Diaverum Facilities Management Limited

Thamesmead Kidney Treatment Centre

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

Overall summary

We have not previously inspected this service.

We rated it as outstanding 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 consistently 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 some patient outcomes were better than the national standard. Staff were competent and worked well together for the benefit of patients, advised them on how to lead healthier lives. They 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 were compassionate and caring and 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. 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	Outstanding ☆	We have not previously inspected this service. We rated it as outstanding 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 consistently 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 some patient outcomes were better than the national standard. Staff were competent and worked well together for the benefit of patients, advised them on how to lead healthier lives. They 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 were compassionate and caring and 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

Summary of findings

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Summary of findings

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Summary of this inspection

Background to Thamesmead Kidney Treatment Centre

Thamesmead Kidney Treatment Centre is operated by Diaverum Facilities Management Limited. The service opened in 2018. It is a privately run satellite dialysis clinic offering dialysis to adult NHS patients from a large NHS hospital located in and around East London.

The service provides haemodialysis treatment to adults aged 18 years and over. Currently the service provides treatment to 120 patients

The clinic has had a registered manager in post since opening in 2018.

The service is registered for the following regulated activities:

• Treatment of disease, disorder or injury

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on the 01 February 2022.

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:

- The provider had developed a mobile phone application (app) so patients can see their dialysis results. One patient was trialling this and it will enable patients to be more involved with their care.
- Data showed the service achieved a more effective dialysis for patients than similar clinics. These results were higher than the national UK renal registry.
- The service used modern technology to identify at risk patients and identify when issues will occur.
- The clinic manager identified the reasons they achieved the accolade of being the provider's number one clinic and shared these with other clinics.

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:

Summary of this inspection

- The registered manager should review and consider the system they use for appraising and developing individual staff.
- The service should continue to promote and provide support for patients to develop the skills and confidence to self-care.
- The service should ensure staff are competent to assess patients who fall or become physically incapacitated and are trained in how and when to use the hoist for patients.

Our findings

Overview of ratings

Our ratings for this location are:

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

Outstanding ☆

Dialysis services

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

Are Dialysis services safe?

Good

We have not previously inspected 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.

Nursing and other staff received and kept up to date with their mandatory training. All staff completed a range of training courses which included infection prevention and basic life support. All staff also completed CPR training which was specific for patients receiving dialysis. Nurses completed additional training in courses such as sepsis, catheter and fistula management and management of renal patients.

The mandatory training was comprehensive and met the needs of patients and staff. For example, staff had been trained in sepsis screening and National Early Warning Score (NEWS 2), which is a system of recording observations which will identify acutely ill patients, including those with sepsis.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager explained some training was done annually, some training was done bi-annually, and some training was completed every three years. At the time of our inspection, except for staff who were not currently working, all staff were up to date with their 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.

Nursing staff received training specific for their role on how to recognise and report abuse. All staff at the service were expected to complete safeguarding adults' level two and safeguarding children level two as part of their mandatory training package. The clinic manager was trained to level three in each subject. This met national guidance requirements.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff we spoke with had a clear understanding of the need to protect patients from abuse. The clinic manager was knowledgeable about the local area and the specific areas of risk prevalent in the community.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. All staff had access to both the provider's policies for safeguarding adults and for safeguarding children. In addition, staff had access to policies for female genital mutilation as a safeguarding risk. Although staff had not made any safeguarding referrals in the past year, staff had raised concerns with the registered manager in the past and a safeguarding referral had been made.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew who the provider wide safeguarding lead was and were aware of the referring NHS trust's safeguarding lead.

When patients did not attend for their treatment staff contacted the patient, and if necessary, informed the local authority and the NHS trust.

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.

The service had all relevant infection prevention and control policies.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff told us they had plentiful supplies of PPE. Staff regularly used antibacterial hand gel, including between patient contact as per the provider's policy. The clinic manager undertook hand hygiene audits and PPE audits which showed staff were following the provider's policy. Staff achieved 100% in their audits of hand hygiene.

The provider had updated the Covid-19 policy to provide guidance for staff to help reduce the spread of infection. Staff were following this policy.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We checked a sample of dialysis stations and found clear and up to date cleaning records in place which covered the chair or bed and the dialysis machine

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Everything for the patient was cleaned at the point of use and records were kept at the station. There had not been any outbreaks of any infection acquired on the premises.

The service had four side rooms. Patients with infectious diseases or those who were at risk of a known infection were dialysed in a side room.

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.

All machines were new in June 2018 when the unit opened. The machines were maintained on a rolling service plan so all machines were serviced in 2021, which was the first year in warranty. The clinic manager explained they had a planned preventative maintenance plan (PPM) for the equipment; this included thermometers which need to be calibrated, wheelchairs, dialysis chairs and cushions.

The design of the environment followed national guidance. Each dialysis station had enough space around it to allow enough staff to attend to a patient in the event of a medical emergency. There was space for privacy screens to be positioned if required.

The area used to store the dialysis water was in a separate room and had a 'lip' so that if any of the water storage units flooded, this would not flood out into the main treatment area.

Staff carried out daily safety checks of specialist equipment. Staff completed safety walk rounds to check every call bell worked. The equipment was alarmed, so if an alarm rang staff checked the machines and reset them if there were no problems or removed them for maintenance

We sample checked a range of equipment and found all to be serviced within the required timeframe and to be in working order.

The service had enough suitable equipment to help them to safely care for patients. The service had 20 dialysis machines and four spares which meant that if one machine needed to be taken out of service for maintenance or repairs, there were enough spare machines to ensure patients still received treatment

The clinic manager informed us their machines are replaced every eight years or 25,000 hours, whichever came first which was in line with national guidance

Staff disposed of clinical waste safely. Staff were trained to dispose of clinical waste in line with the trust's policy. Clinical waste awaiting collection by a third-party provider was kept in a locked compound outside the unit.

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 knew about and dealt with any specific risk issues. Staff placed patients with higher needs; such as a high falls risk, or a mental health condition such as anxiety, in a bay located next to the main nurses' station and therefore enabled a higher level of visibility from staff.

Patients were told when they needed to seek further help and advised what to do if their condition deteriorated. Staff would telephone a patients' GP and ask them to do a home visit. If patients were referred to a different department staff obtained the patients' consent first. Staff recorded the patient's choices.

Most patients were prescribed four-hour treatment sessions three times weekly and records showed 86.6% of patients achieved this. Some patients were prescribed less dialysis, for example if they found it difficult to tolerate four hours. Patients signed a disclaimer to confirm they understood the risks of shortening their treatment.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this monthly, including after any incident. Risk assessments included pressure area prevention and falls risk assessments. They also conducted regular checks during dialysis including for dislodged needles.

Staff responded promptly to any sudden deterioration in a patient's health. Staff told us how they assessed each patient on arrival and could seek advice from the renal registrar if someone was unwell. Staff followed the protocols in place to assess and manage patients who may become unwell. Staff told us they would call 999 for a patient to have an emergency transfer to hospital if necessary.

The service had access to mental health liaison and specialist mental health support. Staff had access to a renal specialist mental health nurse through the trust and they found the support very helpful. Staff could also access support through the community psychiatric team.

Staff shared key information to keep patients safe when handing over their care to others. If a patient moved from one unit of the trust to another, everyone involved in the care of the patient had access because the information was held within the trust's database. If the patient moved between trusts, a handover letter was done to inform the next care provider.

Shift changes and handovers included all necessary key information to keep patients safe. Staff discussed the needs of the patients during handover. Other topics discussed during handovers included any safety alerts and any lessons learned from incidents in other services.

During the inspection we observed staff attending to a patient who had fallen. They attended promptly and kept the patient safe. However, we had to intervene to stop them from using an unsafe method of helping them to their feet. Staff had not called for a nurse and observations on the patient were not completed until we asked. We discussed this with the clinic manager and the area operations manager, who assured us they would refresh staff training.

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 and locum staff a full induction.

The service had enough nursing and support staff to keep patients safe. At the time of our inspection, the service was fully staffed, and we were told there was a low turnover rate.

Managers limited their use of bank staff and requested staff familiar with the service. The clinic manager told us they had their own bank nurses and did not use agency nurses. Staff would also work additional shifts where necessary.

Managers made sure all bank staff had a full induction and understood the service. Bank staff had a full induction and were trained to use the machines and had their competencies assessed. Continuity of care.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The number of nurses and healthcare assistants matched the planned numbers.

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.

Each patient had their own record which was kept electronically. All staff had access to the provider's system, which was aligned with the NHS trust's system. This meant all information could be accessed by staff who worked in the renal team.

Staff completed pre-dialysis observations and post dialysis observations, as well as information noted during the session, such as any complications. Staff could create alerts, such as patients who tested positive for Covid or any interventions the consultant wished to add.

Records were stored securely. All staff had their own login and computers were password protected. Computer screens were arranged so no-one could see them, only the person working on them. Staff used a secure email system which also ensured secure communications with staff working at the trust. Staff told us the system was user friendly and they received training how to use the system.

Patients records were reviewed by the relevant consultants. Staff at the unit shared information electronically with the referring NHS trust; and were able to request advice and guidance from trust consultants by phone calls, secure email or face to face if consultants were at the unit.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. We reviewed five electronic patient records which showed all medicines were prescribed and signed for correctly.

Staff stored and managed all medicines and prescribing documents safely. Medicines were available, safe and secure with restricted access to authorised staff. A locked secure clinic room was used for medicine storage. Stock rotation was undertaken to ensure medicines did not go out of date.

Medicines required in an emergency were readily available. Regular checks of emergency medicines and equipment were carried out and recorded by staff to ensure they were in date.

Staff provided specific advice to patients about their medicines. Nurses had access to advice from two consultants as well as a nurse prescriber based at the referring NHS trust. Prescriptions for medicines were emailed directly to the service to ensure patients had access to available treatments such as antibiotics if needed.

Staff completed medicines records accurately and kept them up to date.

Staff learned from safety alerts and incidents to improve practice. There had been one medicines error in the past year, an omission, which was reported as an incident. The clinic manager undertook a root cause analysis and identified lessons to be learned.

Incidents

Outstanding ☆

Dialysis services

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them.Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff told us they felt able to raise any concerns and explained the process to us.

The service had no never events. Managers shared learning with their staff about never events that happened in other locations.

Staff understood the duty of candour. The duty of candour is a statutory (legal) duty to be open and honest with patients or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. The service had not experienced any incidents which met the legal threshold to initiate the duty of candour. However, staff we spoke with clearly understood the duty of candour and their responsibilities within this.

Staff received feedback from investigation of incidents, both internal and external to the service. The clinic manager explained how they received safety alerts from the nursing director, and these were shared with staff. Staff confirmed information about safety alerts were shared with them during handovers and by email. As a result of the last safety alert about bicarbonate used in dialysis machines, where the casing was easily breakable due to poor transport, the batch numbers were shared, and everything checked.

Are Dialysis services effective?

Outstanding ☆

We have not previously inspected this service. We rated it as outstanding.

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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The education team and nursing director reviewed policies and protocols every two years or when national guidelines were issued. Staff knew where to access the polices and protocols.

All staff used technology and equipment to check patients prior to dialysis and during the disconnecting process.

Trust renal replacement therapies and conservative management was a conversation patients had before they started dialysis. The service had an advanced care planning nurse; these are guidelines published in October 2018 by NICE guidance NG107.

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, including those with specialist nutrition and hydration needs. Due to the nature of the service, food and drink other than tea, coffee, biscuits and cake were not routinely offered to patients. Patients attending during lunch time were advised to bring food with them.

Specialist support from staff such as dietitians was available for patients who needed it. Patients were weighed each time they attended for dialysis and had blood tests done monthly; staff raised any changes with consultants and dieticians.

Patients were provided with guidance how to reduce potassium levels when cooking. People with chronic kidney disease need to limit the amount of potassium they consume because their kidneys cannot process potassium properly, causing it to build up in the blood.

Some patients were able to have nutritional supplements given by the dialysis machine, where oral supplements weren't an option.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff prescribed, administered and recorded pain relief accurately. Staff told us patients had prescribed medicines such as paracetamol which they could take when needed. If any additional medicines were required, staff had access to the renal registrar who could prescribe additional medicines electronically. Patients told us they received pain relief soon after requesting it.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They consistently used the findings to make improvements and achieved good outcomes for patients. Outcomes for patients were consistently better than expected when compared to similar services.

Outcomes for patients were positive, consistent and exceeded expectations, such as national standards. There was a truly holistic approach to assessing, planning and delivering care and treatment to patients. Patient outcomes were constantly monitored and fed into the renal registry. Results were measured against corporate guidelines which the clinic manager explained were higher than national guidelines. Outcomes were discussed with the NHS trust at the monthly joint meetings which the clinic manager attended. The location was using artificial intelligence to support the delivery of care. This artificial intelligence analysis identified when issues with fistulas will occur. We were told this form of preventative care management was able to capture up to 80% of issues that could potentially occur and supported identifying at risk patients.

Managers and staff used the results to improve patients' outcomes. Patients urea reduction ratio (URR) was recorded and is one measure of the effectiveness of dialysis. The service achieved more than 70% which was better than other similar clinics and higher than the national UK renal registry.

Most patients were prescribed four-hour treatment sessions three times weekly and records showed 86.6% of patients achieved this. Some patients were prescribed less dialysis, for example if they found it difficult to tolerate four hours. Patients signed a disclaimer to confirm they understood the risks of shortening their treatment.

The service participated in relevant national clinical audits. Managers used information from the audits to improve care and treatment. The service participated in UK Renal Registry audits. The provider also monitored clinical outcomes for patients, including measuring how good the dialysis was, nutrition, anaemia control, bone disease and blood pressure control.

Results showed that fluid control for patients was better than the national average, as 99% of patients gained less than 4% body weight in-between dialysis. This was important because the more weight people gain the more the strain on their hearts.

Managers shared and made sure staff understood information from the audits.

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. Staff accessed their training through the service's electronic training portal and from face to face courses. Training records confirmed staff had completed role-specific training.

Managers gave all new staff a full induction tailored to their role before they started work. All staff, regardless of their experience had a full induction with a mentor allocated to support them through developing competencies. Staff spoke positively of the mentorship programme and reported it was useful for development.

Staff were supported to develop through individual development and training plans. The clinic manager told us they did not use a formalised method of appraisal, but staff had formal reviews to discuss their development and training plan. The development and training plan identified the actions, resources needed and timescales for completion.

The clinic manager shared a talent matrix with us, which showed the objectives identified for each member of staff. Staff said the focus was more on the team's performance rather than an individual's performance.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. Staff received clinical supervision for their competencies such as cannulation, iron administration, use of catheter locking devices and other competencies. Nurses completed observations of healthcare assistants and provided feedback to the clinic manager around training and performance.

The clinical educators supported the learning and development needs of staff. Staff were supported by two Practice Development Nurses (PDN's). Staff told us the PDN's visited the service a few times each month.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The whole team attended general meetings, which were held twice yearly, and minutes were shared with staff by email. The last meeting was held in September 2021.

Dialysis services

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. Patients' care plans were discussed during multidisciplinary team meetings (MDT). MDT meetings looked at the social wellbeing as well as clinical needs of the patient. An advanced care planning nurse was involved where appropriate and family meetings held.

Patients could see other health professionals involved in their care at one-stop clinics. For example, patients could see the dietician and their consultants at the clinic.

Seven-day services

Key services were available to support timely patient care.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests.

The clinic opened six days a week from 7am and finished at 6.30pm, 11pm or 11.30pm depending on the day

The service was considering a proposal for night-time dialysis for six to eight hours, so patients could dialyse while sleeping. Some patients had expressed an interest in this, and discussions were on-going.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. Staff could print leaflets for patients where necessary.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Staff were consistent in supporting people to live healthie r lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they used every contact with people to do so.

Patients, supported by their families, were involved in meetings with consultants, a specialist nurse and the clinic manager to discuss how to help them lead healthier lives.

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.

Outstanding ☆

Dialysis services

Staff completed training in relation to consent and the Mental Capacity Act (2005), as part of their induction and mandatory training programme. There was an MCA policy for staff to follow and staff understood the relevant consent and decision-making requirements of legislation and guidance.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. Before patients received any care or treatment (every dialysis episode), they were asked for their verbal consent.

The clinic manager explained how staff had concerns for one patient's safety because they were concerned about the risk of sepsis. The patient, who had capacity to make decisions, did not want to co-operate and staff respected this decision. Staff spoke with the patient's family and informed the consultant. Staff have also held family meetings and best interest meetings where required.

Are Dialysis services caring?

Good

We have not previously inspected 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.

We saw 'thank you' cards and letters sent in by patients and relatives, highlighting the caring work of the staff.

These all shared expression of thanks and kindness towards staff from patients; and included specific comments about staffs' actions which had promoted patients' wellbeing.

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. During our inspection we saw staff take time and care to physically and emotionally support patients. For example, on several occasions different staff members supported more frail patients to their treatment station, or to the waiting room after treatment. Staff spoke kindly to patients at these times and ensured that the patient was walking or being supported in a wheelchair at a suitable pace for them.

Patients told us staff treated them well and with kindness. We observed several patient and staff interactions and saw that all staff spoke respectfully and kindly to patients. Staff, where possible, took time to talk to patients and engage in general conversation.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff were aware of people's cultural needs and the potential impact on their treatment, such as if they were fasting. Another patient didn't like confirming their date of birth, staff explained the reason for asking was to keep them safe. Staff found a way of doing this by staff getting close to him so he could whisper to them.

Outstanding ☆

Dialysis services

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed 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 assessed patients that were new to the service to understand any emotional needs.

Staff referred patients to a renal specialist clinical psychologist based at the referring NHS trust where appropriate. Staff could also refer to a social worker for help with more practical support such as claiming benefits, housing, or care needs in the community.

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. Patients we spoke with told us they felt involved in their care and able to make decisions about treatment.

Staff updated patients monthly about blood test results and any changes to treatment. Patients could give feedback on the service and their treatment and staff supported them to do this.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The provider completed a survey in October and 90% of patients were very satisfied with the service. The service had 'You said, we did' posters on display which showed the results of the survey and how these were being addressed.

Multi-and bi-lingual staff spoke to patients in patients' first language where this was not English to enable caring and supportive social interaction.

Are Dialysis services responsive?

Good

We have not previously inspected 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.

Managers planned and organised services, so they met the changing needs of the local population. The service held a contract with a London based NHS trust. The service worked to a strict criterion specified by the referring trust with regards to patients accepted for dialysis

Dialysis services

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. Managers worked closely and held regular meetings to ensure services provided reflected the needs of patients being referred.

Facilities and premises were appropriate for the services being delivered. The service was in a purpose-built unit. The unit was all on one floor and was fully accessible to any patient. Many patients accessed the service by patient transport services. There was an adequate amount of seating and space for any patients who used a wheelchair or mobility scooter

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. Managers ensured that patients who did not attend appointments were contacted and offered an alternative treatment slot. If the clinic was unable to contact the patient, the next of kin was contacted. Any incidents of DNA were logged, and an incident report raised. In addition, the patient's named consultant was made aware of the missed treatment, along with any planned catch up session. Recurring DNAs and actions taken were discussed at governance meetings.

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.

Prior to dialysing, scales were available for patients to weigh themselves and take their own blood pressure.

The clinic manager told us patients were asked in a survey if they wanted to self-care, but the response did not highlight a demand for it.

A member of staff worked as a holiday co-ordinator to support patients who wished to travel abroad for two weeks. Patients were informed of the risks when they said they were planning on visiting other countries, this was documented. On their return, patients had to dialyse in the evening shift so deep cleaning could be completed afterwards.

Staff supported patients living with dementia and learning disabilities by directly communicating with their care homes where necessary. Staff recognised some people living with a dementia or learning disabilities found it difficult to remain seated for the required length of time and would spend time with them and encourage them to complete their session. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The clinic manager told us they always involved the families where people had additional needs.

The service had information leaflets available in languages spoken by the patients and local community. A range of leaflets were available in the languages most commonly used in the area. Staff could print leaflets out for people if they wished.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Support was available from the NHS trust.

The service was able to provide for the comfort of patients with dialysis chairs, pressure relieving aids, and hospital beds where appropriate. Patients were able to watch TV and headphones were provided. Patients could reach call bells and staff responded quickly when called.

Staff completed equality and diversity training. The clinic manager explained staff treated everyone the same but also made a point of being knowledgeable about patients' culture, such as how people celebrate, so they could cater for individual needs. Staff were aware of patient's dietary requirements.

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.

The service had a waiting list, the clinic manager explained this was a live waiting list which monitored where the patient would best be served. At the time of the inspection, three people were on a waiting list for a place at the clinic. This meant that they were receiving treatment either still at the referring NHS trust or at an alternate clinic until a space became available. The service also had an internal waiting list, for example if patients preferred to be dialysed during a different shift and were waiting a vacancy to become available.

Patients had appointments three times a week, though their dialysis schedule could be changed to accommodate any additional procedures they needed. Where the service couldn't provide appointments for patients, they were treated at the NHS trust. The clinic manager told us they never cancelled a patient's appointment.

Utilisation for the clinic was at 100% for the months from November 2021 to January 2022.

Managers monitored patient transport service times and supported patients to access the service when needed and received treatment within agreed timeframes and national targets.

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.

Patients, relatives and carers knew how to complain or raise concerns.The service clearly displayed information about how to raise a concern in patient areas. The service had an up to date complaints policy, which outlined procedures for accepting, investigating, recording and responding to local, informal, and formal complaints about the service.

Managers investigated complaints and identified themes. The clinic manager had received one complaint in the past year. We saw the complaint was investigated and closed in a timely manner in line with the complaints policy, to the satisfaction of both parties.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff were provided with updates around complaints during handovers, by email and the general meetings.

Outstanding ☆

Dialysis services

The service received many compliments which the clinic manager shared with us. Comments from patients included, “Thank you very much for the care and attention you’ve shown me”, “Can’t thank you enough” and “Thank you for your care and support, I am grateful for your kindness.”

Are Dialysis services well-led?

Outstanding ☆

We have not previously inspected this service. We rated it as outstanding.

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.

Everyone was very proud to have been identified by the provider as their number one clinic in the UK for clinical outcomes. The clinic manager identified the reasons they achieved this accolade and shared this with other locations, to help them improve clinical outcomes for their patients.

There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. The service was run by a clinic manager (also the CQC registered manager) who had many years’ experience of working as a dialysis nurse. The clinic manager was supported by a deputy manager who was also a renal dialysis nurse.

The local management team told us they were supported by senior management including provider wide executive managers. The clinic manager reported to the area operations manager.

Staff told us leaders were visible, approachable and passionate about the quality of care they provided. Staff told us they felt the service was well managed.

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.

Staff were aware of the service values and one member of staff told us about the provider’s mission.

Information about the vision and values of the provider was in staff areas and on the provider intranet. The provider wide values encouraged staff to be passionate about involving patients in their care, being competent to deliver care and to be inspiring.

During our inspection we saw that staff embodied the vision and values. Leaders were open and promoted kind and competent care. Staff we spoke with demonstrated these values in how they spoke about their job and patients.

The registered manager had worked with staff from across the NHS trust to develop their strategy for the service, for example this included night-time dialysis.

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 were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. Staff we spoke with told us they felt well supported and listened to by local and area management. Staff told us they could access the provider whistle-blowing policy and were able to raise concerns.

Staff told us there were opportunities to develop at the service. They told us managers supported them to apply for and obtain specific qualifications, such as the renal qualification for nurses. Staff were also supported to develop towards more senior roles as part of succession planning. The clinic manager had an open-door policy and staff were encouraged to talk about their development.

Everyone told us the relationship with the NHS trust was very open and transparent.

Staff could access an employee assistance scheme to get independent support for personal problems such as financial advice and counselling.

Staff were given the opportunity to provide feedback to the provider through staff surveys. The last one was completed in November 2021 and although the results were still being collated, the clinic manager had an overview of the results. Staff said they would like shorter shifts and some staff said they would like more days off.

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.

There was an effective audit programme to provide assurance of the quality and safety of the service. Local audits, such as clinical and compliance audits were undertaken regularly and where issues were identified, we saw these were and addressed quickly and openly.

Clinic managers took part in bi-monthly meetings for clinic managers and PDN's; these were whole day meetings where managers looked at trends, for example safeguarding reports. The clinic manager had meetings every three months with the NHS trust. All staff were involved in general meetings every six months.

The service used patient feedback, complaints, and audit results to help identify any necessary improvements and ensure they provided an effective service. We saw these metrics, and policy compliance and training were discussed at general team meetings; with actions and completion dates documented.

Staff throughout the service were clear on their roles and responsibilities.

Where there was a conflict of policy, such as the use of syringe sizes, although the provider had their own policy, staff followed the policy of the NHS trust.

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 avoid financial pressures compromising the quality of care.

The clinic manager was very clear about the risks to patients. There was a demonstrated commitment to best practice performance and risk management systems and processes. The top three identified risks were patients choosing to shorten their treatments, missed treatments and hypotension, or low blood pressure; these were all on the service's risk register. Unplanned staff shortages was also on the risk register, but the clinic manager mitigated this by having an arrangement with other staff to cover. Staff engaged with patients to encourage them to complete their prescribed course of treatment and encouraged patients not to stand up too quickly.

The clinic manager had oversight of the national risk register as well as the service's own risk register. A risk register is a tool for documenting risks, and actions to manage each risk. The safety performance of the service compared very well with similar services, because there were very few incidents. For example, last year three patients suffered falls. In each case staff revisited the patients' risk assessments. The falls were identified as a result of patients rushing somewhere and patients were reminded how to reduce these risks and posters were displayed in toilets telling patients to call for help.

The clinic manager had completed risk assessments for identified risks such as fire, health and safety and Legionella. Most of the risks were graded low and had adequate controls in place to minimise each risk and nominated people responsible. Staff were aware of the risk assessments because they had been circulated to all employees and the management team. All risk assessments were reviewed annually or sooner if indicated.

The service had a clinic impact assessment and contingency plan in place to identify actions to be taken in the event of an incident that would impact the service. The business impact assessment identified activities which were essential and where disruption could not be tolerated, such as disruptions to the water supply.

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.

There were up to date information governance, and data retention policies in place at the service. These stipulated the requirements of managing patients' personal information in line with current data protection laws.

We saw that appropriate and accurate information was effectively processed, challenged and acted upon. Key performance, audit, and patient feedback data was frequently collated and reviewed to improve service delivery.

Engagement

Dialysis services

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

Patients using the service were able to take part in a Patient Reported Experience Measures (PREMS) national survey. This was an annual survey of kidney patients led by a national charity, and The Renal Association.

Patients identified areas for improvement such as sharing decisions about their care, waiting times for transport and understanding how to access support such as benefits. The provider was using this feedback to make improvements. For example, where patients identified they would like to be more involved in decision making about their care, the provider was developing a mobile phone application which would allow patients to review their blood results and dialysis information, helping them to be more involved in their renal care.

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 clinic manager told us they were considering a proposal for six to eight hours night-time dialysis, so patients could dialyse while sleeping. The clinic manager told us they were currently reviewing patient needs and discussions were taking place.

The provider has developed a mobile phone application (app) where patients could see their dialysis results. One patient was using the app as a pilot. Patients could see graphs and trends in their well-being, and this will help with decision making. The service was awaiting approval from the NHS trust to approve using it.