

Diaverum UK Limited (Accrington)


Quality Report

Accrington Victoria Hospital
Haywood Road
Accrington
BB5 6AS
Tel: 01254 359380
Website: www.diaverum.com

Date of inspection visit: 10 July 2019
Date of publication: 03/01/2020

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?		Good	
Are services well-led?		Good	

Summary of findings

Letter from the Chief Inspector of Hospitals

Diaverum UK Limited (Accrington) is operated by Diaverum UK Limited. The service is commissioned by a local trust and is located at another trust in the north west. The service provides dialysis services.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 10 July 2019. We provided short-notice of the inspection as we needed to be sure that key people would be available during our inspection.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We have not previously rated this service. We rated it as **Good** overall.

- 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 unit 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 collected safety information and used it to improve the service.
- Staff provided effective care and treatment, supported patients with dietetic advice on food and drink and assessed and monitored patients regularly throughout their dialysis treatment. The unit manager monitored the effectiveness of the service and made sure staff were competent in their roles. Multidisciplinary team 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.
- 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 for treatment. Complaints were investigated and responded to effectively.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood their roles in meeting 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 accountabilities. The service engaged with patients and its commissioning trust to plan and manage the service. Staff were committed to continually improving the service.

We found areas of practice that require improvement:

- At the time of inspection, the dirty utility room was unlocked, with cleaning solutions on a trolley and crystallisation on the cupboard door, handle and around the sink. Although this was in a staff only area and therefore low risk, the provider should consider how cleaning arrangements and storage of cleaning solution are monitored within the dirty utility room.

Summary of findings

- Risk assessments were completed and if the risk score was eight or above it was put onto the risk register. We reviewed four risk assessments and found one had a risk score of 10 and had not been put onto the risk register. The provider should consider how risk assessments are monitored and put onto the risk register.
- Patients told us they were concerned about the recruitment and retention of staff as staff members had left over the last six months and another staff member was due to leave within a month.
- Staff told us they were not aware of plans for service changes.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service

Dialysis services

Rating

Summary of each main service

Good



We rated the services delivered by Diaverum UK Limited Accrington as good. This was because the services were delivered in a safe and effective way that protected patients from harm. Patients were involved in the care and treatment which was delivered with kindness and compassion. The services were designed to meet and be responsive to the needs of people it served as individuals. The service was led by a passionate unit manager who promoted a high-quality service.

Summary of findings

Contents

Summary of this inspection

Our inspection team	Page 7
Information about Diaverum UK Limited (Accrington)	7
The five questions we ask about services and what we found	9

Detailed findings from this inspection

Overview of ratings	14
Outstanding practice	32
Areas for improvement	32

Good



Diaverum UK Limited (Accrington)

Services we looked at

Dialysis services

Summary of this inspection

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Information about Diaverum UK Limited (Accrington)

Diaverum UK Limited (Accrington) unit is operated by Diaverum UK Limited. It is a mixed gender dialysis treatment unit and is registered to provide the following regulated activity to patients over the age of 18 years:

- Treatment of disease, disorder, or injury.

Diaverum has been providing services at the unit since December 2010. The main referring renal unit is Lancashire Teaching Hospitals NHS Foundation Trust which provides a multi-disciplinary team who support the unit providing the dialysis service. It primarily serves communities in and around East Lancashire.

The unit is located at Accrington Victoria Hospital managed by a local trust. Dialysis is provided for patients six days a week from Monday to Saturday. There are no twilight or overnight facilities. Two dialysis sessions run each day with treatments starting at from 7am and 1pm.

The unit has 12 treatment stations. Ten stations are in the main treatment room with two stations in a side room providing Haemodialysis and Hemodiafiltration. Peritoneal dialysis and home dialysis services are not provided by staff at this unit.

Access to the unit is from the main car park. Entry to the unit is secure via a door bell.

There are five registered nurses, three dialysis assistants and three healthcare assistants employed by the unit.

During the inspection, we spoke with eight staff including the north manager, clinic manager, registered nurses, health care assistants, reception staff and medical staff. We spoke with ten patients. During our inspection, we reviewed five sets of patient records. We provided "tell us about your care" comment cards for patients and visitors to complete but did not receive any completed cards.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This is the third inspection of this service by CQC. The most recent previous inspection took place May 2017.

Activity (April 2018 to March 2019)

In the last 12 months there had been one statutory notification submitted by the service to CQC.

The unit had the capacity to provide treatment to 48 patients per day. There were 49 patients using the unit's services at the time of inspection.

The unit provided on average 624 treatment sessions per month. Between April 2018 and March 2019, the unit provided 4,490 treatment sessions to adults between 18 and 65, and 2,993 treatment sessions to adults over 65 years of age. Of these 100% were NHS funded.

No services were offered to people under the age of 18.

The unit did not provide any dialysis at home treatment services.

Track record on safety

In the 12 months prior to the inspection:

- There were no reported never events
- One patient death occurred.
- There were no incidents classed as moderate or above that triggered a duty of candour process.
- There were no patient falls on the unit.
- There was one incidence of healthcare acquired Methicillin-resistant *Staphylococcus aureus* (MRSA).

Summary of this inspection

- There were no incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA).
- There were no incidences of hospital acquired Clostridium difficile (c. diff).
- There were no incidences of hospital acquired E-Coli.
- There were no formal complaints reviewed.
- Clinical and non-clinical waste removal
- Interpreting services
- Building Maintenance
- Maintenance of medical equipment
- Pathology
- Fire safety
- Water supply

Services provided at the hospital under service level agreement:

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We have not previously rated this service. We rated it as **Good** because:

Good



- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- 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.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- 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.
- 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, agency and locum staff a full induction.
- The unit was supported by enough medical staff from the commissioning trust with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- 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.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- However, we also found the following issues that the service provider needs to improve:

Summary of this inspection

- At the time of inspection, the dirty utility room was unlocked, with cleaning solutions on a trolley and crystallisation on the cupboard door, handle and around the sink. Although this was in a staff only area and therefore low risk, there was a very small potential risk of unauthorised persons being able to access the areas.

Are services effective?

We have not previously rated this service. We rated it as **Good** because:

Good



- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.
- Staff gave patients enough food and drink to meet their needs and provided dietary advice improve their health. The service made adjustments for patients' religious, cultural and other needs.
- Staff monitored patients to see if they were in pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service audited its quality standards against the Renal Association Guidelines. Managers used information from the audits to improve care and treatment. Managers carried out a comprehensive audit programme.
- 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.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available six days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- The service had relevant information promoting healthy lifestyles and support on the unit.
- 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. Nursing staff

Summary of this inspection

completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records.

Are services caring?

We have not previously rated this service. We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients said staff treated them well and with kindness. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff were discreet and responsive when caring for patients. Staff followed policy to keep patient care and treatment confidential.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. 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 supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff talked with patients, families and carers in a way they could understand. Staff supported patients to make informed decisions about their care.

Good



Are services responsive?

We have not previously rated this service. We rated it as **Good** because:

- 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. Facilities and premises were appropriate for the services being delivered. Managers ensured that patients who did not attend appointments were contacted.
- 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. Managers made sure staff, and patients, relatives and carers could get help from interpreters or signers when needed. The unit could access information leaflets available in languages spoken by the patients and local community.

Good



Summary of this inspection

- People could access the service when they needed it and received the right care promptly. The service monitored utilisation of the unit's capacity and made sure patients could access services when needed and received treatment within agreed timeframes. The unit manager worked to keep the number of cancelled treatment sessions to a minimum.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Are services well-led?

We have not previously rated this service. We rated it as **Good** because:

- Leaders on the unit were visible and approachable to staff and patients. They were supported by a senior leadership team to develop plans. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- 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.
- Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- 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 submitted to external organisations as required.

Good



Summary of this inspection

- The service engaged well with patients and staff to plan and manage appropriate services.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in improvements.

However

- Not all risks were identified and recorded on the risk register with appropriate mitigation.






Detailed findings from this inspection

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 

Information about the service

Diaverum UK Limited (Accrington) clinic has been operated by Diaverum UK Limited since 2010. It is a privately-operated satellite unit for dialysis services commissioned by Lancashire Teaching Hospital NHS Foundation Trust, located in a building managed by East Lancashire Hospitals NHS Foundation Trust. The clinic primarily serves the communities of East Lancashire. It also accepts patient referrals from outside the area on holiday if capacity allows.

The clinic has had a registered manager in post since October 2010. At the time of the inspection, the registered manager had been registered with the CQC since September 2017.

The unit is registered for the following regulated activities:

- Treatment of disease, disorder or injury.

CQC previously inspected this service in May 2017. Our July 2019 inspection confirmed that previous requirement notices for safe care and treatment from that inspection had been addressed by the provider.

The service provides haemodialysis treatment to adults aged 18 years and over, who have non-complex needs. Currently the service provides treatment to 29 patients between the ages of 18 and 65 and 20 patients aged over 65 years.

Summary of findings

We found the following areas of good practice:

- 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 unit 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 collected safety information and used it to improve the service.
- Staff provided effective care and treatment, supported patients with dietetic advice on food and drink and assessed and monitored patients regularly throughout their dialysis treatment. The unit manager monitored the effectiveness of the service and made sure staff were competent in their roles. Multidisciplinary team 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.
- 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,

Dialysis services

and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment. Complaints were investigated and responded to effectively.

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood their roles in meeting 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 accountabilities. The service engaged with patients and its commissioning trust to plan and manage the service. Staff were committed to continually improving the service.

We found areas of practice that require improvement:

- At the time of inspection, the dirty utility room was unlocked, with cleaning solutions on a trolley and crystallisation on the cupboard door handle and around the sink. Although this was in a staff only area and therefore low risk, the provider should consider how cleaning arrangements and storage of cleaning solution are monitored within the dirty utility room.
- Risk assessments were completed and if the risk score was eight or above it was put onto the risk register. We reviewed four risk assessments and found one had a risk score of 10 and had not been put onto the risk register. The provider should consider how risk assessments are monitored and put onto the risk register.
- Patients told us they were concerned about the recruitment and retention of staff as staff members had left over the last six months and another staff member was due to leave within a month.
- Staff told us they were not aware of plans for service changes.

Are dialysis services safe?

Good 

We had not previously rated the safe domain for this service. We rated it as **good**.

Mandatory training

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

- The service had a mandatory training matrix for staff to complete as either one off, annual or triannual. Training was delivered as e-learning or face to face. Training compliance was updated each quarter. Sepsis training had been completed since our previous inspection.
- The one-off training included code of conduct, national early warning score 2 and in-house dialysis training.
- Annual training included Data protection, Fire, Manual handling practical session, basic life support, hand hygiene theory, hand hygiene practical, Infection and prevention control competency, aseptic non-touch technique (ANTT) competency and medicine management. Compliance for these modules at the time of inspection was between 62% and 100%.
- Triannual training included anaphylaxis, safeguarding adults, safeguarding children, Control of substances hazardous to health, manual handling e-learning, personal protective equipment, Mental Capacity Act (including Deprivation of Liberty Safeguards), Duty of Candour, Workplace safety including display screen equipment, sharps management, falls prevention, the frail person in dialysis setting pressure ulcer prevention, conflict resolution, sepsis, equality and diversity and blood borne viruses. Compliance for these modules at the time of inspection was between 82% and 100%.
- Managers monitored mandatory training and alerted staff when they needed to update their training. Each quarter the provider Practice Development Nurse sent out a report to the clinic manager which identified which training was in date, due to expire and had

Dialysis services

expired. We reviewed the training matrix during our inspection and found improvement where training compliance had been low in the provider information data submitted post inspection.

- The clinic manager and provider Practice Development Nurse identified training needs and planned training sessions for staff face to face or allocated time for on-line 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.

- The designated lead for safeguarding was the nursing director for the provider. The clinic manager was the safeguarding lead for the unit and had level three safeguarding training to provide advice to staff.
- The service had a policy and a flowchart to support staff in identifying and reporting safeguarding concerns for adults, dealing with concerns, allegations of abuse, harm or neglect.
- The provider had identified there was no central safeguarding register to document all safeguarding concerns across the clinics as these were held locally. The provider was working toward a system to have a central register to provide assurance that safeguarding concerns were recorded and actioned appropriately.
- We saw staff were able to identify and report safeguarding concerns about patients during our inspection. After the incidents were reported, appropriate follow up and actions were taken to support the patients.
- The clinic did not provide services for patients under the age of 18 years. Children were not allowed into the service unless an appropriate risk assessment was undertaken. At the time of inspection, no risk assessments were in place for children to visit. Since our last inspection the service had provided safeguarding children level two training to staff and safeguarding training compliance for adults and children was 100%.

- Staff received training on equality, diversity, human rights and PREVENT (a training program for safeguarding those vulnerable to radicalisation) as part of their induction. Training compliance for these modules at the time of inspection was 100%.

Cleanliness, infection control and hygiene

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

- We reviewed the corporate general infection control policy (Pol 600) which was reviewed March 2019. The policy aimed to decrease the potential for spread of infection among patients and staff, provide a safe and clean environment for all patients and staff.
- The Infection control surveillance-prevalence of hepatitis B, hepatitis C and HIV policy (pol 645) which was reviewed April 2019. This detailed monthly testing for patients and we saw evidence this was completed on inspection in patient records.
- We observed staff on the unit complying with the arms 'bare below the elbow' guidance. Staff used appropriate personal protective equipment such as visors, colour coded aprons, masks, goggles and gloves in line with best practice.
- All staff were trained and used an aseptic non-touch technique when accessing fistulas and dialysis lines. This minimised infection transmission between patients. Staff washed their hands between patients; handwashing sinks were located by each dialysis station and throughout the unit. We were told hand hygiene audits were completed but did not see results from this audit on inspection.
- All dialysis lines were pre-packed and were single use only. Once dialysis treatment was completed, we saw that all used lines were disposed of in clinical waste bags and any needles placed in sharps bins.
- Water used for the preparation of dialysis fluid was monitored for contaminants and microbiology issues. Chlorine levels in water were tested daily and other contaminants such as nitrates tested monthly to ensure the quality of the water used. This was in-line with the Renal Association guideline 3.3 – HD: Chemical contaminants in water used for the

Dialysis services

preparation of dialysis fluid. We viewed the daily water plant records, which were fully completed. Similarly, the water was tested for endotoxins, fungal contaminants and total viable count for microbiological contaminants.

- The service had a side room which could be used for patients with an infection.
- The service monitored infection rates and we were told no patients had had a bacteraemia as a result of their line in the last 12 months. However, the unit had had one incidence of methicillin-resistant staphylococcus aureus in December 2018 which was treated successfully with topical antibiotics.

Environment and equipment

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

- The unit appeared clean and tidy and areas were kept free of clutter. All doors were unobstructed and fire escapes were clear. All corridors were wide and provided ample access to the main ward treatment area and were suitable for wheelchair use.
- All areas of the unit flooring were easy clean surfaces in case of spillages and appeared free of dirt and staining.
- Access to the unit was controlled. Patients and visitors were required to press a call bell to gain access. The weighing scale were located in the entrance for easy access. The unit did not have a spare set of scales and we were told a spare set would be sent from another clinic if required.
- There was adequate space between dialysis chairs to allow for privacy, but also space for staff to be able to attend to patients. It was recognised by the service that there was limited space in the clinic room. A service the tender and consultation were in progress with patients to find a more suitable location for the clinic at the time of inspection.
- The nurses' station was located at the top of the dialysis unit which had limited visual contact with

patients. The side room opposite the nurses' station so viewing this room was easier. We observed this system being used to alert staff to any issues within the side rooms.

- At the time of inspection, the dialysis machines were under warranty until September 2019. Following this date, we were told a service level agreement would be in place.
- All storage areas were well organised and tidy. Stock was placed on shelving and there was an appropriate stock rotation system in place to ensure the oldest stock was used first.
- Equipment stock in the storage areas was had the appropriate CE mark (certification mark that indicates the item conformed with health, safety and environmental protection standards for products sold within the European economic area). For example, dialysis needles and accessory kits. This ensured that all dialysis equipment was approved and compliant with relevant safety standards and met the Renal Association guidelines. Guideline 2.2 - HD: Haemodialysis equipment and disposables. (We saw that all dialysate was CE marked in accordance with the Renal Association guidelines. Guideline 3.1 - HD: Concentrates for haemodialysis. This ensured that the dialysates used met the required standards for safe patient treatment).
- The lot number and batch numbers of the dialysis set components were recorded on the dialysis information system for each patient dialysis session.
- Staff could recognise and report any failures in equipment and medical devices which were recorded as in incident. The unit was connected to the hospital backup generator, so the dialysis machines were able to be used if there was a power failure for a short period of time.
- We saw the dialysis machines were cleaned in between each patient use.
- The water treatment plant was organised and appeared clean and tidy. However, we found crystallisation around the sink and cupboards in the dirty utility room. This was raised on inspection and immediate action was taken by the provider.

Assessing and responding to patient risk

Dialysis services

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

- Staff followed processes for patient identification, which met the professional guidance on the administration of medicines in healthcare settings. Staff routinely asked patients for their names and date of birth, prior to commencing dialysis and issuing medicine.
- Confirmation of identification was required by the dialysis machines. Patients used an electronic card, picked up on arrival in the waiting area, to record their weight; this card was then inserted into the machine which subsequently prompted staff to confirm the patient identity. This ensured patients received the correct treatment, as the machine would not progress until the patient's identity had been confirmed on the dialysis machine.
- Patients had their vascular access sites assessed by staff prior to treatment. Fistulas or central venous catheters were assessed pre and post dialysis for infection, with any variances recorded via the electronic system.
- Staff had received sepsis awareness training and had a good understanding of sepsis. Sepsis is a life-threatening illness caused by the body's response to an infection.
- Patients' weight, temperature, pulse, and blood pressure were checked before dialysis commenced, after the patient had been connected to the dialysis machine, and after dialysis ended. Patients were monitored throughout their dialysis treatment and additional mid-treatment readings were taken during dialysis if clinically required. Each patient had a dialysis prescription/treatment plan which the frequency of readings could be increased for depending on their risk of co-morbidities and clinical symptoms. The readings were automatically transferred to the patient's electronic record. We observed patients and staff undertaking these observations. Staff told if they had any concerns this was escalated to the unit manager or consultant.

- Staff responded to alarms on the dialysis machines in a timely manner and monitored patients for dislodged needles to prevent significant blood loss.
- Emergency equipment was checked daily, with items appropriately packaged, stored and ready for use. The resuscitation trolley was provided by the trust. We reviewed a random selection of equipment on the trolley; all were within the manufacturer's recommended expiry date.
- Staff were aware of the process to transfer deteriorating patients to the nearest emergency department via the emergency services.
- The total number of patients who were transferred from the service to another health care provider in the last 12 months was two.
- A personal emergency evacuation plan (PEEP) was in place for every patient. The plans were coded red, amber and green. Each clinic list had the plan for each patient printed out and was kept in the duty roster folder in the unit managers office.
- At the time of inspection, the clinic did not provide blood transfusion to patients whilst on dialysis. This service was provided by the commissioning trust.

Nurse Staffing

The service had enough nursing and support 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, agency and locum staff a full induction.

- At the time of the inspection, the unit employed six registered nurses, 2.55 whole time equivalent (WTE) dialysis assistants, 2.63 WTE health care assistants and a clinic secretary. The registered nursing staff included the unit manager.
- The unit manager had a qualification in renal nursing. The aim of the provider was to have at least one nurse with a renal nursing qualification at the clinic.
- The unit worked to a predetermined staffing levels and skill mix as contractually agreed with its

Dialysis services

commissioning NHS Trust. This meant the unit provided a ratio of one staff member to every four patients per shift, with a minimum of two registered nurses per shift.

- In the three months prior to the inspection the unit reported a 6% sickness rate for registered staff; two shifts were covered by bank staff and 15 shifts by agency staff. We were told the agency staff had been used to cover staff who had left the service.
- We saw documentation supporting a full induction for bank and agency staff working on the unit.

Medical staffing

The service did not directly employ the medical staff. However, the unit was supported by enough medical staff from the commissioning trust with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

- The clinic was supported by two consultant nephrologists from the commissioning trust who were responsible for, and managed, the medical care and treatment of patients attending the unit. One consultant was responsible for Mondays, Wednesdays and Fridays and the other consultant was responsible for Tuesdays, Thursdays and Saturdays.
- Staff and managers told us they could access the nephrologist through the trust if they needed advice and support and were contactable by phone or email. Cover arrangements were managed by the commissioning trust.
- The clinic was also supported by the on-call registrar for advice and support if required.

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.

- The dialysis unit used a combination of electronic and paper records. Data was uploaded daily from the

electronic record to the commissioning trust's patient records system. This ensured that the consultant nephrologists had access to their patients' records at all times, including when they were not on the unit.

- Staff were competent in the electronic record system and all had received mandatory training to effectively use it.
- We reviewed five sets of patient records. These were of good quality and contained patient demographics including height, weight as well as the patient prescription and blood results. All patients had a care plan and risk assessments to provide staff with the necessary information to provide safe care and treatment.
- We reviewed four policies relating to patient care plans, maintaining medical records, chaperoning, admission and discharge for patient records and found records were kept and maintained appropriately in line with best practice.
- Prior to treatment, any variances from the previous treatment session needed to be acknowledged by staff prior to commencement of a new session. This ensured that staff were aware of any specific issues relating to care and treatment.
- A post-treatment patient report was shared electronically with the nephrologist after each treatment session to highlight any problems encountered in treatment and to request further advice and support as needed.
- Patient records were audited monthly. The audit for June 2019 reviewed two records out of twelve from a clinic. The audit found both records conformed to the twelve standards.

Medicines

Staff followed systems and processes when safely prescribing, administering, recording and sorting medicines.

- All staff completed mandatory training in preventing medicine errors and completed annual competency declarations that included medicine management competencies. At the time of our inspection medicines management training was 100%.

Dialysis services

- The unit manager was the clinic lead with responsibility for the safe and secure handing and control of medicines. The nurse in charge, which varied dependent on shift patterns, was the key holder for the medicine's cabinet on a day to day basis.
- The unit did not store or administer any controlled drugs.
- We reviewed a sample of medicines held by the unit. All medicines we reviewed were within the manufacturer's recommended expiry date.
- The service stored medicines which needed to be refrigerated in a fridge. Records indicated that staff completed daily fridge and room temperature checks, to ensure that medicines were kept at the correct temperature, so they were still effective.
- Every patient had an individualised treatment prescription. The consultant nephrologists completed all medicines prescriptions. We saw that the prescriptions were kept on the unit's electronic patient record system and dialysis prescriptions were printed out into the paper patient records.
- Any requests to change prescriptions, where the consultant nephrologist was not available, were made to the on-call registrar at the commissioning trust via the on-call bleep system. The requested change was made electronically.
- Staff followed current national practice to check patients had the correct medicines. We observed that nursing staff administered medicine following the professional guidance on the administration of medicines in healthcare settings-this guidance, co-produced by the Royal Pharmaceutical Society (RPS) and Royal College of Nursing (RCN), provides principles-based guidance to ensure the safe administration of medicines by healthcare professionals.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised

and gave patients honest information and suitable support. Managers ensured that actions from patient's safety alerts were implemented and monitored.

- The provider had a reporting and follow-up of clinical incidents policy (Pol 501) that set out how each clinic should record and manage incidents. The policy clearly set out: definitions of clinical incidents, corporate reporting requirements and timescales, external notification processes and escalation processes for different incidents. The accountability and responsibilities of staff were clearly defined in the policy.
- Staff knew how what incidents to report and how to report them and we saw evidence of this on inspection. We reviewed five incident reports on inspection and saw duty of candour had been applied to a medicine incident classed as low harm. Staff told us learning from incidents was shared at the clinical managers meetings and cascaded down to staff at the unit.
- There were no never events reported by the unit in the 12 months prior to the inspection. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systematic protective barriers are available at a national level and should have been implemented by all providers.
- The unit had an emergency preparedness plan. The plan defined roles and responsibilities; provided emergency contact details for key emergency services, public services and utilities, and headquarter personnel. This ensured continuity and recovery of business during and following a major incident affecting the operation of the unit.

Are dialysis services effective? (for example, treatment is effective)

Good 

We have not previously rated the effective domain for this service. We rated it as **good**.

Evidence-based care and treatment

Dialysis services

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 patient's subject to the Mental Health Act 1983.

- Treatment to patients was provided by staff in line with their individual treatment prescriptions, which were based on the Renal Association Haemodialysis guidelines (2009) and the National Institute for Health and Care Excellence (NICE, Quality standard QS72, 2015). Prescriptions were reviewed and amended by the multidisciplinary team following monthly monitoring of patient's individual blood results. This enabled the medical team to review the effectiveness of treatment and to make improvements or changes to a patient's care plan.
- Patient treatment data was recorded by an electronic information management system. The live data was available for review by the clinic manager and the consultant nephrologists, and the system was able to produce customised analysis and reports. This meant that opportunities to improve individual patient outcomes were easily identifiable, and performance against the provider's national standards could be assessed.
- NICE Quality Statement (QS72, 2015) was followed regarding how staff monitored and maintained each patient's vascular access (for treatment). All patients receiving treatment had their vascular access site monitored and maintained prior to dialysis. Staff waited for it to take effect before cannulating. Nurses monitored the vascular access site and recorded this on the electronic patient record system. A patient concerns record was also used to raise any issues with the consultant nephrologist. This was in line with the National Institute for Health and Care Excellence (NICE) QS72 statement 8.
- At the previous inspection a mixture of wet and dry needling techniques was used for dialysis. On inspection we were told wet needling technique was now in place. The unit followed the most recent British Renal Society (BRS) guidance to help prolong cannulation access.
- The unit did not monitor transport times and delays but reported any concerns to the commissioning trust.

The unit Manager attended meetings with the Trust and raised concerns with the Matron. The Trust Matron had regular meetings with the ambulance service as part of the commissioning arrangements for monitoring the service.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service planned for patients' religious, cultural and other needs.

- Patients were offered two snacks during each dialysis session. The first was toast and drink, followed later by biscuits and a drink.
- The patient survey showed 90% of respondents said that they understood the importance of diet with their haemodialysis treatment.
- The unit was supported by a dietitian who attended the clinic twice a week. The dietitian promoted education of food, diet and weight management. The dietitian kept their own records which were able to review on inspection.
- There was an information board where patients were weighed which included helpful dietary information for patients on foods with high potassium levels.

Pain relief

Staff monitored patients to see if they were in pain.

- All patients were prescribed paracetamol and given as required. Stronger analgesics were prescribed by the patients GP. Further advice about pain relief was provided by the consultant Nephrologist if required.
- Patients did not bring their own analgesics to the clinic. Topical sprays were not used on patients or stored at the clinic.
- Patients would be transferred out if their pain was too severe to dialyse.

Patient outcomes

Dialysis services

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

- The unit was nurse-led; however, overall responsibility for patient care lay with the consultant nephrologists from the commissioning trust. Patient treatment prescriptions and care plans were individualised to achieve effective patient outcomes in line with the UK Renal Association Standards.
- Information about the outcomes of patients' care and treatment was collected and monitored by the service to ensure good quality care outcomes were achieved for each patient. The unit measured and reported to the commissioning trust on its effectiveness against the quality standards of the Renal Association Guidelines. Electronic treatment data collected by the dialysis machines was submitted to, and combined with data from, the commissioning trust for inclusion in its overall submission to the UK Renal Registry.
- The registry collected, analysed and reported on data from the UK adult and paediatric renal centres. The data submitted included patients under the direct care and supervision of staff; it did not include information on patients undergoing dialysis elsewhere during holiday periods. As the unit's data was combined with the trust's data, the unit was unable to benchmark its outcomes against other providers' clinics.
- Patient blood was tested for potassium, phosphate, calcium aluminium concentrations in-line with the Renal Association Guidelines. Pre-dialysis serum potassium in patients' blood was monitored monthly. Renal Association guidance suggests that pre-dialysis serum potassium should be between 4.0 and 6.0 mmol/l in HD patients.
- The unit audited a range of other measures which were benchmarked against the provider's other units nationally. These included effective weekly treatment time, vascular access for renal dialysis, infusion blood volume score, haemoglobin score and albumin score.
- The data for vascular access had an aim of 25% or less for catheter fistula. The service achieved 20.8% April 2019, 22.9% May 2019 and 26% June 2019. We were told the increase was due to new patients. Vascular

access via arteriovenous fistula means the dialysis is more effective, which is why the service is required to report on how many patients they are treating who have an AV fistula or who are receiving treatment via a catheter. Catheter fistulas are usually for short term use, until patients have an AV fistula created in hospital.

- The unit also measured their variance rates. The variance rate monitors how many patients receive a full dialysis session as some patients may come off the machines early. It is important for patients to receive a full dialysis session, so the service would need to know if patients were not having a full session.

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.

- New staff completed a training and education twelve-week plan which was supernumerary. The induction training was split into an orientation programme and basic dialysis programme which included the principles of dialysis, the haemodialysis system, the dialyser, patient assessment, arteriovenous access (AV), central venous access (CVC), dialysis delivery, incident handling and management of cardiac arrest during haemodialysis. At the time of inspection, the orientation programme compliance was between 92% and 100%. However, the basic dialysis programme training compliance ranged between 8% and 38% compliance. We were told this was due the three new nurses who were in training at the time of inspection.
- A mentor was assigned to each new member of staff to support their learning and induction process, and development of their competencies. Staff told us they were supervised until they were deemed competent to work alone.
- We reviewed five staff files. All the files included copies of the staff member's job description, completed training course certificates and integrated competency documents with dates and signatures of competencies completed. Competencies included medical devices, cannulation, infection control and medicines management.

Dialysis services

- At the time of inspection staff had reviewed up-to-date training on manual handling, fire safety, basic life support and sepsis training. The newly appointed nursing staff were in training and expected to complete their training within the six weeks.
- The provider had link nurses for infection control, diabetes, blood borne virus and vaccination, renal access and anaemia management.
- Bank staff were provided by the provider's in-house agency. All bank staff underwent an induction programme, which included competency assessment to the same standards as permanent staff. Bank staff were provided with key clinical policies and work instructions as part of their induction training. Bank staff whose training or competency assessments had lapsed were not used by the bank service until these had been refreshed. This meant the unit manager could be assured that any bank staff attending the unit were appropriately trained and competent.
- Checks of the Nursing and Midwifery Council nursing validation registration PIN numbers for all nursing staff at the unit were carried out annually. Staff were expected to declare any criminal convictions annually. Existing staff were supported in maintaining their professional development and in revalidation with their professional body.
- Staff told us they had annual appraisals with their unit manager and we saw evidence of this in staff training files.

Multidisciplinary working

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

- The consultant nephrologists had overall responsibility for the care and treatment of their patient and held weekly clinics on the unit. Electronic access to blood results and treatment data meant that consultants were able to review clinic appointments and patient progress remotely.
- Multidisciplinary meetings were held monthly and included the consultants, the clinic manager and

dietician. The renal pharmacist, anaemia nurse, and specialist vascular access nurse did not attend the meetings at the time of inspection, but were available when needed.

- The multidisciplinary meeting reviewed each patient's treatment records and care plan, including any treatment variances (such as patient's ending their treatment session early) since the last review. Any changes to a patient's care and prescription were recorded. Outcomes and changes were discussed and implemented with all patients by the named nurses.
- The dietician attended the unit twice a week and patients reported they were able to see the dietician when they required.
- Staff told us there was a good relationship between the unit and all members of the multidisciplinary team.

Seven-day services

- **Key services were available six days a week to support timely patient care.** The unit opened six days a week from Monday to Saturday with two treatment sessions a day with patients attending three times a week on alternative days. Twelve patients could be accommodated during each morning and afternoon dialysis session.
- The unit did not have a waiting list as there was enough capacity available to manage and meet the needs of the unit's cohort of patients.

Health promotion

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

- The dietician discussed nutrition with patients, their diet and types of foods to avoid such as those with high salt, potassium or phosphate content.
- The service had relevant information promoting healthy lifestyles and support on the unit. Information leaflets and posters were displayed in the waiting area. These included information about dietary advice, dialysis while on holiday and information for

Dialysis services

patients awaiting transplants. A range of leaflets and contact details for support groups such as the renal social worker and the Kidney Care organisation were available.

Consent and Mental Capacity Act

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.

- Staff completed mandatory training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), on a three-yearly training cycle. All staff had completed the training.
- Signed patient consent forms were required to start treatment at the dialysis unit. Consent forms were held within all five paper records we reviewed. We observed staff obtaining verbal consent from patients before carrying out any interventions.
- Staff were able to demonstrate their knowledge of consent and mental capacity. If there were concerns over a patient's capacity to consent, they would seek further advice and assistance from the unit manager and the renal social worker. Existing patients who developed capacity issues were discussed with the consultants at the commissioning trust so that a suitable plan for future care could be made.
- However, there was no dedicated training for learning disabilities and dementia awareness.

Are dialysis services caring?

Good 

We have not previously rated the caring domain for this service. 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.

- Patients told us staff treated them well and with kindness. We spoke with ten patients during our

inspection, and we observed interactions between staff and patients. Patients were treated with kindness and compassion, which was reflected in the patient satisfaction survey December 2018 with a score of 89.6% from 12 responses.

- Patient comments from staff survey included "staff always listen when we ask anything about our treatments", "very happy with the service I receive, little in improvement required" and "all staff particularly pleasant and knowledgeable"
- Each dialysis station had a disposable privacy curtain. On the day of inspection, none of the curtains were drawn at the request of the patients, so they could talk to each other. However, staff told us in the event of an emergency or intimate care was needed the curtains would be drawn.

Emotional support

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

- 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 were able to refer patients for additional support when needed. This could be for peer support or professional psychological support. A renal psychologist clinic was held monthly at another Diaverum clinic where patients could attend.
- The service had links with national supporting dialysis agencies staff could refer patients to for advice, support and further information.
- The service had holistic care plans to assess social and emotional needs for the patient. Patients could complete a distress thermometer to identify when referrals for emotional support were required. Of the five care records we reviewed we saw this had been completed for one patient.
- Some patients told us that the relationship with staff was good and staff members would know when something was wrong or if they were feeling low. Patients we spoke with felt supported and comfortable talking with staff about their worries or concerns.

Dialysis services

- Patients were given a contact number for the unit and consultants secretary if they wanted to speak to someone about a concern or ask a question they had after they left the unit.
- Some patients told us they were concerned about the high staff turnover over the last six to 12 months. They felt that they were still building relationships of trust with new staff members for dialysis cannulation.

Understanding and involvement of patients and those close to them

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

- The service provided patients with a welcome pack and patient handbook. An education programme was available online for patients using the service which helped to promote shared-care and self-care.
- Each patient had their own container with individual supplies and electronic chip for the machine stored near the clinic entrance. On arrival patients were able to perform shared-care tasks such as self-weighing before and after treatment.
- The patient satisfaction survey December 2018 achieved 88.3% for patients felt involved in treatment decisions and 90% understood the importance of diet.
- The service offered a patient record view service where patients could register online to view their blood results. Patients who used this service found it easy to use and informative for adjusting their diet according to their blood results.

Are dialysis services responsive to people's needs? (for example, to feedback?)

Good 

We have not previously rated the responsive domain for this service. 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.

- At the time of inspection work with the commissioning trust to understand the needs of the renal service users was ongoing to plan future dialysis services. The service did not currently support dialysis at home or offer beds for patient dialysis.
- Options for increasing capacity were under review which could include refurbishment of new premises to add new stations, develop new facilities or add new treatment slots as home therapies and in-centre nocturnal dialysis.
- Patients were referred to the unit by the commissioning trust and accepted in line with the provider's acceptance criteria. The criteria included patients were over 18 years of age, had functioning vascular access, were clinically stable for satellite unit treatment, blood-borne virus status was checked, and the patient had medical approval from the commissioning trust's renal team.
- The service requested and reviewed patient information and details to ensure staff were able to meet each patient's needs in a safe way prior to acceptance.
- Most patients came to the unit by transport provided by the commissioning trust. Any issues with transport were reported to the commissioning trust for review and follow up.
- Patients who did not attend appointments were contacted by staff to check on their welfare and arrange an alternative treatment session. A process was in place to request a police welfare check in staff were unable to contact the patient. We saw evidence of this on inspection.
- There was good access to facilities in the unit. The unit was on the ground floor of the hospital building. Access to the unit was secured using an electronic doorbell system. At our last inspection the front door was left open and not secured. We saw this had been addressed on our inspection.

Dialysis services

- The facilities and premises were appropriate for the service being delivered. However, the unit could not be expanded to increase the number of dialysis stations. The commissioning trust was considering other more suitable locations for the dialysis service.
- The unit had a television at each dialysis station for patients to watch and included a headphone set.
- Since our last inspection the service had celebrated other cultural and religious events for patients, which included the grand national sweep and Ramadan.

Meeting people's individual needs

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

- Patients were allocated a dedicated dialysis appointment time which considered the individual patient's social and work commitments; length of journey to the unit; and the number of dialysis hours and sessions prescribed. Where possible, staff facilitated treatment session swaps and changes to meet individual patient needs. Care was patient centred and offered flexibility in the scheduling of treatment sessions to facilitate work, religious practices and social needs.
- Haemodialysis treatment was individualised for each patient in accordance with their dialysis prescription. Dialysis prescriptions were reviewed, and changed if necessary, following discussion at multidisciplinary meetings. Any changes were made to the patient's electronic card by the designated staff nurse.
- Patients were encouraged to partake in holistic care planning to identify individual needs with regard to co-morbidities and emotional needs.
- Reasonable adjustments were made for disabled service users. For example, the installation of ramps for wheelchair access, disabled toilets, moving and handling equipment.
- Our last inspection found staff were using relatives to interpret for patients when English was not their first language. The service had access to an interpreter which was prearranged face to face or by telephone.
- Patients who wanted to go on holiday could access the diaverum holiday service online or through the clinic. Some patients told us they had accessed this service and found it easy to use and dialysis treatment was coordinated in a timely manner.
- The service had links with the commissioning trust end of life care team where advanced care planning decisions were identified and communicated.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

- The unit opened six days a week Monday to Saturday and had capacity to provide three dialysis treatment sessions (two daylight and one twilight session) for each treatment station per day. Where possible, staff considered patients' lifestyle, social commitments, and preferences when allocating dialysis sessions. Since our last inspection the twilight shift had been disbanded due to staff shortages and low uptake of the service.
- Responsibility for the management, referral and prioritisation of new patients requiring dialysis was held by the commissioning trust. Patients were assessed for suitability prior to acceptance to the unit.
- The acceptance criteria included, although were not limited to, patients being stable with established and functioning venous access, independently mobile, and no recent cardiac, cerebrovascular or psychiatric history, no ongoing medicines through infusion pumps, no wound dressings required, and copies of last blood results.
- The service did not have a waiting list. There were no patients waiting to commence treatment at the unit.
- The service had protocols in place for the monitoring and management of vascular access and its possible complications and worked with the commissioning trust vascular team who supported this.

Dialysis services

- The service had plans and protocols in place to inform patients of any delays or disruption to the service. At the time of inspection, there had been no occasion where this was needed.
- The service was open to other patients for holiday/visiting by arrangement and assessment by the clinic for suitability. The assessment included a transfer letter from referring consultant and hospital, blood results/virology, MRSA screen results, dialysis prescription and medicine prescriptions and arrangement for transport.
- The service had a tracking system in place for patients who missed their appointments and a pathway to escalate to the patient's consultant.

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, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

- The service received no complaints in the 12 months prior to our inspection.
- The providers corporate policy complaints management detailed the five stages of the complaint procedure; receive, record, process, respond and report. Complaint information was displayed in waiting area for the unit and patient advice and liaison service (PALS) for the local trust complaints management service.
- The unit manager had responsibility for the initial response and investigation of any complaint received.
- Information and learning from complaints and concerns were shared with staff in handovers and staff meetings. Staff meetings were introduced May 2019.

Are dialysis services well-led?

Good 

We have not previously rated the well led domain for this service. We rated it as **good**.

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.

- Diaverum UK Limited leadership team were based in St Albans, Hertfordshire. The senior management team for Diaverum UK Limited consisted of an area manager (for north, south and midlands), finance director, operations manager, HR director, commercial director, quality and compliance director and nursing director. The senior team were overseen by a chief executive officer (CEO) in post since January 2019, supported by a new executive team. At the time of inspection, the global provider reorganisation was still ongoing.
- The leadership team of Diaverum UK Limited (Accrington) consisted of the north area manager, unit manager and deputy unit manager. At the time of inspection, the deputy unit manager post was vacant.
- The unit manager was the registered manager. A registered manager is the person appointed by the provider to manage the regulated activity on their behalf. This is a requirement under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 7.
- Staff told us the unit manager was visible and approachable and they saw the area manager now and again. We were informed the area manager had been covering maternity leave for another area so had not been able to visit as often.

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. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

- Diaverum UK Limited had a clear vision to be first choice in renal care. Their mission of life enhancing

Dialysis services

care was under pinned by their core values, competent, passionate and inspiring. The provider had strategic priorities for the next five years. At the time of inspection, the contract for the service had been extended but the commissioning trust was preparing to tender the dialysis service and Diaverum UK Limited was preparing for the change.

- Staff we spoke to understood the vision to be first choice and patients told us the Accrington Clinic was their first choice to attend for their dialysis treatment.

Culture

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

- Staff told us they felt supported, respected, valued and were proud to work for the organisation. They described the culture as like a family and told us it was a happy place to have dialysis.
- Staff understood the principles of duty of candour and we saw an example of the application of duty of candour with a minor incident. The unit manager spoke with the patient and family, explained what had happened, had given an apology and kept the family informed about the investigation and learning from the incident.
- At the time of inspection three staff nurses had left the service due to promotion, further development and improved home to work life balance. Staff told us there were limited opportunities for further development within the service, but the managers of the service were looking at ways to recruit and retain staff.
- Staff we spoke to knew who to raise concerns and were confident to do so. Staff were not aware of the provider telephone number they could call if they felt they could not raise a concern.

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.

- The service had effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. The provider at senior management level had monthly quality and compliance committee, quarterly water safety committee and board meetings.
- Consultant medical representation from the commissioning trust was in place at the joint service review meetings as part of the overall strategic management of the commissioning arrangements.
- Staff were provided with an induction and training programme. Staff were supernumerary for the training period and depended on the individual as to how long this would take. Usually the period was 12 weeks.
- The unit manager led on, and monitored, governance issues for the unit, and had responsibility for submitting monthly governance reports implementing governance improvements within the unit. A consultant nephrologist from the commissioning NHS trust led on the clinical governance issues for the unit.
- Patients were referred to the unit by the specialist renal and dialysis services provided at the commissioning NHS trust. As the unit functioned as a satellite of the main service, there was a close working relationship between the unit and the commissioning trust.
- Monitoring meetings took place the trust to review the unit's performance against the service's contract. The meetings were held quarterly and included review of performance against all the contracted renal performance standards and risks, new or updated policies, review of staffing and capacity of the unit, incidents, patient issues including fistula bleeds, complaints and transport issues.

Managing risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issued and identified

Dialysis services

actions to reduce their impact. They had plans to cope with the unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

- The provider had ensured that appropriate emergency equipment was available on the premises and staff were trained to use the equipment.
- The provider had business continuity plans in the event of a power failure or disruption to the water supply. Staff knew how to access them and who to inform if this happened. We reviewed four policies for business continuity and saw appropriate actions were in place to maintain the service where possible.
- The service had a systematic programme of clinical and internal audit to monitor quality, operational and financial processes.
- The service had invested in new dialysis machines to improve service delivery, reliability and patient experience.
- The unit manager understood the challenges to quality and sustainability. The service had regular unit performance reviews with the commissioning trust. We saw meeting minutes and key performance indicator reports where appropriate actions were taken, and risks mitigated.
- However, the arrangements for identifying, recording and managing risks was not robust. The service completed risk assessments to identify risks. If the risk assessment scored as a moderate risk, the risk was added to the service risk register. We reviewed four risk assessments and found the hot weather/high temperature in clinic risk assessment had been reviewed July 2018 and rescored as a moderate risk had not been added to the risk register.
- The risks on the risk register had been added January 2019. The risk register from the previous inspection had been replaced and there was no record of the previous 11 risks identified and when they were closed. At the time of inspection there were five risks on the risk register. We found a risk identified by the unit manager for the collection of a deceased patient from the unit had not been added to the risk register.

Managing information

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.

- The service had clear and robust service performance measures which were reported as key performance indicators and monitored by the provider and commissioning trust.
- The service used information technology systems effectively to monitor and improve the quality of care. The diaverum system was able to pull blood results from the laboratory system and oversee patient blood results as a glance for each clinic and action appropriately and improve the quality of care.
- The consultant nephrologists provided the necessary information for the staff on the unit to be able to provide the correct treatment for each patient through their individual prescription. Prescriptions were held electronically and in paper form for reference.
- The dialysis unit database uploaded to the trust database daily to ensure the trust had the latest information to support data collection and ensure the consultant nephrologists received the latest dialysis information for every patient.
- The laboratory blood test results were uploaded the unit computer system. The results were accessed by staff which gave an overview of each patient in clinic at a glance.
- However, at the time of inspection the website information for the registered manager and clinic times were incorrect. We raised this on inspection and this was updated to reflect the current registered manager and clinic times.

Engagement

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

- At the time of inspection, the commissioning trust had written to patients to gather views/ experiences and

Dialysis services

invite patients to meetings to assist in improving and shaping the future service. Patients we spoke with were knowledgeable about the potential changes to services and the importance of finding a more suitable building.

- The provider operated a patient satisfaction survey annually. We reviewed the results of the survey which showed improvement from the last survey results from 79% to 89.6% December 2018. Actions from the December 2018 survey included increasing staffing levels and fixing the holiday area on the website as it was not responding.
- Patients told us they were regularly involved in their plan of care and treatment and often had requested to attend the Accrington Clinic.
- Staff we spoke with indicated they had a good relationship with the unit manager and were confident of being able to raise concerns to the manager as and when they occurred.
- Staff told us they were not actively engaged to reflect their views in the planning and delivery of the service.
- The unit had recently introduced formal staff meetings.

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.

- The service was reviewing the initiatives and succession planning to ensure future availability of trained renal nurses. The provider had performed a national overseas recruitment to fill vacant renal nurse posts within the company. Three of the nurses had completed initial training and were continuing their training in Accrington to fill the vacant posts within the service.
- The service had plans in place for the implementation of the treatment guidance system (TGS) for September 2019. The TGS is a hand-held device to record pre, during and post dialysis observations to replace the paper notes.
- The leadership team focused on continual learning and improvement across the organisation. The clinic managers met twice a year to share knowledge and experience, review best practice and develop skills.
- The provider had completed a time and motion study over a two-week period which led to changes being made to schedule times and transport provision with a significant improvement in waiting times.
- The unit supported student nurse placements from the commissioning trust.
- The clinic received the greatest improvement in patient satisfaction award 2018 for Diaverum UK Limited.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should consider how cleaning arrangements and storage of cleaning solution are monitored within the dirty utility room.
- The provider should ensure all risks are identified, recorded and actions are taken to mitigate them in a timely manner.
- The provider should ensure staff engagement and communication continues to improve.
- The provider should consider staff have dementia and learning disability awareness training.