

## **Hospital Inspection (Unannounced)**

Merthyr Renal Dialysis Unit  
(Fresenius Medical Care Renal  
Services), Merthyr Tydfil

Inspection date: 30 November  
and 1 December 2017

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of the Merthyr Renal Dialysis Unit on 30 November and 1 December 2017.

Our team, for the inspection comprised of one HIW inspection manager, one assistant HIW inspection manager, two clinical peer reviewers and one lay reviewer. The inspection was led by the HIW inspection manager.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

We found evidence that the Merthyr Renal Dialysis Unit provided safe and effective care.

However, we found some evidence that the service was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Patients we spoke to praised the care given by staff
- Staff were diligent in their approach to promoting effective infection prevention and control
- Medicines were managed safely
- Staff told us that they felt supported by colleagues and the local management team

This is what we recommend the service could improve:

- The amount of information routinely available to patients in Welsh
- The availability of information to patients on 'Putting Things Right'<sup>1</sup>
- Oxygen therapy prescriptions (to include target saturation levels)
- Maintaining up to date written care records (so they reflect patients' current care needs and care provided) and the approach to auditing such records
- The arrangements for monitoring compliance with mandatory staff training.

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<sup>1</sup> 'Putting Things Right' is the process for managing concerns in NHS Wales. <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

## 3. What we found

### Background of the service

The Merthyr Renal Dialysis Unit is operated by Fresenius Medical Care Renal Services, an independent provider of dialysis services. The unit is nurse led and provides care (via contractual arrangements) to NHS Wales patients who require haemodialysis<sup>2</sup>. All staff are employed by Fresenius Medical Care.

At the time of HIW's inspection, the unit had facilities to provide care for up to 24 patients. The unit is open six days per week and provides morning and afternoon sessions on each day. The unit opened in March 2014 and replaced facilities at Prince Charles Hospital within Cwm Taf University Health Board.

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<sup>2</sup> Haemodialysis is used to remove waste and extra chemicals and fluid from the blood.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Patients provided positive feedback about their care and the approach of the staff team. We observed staff being kind to patients and treating them with respect.

We saw that a range of relevant information was available to help patients look after their health and wellbeing. Efforts should be made, however, to make information routinely available in Welsh and other languages.

Patients could provide feedback about their experiences. Whilst a complaints procedure was in place, further information on 'Putting Things Right' needed to be made available.

## Staying healthy

Information was readily available to patients to help them look after their own health and wellbeing.

We saw health promotion information was clearly displayed within the reception area for patients and their carers. This was relevant to patients that require haemodialysis and included information on how patients should look after their fistula<sup>3</sup> (haemodialysis access) and managing their fluid intake to help reduce the risk of complications.

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<sup>3</sup> A fistula is made by joining an artery and vein in your arm and is a type of haemodialysis access (a way to reach the blood for haemodialysis).



## **Dignified care**

We saw that patients were treated with dignity, respect, compassion and kindness by staff looking after them.

Patients attended the unit on a day case basis i.e. patients were not admitted overnight. The nature of their treatment meant that patients attended the unit regularly and it was evident that staff had built up a rapport with them. We saw examples of friendly and polite interactions between staff and patients. Patients who provided comments praised the approach and care given by the staff.

The unit consisted of mixed gender, open plan bays and a smaller number of cubicles. These contained individual dialysis stations (areas where patients received their haemodialysis treatment). Each station had a privacy curtain to further promote privacy and dignity as required. Patients attending the unit were able to remain fully clothed during their haemodialysis treatment and this helped promote their dignity. Staff told us that wherever possible, patients were allocated the same bay with the same group of patients each time they attended for treatment. Patients told us that this helped them to form friendships with fellow patients and to reduce their anxiety.

## **Patient information**

Overall, patients we spoke to felt that they had been provided with sufficient information about their care and treatment.

As described earlier information was available to help patients look after their own health and wellbeing. In addition to health promotion material, information was also available on counselling services, support groups and holiday providers specialising in providing dialysis services when patients are away from home.

## **Communicating effectively**

Patients we spoke to felt that staff had communicated well with them and took time to listen to and answer their questions.

Whilst written information was available this was predominantly presented in English only. Given that the service operates in Wales, arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'<sup>4</sup>.

Information should also be provided in other languages according to the language needs of the patient population using the unit.

#### Improvement needed

The service is required to provide HIW with details of the action taken to make information available to patients in languages other than English.

Consideration needs to be given to helping staff make an 'Active Offer'.

### Timely care

We found staff attending to patients' requests in a timely way. Patients we spoke to indicated that sometimes there were delays with transport.

The unit provided a service six days per week and offered treatment sessions in the morning and the afternoon on each day. During the course of our inspection, we observed staff being attentive and responding to patients' requests promptly. This was confirmed by patients we spoke to. On each day of our inspection, there appeared to be sufficient staff available to meet the needs of the patients attending the unit.

Comments from patients who relied on community or ambulance transport indicated that they sometimes experienced difficulties. These varied but in the main related to delays in vehicles arriving at the unit to take patients home following their treatments. HIW acknowledges that this is not under the direct control of the unit staff. Patients told us that staff at the unit had been very helpful in sorting out transport related problems. A written log of transport related issues had been commenced by staff. Senior staff at the unit should

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<sup>4</sup> An 'Active Offer' means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

continue to monitor transport related issues with the aim of providing feedback to the transport service so that improvements can be made in this regard.

## **Individual care**

### **People's rights**

We found that care was provided in a way to promote and protect patients' rights.

The unit is a purpose built satellite renal dialysis unit. All facilities were located on the ground floor and provided easy access to patients with mobility difficulties and those who use wheelchairs.

We found staff protecting patients' rights to privacy and dignity as far as possible when delivering care. We also found that arrangements were in place for patients to make choices regarding their treatment. Whilst not recommended by the staff team, patients were afforded their right to reduce the times of their haemodialysis treatment sessions according to their wishes. Patients were required to sign a form to demonstrate that they had been informed of the possible consequences of reducing their treatment time.

### **Listening and learning from feedback**

Arrangements were in place for patients and their carers to provide feedback about their experiences of using the unit. Whilst there was also a procedure for patients to make a complaint, efforts must be made to inform patients of their right to have their concern (complaint) dealt with under 'Putting Things Right'.

A suggestion box was located within the reception area. This could be used by patients and their carers to provide ad hoc feedback about their experiences. Senior staff confirmed that an annual patient satisfaction survey was also conducted to obtain patients' feedback.

A procedure was in place for managing complaints. Senior staff described that wherever possible concerns (complaints) made by patients would be dealt with 'on the spot'. This aimed to resolve complaints promptly. Should, however, patients wish to escalate their complaint, the procedure allowed for this. We saw that the number of concerns received was recorded monthly. Senior staff demonstrated a commitment to respond to complaints promptly and we saw correspondence supporting this.

Whilst a complaints procedure was in place (and we found effective complaints handling) we did not see any information advising patients of their right to have

their concerns (complaints) dealt with under 'Putting Things Right'. Most patients that we spoke to were not aware of the complaints procedure. Information within the patient information leaflet (Patient Guide) referred to the arrangements in England only. Given that the unit provides treatment to NHS Wales patients, arrangements must be made to make patients aware of their rights in this regard, including access to advocacy.

#### Improvement needed

The service is required to provide HIW with details of the action taken to make patients aware of their right to have their concern (complaint) dealt with under 'Putting Things Right'.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

Whilst we identified some areas for improvement, overall we found that staff placed an emphasis on providing safe and effective care to patients.

The unit provided a safe environment for patients to receive haemodialysis treatment. Clinical areas appeared clean and well maintained. Staff were diligent in their approach to infection prevention and control.

Medicines were managed safely. Some improvement was needed, however, around oxygen therapy prescriptions.

We found that patients appeared comfortable and well cared for. Written care plans, however, did not always reflect the current care needs of patients or the care being given by staff.

### Safe care

#### Managing risk and promoting health and safety

We found that the unit provided a safe environment for patients, staff and visitors.

The unit was purpose built as a satellite renal dialysis unit. The building was secure against unauthorised access with entry only being gained via the use of an intercom operated lock. Similarly the area used by patients was secure with access being restricted through the use of a keypad operated lock.

During a tour of the unit, we saw that all areas appeared well maintained, clean and tidy. No obvious trip or other hazards to safety were identified.

All patients had access to a nurse call buzzer to summon assistance from staff should they require help.

## Preventing pressure and tissue damage

We found that patients were assessed for their risk of developing pressure and tissue damage. Written care plans had not been developed in line with the risk assessment score. Whilst we did not have concerns around the level of care provided, arrangements should be made to demonstrate that appropriate care is being provided in this regard.

We reviewed a sample of patients' care records. These included a recognised nursing assessment tool for assessing patients' risk of developing pressure and tissue damage. Within the sample of records we reviewed, there was evidence of a written risk assessment being completed together with an assessment of each patient's skin state. Whilst the assessments demonstrated that patients were at risk of developing pressure damage, we found that written care plans had not been developed to help direct staff to deliver care. In addition reassessments had not always been completed within the required frequency (as indicated by the risk assessment tool).

Our conversations with nursing staff indicated that the risk assessment tool identified that patients were at risk. Staff confirmed, however, that their professional judgement concluded that the patients (who were generally independently mobile and on the unit for a maximum of four hours) were not at risk or at a much lower risk of developing pressure damage. This meant that patients would require a lower level or no assistance to meet their skin care needs than that indicated by the risk assessment tool.

Arrangements should be made, therefore, to record within patients' care records the reasoning as to why the care delivered is not in line with the risk assessment score, as appropriate.

### Improvement needed

The service is required to provide HIW with details of the action taken to demonstrate that patients admitted to the unit are receiving appropriate care to meet their assessed skin care needs.

## Falls prevention

As described above, patients attending the unit were generally independently mobile and self caring. The care records we reviewed showed that patients had been assessed to identify their moving and handling needs and a personal emergency evacuation plan developed. There was, however, no formal falls assessment being used. The service may wish to implement the use of a

suitable written falls assessment as part of the overall patient assessment process. Depending on the outcome of this assessment, staff could then refer patients to other healthcare professionals as appropriate.

Senior staff confirmed that the number of patient falls within the unit were monitored and recorded with a view to identifying causes and taking action to prevent further falls.

### **Infection prevention and control**

We found effective arrangements were in place to reduce cross infection.

We saw that all areas of the unit were clean, tidy and designed to facilitate effective cleaning. No concerns were raised by patients regarding the cleanliness of the unit. Measures to promote effective infection prevention and control included personal protective equipment (PPE), disposable uniforms for staff, disposable pillow covers, hand washing facilities and hand sanitising stations. There were also single rooms available for patients who may require to be nursed in isolation to help reduce cross infection.

We observed staff thoroughly cleaning equipment and dialysis chairs (couches) between patients, again to help promote effective infection prevention and control. The distance between dialysis stations appeared appropriate to reduce cross infection.

We saw that clinical waste was placed into colour coded containers/bags and stored securely until collected for disposal. This promoted both patient and staff safety against healthcare associated infections.

We saw that some boxed supplies were stored on wooden pallets. This was to keep them away from the floor to prevent these supplies becoming contaminated. We were told that these pallets would be moved so that the floor can be cleaned. Arrangements should be made to source other, more appropriate storage stands to facilitate easier cleaning of the floor.

We saw that staff compliance with hand hygiene procedures was regularly monitored. Effective hand hygiene is important to reduce the risk of patients developing healthcare associated infections. Patients told us that staff regularly washed their hands and before attending to them.

We also saw records showing that daily checks and regular testing had been performed of the dialysis water system. These help ensure that water used during haemodialysis is clean and safe to use.

Senior staff were making arrangements to display posters about sepsis<sup>5</sup> to raise awareness amongst staff and patients of this life threatening condition. This followed attendance at a sepsis awareness session by senior staff.

We reviewed a sample of staff training records and these showed staff had attended training on infection prevention and control. Staff we spoke to were knowledgeable about their responsibilities in relation to effective infection prevention and control.

### **Nutrition and hydration**

Arrangements were in place to meet the nutrition and hydration needs of patients.

Due to the nature of their condition it is necessary for patients receiving haemodialysis to have their weight closely monitored. This is so patients receive the correct treatment. We saw that patients attending the unit were having their weight monitored and recorded. During their treatment, fluid is removed from patients via the haemodialysis machine. We saw that this was also being closely monitored and recorded to ensure the treatment was safe and effective.

A dietician visited the unit regularly and was available to provide advice to patients. Staff confirmed that if they had any concerns regarding a patient's weight they would make a referral to the dietician.

Patients attended the unit for a morning or an afternoon and could bring their own food and drink with them. Snacks and drinks were also available on the unit and patients we spoke to confirmed that they liked these. Any drinks taken by patients needed to be considered as part of the haemodialysis treatment. Staff confirmed that these would be included when setting up the haemodialysis machines, again to ensure that treatment was effective.

### **Medicines management**

We found arrangements were in place for the safe management of medicines used on the unit.

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<sup>5</sup> Sepsis is a potentially life-threatening complication of an infection.



An up to date written policy on the management of medicines was available and staff demonstrated they were aware how to access this.

We saw that medicines were stored securely within locked cupboards and a locked fridge within a locked room. We saw that fridge temperatures were being monitored and recorded by unit staff to check that it was at the correct temperature to store medicines that required refrigeration.

We looked at a sample of drug charts and saw that these had been completed in full with patients' details recorded. This meant that staff had the correct information to positively identify patients prior to administering their medication. We saw that the charts had been signed and dated to show that medication had been prescribed and administered. We saw that oxygen therapy had been prescribed. Whilst the flow level of oxygen was clearly recorded, the target oxygen saturation range was not indicated on the drug charts. Arrangements need to be made to address this so that staff are guided on the correct amount of oxygen to be administered to individual patients. Staff described a safe process for administering medication to patients.

Arrangements for pharmacist support and obtaining medicines, including urgent requests, were described.

#### Improvement needed

The service is required to provide HIW with details of the action taken to ensure that oxygen therapy is prescribed fully to include target oxygen saturations.

#### Safeguarding children and adults at risk

Overall, we found arrangements were in place to promote and protect the welfare and safety of adults who become vulnerable or at risk. Arrangements must be made, however, to ensure that all staff are aware of their responsibilities in this regard and have attended appropriate training. The unit did not provide treatment for children.

The service had a comprehensive written safeguarding policy and procedure for safeguarding adults and children. The majority of staff we spoke to were aware of the safeguarding procedure and confirmed that they would report any safeguarding concerns to senior staff. All staff we spoke to also confirmed that they had received training on safeguarding matters. Whilst the staff we spoke to told us that they had received training, it was not clear from the training records whether all staff were up to date. Arrangements must, therefore, be made to

determine whether any staff require training and support them to attend this as necessary.

#### Improvement needed

The service is required to provide HIW with details of the action taken to ensure that all staff are up to date with safeguarding training and are aware of their individual responsibilities should they suspect abuse.

#### Blood management

No patients were receiving a blood transfusion during our inspection. Senior staff described that should blood be needed for transfusion, this would be obtained via arrangements with the local district general hospital.

#### Medical devices, equipment and diagnostic systems

The unit had a range of equipment to meet the needs of patients. This included, dialysis equipment, adjustable couches and beds and moving and handling equipment. We saw that these were clean and appeared well maintained. Arrangements were described for the reporting and timely repair of equipment faults.

#### Effective care

##### Safe and clinically effective care

Our findings that are described throughout this section, 'Delivery of safe and effective care', indicate that the staff team placed an emphasis on providing safe and effective care to patients.

The staff team demonstrated a thorough understanding of the needs of the patients who attended the unit for haemodialysis. We saw that care was provided in a safe and visibly clean environment. Patients attending the unit during the course of our inspection appeared comfortable and well cared for. Comments we received from patients also supported our observations.

##### Record keeping

Both paper and electronic patient care records were in use. Each electronic record provided details of the patient's attendance and an evaluation of the effectiveness of haemodialysis treatment. These were seen to be up to date. The written records included nursing assessments and care (pre written) care plans. These had not always been updated or individualised. Discussions with

staff indicated that they had a very good understanding of patients' care needs. The written records, however, did not always reflect the current care needed by patients and that being provided by staff (as described by staff). The service should review its approach to record keeping with a view to reducing duplication and to promote patient care records that are fully up to date.

Access to electronic records was password protected. Paper records were stored securely when not being used. This meant that efforts were being made the service and staff to keep patients' personal information secure.

#### Improvement needed

The service is required to provide HIW with details of the action taken to promote up to date patient care records that reflect the current care needed by patients and that care being provided by staff.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.*

A management structure was in place and clear lines of reporting were described.

A system of regular audit was described and demonstrated as part of the overall quality monitoring system for the service. Arrangements should be made to display results of relevant audit activity as part of the overall quality assurance process.

Staff demonstrated a good understanding of the needs of patients for whom they had responsibility. We found that staff had access to training relevant to their roles but we could not determine whether they were up to date with mandatory training requirements.

## Governance, leadership and accountability

A management structure was in place and senior staff described clear lines of reporting to the wider management team of the service. Responsibilities and lines of accountability were also described. Written policies and procedures were available with the intention to help staff provide safe and effective care to patients.

A unit based Clinic Manager was responsible for the day to day leadership and management of the unit and was supported by one Deputy (nurse) Clinic Manager. Senior management support was provided by a regional management team.

During our inspection, we invited staff working on the unit to provide their comments on a range of topics related to their work. We did this via face to face

interviews and through a HIW questionnaire. In total, we received six completed questionnaires from staff undertaking a range of roles on the unit.

When asked about their immediate manager staff gave positive feedback. The majority told us they felt supported and that their manager takes a positive interest in their health and wellbeing. When asked about senior managers, comments were mixed. Whilst most staff felt that communication between senior managers and staff is effective, some comments indicated that improvements could be made around communication and involving staff in important decisions. Senior managers may wish to explore this further to identify whether any improvements can be made in this regard. Most staff felt that the service takes positive action on staff health and wellbeing issues.

A system of regular management meetings was described, where clinical and business related information was shared and discussed, as part of the overall governance arrangements.

Senior staff described a system of regular audit activity so that areas for improvement could be identified and addressed as appropriate. Examples of activity included incidence of infections, staff compliance with hand hygiene (hand washing procedure), record keeping and incidence of patient falls and concerns (complaints). We saw that results were available to staff but were not displayed for patients to see. Arrangements should therefore be made to display results of relevant audits so that patients are informed as part of the service's overall quality assurance process.

Senior staff described a process for reporting, investigating and sharing learning from patient safety incidents with the unit staff. This approach aimed to reduce the likelihood of similar incidents happening again. Comments received from staff indicated that the service encouraged staff to report (patient safety) incidents. Staff also felt that the service handled reports of incidents confidentially and that staff involved were treated fairly without blame. This suggested a positive reporting culture to promote patient safety and wellbeing.

Throughout the inspection and at our feedback session at the end of the inspection, the management team demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

## **Staff and resources**

### **Workforce**

Throughout the course of our inspection, we observed a committed staff team attending to patients in a calm environment. Staff demonstrated a good

understanding of the care needs of the patients for whom they had responsibility.

The staff team consisted of a unit manager, a deputy unit manager, a receptionist, registered nurses, dialysis assistants and healthcare support workers. The unit was nurse led and a consultant attended the unit twice weekly. Cleaning staff were provided via an external company. Staffing levels and skill mix on the days of our inspection appeared suitable to meet the care needs of the patients. Senior staff confirmed that bank or agency staff could be used if necessary to cover shortfalls in the staffing rota. Senior staff also confirmed that wherever possible the same staff would be used to promote continuity of care for patients. Senior staff placed an emphasis on patient and staff safety and confirmed that any new staff would receive an induction to the unit.

Staff who provided comments confirmed that they had undertaken a range of training or learning and development relevant to their role. The responses we received indicated that this had helped them do their jobs more effectively for the benefit of patients. We reviewed a sample of staff training files and also found information to support that staff had attended a range of training. Whilst this was the case, we identified some gaps in training. An electronic training matrix was available. This was being updated at the time of our inspection so senior staff were unable to confirm whether staff were up to date with mandatory training. The service may wish to consider adding training compliance to the regular audit activity.

Most staff who provided comments confirmed that they had received an appraisal of their work within the last 12 months.

#### Improvement needed

The service is required to provide HIW with details of whether staff are up to date with mandatory training (as determined by the service). Where deficits are identified, arrangements must be made to support staff to attend training as appropriate to meet the service's own compliance targets.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our website.



## Appendix A – Summary of concerns resolved during the inspection

The table below summarizes the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

| Immediate concerns identified          | Impact/potential impact on patient care and treatment | How HIW escalated the concern | How the concern was resolved |
|--|---|-------------------------------|------------------------------|
| No immediate concerns were identified. |   |                               |                              |

## Appendix B – Immediate improvement plan

**Hospital:** Merthyr Renal Dialysis Unit

**Ward/department:**

**Date of inspection:** 30 November and 1 December 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

| Immediate improvement needed              | Standard | Service action | Responsible officer | Timescale |
|---|----------|----------------|---------------------|-----------|
| No immediate assurance plan was required. |          |                |                     |           |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Hospital:** Merthyr Renal Dialysis Unit

**Ward/department:**

**Date of inspection:** 30 November and 1 December 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

| Improvement needed  | Standard                         | Service action  | Responsible officer                  | Timescale       |
|---|----------------------------------|---|--------------------------------------|-----------------|
| <b>Quality of the patient experience</b>  |                                  |   |                                      |                 |
| <p>The service is required to provide HIW with details of the action taken to make information available to patients in languages other than English.</p> <p>Consideration needs to be given to helping staff make an 'Active Offer'.</p> | 3.2<br>Communicating effectively | <p>Local policy to be updated to reflect 'Active Offer' in context to Wales standards for communication with patients.</p> <p>Information in Welsh and other languages that represent/inform the patient attending the clinic for dialysis care and treatment to be provided and easily accessible.</p> | Shirley Llewellyn,<br>Clinic Manager | 31st March 2018 |
| <p>The service is required to provide HIW with details of the action taken to make patients aware of their right to have their concern</p>  | 6.3 Listening and Learning from  | <p>The specific arrangements for patients under the 'Putting Things Right' guidance to be added to current</p>  | Shirley Llewellyn,<br>Clinic Manager | 31st March 2018 |

| Improvement needed   | Standard                                  | Service action  | Responsible officer                  | Timescale          |
|--|---|---|--------------------------------------|--------------------|
| (complaint) dealt with under 'Putting Things Right'.   | feedback                                  | <p>Fresenius Medical Care approach and process for feedback, compliments, concerns and complaints.</p> <p>Clinic manager to display relevant poster and leaflet information for clinic patients and advise all current patients of redefined process to meet both company and national standards of best practice.</p> <p>Clinic manager to continue to monitor all patient feedback.</p> |                                      |                    |
| Delivery of safe and effective care  |   |   |                                      |                    |
| The service is required to provide HIW with details of the action taken to demonstrate that patients admitted to the unit are receiving appropriate care to meet their assessed skin care needs. | 2.2 Preventing pressure and tissue damage | <p>Clinic Manager to perform planned audit with support of Area Head Nurse to ensure individual care plans in manual entries in the health care record are complete and reflect the patients individual needs and the initial and ongoing assessment of skin care, whilst attending the clinic.</p> <p>In cases where assessment indicates that additional care or support is</p>         | Shirley Llewellyn,<br>Clinic Manager | 31st March<br>2018 |

| Improvement needed   | Standard                                     | Service action   | Responsible officer               | Timescale   |
|--|--|--|-----------------------------------|---|
|  |  | required the record must show that referral to the NHS setting or GP is clear and actions are documented.  |                                   |   |
| The service is required to provide HIW with details of the action taken to ensure that oxygen therapy is prescribed fully to include target oxygen saturations.  | 2.6 Medicines Management                     | <p>The clinic manager will perform medicines management audit once every 3 months with the support of the area head nurse to ensure that policy is followed in respect to this aspect of the oxygen prescription where applicable for patients. This is in line with policy.</p> <p>Audit results will be shared with the NHS renal Consultant (prescriber).</p> | Shirley Llewellyn, Clinic Manager | 31st March 2018 with ongoing audit each quarter to provide assurance. |
| The service is required to provide HIW with details of the action taken to ensure that all staff are up to date with safeguarding training and are aware of their individual responsibilities should they suspect abuse. | 2.7 Safeguarding children and adults at risk | <p>All staff have achieved this training since the inspection. An update has been provided to staff re: responsibilities if they suspect abuse.</p> <p>There is also improvement work ongoing and planned across 2018 to improve the provision of safeguarding training across all clinics and this will include this clinic location.</p>                       | Shirley Llewellyn, Clinic Manager | Action achieved. Review date: 31st March                              |

| Improvement needed   | Standard                  | Service action   | Responsible officer                      | Timescale   |
|--|---------------------------|--|--|---|
| <p>The service is required to provide HIW with details of the action taken to promote up to date patient care records that reflect the current care needed by patients and that care being provided by staff.</p>  | <p>3.5 Record keeping</p> | <p>Clinic staff have been allocated specific time to update patient care records to include all individual assessments. This is reviewed as part of the Nursing Documentation Audit. This is performed each quarter with support from the Area Head Nurse.</p>   | <p>Shirley Llewellyn, Clinic Manager</p> | <p>31st March 2018</p>                                  |
| <p><b>Quality of management and leadership</b></p>   |                           |  |  |   |
| <p>The service is required to provide HIW with details of whether staff are up to date with mandatory training (as determined by the service). Where deficits are identified, arrangements must be made to support staff to attend training as appropriate to meet the service's own compliance targets.</p> | <p>7.1 Workforce</p>      | <p>A complete review of mandatory training was undertaken after the inspection and at the time feedback was given.</p> <p>All staff are now up to date with all aspects of mandatory training. This is documented in the training matrix.</p> <p>This process will be reviewed by the training and education team in 2018 as part of regular audit activity.</p> | <p>Shirley Llewellyn, Clinic Manager</p> | <p>Action achieved. Review planned: 31st March 2018</p> |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

### Service representative

**Name (print): Joanne Odgers**

**Job role: Clinical Risk Specialist**

**Date: 09/02/2018**