Support with answering Transitional Monitoring Activity (TMA) framework questions: Independent healthcare single speciality dialysis service

This guidance supports the cross-sector Transitional Monitoring Activity (TRA) Guidance and provides sector-specific supporting information.

This guidance covers independent healthcare single specialty dialysis services

REMEMBER: the main way we will gather information from providers is through the conversation we have with them when working through the Transitional Monitoring Activity (TMA).

There is no need to ask all the prompting questions – inspectors should use their judgement to determine which questions are relevant to the provider and what information supports them to answer the overarching question. Please structure your conversations with providers in whatever way you see fit. This may mean, for example, covering the Well-led discussion questions first.

Planning

Check the information we already hold about services when completing the planning tool (e.g. whistleblowing information stored in CRM). Also consider information from external sources, such as other stakeholders and healthcare professionals. In addition, check our MOU and information sharing agreements, with HSE and other regulators and professional bodies.

The medicines optimisation team are available to support inspectors in their assessment of question S.4: "How does the provider ensure the proper and safe use of medicines, where the service is responsible?" Where an inspector is unsure or concerned about the answers a provider is giving regarding medicines, the team can provide advice and training, or support conversations with the provider. Please e-mail medicines.enquiries@cqc.org.uk with any queries.

Overarching question (displayed in tool) and prompts

Any related guidance

S1: How do systems, processes and practices keep people safe and safeguarded from abuse?

- Are infection risks to people using the service being thoroughly assessed and managed?
- Have changes been made to the layout/environment of clinical and non-clinical areas to continue to provide services safely in this period?
 - e.g. clean sites, vehicle layout, separate entrances and waiting areas for known/suspected COVID patients, additional signage, spaces between stations, isolation facilities, ensuring compliance with best practice guidance when visiting people in their own homes etc.
- Does the service have the resources to obtain, and reliable access to, all the supplies, personal protective equipment and C-19 testing it needs, for both staff and, where appropriate, people who use the service?
- Are working arrangements and procedures clear and accessible to staff, people who use the service, their supporters and, where appropriate, visitors to the service?
- Are people using the service being protected from abuse, neglect, discrimination and loss of their human rights?
- Where applicable, has the provider identified when they may be depriving a person of their liberty, and followed the correct and lawful procedures e.g. DoLS application, Court of Protection?
- Are the service's safeguarding and other policies and practice, together with local systems, properly managing any concerns about abuse and protecting people's human rights?

Note: Remember to consider whether it is necessary and appropriate to notify other bodies (or share relevant information with them) about

NHSE/I Infection Prevention and Control supporting documentation

https://www.england.nhs.uk/coronavirus/publication/infection-prevention-and-control-supporting-documentation/

NICE guideline [NG160] COVID-19 rapid guideline: dialysis service delivery.

https://www.nice.org.uk/guidance/ng160 (particular section 7)

HSE Guidance on PPE fit testing

The Renal Association: <u>A statement on PPE usage for the</u> care of dialysis patients

Public Health England COVID-19 personal protective equipment (PPE)

https://www.gov.uk/government/publications/wuhan-novelcoronavirus-infection-prevention-and-control/covid-19personal-protective-equipment-ppe

Code of Practice on the prevention and control of infections https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

CQC Closed cultures learning resources for CQC staff

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January

2019 https://www.rcn.org.uk/-/media/royal-collegeincidents or risks CQC has identified that may be relevant to the exercise ofnursing/documents/publications/2019/january/0 07-366.pdf of their functions, for instance HSE of health and safety risks to workers NICE guideline [NG160] COVID-19 rapid guideline: dialysis service delivery S2: How are risks to people assessed, and their safety monitored and https://www.nice.org.uk/guidance/ng160/chapter/7-Casemanaged, so they are supported to stay safe? ascertainment-and-cohorting • Are risks to the health and wellbeing of people using the service being properly assessed, monitored and managed? • Are there enough suitable staff to provide safe care and treatment NICE guideline [NG160] COVID-19 rapid guideline: dialysis in a dignified and respectful way? Are escalation plans in place in service delivery. https://www.nice.org.uk/guidance/ng160/chapter/9-Staffingresponse to surges in demand e.g. second wave, seasonal pressures? when-workforce-capacity-is-reduced • How is the service identifying and managing risks for patients CQC interim guidance on DBS and other recruitment checks including any restrictive practices or issues affecting their legal or human rights? COVID-19: how DBS is supporting the fight against coronavirus and the CQC impact assessment S3: Do staff have all the information they need to deliver safe care and treatment to people? • Does the service have access to and is following guidelines around Treatment Escalation Plans (TEPs), anticipatory care planning, Do Not Attempt CPR(DNACPR) orders and individualised care plans? Are plans in place for rapid transfer to preferred places of care relationships and planning with PMS, district nursing etc. Is the service able to effectively manage referrals and, where relevant, discharges and ensure safe transfers of care? Where

relevant, what testing arrangements are in place, and how does the service handle transfers of known/suspected COVID patients safely? How is the service working with other partners??	
S4: How does the provider ensure the proper and safe use of medicines, where the service is responsible? • Are medicines being managed safely and effectively? Has Covid-19 impacted the service's ability to manage medicines?	Kidney Care UK latest news and information about COVID- 19 for kidney patients: https://www.kidneycareuk.org/news-and- campaigns/coronavirus-advice/#medications
 S5: What is the track record on safety? Are there any significant trends in non-COVID-19 activity - Never Events, Significant Incidents, themes in incidents, Mortality, Unexpected deaths? What is being done by the provider to assess and learn, including mortality reviews of non-COVID patients? Are there any significant trends where groups of patients are faring worse in terms of safety concerns? 	https://improvement.nhs.uk/resources/learning-from-patient-safety-incidents/
 E1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes? How is the service identifying, cascading and keeping up-to-date with changes in clinical guidance? Where people are subject to the MHA, how is the service ensuring compliance with the MHA? 	NICE Renal replacement therapy services for adults https://www.nice.org.uk/guidance/qs72
E2: How are people's care and treatment outcomes monitored and how do they compare with other similar services?	

How is the service collecting information about people's care	
treatment and outcomes? Where relevant, are they continuing to	
submit to relevant national clinical audits?	
How are outcomes being monitored for groups of people that may	
be at higher risk, such as BAME people and older people?	
E3: How does the service make sure that staff have the skills,	
knowledge and experience to deliver effective care, support and	
treatment?	
How is the service ensuring that all staff, including those being	
flexibly re-deployed, have the skills and training to carry out their	
roles effectively?	
E4: How well do staff, teams and services work together within and	
across organisations to deliver effective care and treatment?	
 How is the service ensuring that the necessary staff, teams and 	
services are involved in assessing, planning and delivering peoples	
care and treatment?	
E6: Is consent to care and treatment always sought in line with	Department of Health reference guide to consent for
legislation and guidance?	examination or treatment
 How does the service ensure consent to care and treatment is 	https://www.gov.uk/government/publications/reference-
always sought in line with legislation and guidance? Including,	<u>guide-to-consent-for-examination-or-treatment-second-</u>
where appropriate:	<u>edition</u>
 ensuring that people are involved in decisions about not 	
providing care and treatment, including advanced care plans	
and DNACPR decisions?	
 promoting supportive practice that avoids the need for 	
physical restraint? Where physical restraint may be	
necessary, how does the service ensure that it is used in a	
safe, proportionate, and monitored way as part of a wider	
person-centred support plan?	
 Ensuring staff apply relevant legislation where people may 	
lack capacity to consent to particular care and treatment,	

including the Mental Capacity Act 2005 (including DoLS) and the Children's Acts 1989 and 2004?	
 C1: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed? How has the service adapted how they support and engage with patients and their families/loved ones? How does the service ensure the care delivered is compassionate and upholds people's human rights? 	NICE QS15 statement 1 People using adult NHS services are treated with empathy, dignity and respect. COVID-19 rapid guideline: dialysis service delivery: https://www.nice.org.uk/guidance/ng160/chapter/1-Communicating-with-patients
 C2: How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible? How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible? Where appropriate, how is the service managing the impacts of limited visiting on patient's wellbeing? Where appropriate, how is the service promoting and ensuring patients know how to access advocacy support in the absence of ward visits? 	NICE guidance NG107 https://www.nice.org.uk/guidance/ng107/chapter/ This sets out guidance on providing information about treatments and how they may affect lifestyle.
R1: How do people receive personalised care that is responsive to their needs? • How does the service ensure that they meet the needs of the population served and do they enable flexibility, choice and continuity of care? • Where relevant, do individual patients have choices about how, when and where they are seen?	NICE QS15 statement 4 People using adult NHS services experience care and treatment that is tailored to their needs and preferences.

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R2: Do services take account of the particular needs and choices of different people? How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in Accessible Information Standard (for those providing NHS vulnerable circumstances? This may include: care) How does the service ensure that each patient has their information and communication needs identified, recorded. flagged, shared and met? https://www.nice.org.uk/guidance/gs15/chapter/Qualityo How does the service identify and make other reasonable statement-3-Information-exchange adjustments for disabled people? Where new protocols for admission are being used, how are these being communicated to staff and how are they reviewed to ensure they are non-discriminatory? R3: Can people access care and treatment in a timely way? • How is the service managing access to the service to ensure that COVID-19 rapid guideline: dialysis service delivery: high-risk patients/pathways are being identified and prioritised https://www.nice.org.uk/guidance/ng160/chapter/2-Patientsappropriately, including reinstating services and handling backlogs not-known-to-have-COVID19 of activity? Is there a structured approach to patient flow that ensures all https://www.nice.org.uk/guidance/ng160/chapter/4-Patientswith-symptoms-of-COVID19-at-presentation components of the system are appreciated and managed appropriately, and flow issues are escalated appropriately? How does the approach take account of the pandemic? W1: Is there leadership capacity and capability to deliver high-quality, sustainable care?

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 Has there been any impact on leadership capacity as a result of the COVID-19 crisis? Are there plans and mitigations in place should it

Do leaders understand the challenges to quality and sustainability during this period, and can they identify the actions needed to

be affected?

address them?

W3: Is there a culture of high-quality, sustainable care?

- Is the service monitoring and protecting the health, safety and wellbeing of staff?
- How is the provider taking action to protect the health, safety and wellbeing of staff, e.g. access to emotional support, supporting staff to raise concerns, adequately risk-assessing and placing staff in appropriate environments to protect their health and safety, including BAME staff and other staff at high risk of COVID 19? (not for NHS Trust - covered at trust level)

NRLS - Being Open Communicating patient safety incidents with patients, their families and carers

Joint statement on <u>safety and speaking up during the Covid-19 emergency</u> (CQC Chief Inspectors and the National Freedom to Speak Up Guardian)

NHS Workforce Race Equality Standard
https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/

W4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?

• Is the service able to work effectively with system partners when care and treatment is being commissioned, shared or transferred?

W5: Are there clear and effective processes for managing risks, issues and performance?

 Does the service have effective systems and methods for monitoring the overall quality of the service and for responding to business risks and issues as they arise? How often are these reviewed? NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems.

NHS England Emergency Preparedness, Resilience and Response (EPRR) https://www.england.nhs.uk/ourwork/ep https://www.england.nhs.uk/ourwork/ep