

Renal Services (UK) Limited

Renal Services (UK) Ltd – Farnborough

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We have not rated this service before. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Renal Services (UK) Ltd - Farnborough	5
Information about Renal Services (UK) Ltd - Farnborough	5

Our findings from this inspection

Overview of ratings	6
Our findings by main service	7

Summary of this inspection

Background to Renal Services (UK) Ltd - Farnborough

Renal Services (UK) Ltd – Farnborough is a satellite site dialysis clinic that runs for the patients of an NHS foundation trust. The clinic is not listed on the provider's public web site as the services are not available to the general public without a referral from the NHS foundation trust. The dialysis unit has 26 dialysis bays which includes four isolation bays. The unit recruits 17 members of staff and is a nurse led clinic.

Renal Services is a leading independent dialysis service provider that is part of an international provider called DaVita International Group Company. Renal services operate 24 dialysis clinics which includes satellite sites across the United Kingdom. The provider works with the National Health Service providing support to their patients.

How we carried out this inspection

During this inspection we visited the clinic and saw the clinical and non-clinical areas of the unit. We spoke with eight members of the clinical team including the clinic manager, nurses, dialysis assistants and healthcare assistants.

We spoke with 15 patients during our visit and spoke with senior managers as part of our inspection process.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

- Staff gave good examples of observing risks that were specific for dialysis patients.
- Managers and staff received and showed over 50 pieces of positive feedback.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **SHOULD** take to improve:

- The service should ensure that staffing levels for their dialysis units are kept in line with national guidance.
- The service should ensure that clinical waste areas outside the building are locked and secure.
- The service should consider how the clinic monitors fridge temperatures if a fault occurs with one thermometer.
- The service should consider training for learning disabilities and dementia patients.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Dialysis services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Dialysis services

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Dialysis services safe?

Good 

We have not rated this service before. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The most recent training figures showed that staff completed on average 90% of all modules. Staff who were absent on long term sickness had not completed their training. Staff had a lower average for face to face training modules. This was on average 71%.

The mandatory training was comprehensive and met the needs of patients and staff. Staff completed mandatory training on subjects to support them in their roles. Staff had different roles depending on whether they interacted with patients and if their role was clinical or not. Staff also had access to training that covered the Mental Capacity Act, learning disabilities and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers accessed an electronic system which checked staff completion rates of mandatory training. Managers could see the mandatory training status for each staff member and the status of each individual module. Managers individually reminded staff to complete upcoming mandatory training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Staff completed level three training in safeguarding for adult and children. The most recent figures showed 100% of eligible staff had completed their adult safeguarding training and 100% of eligible staff had completed child safeguarding training. This figure excludes staff who were on long term sick leave. Safeguarding leads for the service supported staff and had enhanced safeguarding training at level three for adults and children.

Dialysis services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff had a clear understanding of how to recognise and report abuse. Staff could access contact details of the local safeguarding teams and the hospital's safeguarding policy. However, managers and staff did not have examples of any safeguarding incidents in the last 12 months.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had up to date policies for safeguarding children and vulnerable adults. Staff could explain how to raise a safeguarding incident using the department's reporting process and policy. Staff knew what actions they would take if they had concerns.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Clinical areas were separate from the main entrance. Staff allowed access via an intercom system and screened patients using IPC control measures to ensure the safety of other patients before allowing them into clinical areas. This included temperature checks and social distancing measures in the waiting room areas to control the risks associated with Covid 19. Staff restricted access to clinical areas by using a key card access system. All furnishings at the location were in good condition and suitable for the clinical activities that were carried out.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Managers showed good records associated with infection prevention and control. This included cleaning checklists and audit activity which including hand hygiene audits.

Staff followed infection control principles including the use of personal protective equipment (PPE). Managers completed observational PPE audits of staff and this included the correct use of masks, aprons, face shields, and gloves. Audit forms also had a section that allowed for feedback with staff where improvement was needed.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Managers and staff used cleaning stickers to signal when equipment was suitable to be used. Managers also showed equipment which was specific for individual patients that had blood borne conditions. For example, dialysis machines were individually labelled with warning stickers and patient names. Staff also isolated the equipment from others in the building.

Individual dialysis machines required a cleaning programme to be completed before a treatment occurred. This was recorded as part of the patient's treatment in their notes.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment. Staff managed clinical waste well.

Patients could reach call bells and staff responded quickly when called. Patients had individual alarms in their treatment bay. Staff tested alarms frequently and the system was serviced annually.

Staff carried out daily safety checks of specialist equipment. Staff carried out standardised safety checks on dialysis machines before treatments were completed. Managers showed arrangements for the water treatment facility which staff checked three times a day. External engineers also annually serviced the water treatment facility. Managers also showed records associated with the servicing of the plant room, dialysis chairs, electronic equipment calibration,

Dialysis services

The service had enough suitable equipment to help them to safely care for patients. Managers had dialysis machines for each of the bays nominated to a patient. Managers also had additional machines available if a dialysis machine was not available or broke unexpectedly.

Staff disposed of clinical waste safely. Staff emptied clinical waste at the end of each dialysis clinic. Clinical waste was collected and stored in a nominated area outside the building. However, the area was not secure due to a broken lock and clinical waste bins were not closed and locked due to the volume of waste accumulated. Managers had raised this and showed correspondence associated with their efforts to resolve the situation.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health. Managers and staff showed an awareness of the risks associated with a dialysis treatment. Staff were able to identify physiological observations and take reading before and after a treatment to ensure the safety of the patient and report concerns to a sudden deterioration in a patient. Staff we spoke with gave examples of how they did this and how they had taken life saving action.

Staff showed how to operate the automated external defibrillator (AED). Adult pads were available and in date. Crash trolley drugs are the responsibility of the NHS hospital trust associated with the location. In an emergency, staff would use the AED in the first instance with compressions. The locations had arrangements for a crash team from a local hospital to be dispatched to the unit with a response time of four minutes on average.

Staff completed risk assessments for each patient on arrival and reviewed this regularly, including after any incident. Staff completed a standardised form as part of a patient's dialysis treatment. This included any considerations that were important to monitor as part of the individual treatment and associated with the wider treatment implications associated with the patient. For example, some patients needed to keep a suitable weight and their nutrition and hydration was monitored through regular weight checks before a dialysis treatment was started. Blood pressure was also monitored before and after the treatment with particular care being given at the conclusion of a treatment due to low blood pressure risks associated with dialysis patients.

Staff would take monthly blood samples for all patients which would be sent to pathology services to monitor biochemistry markers important for patients ongoing safety. These were stored safely and in accordance with national guidance.

Staff knew about and dealt with any specific risk issues. Staff used documentation to support and monitor the unique risks of each patient. For example, pressure area care was monitored in patients with poor nutritional intake or low weight due to the length of time a treatment took to be completed. Staff would complete body maps for before and after treatments to ensure they documented any changes and had provided suitable pressure relieving equipment.

Shift changes and handovers included all necessary key information to keep patients safe. Staff and managers were present at handovers which occurred three times a day. Handovers were documented using handover diaries and key information regarding transport and patient's individual needs were discussed.

Dialysis services

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank staff a full induction.

The service had enough nursing and support staff to keep patients safe. Managers followed the affiliated NHS trust's guidance and policy associated with dialysis units. The guidance was taken from the British Renal Society national renal working group and recommended that one staff member should care for a maximum of four patients (1:4). This ratio took into account an expected number of dialysis assistants and healthcare assistants who would contribute to the staff total. Managers worked to this rule; however, we did see examples where the unit was staffed with (1:4.5) or (1:5). These occasions were rare, and managers explained strategies they used to reduce risk in these circumstances.

Managers accurately calculated and reviewed the number and grade of nurses, dialysis assistants and healthcare assistants needed for each shift. Managers prepared rotas in advance and the rotas held suitable detail and accounted for all staff job roles.

The manager could adjust staffing levels daily according to the needs of patients. Managers said that patient levels were consistent and normally were at the capacity of the unit.

The service had low vacancy rates. Nursing vacancy rates were 3.8%, dialysis assistants were 0.5%, and healthcare assistants were 3.5%.

The service had turnover rates of 12.1%.

The service had low sickness rates. The service sickness rate was 3.5%

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers had two nurses on their bank as part of their staffing arrangements.

Managers made sure all bank and agency staff had a full induction and understood the service. Managers gave bank staff an induction which was similar to regular staff at the unit. Managers provided paperwork associated with the induction and the competences expected from bank staff to perform their roles safely.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. Managers provided five sets of notes for us to review. Patient notes followed a standardised format and were clear and legible to read. Staff expressed that they were happy with the format of the notes at the unit.

Records were stored securely. All records were stored in locked cupboards and access was restricted.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Dialysis services

Staff followed systems and processes to prescribe and administer medicines safely. Staff understood the processes associated with medicines and provided examples of individual medicine regimens for patients.

Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. Managers expressed that medicine was frequently prescribed individually for patients. An individualised approach to medicine was adopted by the unit and the patient notes reflected this.

Staff completed medicines records accurately and kept them up-to-date. Managers showed records associated with medicines held at the unit which included stock and rotation processes to ensure medicines remained in date. Policies and processes reviewed were followed and implemented correctly. Medicines assessed at random were in date.

Staff stored and managed all medicines and prescribing documents safely. Managers advised that some medicines were stored under fridge conditions and there was documentation to support an effective cold chain process was maintained to ensure medicines were kept at a safe temperature. However, one fridge did not have a back up method of monitoring fridge temperatures if the primary thermometer failed.

Managers showed individual prescription pads that were monitored using a documentation process that tracked each individual prescription. This was stored safely for visiting doctors to prescribe for their patients. Staff did not operate under any patient group directives or patient specific directions as part of their service.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Senior Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff away from the location apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff could tell us what action they would take when reporting an incident and the method they would use. Staff reported incidents on an electronic system which was reviewed initially by managers and then forwarded to senior managers responsible for head office operations who would undertake investigations and learning before the location manager closes the incident.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Managers provided access to the incident system and provided an overview of 35 incidents that were currently under review. Progression was shown through a traffic light (red, amber, green) system which gave details regarding how any investigation was progressing. Managers had oversight of this process.

Staff understood the duty of candour. They were open, transparent and gave patients and families a full explanation if and when things went wrong. Staff had awareness of the duty of candour principles. However, incidents and investigations were conducted away from the location and handled at a senior manager level.

Staff received feedback from investigation of incidents. Managers received feedback and any learning from incidents, and this was then shared with staff during their monthly meeting. Documentation from minutes showed that incidents and learning were an agenda item.

Dialysis services

Managers debriefed and supported staff after any serious incident. Managers expressed that if a serious incident did occur, the affected staff member would have a personal debrief of the incident to ensure they were supported. Staff expressed that they had a good relationship with their managers and that they would feel comfortable approaching them if they felt distressed following an incident.

Are Dialysis services effective?

Good 

We have not rated this service before. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Managers and staff had policies that were informed by the British Renal association. Documents for patient assessment took into account risks identified by national guidance associated with Renal patients which included the need to monitor physiological parameters that were of concern with any dialysis treatment. The service were also working to develop our national and research profiles in line with their NHS trust, with contributions at national level to the British Transplantation Society, Renal Association, British Renal Society, and The National Institute for Health and Care Excellence (NICE)

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Managers and staff had ongoing professional care of their patients and were aware of the side effects associated with being on long term dialysis treatment. This included the mental health aspect of care including depression, loss of appetite, low mood, and self-care concerns. Staff and managers had access to a code of practice associated with the Mental Health Act and also policies regarding the Mental Capacity Act.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients. Managers and staff conducted handover meetings three times a day and these meeting were timed during the changeover of patients finishing and beginning their treatment. Staff were conscious of the personal circumstances associated with each patient.

Nutrition and hydration

Staff gave patients food and drink when needed. Patients could access specialist dietary advice and support.

Staff made sure patients had enough to eat and drink. Staff were offered both food and drink during their treatment and this was provided as part of the care provided by the staff.

Staff fully and accurately completed patients' fluid charts where needed. Staff monitored patients effectively where their weight was identified as not in range. Staff were asked on occasions to restrict fluid intake to take account of a patient's individual circumstances.

Dialysis services

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice. Staff were conscious of the areas where pain would occur as part of the dialysis treatment. Pain medication was available and this was individually prescribed to patients when it was needed.

Patients received pain relief soon after requesting it. Patients expressed they were able to alert nursing staff if they had any needs during their treatment including pain medication.

Staff prescribed, administered and recorded pain relief accurately. Visiting consultants and doctors prescribed pain medication and there was a multi-disciplinary team meeting each month which also recorded information regarding any changes. Staff were not seen administering medication during our visit, but records reviewed showed that pain medication was correctly recorded if it was given by the nursing team.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service participated in relevant clinical audits. Managers take part in patient outcomes reports that are used as part of the NHS Trust the location is associated with. Managers use an electronic information management system which records outcomes monthly by the renal consultant and the MDT associated with the service.

Outcomes for patients were positive, consistent and met expectations. Managers provided details of their audit programme which showed positive results against the parameters set by the trust.

Managers and staff used the results to improve patients' outcomes. Managers attended MDT's where the results were discussed with a renal consultant. Managers used the results as a basis for improving patient care. Audits focused strongly on physiological factor that patients experienced and there was also evidence of biochemistry being monitored.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers assisted staff with extra qualifications for working in dialysis environments. Staff expressed that they felt the training helped them and assisted them with carrying out their role.

Managers gave all new staff a full induction tailored to their role before they started work. Managers had an induction process for staff. New staff members we spoke with were happy with the induction process and the support they received during their first months with the organisation.

Dialysis services

Managers supported staff to develop through yearly, constructive appraisals of their work. Managers conducted an appraisal which was split up into three reviews throughout the year. Managers set baseline objectives in the first meeting and the remaining meetings acted as a catch-up regarding progress and support in achieving these goals.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Managers conducted team meetings monthly and full notes were available to staff if they were unable to attend by email.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers showed appraisals that showed staff were engaged with and their skills were developed to allow them to develop their skills and knowledge. Managers were very pleased with the opportunity to provide education in specific dialysis skills and felt it contributed to the safety of the unit.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers showed through completed appraisals with staff that they had the opportunity to both ask about their training needs and to discuss at a later date how they felt they were progressing with their goals.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Managers completed MDT meetings once a month with a renal consultants and other associated professionals such as dieticians. Patients were discussed during these meetings to decide both treatment and provided an opportunity for forward planning of upcoming patients who would be in need of dialysis treatment in the future.

Seven-day services

Key services were available to support timely patient care.

The service was open six days a week between Monday and Saturday and operated between 06.30 – 11.00. The location supported three dialysis slots a day which were nominated as Morning (07.00 – 13.00), afternoon (13.00 – 18.00) and twilight (18.00 – 23.00). The service was not open on Sunday.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Staff encouraged patients when it was indicated to be conscious of their lifestyle where it impacted on their treatment. For example, weight was a common parameter that needed to be checked to ensure that the treatment remained safe. Where weight was seen to be trending away from the desired parameters, staff would express that they would engage with the patient to discuss if they were facing any challenges and required further support from a dietician.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Dialysis services

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff asked patients to sign for their treatment before it was initiated at the location. This was in line with standardised documentation that staff filled out for patients at the beginning of their treatment. This documentation was reviewed when circumstances around their treatment were altered.

Staff made sure patients consented to treatment based on all the information available. Staff had access to forms which clearly detailed what the patient was consenting for.

Staff clearly recorded consent in the patients' records. Managers provided records which showed that consent was clearly recorded and updated when treatment changed.

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had training for the Mental Health Act, Mental Capacity Act, and the Deprivation of Liberty Safeguards. 90% of staff had completed these modules. Staff who had not completed the training were either on long term absence or bank staff who had been inactive for more than one year.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and they knew who to contact for advice. Staff had received training in these areas of legislation and demonstrated awareness of the considerations that would need to be taken when initiating a dialysis treatment process. Staff could also reference policies regarding the approach that should be taken with patients suffering from mental health concerns.

Are Dialysis services caring?

Good 

We have not rated this service before. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients we spoke with all praised staff for their availability and personal approach to their care. Staff gave examples that showed a personal approach to patients, by knowing details about their family through monitoring them over a longer period of time as part of the longer treatments associated with dialysis. Staff were therefore able to better understand personal physiological symptoms which indicated a patient may be distressed. Managers could also make special arrangements for birthdays and holiday seasons.

Patients said staff treated them well and with kindness. 15 patients were spoken to during our inspection and all patients were positive about the care they had received. Managers also provided an additional 50 pieces of evidence which consisted of cards and letters.

Staff followed policy to keep patient care and treatment confidential. Staff had a private area where treatment was discussed. Managers were conscious of confidential information and records were securely stored when not in use.

Dialysis services

Staff understood and respected the personal needs of patients and how they may relate to care needs. Staff and managers gave examples of how they would adapt care for patient's individual needs. This included mobility, physiological symptoms such as pressure ulcers, pain, and toilet requirements.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff and managers welcomed family members of patients who attended with their patients and were open with them regarding any questions that they had.

Staff supported patients who became distressed in an open environment and helped them keep their privacy and dignity. Staff had areas of the unit that gave patients privacy if they became distressed. If patients were often distressed there were 4 isolation bays that were protected from an open environment to make patients feel more comfortable.

Staff showed empathy when having difficult conversations. Feedback reviewed showed that staff were very focused on providing empathy to patients during times of need. Feedback thanked staff for their care and the way they delivered it.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff showed an awareness of mental health and that it was a common symptom associated with long term dialysis treatment.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Staff were open with their patients and answered queries in a manner that was easy to understand. Due to the long period associated with the treatment that included multiple visits to the clinic, staff would become a coach to their patients and offer advice associated with lifestyle by using parameters they were monitoring with the patient. Managers felt this was a good way to encourage patients to be active participants in their care. Carers were given constructive information about patient observations and staff and managers felt this was an important aspect of the care they provided.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Managers welcomed carers or family members who could aid in the communication needs of the patient. This information was established and acted upon before their first visit to the clinic and managers would frequently meet the patients ahead of time if there were practical considerations that needed to be discussed.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients knew who to speak with if they had a complaint or wanted to provide constructive feedback. Managers would make themselves available to family members and were open to feedback. Through this approach, written complaints were very unusual at the location.

Are Dialysis services responsive?

Dialysis services

Good 

We have not rated this service before. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. Managers considered the needs of patients local to the clinic. The clinic had a high level of Nepalese patients and some senior nurses working at the clinic were fluent in the language.

The service had systems to help care for patients in need of additional support or specialist intervention. Managers met with patients and offered for them to attend the clinic prior to their first treatment. Patients could arrange personalised support that suited both themselves and the clinic.

Managers ensured that patients who did not attend appointments were contacted. Managers expressed that this was unlikely due to the mandatory nature of the treatment. However, the clinic had a standard operating procedure in this situation which ensured that the patient was prioritised and that their health wasn't compromised by any delay.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Managers and staff were able to demonstrate how they would approach caring for patients with these needs. However, staff did not receive training for learning disabilities or dementia population groups.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Patients with mobility restrictions were offered equipment to help them with their needs. Patients who were blind or unable to speak could bring a carer or family member with them to help them with any communication difficulties.

The service had information leaflets available in languages spoken by the patients and local community. Senior managers expressed that information leaflets were available for patients when requested but were not displayed due to the IPC guidance associated with the clinical environment. Information leaflets were available in different languages and a variety of font sizes

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Managers confirmed that the service had arrangements for translation services if patients required this. Some staff had fluency in local languages of common patient groups. For example, Nepalese patients often attended the clinic and a staff nurse was able to speak this fluently.

Dialysis services

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Managers worked alongside the MDT team to ensure patients that required dialysis treatment were seen according to the urgency of their clinical needs. The clinic was extending its capacity in response to an increased demand in dialysis treatment. At the time of our visit, 10 patients were awaiting a bed to commence their dialysis treatment. Managers had outlined that they were currently extending the clinic with 6 new beds which would generate an extra 24 treatment slots.

Managers worked to keep the number of cancelled treatments to a minimum. Managers worked closely with patients and their families and there were systems to alert the staff if patients were unable to attend their dialysis session. Suitable alternative arrangements were made to ensure the safety and health of the patient in this situation.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously.

Patients, relatives and carers knew how to complain or raise concerns. Patients felt comfortable and able to voice their concerns and complaints against the service if they needed too. Patients felt that the most frustrating aspect of the service were the transport arrangements for the clinic which managers did not have an influence over. The service had not received any formal complaints in the last 12 months. Managers advised us that verbal complaints were managed with the patient swiftly to avoid any escalation.

The service provided information about how to raise a concern in patient areas. Managers interacted with patients face to face when a complaint was voiced in a verbal form. Where a verbal complaint could not be resolved, managers expressed that they would provide information on how to make a formal complaint. Staff were aware regarding the need to escalate concerns to managers as soon as possible.

Staff understood the policy on complaints and knew how to handle them. Staff showed awareness of the complaints process and could explain how they would manage a concern in the first instance.

Managers had systems to investigate complaints and identify themes. Managers expressed that they did not receive complaints on a regular basis. They were able to explain the systems and processes associated with complaint and how the provider managed the process. As no formal complaints were raised in the last 12 months, managers were unable to provide evidence of a thematic analysis associated with complaints.

Are Dialysis services well-led?

We have not rated this service before. We rated it as good.

Dialysis services

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The leadership of the clinic was made up of a clinic manager, a deputy clinic manager, and senior staff nurses. The clinic manager reports to a regional manager who then reports to an operations manager for the region. The clinic manager was an experienced staff nurse with high levels of experience in renal nursing. They understood the priorities of the clinic and had a strong awareness of the issues the clinic faced. The clinic manager placed an emphasis on patient care and was conscious of the capacity of the unit and that it needed to be improved to accommodate more treatment slots for new and upcoming referrals.

Staff reported that the clinic manager was highly visible and highly approachable towards them. Patients also approached the clinic manager during our visit using her first name and were very complementary about them. Staff expressed that the clinic manager showed a motivation to allow them opportunities to progress in their career and that they utilised the appraisal structure to maximum effect in achieving this.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.

Managers were aware of what the provider wanted to achieve with their individual clinic and how they wanted it to support their aligned NHS trust's strategy in renal dialysis care over the coming years. The provider had a set mission statement and had core values for their business and the ethos of the organisation. Managers and staff understood these values and there was literature in staff areas of the building that provided reminders and reinforcement of these values.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff were very happy working at the unit and managers had created a "Family atmosphere" in the clinic among staff and between patients. Staff spoke of often attending social events together after work and BBQ's being held at weekends.

All staff felt that their line managers were approachable to speak with if they had concerns. It was also expressed that managers were highly visible and would frequently approach staff on duty to check they were ok and to have a chat.

Staff were very pleased with the appraisal process at the organisation and felt they were being developed and offered opportunities to progress in the organisation. Staff were pleased to have access to academic qualifications to enhance their skills and portfolio.

Patients were very complementary of the leadership team and there was evidence of thank you cards, letters, and other positive feedback that was kept by the managers in their office where it was displayed for staff. Patients who had attended the clinic for a long period of time felt very close to the staff and one patient expressed that the clinic felt like a family. Birthdays and holiday occasions were celebrated for patients with staff.

Dialysis services

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Managers conducted regular meetings at the clinic for staff to attend monthly. The minutes of the meetings covered operational information, latest messages, to do items, incidents and learning from them, and future operational aims for the clinic. Alongside this meeting was a monthly MDT that focused more on the clinical management of patients. Managers would attend the meetings alongside clinical consultants and other relevant professionals for renal care such as dieticians. The MDT meeting also acted as a bridge meeting between the trust and the clinic. Therefore, operational key performance indicators were also discussed and reviewed during these meetings.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help the quality of care.

The MDT formed an important meeting which brought together relevant stakeholders involved in the care of the clinic's patients. Progress was checked for the patients using a monthly audit structure that checked both physiological parameters of patients and the performance of the unit. Managers checked these figures monthly and staff were given access to this data in staff department meetings to seek their input and contribution.

Managers had good awareness of risks to the service and had ongoing oversight of both how to manage risk associated with this. Where actions were implemented, they were checked using the governance processes with feedback given to senior managers depending on which area of the business the risk was associated with.

Managers had back up plans if the service was unable to operate and this was outlined in a business contingency plan for the unit.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

All staff are issued with a unique IT account which is password protected. Staff have individual email addresses aligned to these accounts where they could receive messages securely. For example, mandatory training expiry notifications were generated automatically to staff once at different intervals from their expiration date. Staff were assigned GDPR training as part of their mandatory training and the location had a GDPR policy which staff had access to. Staff were aware of the importance of keeping data both secure and confidential. Patient information was kept in locked cupboards and kept secure with a nominated staff member when in the clinical area. Three safe shredding locations were found at the nursing station, reception and clinic manager office. Managers consistently sent performance data associated with the key performance indicators agreed with the aligned NHS trust and data submissions around research were also submitted to support the NHS Trust's research into renal care.

Dialysis services

Engagement

Leaders and staff actively and openly engaged with patients, staff, and the public to plan and manage services. They collaborated with partner organisations to help improve services for patients.

There was information available to patients to encourage them to communicate with the service. The service had a website which gave information on service, provided contact information and answers to frequently asked questions.

Managers engaged often with staff often. Staff expressed that they felt listened too and part of the service that was being provided. Staff praised leaders for their approach and their openness to feedback.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Managers had been working with a renal consultant to look at environment efficiency and lower their carbon footprint at the clinic. This has looked at other renal dialysis clinics that have adopted new approaches such as turning dialysis machines off rather than leaving them on overnight. A more effective review of how waste is segregated has also been explored. Managers had an awareness of the energy used in their service and had motivation to look at green technology in the future to further this initial review.