Care Quality Commission

Inspection Report

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

Scunthorpe NHS Dialysis Unit

Scunthorpe General Hospital, Cliff Gardens,
Scunthorpe, DN15 7BH

Tel: 01724387742

Date of Inspection: 22 October 2012

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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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Fresenius Medical Care Renal Services Limited
Registered Manager	Ms. Jill Armitage
Overview of the service	Scunthorpe NHS Dialysis Unit is situated on the Scunthorpe hospital site. The unit consists of up to 12 dialysis stations including some individual rooms that can be used for isolation purposes.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
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'.

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 reviewed all the information we have gathered about Scunthorpe NHS Dialysis Unit, looked at the personal care or treatment records of people who use the service, carried out a visit on 22 October 2012 and observed how people were being cared for. We talked with staff.

We inspected the environment.

What people told us and what we found

We observed care being received by people when undertaking dialysis. People were seen to be treated with respect, their clinical needs met and there was a programme available for people to be trained to conduct many of the processes themselves, such as recording weight, connecting to and using the dialysis machine. Patient surveys suggested a high degree of satisfaction with the service. On the day of our inspection, most people undertaking treatment were resting or reading.

The clinical areas were clean, tidy and there were systems in place to lower the risk of spread of infection. Staff were appropriately trained, supervised and supported and we saw evidence of a programme of auditing and monitoring of clinical practice and records.

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 privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. The manager explained the process for gaining consent of people for their dialysis. Consent included signing agreement forms for treatment and data protection consent. A clinician also signed the forms to signify that the person understood what was being done, their responsibilities and expectations of the service. We looked at three sets of paper record patient files and were shown how this was then recorded on the electronic record system.

People expressed their views and were involved in making decisions about their care and treatment. The patient records we looked at included examples of where people could express appropriate choices within their plan of care. One person was using a system of shared care where they had been trained and assessed as competent to carry out as much of the dialysis process themselves without clinical intervention. Most patients were encouraged to carry out some aspects such as weighing themselves. A smartcard was put into the weighing scales which recorded their weight, and the patient then put the card into the dialysis machine where their weight was taken into account for the programming.

We saw examples of where patients had been asked to contribute to the running of the unit. For instance, a poster warning people not to shorten their dialysis time was designed by patients at the unit.

People's diversity, values and human rights were respected. Side rooms were available, both for patients with known or suspected infections, or where they had other personal needs for privacy. Dialysis stations in the main area had curtains and were spaced such that a degree of privacy was afforded.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three sets of paper records for people and were shown how the electronic patient record system recorded information.

We saw that newly referred people were assigned a named nurse who ensured with colleagues that assessments, both clinical and social were carried out and these were reflected in the care plans. We noted that the electronic system ensured that items needed to be recorded before allowing the nurse completing the record to move on, such as observations. There was evidence to show that patient records including care plans were audited for accuracy and completion, 10% per month, ensuring that all records were checked at least annually.

People's care and treatment reflected relevant research and guidance. There were references through the provider's quality monitoring systems to ensure care reflected the outcomes proscribed within The Department of Health's National Service Framework (NSF) for renal services. There was also evidence to show that NHS commissioners of the service required published guidance to be reflected.

There were arrangements in place to deal with foreseeable emergencies. There was a document called "Disaster Plan" which outlined the business continuity plan of action, should the unit be unusable due to, for instance, loss of electricity, water or issues with the fabric of the building. We saw that the provider also managed dialysis units in other hospitals within the region and that capacity could be sought should the need arise.

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 cared for in a clean, hygienic environment. 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.

We conducted a tour of the unit and found all areas to be kept clean and tidy. We saw that clinical hand wash sinks were available in all bays, with no bed more than a few metres from a sink. Sinks were to the prevailing specification with regard to design and used liquid soap and disposable paper towels. However, the provider may find it useful to note that one sink had been modified after it was found that the automatic tap was not functioning correctly. The replacement solution included individual hand operated taps rather than elbow taps, meaning staff had to operate the taps with both clean and not clean hands. The manager and the provider's regional director said they would address this.

We noted that side rooms had personal protective equipment (PPE) such as gloves and aprons available in the room, whereas for patients with an infection, PPE should be stored outside the room. We were told that should a patient with an infection require dialysis, the PPE would be removed to outside. The provider may find it useful to note that we were told this arrangement was not written down and the manager could not be assured that staff would remember to do this in the absence of a policy or procedure reflecting this.

There was evidence of a programme of audit for aspects of infection prevention and control. Staff carried out regular hand hygiene audits, audits of venous line insertions and infection aspects reflected in the provider's "communication matrix" management reporting system. We saw evidence that staff training included infection control as a mandatory subject and that further appropriate training was available for specific roles.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at three sets of staff records to ascertain details of training and supervision. We noted that the corporate induction training included a test, the score being recorded in the employee's notes. There was a competency framework for dialysis nurses and evidence of training and competency checking for areas of expertise such as intravenous drug practice, access (cannulation) competency and water treatment.

All the competencies were recorded against a quality management system that the provider used at a corporate level. We noted that local managers were responsible for individual staff training and ensuring this was kept up to date. The staff records included copies of relevant certificates.

From our noting of staff records and discussions with the manager, we were able to see that training, both statutory and job specific, was up to date and on target for annual completion.

We spoke with the manager regarding supervision and professional development reviews of staff. We were shown evidence that this was up to date and that staff were receiving appraisals that were linked, where appropriate, to the requirements of the Nursing and Midwifery Council (NMC.)

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The provider had a system in place for carrying out quality audits and the monitoring of service reports the clinic generated for consideration against the provider's group of dialysis units.

Most audits of practice were collected within a system called the "communication matrix." This listed the type of audit, (examples included infection control, medication errors, clinical variance, complaints, incidents, water monitoring and health and safety,) as well as identifying the frequency of the audits and who was to carry them out.

Clinical information was collated within the Fresenius group of dialysis clinics which resulted in the manager receiving a six monthly medical director's report and internally published quarterly analysis. This helped monitor the quality of the service and helped with considering trends. The quality standards report also indicated their performance against The Department of Health National Service Framework (NSF) for renal services, and the quality expectations contained within the standard.

The provider took account of comments to improve the service. We asked if there were examples of changes through reviewing patient comments. We were told of a recent project by patients that resulted in the design of a poster warning people of the risks associated with finishing their dialysis before the allotted time.

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

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