

# Review of compliance

## Fresenius Medical Care Renal Services Limited Scunthorpe NHS Dialysis Unit

<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	Scunthorpe General Hospital Cliff Gardens Scunthorpe Lincolnshire DN15 7BH
<b>Type of service:</b>	Acute services without overnight beds / listed acute services with or without overnight beds
<b>Date of Publication:</b>	December 2011
<b>Overview of the service:</b>	Scunthorpe NHS Dialysis Unit is owned and operated by Fresenius Medical Care Renal Services Limited in partnership with Northern Lincolnshire and Goole NHS Foundation Trust providing dialysis to patients with acute and chronic renal failure. The purpose built dialysis unit is a nurse

	led service located within the grounds of Scunthorpe General Hospital.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Scunthorpe NHS Dialysis Unit was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 November 2011, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

As part of our inspection we talked with a number of patients. They spoke positively about the staff and care provided and told us that staff treated them with respect. Everyone we spoke with felt they were involved in their care and in making decisions about their treatment. We received comments such as "It feels like a family here", "Absolutely wonderful", "The staff are superb" and "Very happy with the service".

Everyone we spoke with felt they had received sufficient information about their treatment and we received comments such as "The staff answer any questions I have" and "The information you get is good". We asked patients if staff maintained their dignity and privacy and they confirmed that they did.

Patients told us that they get sufficient support at home and are able to contact the unit if they have any concerns.

### What we found about the standards we reviewed and how well Scunthorpe NHS Dialysis Unit was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

Our review of this service has shown us that people who use the service are respected and involved in their care.

#### **Outcome 04: People should get safe and appropriate care that meets their needs**

## **and supports their rights**

Our review of this service has shown us that people who use the service receive care that meets their individual needs.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

Our review of this service has shown us that people who use the service are protected from abuse, or the risk of abuse, and their human rights are respected and upheld. The service has policies and procedures in place to protect people who use the service.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Our review of this service has shown us that the health and welfare needs of people who use the service are met by staff who have been trained with regular appraisal of their performance.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Our review of this service has shown us that the provider is monitoring the quality of service that people receive through audit and feedback. There is a system in place to report adverse events, incidents and raise complaints and these are monitored to identify any areas of poor practice and make improvements.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

As part of our inspection we talked with a number of patients. They spoke positively about the staff and care provided and told us that staff treated them with respect. Everyone we spoke with felt they were involved in their care and in making decisions about their treatment.

We received comments such as "The staff answer any questions I have" and "The information you get is good". Patients told us that staff attend to them promptly and respond to any questions they may have. We asked patients if staff maintained their dignity and privacy and they confirmed that they did.

Patients told us that they felt confident to raise any views, concerns or complaints they may have with staff.

##### Other evidence

We carried out an unannounced inspection of this service on 22 November 2011 and during this visit we spoke with patients and staff, observed care and looked at patient records.

Everyone we talked with felt they were involved in their care and in making decisions

about their treatment; they spoke positively about the staff and care they received. Patients told us that they received sufficient information about their treatment and staff responded to any questions they may have.

The unit has curtains around each dialysis station and patients told us that staff close these when they require privacy. We saw that staff treated patients with respect and observed relaxed and friendly interaction between them.

Patients are able to contact the clinic directly if they have any concerns when they are at home. If the clinic is closed they would seek advice from their GP and in the event of an emergency patients told us they would access the emergency services.

The service produces a regular newsletter and encourages contributions to the newsletters from patients. The newsletter details events that are planned and includes specific topics providing information and updates for dialysis patients. We looked at a recent newsletter from September 2011 and copies of this were available in the waiting area.

### **Our judgement**

Our review of this service has shown us that people who use the service are respected and involved in their care.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

As part of our inspection we talked with a number of patients. They spoke positively about the staff and care provided and told us that staff treated them with respect. We received comments such as "The nurses are brilliant", "It feels like a family here" and "I am very happy with the service".

Patients told us that staff attend to their needs promptly and respond to any questions they may have. We asked patients if staff maintained their dignity and privacy and they confirmed that they did.

Patients told us that they get sufficient support at home and are able to contact the unit if they have any concerns.

##### Other evidence

We carried out an unannounced inspection of this service on 22 November 2011 and during this visit we spoke with patients and staff, observed care and looked at patient records.

Patients who we talked with spoke positively about the staff and care provided. We looked at patient records and found that a full assessment had been carried out which included their medical history.

Patients attend the clinic three times a week for dialysis. In the medical records that we looked at we found that formal consent for the treatment had been obtained. Through

our observation of care and discussions with staff we found that staff were knowledgeable about the individual needs and preferences of the patients they were caring for.

In patient records we saw that care pathways were in place for the care required during each dialysis cycle. Care plans detailed the individualised care required and we found that these had been updated regularly.

Risks associated with the treatment had been identified and there were measures in place to manage these within the care plans. Examples of risk assessments that we looked at included moving and handling. Observations had been recorded during the patients' dialysis cycle and care had been evaluated and documented.

**Our judgement**

Our review of this service has shown us that people who use the service receive care that meets their individual needs.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

As part of our inspection we talked with a number of patients. They spoke positively about the staff and care provided and told us that staff treated them with respect.

Patients told us that they felt confident to raise any concerns or complaints they may have with staff.

##### Other evidence

We carried out an unannounced inspection of this service on 22 November 2011 and during this visit we spoke with patients and staff, observed care and looked at records.

Staff that we spoke with confirmed they had received safeguarding training for the protection of vulnerable adults and children. They were clear on the process to follow in reporting any concerns they may have.

##### Our judgement

Our review of this service has shown us that people who use the service are protected from abuse, or the risk of abuse, and their human rights are respected and upheld. The service has policies and procedures in place to protect people who use the service.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

As part of our inspection we talked with a number of patients. They spoke positively about the staff and care provided and told us that staff treated them with respect.

Patients told us that staff answer their call bells promptly and respond to any questions they may have. We received comments such as "The nurses are brilliant", "The staff are superb" and "It feels like a family here".

Patients told us that they felt confident to raise any views, concerns or complaints they may have with staff.

##### Other evidence

We carried out an unannounced inspection of this service on 22 November 2011 and during this visit we spoke with patients and staff, observed care and looked at records.

The majority of staff are employed by Northern Lincolnshire and Goole NHS Foundation Trust and seconded to work within the unit. Training is provided by both Fresenius Medical Care Renal Services Limited and Scunthorpe General Hospital.

Staff that we talked with spoke positively about the training they had received, they told us they felt confident in their role and had received sufficient training. Staff said they were supported to undertake additional training or qualifications to develop their role within the unit.

Staff also spoke positively about the appraisal process and felt this was effective in their

development. The appraisal process included training and development.

The unit is currently reviewing and changing shift patterns which was a cause of concern for nearly all the staff we spoke with. The main concern was anxiety over staffing numbers and that the unit has a number of patients that require a high level of care during their dialysis cycle. This was discussed with the manager at the time of the inspection. The manager told us that staff concerns are listened to and that staffing levels are monitored. The manager told us that patients who require a higher level of care attend the clinic in the afternoon when staff from both shifts are on duty so that there are sufficient staff to meet the patients individual needs.

We looked at the number of reported incidents and complaints and there has been no increase in these since changes had been made to shift patterns.

**Our judgement**

Our review of this service has shown us that the health and welfare needs of people who use the service are met by staff who have been trained with regular appraisal of their performance.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

As part of our inspection we talked with a number of patients and they spoke positively about the staff and care provided. We received comments such as "I am satisfied all round" and "Very happy with the service".

##### Other evidence

We carried out an unannounced inspection of this service on 22 November 2011 and during this visit we spoke with patients and staff, observed care and looked at records.

The unit undertakes a wide range of audits to monitor the quality of services provided. We looked at recent examples of a hand hygiene and infection control audit. We saw evidence of where improvements had been identified action had been taken to address this.

The provider undertakes an ISO (International Standards Organisation) annual audit and a report from September 2011 was available. Only two improvement actions had been identified, one action had been completed and the other was in progress. Performance indicators are recorded and monitored by the provider to identify any trends or themes. Audit data is accessed through an on line portal so that staff are able to view statistical data, audit outcomes and monitor action plans.

Incidents, accidents and complaints are monitored. There have been no clinical incidents reported in 2011 and only three complaints have been received. We looked at an example of an accident that had been reported and found this to be well completed

with any actions identified and implemented.

A business review is carried out every two months between the manger and regional manager. We looked at a recent review carried out in November 2011. The review included complaints updates, clinical indicators data, audit outcome feedback and staffing updates.

Information to staff is disseminated through staff meetings, written information and displayed on notice boards. We looked at recent staff meeting minutes which included feedback and information in areas such as quality, performance, training, health and safety, changes to practice and general information.

A patient survey is conducted annually to seek the views of patients receiving care at the unit. This has recently been undertaken however the results have not yet been published. Patients we talked with during our inspection spoke positively about the staff and care provided.

### **Our judgement**

Our review of this service has shown us that the provider is monitoring the quality of service that people receive through audit and feedback. There is a system in place to report adverse events, incidents and raise complaints and these are monitored to identify any areas of poor practice and make improvements.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA