Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Kingston Satellite Dialysis Unit

Manorgate House, 2 Manorgate Road, Kingston-upon-Thames, KT2 7AL

Tel: 02082964888

Date of Inspection: 01 March 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Epsom and St Helier University Hospitals NHS Trust
Overview of the service	The Kingston Satellite Dialysis Unit provides kidney dialysis for people in the community and is open six days per week. It is located in Kingston and the service is part of the Epsom and St Helier University Hospitals NHS Trust.
Type of services	Acute services with overnight beds Doctors consultation service Long term conditions services
Regulated activity	Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Staffing	8
Complaints	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 March 2013, observed how people were being cared for and talked with people who use the service.

What people told us and what we found

People using the service told us that they were satisfied with the treatment they had received and way it was provided. People said "I have been coming here since it opened and the service is very good". "I have two words to describe this service brilliant and superb". The procedure for consultation and treatment was fully explained to them and referrals were made through the main hospital. One person using the service told us "Every member of staff is brilliant and there are no weak links here". They felt treated with dignity, respect and had received excellent treatment. Someone told us "The staff team are like a family and we have time for a chat which is good as we spend a lot of time here ".
We saw that people using the service had access to information in leaflet form and on the trust website. This included how to access the trust's complaints procedure. Up to date records were kept and people were fully involved in their treatment. There were thorough infection control procedures in place that were followed and regularly audited. The unit was also kept clean and dialysis equipment heat cleaned each morning and after each use. There were suitable numbers of competent, trained and efficient staff available to meet people's needs.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment.

People using the service had access to information on the trust website and in the form of a leaflet. They were referred through the trust and received treatment at the main site for two weeks before transferring to the satellite facility. This gave them an opportunity to become familiar with the dialysis process and procedure so that they knew what to expect and understood it. People were also given the opportunity to visit the unit prior to being treated there. Relevant notes and information accompanied people when they transferred over to the service and the unit was given the information they needed before providing a service. One person told us "If this unit wasn't here we would have to go to the main site at St Helier which is no good as we all live locally".
We saw that staff followed the procedure for treating people with dignity and respect during our visit.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People using the service told us they were very happy with the treatment they received and the way staff delivered it. They said "Staff take time with you and explain things" and "Everything is kept nice and clean and everyone is very polite to you".
With one person's permission the dialysis procedure was explained to us as they were experiencing it. Each step was clearly explained and the patient was asked if they were comfortable and ready to continue. The process was carried out in a relaxed patient friendly way. The unit was appropriately equipped to provide the services registered in a clean and hygienic environment. Protective clothing and equipment was available and used appropriately. The treatment we saw was delivered in a friendly, supportive way by a very professional staff team. Privacy was provided by two side rooms, screens in the ward and a doctor consultation room. Patient records were kept up to date and refreshed after each visit. This included a daily folder that contained contact details, health history, drug chart, dialysis chart, nursing assessment and communication sheets. Weight and blood pressure were monitored after each treatment which was generally three times per week and there were monthly blood flow charts. The unit was open six days per week and treatment slots flexible to fit in with patients needs. We saw that the unit adopted a non passive approach with patients being treated as equals, empowered to be involved and encouraged to do their own dialysis as appropriate. The unit operated a named nurse scheme and people who use the service had access to doctors who attended twice monthly and a dietician. If people ceased to be treated at the unit their notes were returned to St Helier's Hospital.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

People using the service did not comment on the infection control procedures. They did tell us "Everything is kept nice and clean" and "It is clean and lovely". We saw there were clear infection control measures followed to ensure that cross infection was avoided. The procedures maximised infection control and reduced the possibility of cross infection. They were reviewed and updated annually and there was an infection control champion. All patients were immunised against Hepatitis B and had an annual HIV check. If going on holiday they were screened for MRSA and Hepatitis B before they went and on return. All new referrals were screened to determine their status. People with the Norovirus were treated in the side rooms. Patients were actively encouraged to phone ahead if they were displaying any symptoms. The side rooms were subject to a different deep cleaning routine to the main ward. The cleaner was trained in infection control.
The dialysis machines had a heat clean each morning and then went through a test to check hydraulics and functionality before going into prime function. Between treatments the machines were washed down externally and the internal components checked and self cleaned. Sharps boxes were emptied when three quarters full and clinical waste appropriately stored. This is removed by a contracted company twice weekly. The crash trolley was checked monthly and drugs audited and locked away appropriately. The defibrillator, oxygen and suction were regularly checked.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

People using the service told us "Staff are very kind and always ready to help" and "We all get on, have a laugh and this makes my treatment easier". We saw that there were adequate numbers of staff working at the unit and meeting people's needs. The unit had a ratio of five patients to one nurse, a health carer from six am to six thirty pm and a ward clerk. There were always three nurses available at any one given time during opening hours. A night service was not provided. The nurses and other staff had suitable qualifications and had Criminal Record Bureau (CRB) checks in place. Training provided included immediate life support, resuscitation and infection control.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

People using the service told us they were aware of the complaints procedure and whom to complain to. They added that they had no reason to complain. The complaints system was the same as that for the rest of the trust. We saw that the procedure had the facility to record and investigate complaints in a suitable manner and within set timescales. This included recording of outcomes and responding to complainants.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.