursing staff employed by Diaverum.

- The MDT reviewed patient's current condition, treatment, care plans, monthly bloods and follow up care. We noted named nurses also attended the MDT meetings to discuss their patient care and treatment. The patients and their GP were updated on the outcomes of the patient review.
- There were scheduled visits by the multidisciplinary team which included the dieticians, physiotherapist, pharmacist, psychologist, end of life team and the vascular access team. We reviewed patient records during inspection and saw evidence of MDT involvement in their care and decision. We saw evidence of contacts between nurses, specialist nurses and carers that demonstrated good MDT working.
- We noted that transport meetings were held every two months by some of the MDT team, transport providers and patient representative to discuss issues around patient transport. We saw evidence that these meetings took place and minutes were also sent to all members. We noted that the transport provider was changed as a result of issues highlighted by patients and MDT team. Staff we spoke to told us patient transport had improved since the change of transport provider.
- Patients had access to the matron who was the link between the clinic and hospital. The matron attended the clinic weekly and if there was any problem or issues they came to the clinic within an hour. The matron also held separate regular meetings with the clinic manager and senior staff to monitor performance. The matron supported the MDT team if there were issues regarding patients care or any safety issues.
- Patients had access to a designated social worker who assisted in social work related duties such as benefit claims, financial advice, housing and social services support. The social worker assisted and offered advice to staff in relation to any safeguarding matters, formal capacity assessment and best interest meetings. The social worker carried out planned monthly visit to the clinic and in some instance an urgent visit when

required. The social worker communicated with staff and patients during the clinic visit to identify any social care concerns or queries and worked with them to address the concerns. The social worker supported patients with consent and also signposted them to other organisation when needed. The social worker also liaised with the patients' local social services and other relevant professionals and agencies to resolve issues.

- The service had a designated pharmacist that attends the MDT meeting with the consultant and clinic manager. The pharmacist also supported with teaching sessions for all staff on medicines management.
- The multi-professionals spoke positively about the working relationship with the nursing staff and service. Comments included "staff were quick to respond" and "communicated well with other professionals".

Seven-day services

- The clinic was open from Monday to Saturday. The unit ran three dialysis sessions on a Monday, Wednesday and Thursday. Two dialysis sessions ran in the morning and afternoon on Tuesday, Thursday and Saturday. The evening sessions enabled people working or studying to be able to receive their dialysis treatment.
- The clinic had capacity to increase the number of patients attending dialysis treatment during these hours. Therefore, they were no plan to extend their opening days.

Access to information

- Staff had access to all the information needed to deliver effective care and treatment. Staff working in the clinic had honorary contracts with the commissioning NHS trust, which allowed them to have remote access the hospital's electronic patient records (EPR). The trust system formed the main frame for accessing all patient information and was visible to the multi-disciplinary team. This system operated effectively as all people involved in delivery of the patient care had access, could do referrals, follow up and monitor progress of the patient.

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- Staff told us they had access to timely patients' information such as patient treatment plans, blood and test results and multidisciplinary notes needed to deliver care and treatment.
- We reviewed patients' paper and electronic records during inspection. Staff could access information related to GP, medical history, dietary history, discharge and transfer letter. On the electronic patients record we noted that staff could see information written by the hospital staff which ensured continuity of care and access to recent patient treatment. We noted that staff could also access patients' record and current treatment while they were admitted in the hospital. This was useful as the clinic staff did not need to wait for a patient discharge summary before having information needed for continuity of care.
- Communication with the patients GP and any other service outside the trust network was carried out mainly by the consultant nephrologist.
- The clinic had policies and protocols that outlined processed to follow when gathering information related to new referrals including holiday dialysis patients. This ensured that the relevant information were gathered and reviewed in a timely manner during the referral, acceptance and admission processes. Staff had access to transfer letter from the referring consultant and hospital. Bloods results, MRSA, renal and medication prescriptions, transport arrangements were made available for staff to review during referral. All patient information were transferred onto the clinic electronic system during admission.

Equality and human rights

- From 1 August 2016 onwards, all organisations that provide NHS care were legally required to follow the Accessible Information Standard. The standard aims ensure that people who have a disability, impairment, or sensory loss are provided with easy to read information and support to communicate effectively with health and social care providers.
- Staff told us that the clinic did not provide care for patients with learning disabilities or those living with dementia and we were told that the majority of patients who required additional support received

their treatment at the commissioning NHS trust where staffing numbers were higher. Patients with complex needs were assessed by the trust prior to making a referral to the centre for treatment to ensure that they received their care and treatment in the most appropriate location.

- The Workforce Race Equality Standard (WRES) is a requirement for organisations that provide care to NHS patients. 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. The centre was located in a culturally diverse area and staff employed by the service reflected the diversity in the local area.
- The training matrix showed 40% staff compliance on the equality and diversity one-off training. This was lower than the 100% target set out by the provider.

Consent, Mental Capacity Act and Deprivation of Liberty

- The clinic had a policy and process for patient consent. All staff were aware of their roles and responsibility in relation to obtaining patient consent. We saw that staff asked and gained patient verbal and informed consent at the start of each dialysis treatment in the clinic. Staff also gained consent from patients before contacting their relatives.
- Patients were required to sign a consent form for their dialysis treatment after they were referred from the NHS commissioning trust. All patient records reviewed during inspection had a signed consent form. Consent were sought before taking the patient identification photo and referrals.
- Staff had received training on the Mental Capacity Act (2005) and DOLS. The training records showed 40% of staff had completed MCA training. This was lower than the 100% target set out by the provider.
- Staff were provided with a mental capacity act pathway that guided them on actions to take when they doubt a patient capacity. We saw evidence that mental capacity assessment were completed for patients suspected not to have capacity.
- The social worker assisted and offered advice to staff in relation to any formal capacity assessment and best interest meetings

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- Staff were aware and understood the implication underpinning the deprivation of liberty safeguards.
- We saw written evidence that staff sought patients consent and involved them and their loved ones in making advance decision.

Are dialysis services caring?

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

Compassionate care

- Staff understood the impact of chronic renal failure and dialysis treatment on patients' personal life and their family. Staff told us many of their patients had been attending the clinic for years and they had got to know them well. This helped staff to understand the impact dialysis and chronic disease had on their patients' emotional, social, cultural, and holistic wellbeing.
 - We observed staff had friendly rapport with patient and got to know them as the patient attend unit the clinic three times a week. We noted that the clinic allowed patient relative, friends or carer to attend the clinic with the patient for their dialysis treatment. Staff we spoke to told us they had some patients relative that attend always attend the dialysis clinic with the patient. During inspection, we saw three occasions were patients' relative had attended the clinic with the patient to offer support.
 - Staff showed empathy and compassion when delivering care to patients. We observed staff were caring, kind, smiling and interacted appropriately with patients when delivering care to them. We observed that staff supported patients with checking their weight and transferred them from dialysis chair to wheel chair in a patient and caring manner.
 - Patients spoke positively about their care and treatment from the nursing staff, medical staff and allied health professionals. They told us they were treated with respect and kindness at all times.
 - Patients told us their dignity was maintained by staff. Patient told us staff always asked them if they needed a screen by their dialysis chair when they want to change or on dialysis to maintain their dignity. We saw staff used the screen on two occasions around patient's dialysis chair when the patients wanted to change. The screen was also used for patients that wanted it during their dialysis treatment to maintain their privacy and dignity.
- Patients had their clinic with the consultant and dietician by their dialysis chair during dialysis with the curtains drawn round to maintain their dignity and privacy which they found convenient and effective. Patients and staff told us patients were given the opportunity to use the clinic consulting room if necessary or requested to ensure confidentiality and privacy.
 - Chaperoning was available to patients during the consultant clinics. Nursing staff working in the clinic offered this service to the consultant and patient when needed.
 - The clinic had a quiet room for patients to have confidential discussions about their care with nursing staff or other MDT staff.
 - Specific comments made by patients included "Staff are lovely", "excellent staff", "staff are brilliant", "staff are here for you", "love the staff", "make you feel welcome", "treatment is good", "staff are friendly", "fantastic staff", "very nice unit, staff are marvellous".
 - We noted that the clinic received 12 compliments in the last 12 months prior inspection. The clinic manager kept record of the compliments and shared them with the team.
 - Patient satisfaction surveys were carried out biannually using an independent company. The survey was based on the friends and family test and allowed for anonymity for responders. The October 2016 patient survey showed 56% response rate. The result showed 85% would recommend clinic which was better than the March 2016 survey of 78%. The survey aimed at identifying what was important to patient and any areas for improvement. The outcomes and action plan from the survey were made available to all patient and staff.

Understanding and involvement of patients and those close to them

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- Patients were empowered to take responsibility for their treatment and nutrition. Patients were encouraged to weigh themselves prior to dialysis and inputting data to the dialysis machine.
- Staff encouraged and allowed patient to be independent and about their care and treatment. We noted that some patients that attended the clinic were self-caring about their treatment and able to set up and connect and disconnect themselves unto the dialysis machine. We saw that patients that were self-caring and connected themselves to the machine had been trained and assessed by staff to undertake this procedure independently.
- We observed staff discussed patient's treatment, nutrition and prescriptions with them patiently and took their time to answer their questions. We observed a staff member interacting with patients who explained well what they were doing, and related to patient compassionately. We saw that staff gave patients adequate information and discussed alternative options needed about their care.
- Patients told us staff involved them and their loved ones in their care and treatment. Staff spoke to them in ways that allowed them to understand their treatment. Patients and their relative told us they felt involved in their care. Specific comments included "staff explains things to me", "given the opportunity to ask questions", "staff tells me if there is something wrong for example my iron level". "Explained themselves well and answer my questions".
- During inspection we saw various examples of where staff had involved patients' families, friends and power of attorney in their care. Staff gave example where they had called patients carer or family when there was any issue or progress to a patient treatment. We saw written evidence where staff had involved patient and their loved ones in the do not resuscitate decision. We saw evidence of best interest meeting carried out with patients and their family present
- We observed staff gave patients information leaflets about their treatment and condition. Patients new to dialysis or unit were given additional time and support before treatment by staff. Staff discussed the common risk, side effect and benefits of the treatment that was in the information leaflet given to them.
- Patients we spoke to told us they felt comfortable to approach staff and ask questions.
- Patient had access to their blood result through the patient view. We saw that some patients were taught by staff and knew how to interpret their blood result. Patient also had access to a patient view system where all documentation and patient educational programmes and written information were made available to them. Patient were actively involved in decisions regarding their ongoing care. Shared and self-care were made available after the patient had completed a robust training programme".
- We saw evidence of various staff involving patients about their care such as during nutrition assessment, dementia assessment and occupational therapist assessment.

Emotional support

- Patients had access to a social worker and psychologist. Staff told us if they identified any person with emotional issue, they referred them to the consultant, who then referred patients to the psychologist. Patients with financial or social issues were referred to the renal social worker for support.
- Staff showed kindness and understanding to patients. Side room were made available to new or anxious dialysis patients to help them settle in to the unit. This ensured staff had time to talk privately to them to reassure them.
- Patients were allocated a named nurse to ensure on-going support. The named nurse gave patients and their relatives support and time to discuss their care, treatment and other issues that impacted on them. The named nurses had a supernumerary day allocated to them monthly to go through their portfolio and speak to the patient. We saw that staff encouraged patients to go on holiday and access support networks.
- Staff received regular training from the NHS trust counsellors, social workers and the conservative management team to enable them to identify the patients with emotional needs. The clinic had protocols and pathways that supported staff in decision making and early referral for counselling and psychological support.

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- The clinic offered information to patients about peer support groups such as the Kidney Patient Association (KPA) to support them and their loved ones. The KPA also funded annual social events for both patients and families and this fostered good emotional support. During unannounced inspection we noted a social event was organised for July 2017 for patient and their loved ones including their children.

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

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

Service planning and delivery to meet the needs of local people

- Diaverum was contracted by the commissioning NHS trust to complete dialysis treatment. The trust and local commissioning group defined the scope and specification of the service which incorporated the local needs of the clinic.
 - The trust renal unit and consultant nephrologist team for haemodialysis treatment referred patients. The clinic ensured patients referred and accepted for dialysis treatment were assessed, medically fit for satellite treatment and lived within the local area.
 - The clinic reported progress in delivering the service against the defined requirements in their monthly contract meeting through the submission of key performance indicators and measurement of quality outcomes.
 - The service ran the dialysis sessions at different times of day to meet people's different needs. The had an evening session on Mondays, Wednesday and Fridays. We noted that the evening session were mostly attended by patients that worked or studying. Staff said that the service was usually able to meet patient's needs in terms of their preferred session. We saw evidence that when the clinic moved to its new building, all patients were contacted about the treatment time which was changed.
- Patients in the Greenwich and Bexley Heath areas travelled to the dialysis clinic a minimum of three times per week. The NHS trust contracted a transport service to provide transport services for patients travelling to the clinic.
 - Patients had access to car parking on site car park. There were dedicated disabled car park bays available near the clinic. No complaint or concerns expressed by patients and their love ones about the car park.
 - Patients card were colour coded according to shift and patients initial. This allowed ease access for patients to access their card when they attended the clinic for their treatment. We noted that staff also checked the cards with the patient to ensure they got the right patient card.

Access and flow

- The clinic linked directly to the referring commissioning NHS trust and all referrals came via the renal consultants. Where a direct enquiry for referral to the service was made, the trust was notified and arrangements were put in place to transfer all the patients' medical notes.
- The clinic had processes for patients to be assessed for suitability before being accepted for dialysis in the clinic. We saw the trust and clinic followed the service criteria process, referral and acceptance. Patients were assessed for their appropriateness to receive treatment at the unit by the commissioning NHS trust. Patients with hepatitis b were not accepted and treated at the clinic but at the trust. The acceptance criteria was to ensure the patients accepted were physically well and medically stable enough for satellite treatment and they lived in the local area. Senior staff we spoke to told us patients were accepted based on their postcode catchment area.
- When a patient was identified as suitable to attend the clinic for their dialysis treatment, a referral would be completed by the trust and arranged an assessment visit. Patients were given the opportunity to visit the clinic and have a look around and meet staff. The trust arranged patient transport where necessary once the patient consented to attending the clinic.

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- Patients were orientated on their first day in the clinic. This involved showing them their chair, the card system for patients to weight themselves, introducing each nurse and educating patients about the clinic and the nurse's role.
- Following a referral, if the clinic had no capacity to accept the referral, the patient was placed on a waiting list and received dialysis treatment at the trust while awaiting transfer. When emergency admissions or transfers occurred the trust acute team accommodated the treatment until a permanent slot was made available to the patient. There was regular communication between the consultants, lead renal nurse and the clinic about which patients should receive priority once there was capacity in the clinic.
- The clinic recently moved to its new building within the same hospital site. We noted that the unit had increased their capacity to accept more patients since the move to the new building. The clinic level of utilisation for the period of December 2016 to April 2017 was 100%. The clinic manager told us the clinic was operating on full capacity on 24 April 2017 when they moved to the new building. The clinic capacity was increased from 72 to 80 patients, which improved the level of utilisation of capacity to 67% as the numbers of stations increased from 12 to 20. We noted that the clinic had more patients that received dialysis treatment in the clinic compared to when in the previous building. The clinic had hoist equipment in the clinic and started accepting patients that required this equipment during their treatment. Staff we spoke to told us they had accepted some patients they could not care for previously when they did not have the space and equipment to care for them.
- During inspection, staff we spoke with told us they had eight patients on their waiting list which was better than in March 2017 (17). This improvement was related to the increase in the capacity since the move to the new building and dialysis chair. Senior staff told us the majority of patients awaiting transfer were new dialysis patients that needed to be stabilized before admission to the clinic. The patients on the waiting list were updated regularly by staff and matron about their transfer status. Staff told us these patients received dialysis treatment at the trust and waited for an available preferred slot before been transfer to the clinic. Staff told us they did not have problem with capacity as patient received dialysis treatment at the trust till there was an available slot.
- The service reported two patient unplanned transfers to another provider in the last 12 months before inspection. Staff told us the transfers were all unavoidable as the patients' required medical assessment and treatment.
- The clinic had a 30 minutes window to connect patient to the dialysis machine to improve waiting times. We observed and patient told us they did not had to wait long on arrival to the clinic before connected to the dialysis machine. Patients we spoke to waited approximately between 10 to 15 minutes. The clinic manager and trust monitored the 30 minute window of connecting patients to the dialysis machine. The audits result for the period of January to April 2017 showed that 95% of patients were connected to the dialysis machine within the 30 minutes window, which was better than the trust set target of 90%.
- In the last 12 months prior inspection the clinic reported four sessions cancelled in the last 12 months. These cancellations were mostly related to transport service. There were 18 delayed dialysis session hours within the same period and of which six were related to machine breakdown or equipment failure.
- The transport service had defined key performance indicators they were evaluated against by the transport group. Patients should not wait more than 30 minutes to be picked up from home prior to their dialysis session. Travel times between home and the dialysis unit should be 30 minutes or less for patients. Patients should wait no longer than 30 minutes following the completion of dialysis to be picked up for their journey home. The transport requirements were met and staff and patient expressed no concern during inspection. The journey time was less than 30 minutes on each journey.

Meeting people's individual needs

- The clinic provided disabled access, pressure relieving mattress, wheelchair accessible toilets and selection

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of mobility aids to support treatment of those with different care needs. The clinic had hearing loop available to support patients who were hard of hearing.

- The clinic had the flexibility to schedule patients' treatment sessions to facilitate their work, religious practices and social needs.
- All dialysis station had a call bell and patients told us staff responded appropriately to the call bell when used. A patients call bell monitor was available in the staff room to alert staff during their break of emergencies that required their response. There was a telephone in the staff room which could be used during emergency or to receive patient phone calls. During inspection, we observed that patients were not left own and staff were always available in the treatment area.
- Patients had access to Wi-Fi they could use on their laptop, smart phones and tablets. Patient we spoke to commented that they were happy they could access the internet to interact with their friends on social media.
- Each dialysis station had a television patient could watch television and listen to music. However we observed there was no head phone seen by all dialysis chair. Patients told us they were not concerned about this as they were allowed to bring their own headphones. We noted and no patient commented on noise from other patients' use of television.
- The clinic had a quiet room for patients equipped with books where they could relax before or after commencing their dialysis treatment. The patients waiting area was spacious and had 18 chairs, patients and their relatives could sit. The clinic had a quiet room in the reception area equipped with books where patient could relax before been called for their dialysis treatment. We noted that the reception area was spacious and had 18 seats for patient and their loved ones to seat while awaiting treatment or transport. We observed there were enough free seats at the time of inspection for patients and their relatives. During inspection we observed various posters of health promotion, and health and safety posters were displayed in the reception area for patients and visitors.

- Patients were provided with a leaflet that contained useful websites and contacts information for their diet and kidney disease. The leaflets detailed available support and information such as social worker support for kidney patient, lowering potassium level, holiday dialysis and diet and haemodialysis.
- Staff had access to the NHS trust and care home translation service when needed. We saw evidence of where translators had been used when having discussion about patients care and treatment.
- The clinic did not provide care for patients with learning disability or those living with dementia. Patients that required additional supported received their dialysis treatment at the NHS commissioning trust.

Learning from complaints and concerns

- The clinic received eight complaints in the last 12 months and all were upheld following formal investigation. We noted that complaints were investigated appropriately and learning shared among staff. Staff recorded patients' informal complaint on their complaint record. The informal complaints were mainly related to no blanket or the temperature of the unit been too cold or hot. Staff told us the service did not had capacity to provide blankets to patients due to storage and laundry. Therefore patients were advised and allowed to bring their own blanket. Staff told us they had on-going issue with the temperature in the unit and which had been escalated and addressed by the clinic landlords.
- The clinic had clear processes for management of complaints. Staff we spoke to were aware of their complaint process and policy.
- Staff had access to their complaint portal and knew what to do if they received formal or informal complaint from patients and their loved ones.
- The clinic provided a patient booklet that included information about how to make a complaint about the clinic complaint policy and procedure. Patients we spoke with knew how to make complaint to staff. Patients could make a complaint verbally to staff, through email, letter, telephone or the website.
- We saw example of written complaint received by the clinic and noted the management investigated the

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issue and contacted the patient. We saw the management wrote a letter to the patient and gave feedback of the changes made following the complaints.

- We observed a displayed copy of the complaints policy in the clinic waiting area and which include contact details of the senior managers.

Are dialysis services well-led?

Leadership and culture of service

- The service had a clinic manager who was the clinic lead and reported directly to the Diaverum area manager. The clinic manager was supported by a practice development nurse and four senior team leaders in the clinic. We noted the clinic did not have a deputy manager and were in process of recruiting one. The leaders had the appropriate skills and knowledge to manage the service.
- There was clear leadership within Diaverum and the clinic. Diaverum had an organisational structure, which included a managing director, supported by a director of nursing and operational manager, in addition to financial, commercial and operational clinical divisions. Staff were divided into three regions nationally, and each area had a practice development nurse (PDN) and a manager or matron.
- The clinical director of nursing, PDN and operation manager from Diaverum were present during inspection. We observed that they were familiar and interacted well with staff in the clinic.
- Staff spoke positively about the leaders and the support received from the managers and colleagues. Specific comments from staff included “happy working for company”, “well supported”, “able to ask questions and raise concerns”, “staff morale good”, “everyone pulls together”, everyone is approachable and available”..
- Staff told us they were encouraged to report incidents and express their concerns. Staff told us there was an open door culture and no blame culture in the clinic. Staff told us they have received support and seen changes that were implemented following concerns raised. Specific comments from staff included

“Diaverum has very supportive team”, “Any issues you can just escalate to the relevant person and they will support you”, “great support from HR and legal departments and senior team”.

- We noted that some of the staff had been working for many years in the organisation. Staff told us they had the opportunity to progress in the organisation. Some staff said the organisation invested in staff which ensured their competence and knowledge.
- All staff reported that the clinic managers and leaders were accessible, approachable and available. During the inspection, we observed that the manager’s office was in the open treatment area, which made the manager more visible and accessible to staff and patients.
- Senior staff told us they had formal meeting online with their executives and they were supportive and responsive to any needs or issues raised.

Vision and strategy for this this core service

- Diaverum’s vision was to be “the first choice in renal care”. Their mission was to improve the quality of life for renal patients.
- Diaverum values included competent, inspiring and passionate. Staff we spoke to were aware of the organisation values, vision and mission.
- Diaverum top five priorities included focus on improving the quality of life for all their patient, pursuit of operational efficiency, grow the number of clinics, be a great place to work and implement patient care coordination in the clinic.
- There was a clear and effective strategy for the delivery of care and priorities with policies, guidance and procedures that are national guidelines. We noted that the organisation strategy and priorities were communicated to staff through their managers and leaders.

Governance, risk management and quality measurement

- The organisation had a quality assurance system that monitored performance through regular audits, guidance and procedures, staffing, training and development. Improvement actions plans were put following monitored performance outcomes.

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- The consultant nephrologist from the commissioning NHS trust was the governance and quality monitoring lead for the clinic. The matron supported the consultant in feeding information back to the local trust and monitored progress against their contract and guidance.
- There was a service improvement meetings held every three months where the team monitored the contract delivery and key performance indicator (KPI) of the clinic. The outcome of such meetings was fed back to the quarterly management review meeting.
- The clinic had a quarterly management review meeting that was held at the commissioning NHS trust where the clinic manager reported and discussed clinical outcomes with the clinical operations manager. These meetings were attended by the consultant, matron and the service improvement team. The review meeting covered areas like blood result, water treatment, complaints, incidents, hygiene audit, and audit of dialysis records and care plans. Audit of clinical practice and risk assessments were reviewed annually with the exceptions where audits were unsatisfactory. The outcomes of the management review meeting were reported to the trust and Diaverum chief medical officer.
- Monthly area meetings took place regularly and the business managers, clinical managers and the practice development managers discussed progress against target such as local training rates. The team then decide if development plans were to be made or changes to practice.
- The clinic had monthly senior staff meetings to assess the quality monitoring and staff appraisal. We noted that the consultant and matron attended these meetings to address clinical issues and patients care. These meeting followed a set agenda and discussed incidents, blood sampling, complaint, transport, dialysis slot and audits. Outcomes of the meetings were shared with clinical staff in the clinic.
- There were area meetings held within the organisation on a monthly basis. The business manager, clinic managers and practice development managers attend these meeting to monitor the clinic progress and KPI such as local training rates.
- The nursing director reviewed the quality management reports from the clinic and contacted the clinic manager to review any issues. The nursing director carried out a weekly review and monitoring of hand hygiene reports, mortality rates, incidents etc. They also received alerts from important incidents and undertook trends analysis which was fed back to the directors meetings in the organisation.
- The clinical had an overarching risk register, which categorised into clinical risk, operational risks, human resources and financial risks. It contains a risk rating and subsequent mitigating actions. There was two risk added to the local risk register which were about falls and recruitment. Both primarily operational risks but they also addressed clinical aspects. We saw that the risk register was reviewed regularly and the falls risk action plan had been actioned. The clinic had trained staff in undertaking falls assessment and in using the traffic light system was putto easily identify patients at risk of falls. The "traffic light system" is a tool used to enhances staff's awareness of patient's risk level as identified in the Falls Risk assessment completed for each patient. The patients identified as high risk had a red identifier, those with medium level had the amber identifier and the low risk patients had a green identifier. The tool allowed for timely review of risk assessments if changes in patients' condition changes and now used by nursing staff in the organisation and trust.

Public and staff engagement

- The clinic encouraged feedback from patients, patient representatives, staff and commissioning NHS Trusts.
- Staff told us the senior managers engaged with them regularly through their monthly staff meeting and daily handovers. Staff meetings were scheduled sometimes on Sunday to enable staff that worked weekends the opportunity to meet with senior staffs. We noted that handovers were held daily on the start of each shift. Staff described engagement with managers and organisation as "good communication and engagement".
- Diaverum completed an annual staff survey for the clinic. The March 2017 result showed the clinic was rated "4-star" out of 5-star. Staff felt their ideas and opinion were valued and would recommend the

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organisation as a place of work. Staff felt supported and knew the strategy of the organisation. The audits showed the organisation mostly performed better than their international average in the organisation.

- The service engaged well with the patients and their relatives. The service carried out a patient survey to seek their views and input of the new building. Patients were invited to the clinic to see sample of the colours and floors to be used for the new building. Staff told us the painting of the new clinic and flooring were based on the patients decision from the feedback patients received. Patient were given a guided tour of the clinic before it was opened, with their question answered.
- Diaverum's completed biannual patient satisfaction based on "I want great care". The survey was based on the 'Friends and Family test' and carried out to identify what was important to the patient and identify areas for improvement. The October 2016 patient survey showed 56% response rate. The result showed 85% would recommend clinic which was better than the March 2016 survey of 78%. The October 2016 result showed an overall 85.1% satisfaction on standards audited. We noted there were action plan to address the areas for improvement. We saw evidence that the survey result was shared with patients.
- Patient had direct access to senior managers and suggestion boxes were available in the clinic for patients' feedback. We saw examples of service improvements as a direct result of patient feedback. The service made changes to schedule times of the clinic and transport provision to improve waiting times following patients' feedback.
- Diaverum also participated and actively supports the national patients' survey and any other surveys generated by the referring Trust and local Kidney patient Association."
- Poster in the clinic informed patients and their relatives about a social event in July 2017 for dialysis patients. This event was organised with a view to offer support and support network for patients and their loved ones.
- The organisation had a magazine that informed patients and their relatives about changes,

information and events that related to them. The March 2017 magazine informed patients of the organisation 10th anniversary, and highlighted their achievement, thanked and mentioned names of patients and staff that 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 clinic they could attend for their on-going dialysis treatment.

- Staff held an annual Christmas dinner with patients in a restaurant. We noted that some of the pictures were posted in their organisation magazine.

Innovation, improvement and sustainability

- The clinic introduced the patient card system where their weight record and dialysis treatment were all recorded. Staff told us they were initially concerned about the challenge of informing patients they had to weigh themselves and their data was stored on the card. Patients we spoke to were very positive and happy about the new card system.
- The organisation developed a smartphone application (app) system that provided patients with 24-hour access to their medical information in an easy and convenient way. The app was developed to empower patients and take active part in their health and wellbeing. The app covered areas like patient medications, 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 app. The app could be used on smart phones and tablet. We noted that patients were positive about the app and commented that it was "extremely useful to me and family, as it was quick and easy to use".
- There were plans to run an outpatient clinic with the commissioning NHS trust where the dialysis patients in the clinic would benefit from the clinics. Which meant patients could attend their dialysis treatment and outpatient appointment the same day in the same location without visiting their commissioning trust.

Outstanding practice and areas for improvement

Outstanding practice

- Diaverum had a patient telephone application (app) which monitored their blood result, mood and weight. Patients were able to rate their mood and general wellbeing after treatment. This was taken into consideration when treatment was offered and encouraged patients to have greater control over their treatment.
- The service had direct access to electronic patient records held by the commissioning NHS trust. The trust system formed the main frame for accessing all patient information and was visible to all nursing staff in the clinic. This meant that the clinic and hospital staff could access up to date information about patients, for example details of current medicine and patients hospital discharge summary.
- The service designated pharmacist that attended the multidisciplinary team meeting with the consultant and clinic manager. The pharmacist also supported with teaching sessions for all staff on medicines management.
- The clinic engaged well with patients and involved them in the design of the decoration of the clinic new building. The painting and flooring of the new clinic were chosen by patients.
- Staff held an annual Christmas dinner with patients in a restaurant. We noted that some of the pictures were posted in their organisation magazine.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- Provider should ensure that all mandatory training is up to date.
- Provider should ensure staff received level 2 safeguarding children training.
- Provider should ensure staff maintain the aseptic non-touch technique effectively during the connection and disconnection of patient on the dialysis machine.