

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

## Tunbridge Wells Kidney Treatment Centre

Abbey Court, 7-15 St Johns Road, Tunbridge  
Wells, TN4 9TF

Date of Inspection: 12 March 2013

Date of Publication: May  
2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Guy's and St Thomas' NHS Foundation Trust
Overview of the service	Tunbridge Wells Kidney Treatment Centre provides dialysis services, haemodialysis patient training, support for peritoneal dialysis patients and outpatient clinics. It is part of Guy's and St Thomas' NHS Foundation Trust. There are five four bedded bays and four private rooms on two floors. There is a lift. It is located in the centre of the town. There is limited parking.
Type of services	Acute services with overnight beds 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We spoke with three patients, one family member and six members of staff.

Patients felt their privacy and dignity were respected at all times. They said they had choices about what sort of dialysis they received and where.

Patients were full of praise for the care they received. Staff were, "excellent, very friendly and wonderful". One patient commented, "best unit I have been in and I have been in two others".

There were policies in place to protect vulnerable adults. Staff were aware of them and gave examples of when they had raised alerts about safeguarding patients and their families. All the patients and their families that we spoke with felt the service was safe.

Staff felt very well supported in their roles. They were supervised. They said training was plentiful and of high quality. We found that personal appraisals that should have been undertaken for each staff member annually were inconsistently completed.

There were measures in place to monitor the quality of care including audits and reporting of incidents. We saw examples of lessons learnt from incidents or patients' comments.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

Patients' privacy, dignity and independence were respected.

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### Reasons for our judgement

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Patients said that their privacy and dignity were respected. One patient said, "the doctors shield you when examining ... (staff) close the door and then pull (an additional) curtain across the doorway ... never been interrupted (during a consultation). A family member told us, "whenever there is an incident or people fall ill the staff always pull the curtain round ... (the treatment bay)"

We saw that information was provided to patients. For example staff taking blood pressure routinely told patients the results, patients did not have to ask. We heard one nurse providing a detailed explanation of fistula surgery. Fistulas are surgically created access points under the skin. The explanation was free from medical jargon, complete and outlined the risks and the benefits. The nurse also talked about the alternatives. The patient was fully informed about the choices. There was a wide range of informative leaflets. This included a basic "welcome to our dialysis units" pamphlet through to those that covered complex issues such as low salt diet, fluid restriction and lower phosphates.

We saw that staff knew patients and what names they preferred to be called. We checked a record and saw that the name by which staff addressed the patient was the "preferred name" in that patient's record. There were four private dialysis stations and we saw that staff knocked on the door and waited for an answer before entering.

Patients were encouraged to be as independent as possible. We spoke to one patient who had been managing his dialysis at home. There was training for patients who wanted to dialyse at home. There were four self-care stations for patients who wish to do some, or all, of their own treatment.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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All the patients that we spoke with were very complementary about the care they received. One patient said, "Staff are technically adept ...once a month they talk through what you need to do (to maintain medical stability)". We frequently saw family members helping out in the dialysis bays as part of the team. One family member said, "(staff) ... very kind, not one unpleasant ... I think it is marvellous ... very safe yes everybody helps ... not left on your own".

Most patients were referred to the centre by GPs through an advanced assessment team. This meant that their worsening condition had been monitored for some time and the fact they were going to need dialysis was already known. They were able to come to the centre in advance of starting treatment, meet staff and familiarise themselves with the environment. Some patients came to the centre from hospital having been admitted through the emergency medical department (A&E).

Generally patients have dialysis every other day. The centre is open 8am until 9pm, Monday to Saturday. Before each session there was an assessment of the patient. This followed a standard process (SOAPI, subjective, objective, assessment, plan and intervention). Subjective assessment was what the patient felt, we saw notes such as "(name) complained of back pain, given paracetamol" or "(Name) said he had seen the skin specialist". Following this was an objective assessment weight, blood pressure and such like. From these assessments the treatment was planned, for example the plan might read "3.5 hours to remove xx kg at xx ml/per min" (flow rate). Therefore each assessment resulted in an individual treatment plan. After dialysis the patients were again weighed and there were nursing observations such as "came off (dialysis) well and stable" and "pt (patient) says he is feeling well".

Patients were seen every three months by a doctor. There was range of other support such as physiotherapy to help and encourage patients to exercise during dialysis and a vascular access team to ensure patients had timely fistulas. There were renal psychology services to help patients manage what was, almost always, a life changing diagnosis. Along side this were peer support groups.

There were arrangements in place to deal with foreseeable emergencies. On the day of the inspection there was heavy snow. One patient we spoke with normally had afternoon dialysis. She had been contacted by the centre and asked to come in the morning so that her afternoon slot could be made available to a patient who had been delayed because of the inclement weather.



**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

Patients who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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The staff we spoke with were able to identify adult abuse and knew what to do about it. The centre had a safeguarding policy. Staff were aware of the policy and how they could access it. We saw from records that most members of staff had completed safeguarding vulnerable adults' training.

The provider responded appropriately to any allegation of abuse. Staff gave several examples where they had reported possible safeguarding issues. One involved an allegation of possible domestic abuse. This was appropriately reported and resulted in a joint police / social services investigation. Although the allegation was not proven the investigation highlighted a training issue for one of the people involved and this was addressed. Other examples showed that staff were alert to safeguarding issues and dealt with them correctly but also with respect to patient confidentiality.

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

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## Our judgement

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The provider was meeting this standard.

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

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## Reasons for our judgement

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All the staff we spoke with felt well supported to carry out the roles required of them. Staff said that the training was of high quality, was relevant and accessible. Staff said that they had completed their mandatory training. Mandatory training comprised items such as basic life support, safeguarding vulnerable adults, fire safety, infection prevention control and manual handling.

Staff spoke of other training and development opportunities. One staff member had had phlebotomy (drawing blood for analysis or transfusion) training. Another was having advanced haemodialysis training. This was "on the job" training. A mentor and co-mentor had been appointed and the staff member was inserting needles into patients under their supervision. Thirty minutes had been allowed at the end of the shift for her to discuss learning points and complete a workbook of evidence.

All the staff spoke of an open culture where they could ask if they were unsure. We saw senior staff showing others how tasks should be carried out. The matron, who had responsibility for a number of satellite units, visited about once a week. We saw the matron take over tasks so that staff could be freed for other duties.

Each staff member should have had an appraisal each year. The provider might like to note that the implementation of this was sporadic. We did not do a detailed analysis but discussed this with the management at the centre. They agreed that only about a quarter of staff had had an annual review. This meant that staff may have missed out on opportunities to contribute to improving the service at the centre and on their personal development.

However we saw that the centre management were aware of the lack of appraisals. There was a plan in place to address this. Various dates had been set aside to conduct staff appraisals and emails had been sent, before the date of the inspection, to staff to that effect.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The provider had an effective system to regularly assess and monitor the quality of service that patients received. The centre is part of Guy's and St Thomas' NHS Foundation Trust and was subject to the range of clinical governance that applied across the trust.

There was an accident reporting system (datix) where slips, trips, pressure sores and such like were recorded. We saw that lessons had been learned from incidents. For example one patient had a fall. He was self caring and fell after weighing himself at the end of his session. He fell over the tubing that was linked to the machinery. As a result the tubing had been reconfigured to reduce the risk of a similar incident.

There were a number of meetings to discuss services. There were dialysis meetings to discuss and agree changes of practice. This ensured consistency across the trust or where a dialysis service adopted a different practice the reason for the local practice was clear.

Each Tuesday there was a microbiology meeting to discuss infection prevention control. There were regular audits. For example audits of records showed that some SOAPI notes were "poor or not enough details included", in response to this training sessions were held.

The centre responded to alerts and recalls of drugs or equipment. During our inspection there was a recall of diabetic strips. These were used in conjunction with a blood glucose monitor. We saw that there was an e-mail notifying the centre of the recall and that this was followed up by a telephone call, to ensure that the e-mail had been received and was being acted upon.

Patients' views were sought. For example when deciding which dialysis chairs to buy the trust trailed various chairs and asked patients to use them during dialysis sessions, before purchasing them

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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



## Contact us

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