

Baxter Healthcare Limited

Baxter Renal Education Centre - Kew

Inspection report

2 Priory Road
Kew
Richmond
TW9 3DG
Tel: 02089486824
[www.baxterhealthcare.co.uk/
patients_and_caregivers/therapies/renal/
education_resources](http://www.baxterhealthcare.co.uk/patients_and_caregivers/therapies/renal/education_resources)

Date of inspection visit: 12 April and 19 April 2022
Date of publication: 17/06/2022

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

Ratings

Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always control infection risk well.
- They did not ensure the proper and safe management of medicines held by the provider.
- The service did not ensure all electrical equipment was PAT tested annually and that hazardous substances were locked away.

Following the inspection, the provider told us they had addressed some of the concerns found during the inspection. These will be followed up at the next inspection.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	

Summary of findings

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Summary of this inspection

Background to Baxter Renal Education Centre - Kew

Baxter Renal Education Centre - Kew is operated by Baxter Healthcare Limited. The Baxter Renal Education Centre is an independent healthcare provider that opened in Kew in 2006.

The service provides training for patients and their relatives or carers in peritoneal dialysis aged 18 years and over. The service is offered as an added value service to the NHS by Baxter Healthcare Limited and is provided free of charge to NHS patients.

All patients are assessed as self-caring and manage their own care before being referred for training. The service is provided under a service level agreement for each referring NHS hospital. The centre serves and accepts patient referrals from any NHS hospital in the London and the south of England.

The Baxter Renal Education Centre employs a supervisor, two clinical practice educators (nurses), an administrator and a night receptionist. The centre is open five days per week and closed at weekends.

At the time of the inspection, there was a registered manager and nominated individual in place.

The service has been inspected previously. In May 2017 the service was inspected but not rated. In May and June 2019, it was inspected and rated as Good

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 12 April 2022. We spoke with three members of staff including the clinical therapy manager and lead nurse / nominated individual on the telephone. We reviewed a range of policies, procedures, patient records and observed patient care.

Following the inspection, we conducted a telephone interview with the registered manager on 19 April 2022.

There was one patient using the service at the time of our inspection.

The inspection team comprised of a lead CQC inspector and a CQC specialist advisor. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection

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 MUST take to improve:

- The service must ensure the proper and safe management of medicines held by the provider.

Summary of this inspection

- The service must ensure all electrical equipment is PAT tested annually.

Action the service SHOULD take to improve:

- Staff should always lock training room door when not in use, to prevent unauthorised access to hazardous substances.
- Staff should observe that the frequency of temperature checks are recorded in line with the providers medicines policy.
- Staff should check that all equipment is kept clean at all times
- The service should replace the carpets in the service as they could be potential infection control risk.






Our findings

Overview of ratings

Our ratings for this location are:

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

Dialysis services

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

Are Dialysis services safe?

Requires Improvement 

Our rating of safe went down. We rated it as requires improvement.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Staff had completed mandatory training and data provided showed mandatory training completion was 100%.

The mandatory training met the needs of patients and staff. Mandatory training included a range of topics such as equality and diversity, fire safety, moving and handling patients and basic life support.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Records showed 100% of the nursing staff had received safeguarding children, and 100% of staff had received safeguarding adults training with nursing staff trained to safeguarding adults' level. The safeguarding lead for the service had been trained to safeguarding adults' level four.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had up to date safeguarding children and adult policy which reflected national guidance. Staff knew who to inform if they had concerns and could access the Baxter Healthcare Limited safeguarding lead if needed.

Chaperone for health and social care e-learning was part the mandatory training programme and 100% of staff had completed this training.

Relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check and professional registration checks.

Dialysis services

Cleanliness, infection control and hygiene

The service did not always control infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They did not always keep equipment visibly clean, but the premises were clean.

The service had daily cleaning schedules in place which included all areas. However, we found there were gaps in cleaning records. For example, the cleaning record in the training room sluice, showed it had last been cleaned 31 March 2022. We also found dust on the chairlift in the upstairs corridor.

The sluice area was cluttered and used inappropriately to store equipment. Cleaning solutions were not locked away and liquid was not labelled. The sluice area was left unlocked which meant patients could easily access the area.

Staff told us they cleaned equipment after patient contact; however, the service did not use labels to show when equipment was last cleaned.

There were carpets in the training room and in patients' bedrooms; and this was identified as a potential infection control risk at the last inspection. Staff told us that the replacement programme for the carpets had been put on hold due to plans to relocate the service. The service provided details of the annual environmental risk assessment dated September 2021. However, the carpets had not been identified as a risk.

Staff used personal protective equipment (PPE) and were bare below elbow. Hand hygiene audits were undertaken monthly, and recent audits for the period January to April 2022 demonstrated a compliance of 100%. Hand gel dispensers were evident. Records showed that 100% of nursing staff had infection prevention and control training.

The service had an up to date Infection Prevention and Control and COVID-19 policy.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment did not keep people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of patients' and their families. The service comprised of a training room, a kitchen, five patients' bedroom with ensuite facilities, including two bedrooms with wheelchair access. There was a lift so patients could access the bedrooms on the first floor and a chair lift to enable patient to access the kitchen.

The emergency equipment which comprised of a defibrillator and oxygen were stored in a locked cupboard in the meeting room. This meant staff would not be able to access the equipment easily. This was raised with the provider during the inspection, who following the inspection provided evidence that the emergency equipment had been relocated to the training room and was easily accessible in the event of an emergency. The service also provided evidence that defibrillator and oxygen checks were undertaken weekly by staff.

Staff disposed of clinical waste safely. The sharps box in the sluice had been signed by staff and dated to indicate when it had come into use.

Portable Appliance Testing (PAT) was undertaken annually. However, on the chairlift, we found it overdue for testing since November 2021. This meant the service could not be assured the chairlift was safe to use.

Dialysis services

Staff told us the dialysis machines conducted a self-test and will notify staff and patients if a service is needed. The battery pack is automatically checked and recharged during operation. The battery does not need regular maintenance. Staff told us they had access to a 24 hour on-call service if they had faulty equipment.

The service fire risk assessment had been updated in January 2022. Fire checks should have been undertaken weekly, however there were some gaps. The last recorded fire check was 1 April 2022. The services last recorded fire drill was January 2022.

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.

All patients were referred to the service for peritoneal dialysis training and education by their hospital. The providers service level agreement set out the criteria for patients they would accept.

The referring hospital would complete a referral form which included an assessment for Methicillin-resistant Staphylococcus aureus (MRSA) and virology screening, risk of falls and whether or not a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) was in place.

Staff clinically assessed patients on admission. Risk assessments and blood pressure measurements were completed during patients' admission to the centre. Patients were monitored by staff during their dialysis training. Staff observed patients' peritoneal dialysis catheter exit site dressing and peritoneal dialysis fluid for signs of infection during training.

Staff used the National Early Warning System (NEWS 2) to identify deteriorating patients and escalated them appropriately. This was included as part of patients notes.

The service had an acute medical emergency policy for a deteriorating patient, which included a sepsis screening tool.

Dignity in care, basic life support, and sepsis management training was part the mandatory training programme and 100% of staff had completed this training.

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.

The service had enough clinical and support staff to keep patients safe. Staffing levels and skill mix were planned and reviewed so that patients could receive safe care and treatment.

Staff included a whole time equivalent (WTE) supervisor, two WTE clinical practice educators (CPE), one WTE administrator and a night receptionist who provided night waking cover Monday to Wednesday. On call cover at night was provided by one of the CPEs.

The service had one WTE CPE vacancy at the time of the inspection. Staff told us the CPE establishment had been increased recently to give more flexibility and move to providing a six day a week service.

The service had one agency night receptionist who provided night waking cover on a Thursday. Staff told us they always used the same agency member of staff who was experienced in supporting patients with peritoneal dialysis.

Dialysis services

The service did not employ medical staff.

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. Electronic patient records were used to document patient's training pathway. The referral form which was completed by the referring trust formed part of the patient record. Patients' personal data and information was kept secure and only staff had access to the information.

We reviewed three patient care records during this inspection and saw records were accurate, complete, legible and up to date.

Staff received training on information governance as part of their mandatory training programme

Medicines

The service did not used systems and processes to safely store medicines.

The service did not store or administer any controlled drugs. However, the service did hold hypo stop medication which was out of date with an expiry date of July 2020.

The service had an up to date policy for the safe storage and administration of all medicines brought into Baxter Education Centre. This included a policy for the self administration of medication.

Patients were responsible for the administration of their own medicines whilst staying at the service and or whilst training. The service had mini fridges that were available for patients whose medication required refrigeration.

A random check of peritoneal dialysis fluids was found to be in date. Peritoneal dialysis fluids temperature should be maintained above 4°C and below 25°C. We found there had been no temperature checks recorded since 4 March 2022. Therefore, the service could not be assured medicines were stored within the correct temperature range and were safe for patients to use.

Incidents

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. 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.

Staff knew what incidents to report and how to report them. Staff we spoke with told us they were encouraged to report incidents and incidents were discussed during twice monthly nursing team meetings. Team meeting minutes reviewed recorded that incidents had been discussed.

Dialysis services

The service used a central system to report and monitor incidents, so all clinical and non-clinical incidents were reported and logged. During the period February 2022 to April 2022, staff reported 17 incidents. Themes included pain experienced by patients when their drain was removed 35% (6) and power failure 24% (4). Of the 17 incidents, 47% (8) were categorised as adverse events, 6% (1) was categorised as an accident, 12% (2) were categorised as clinical tasks, 29% (5) were categorised as other and 6% (1) was categorised safeguarding.

The service had an accident book to record incidents. A review showed the last five accidents reported between September 2021 to March 2022, were for patients' trips (4) and falls (1).

Are Dialysis services effective?

Good 

Our rating of effective stayed the same. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver care according to best practice and national guidance. All the policies and procedures we reviewed were up to date and had scheduled review date clearly marked on them.

All staff had access to the providers policies, procedures and guidelines, which were available via the service's intranet system and staff demonstrated they knew how to access them.

We reviewed a sample of the providers policies and found appropriate reference to relevant National Institute for Health and Care Excellence (NICE) guidelines.

Nutrition and hydration

Staff gave patients food and drink when needed.

The service provided a variety of food and drinks for patients, which they prepared. Meals were mainly microwaveable which were kept in the freezer.

Patients with specific dietary, religious and cultural needs were encouraged to bring their own food.

Pain relief

Staff monitored patients regularly to see if they were in pain and advised them on their pain management.

The service did not hold any pain relief medicine as patients were expected to manage their pain whilst at the service.

Staff told us that patients would be referred to their own hospital for further assessment if patients were having difficulty managing their pain.

Dialysis services

Patient outcomes

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

Managers used information from audits to improve care and treatment and the benchmark against comparative services. The centre audited the outcomes of dialysis patients following their training to monitor if they had stayed on the therapy after 90 days and 365 days. Data provided showed 341 patients attended training over the twelve month period January to December 2021 period. During this period, 90% (191) of patients were still undergoing therapy, compared to the renal registry comparative data, which showed that 89.7% of patients were still on therapy at 90 day.

For the period 2020 – 2021, the number of patients still undergoing peritoneal dialysis therapy after 365 days following training was 63% (219) and a total of 345 patients had been trained over that period. Over the same period, the renal registry comparative data showed that 61.7% of patients were still on therapy after 365 days.

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 had access to mandatory training and other training provided in house through Baxter Healthcare Limited.

Managers supported staff to develop through yearly appraisals of their work. The service reported all their staff had an up to date appraisal.

Staff we spoke with told us they had monthly supervision and one-to-one sessions and there were opportunities for learning and development. To ensure nursing staff maintained their registration with the Nursing and Midwifery Council (NMC), staff discussed their revalidation as part on their monthly supervision sessions.

Multidisciplinary working

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

There was effective multidisciplinary team (MDT) working. The service worked closely with the referring teams from the NHS hospitals and the medical teams within Baxter Healthcare.

Staff reported they were in weekly contact with the referring units to discuss patient care and they had effective working relationships and good communication with the NHS referring units.

Seven-day services

Key services were available to support timely patient care.

The service was open from Monday to Friday. Training sessions took place usually on Monday to Thursday, with patients staying overnight either for one or two nights depending on their training plan. Staff conducted patient follow-ups on Thursday and Fridays.

Dialysis services

The service did not usually operate at weekends, However, the registered manager advised there were plans to open on a Saturday in the near future.

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.

The provider had a range of health promotion information available which included a guide to services and support by Kidney Care UK, Cancer Research UK and Kidney Matters and Kidney Life. There was also information and support on smoking cessation services.

Nutrition and healthy lifestyles were discussed as part the admission process when patients first attended the service and during the training provided, which staff confirmed was completed as part of the course.

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.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a consent policy which was up to date. In all the records we reviewed, consent forms had been completed correctly. Patients signed consent forms, which were scanned and stored in their medical records.

The Mental Capacity Act and Deprivation of Liberty Safeguards was part the mandatory training programme and 100% of staff had completed this training.

Are Dialysis services caring?

Our rating of caring stayed the same. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients. We observed that staff were polite, courteous and attentive. We spoke with one patient who was using the service at the time of our inspection. The patient told us staff treated them with kindness and respect and listened to their concerns.

During the training, we observed staff interacted with the patient in a professional and pleasant manner. At all stages, the patient was treated with dignity and respect.

Dialysis services

Following the inspection, we were provided with examples of compliments from patients. One patient wrote 'The staff gave an excellent, detailed and numerous presentations. All staff were excellent, welcoming and very professional'. Another patient commented 'Was feeling very anxious and nervous about training when I arrived. The staff were extremely understanding and supportive. Training was very detailed and thorough.'

Staff encouraged patients to complete training evaluation, so the service could review and improve patient experience. During the period January to December 2021, a total of 342 patients completed the training. Of those who completed an evaluation, 96% scored the training as good and 91% felt the content of the sessions were adequate for their learning.

Staff followed policy to keep patient care and treatment confidential. The privacy and dignity of patients was maintained by ensuring patient's information was kept secure, privacy screens were used, and doors were closed.

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 emotional support and advice when they needed it. Staff showed sensitivity and support to patients and understood the emotional impact of them undergoing training for home dialysis.

We observed staff regularly checked on the patient's wellbeing to ensure their comfort. Patients were able to telephone the service when they had returned home for further help and advice.

Patients were able to request access to separate meeting rooms or utilise their bedrooms for spiritual needs and reflection. Staff also accommodated such requests within the training curriculum where possible.

Due to Covid 19, the service had stopped patients sharing the kitchen area and patients dined in their rooms.

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 were encouraged to bring a relative or carer to attend the training. Patients were supported to make informed decisions about their care.

The patient we spoke with told us staff had given them lots of information and they felt well informed were confident about undertaking dialysis at home.

Are Dialysis services responsive?

Our rating of responsive stayed the same. We rated it as good.

Dialysis services

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.

The provider had service level agreements with a number of NHS hospitals in the south of England for the provision of peritoneal dialysis training which patients could undertake at home.

Facilities and premises were appropriate for the services being delivered. All attendances were pre-planned so staff could assess patients training needs. This allowed staff to plan patients care to meet their specific requirements including cultural, mental or physical needs.

The service had facilities where they could accommodate family members to stay whilst not impacting on other patients. Patients stayed in twin bedded rooms with ensuite facilities, which offered privacy. In the training room, there were screens available which provided privacy and dignity.

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.

The service was accessible to patients with mobility issues. Two of the bedrooms close to the lift on the first floor had been adapted for patients with limited mobility. Handrails and a chairlift were fitted in the hallway and on stairs. Patient car parking was also available and there was a ramp which could be fitted to enable easy access to the building.

The service had an accessible information and communication policy. Information was available in different formats including video and patient pictorial guides to help patients with their own home dialysis. The service could also provide education materials in large print or pictorial guides in different languages.

Patients could access interpreters if needed. This would be assessed prior to referral and was the responsibility of the referring hospital trust to book the appropriate interpreter/translator for the duration of the training.

Patients were followed up by staff on completion of the training at week one to assist with the transition from the service to home and again at weeks two and four. At week six, the service offered a group zoom call to bring a group of patients together, who had trained together, so they could share their experiences. Staff told us this helped build patients confidence and reduced patients feeling of isolation.

Access and flow

People could access the service when they needed it and received the right care promptly.

The service did not operate a waiting list and there were no delays in arranging training for patients. Staff had weekly calls with referring NHS hospital and planned training for when it was suitable for both the patients and the referring unit. The service had a total of 545 patients referred in the period January to December 2021, with a total 351 (64%) patients attending the training. The training was completed by 342 (95.5%) of patients. In that 12 month period, there were a total of 194 (36%) cancellations from referral.

Dialysis services

The provider's service level agreement with NHS Hospitals, sets out the criteria for patients to attend the training. The training on offer was for automated peritoneal dialysis (APD) which was provided over three days or continuous ambulatory peritoneal dialysis (CAPD) which ran over two days. The service could train up to four patients at a time.

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.

Staff understood the policy on complaints and knew how to handle them. The service had an up to date complaints policy. Acknowledgements were sent within three working days of receiving a complaint. The service aimed to respond in writing within 21 working days.

The service had received no complaints in the 12 month period January to December 2021.

Are Dialysis services well-led?

Our rating of well-led stayed the same. 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.

There was a clear leadership structure. The Baxter Renal Education Centre – Kew was managed by the registered manager, supported by the lead nurse and Baxter Healthcare support functions. The leaders were visible and had the skills, knowledge, and experience they needed for their roles. They maintained links and good working relationships with the NHS, and we saw evidence of the service performance being reviewed and actions taken to mitigate risk. All staff had annual appraisals.

Staff were motivated to provide high quality of care and we saw there was a strong emphasis on working as a team. Staff we spoke with were clear about the management structure and who they could contact in case of any issues.

Baxter Education Renal Centre team meetings were held monthly, with adhoc huddle meetings between monthly meetings. Staff said this was a good opportunity to feedback on any issues or raise concerns. Staff told us that the registered manager always listened to their concerns.

Staff were positive about their immediate manager and felt supported. The staff survey in 2021, showed 100% of staff would recommend their manager to others.

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.

Dialysis services

There was a clear vision within the service. Their mission was to save and sustain lives by providing high quality, home therapy education and training programmes for individuals and their families in a safe self-care environment. The service's focus was on providing education and training for patients learning home peritoneal dialysis and to continue to partner with the NHS. Their mission was delivered through the providers core values of respect for individuals, integrity, teamwork, empowerment, and an uncompromising dedication to quality.

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.

There was a culture of honesty and transparency. Staff were encouraged and felt able to raise concerns and report incidents. Learning from incidents was shared.

Staff told us there was good teamwork and they were committed to delivering a good service. Staff were enthusiastic about the care and services they provided for patients. Staff described the service as a good place to work and were proud of the service.

There were opportunities for further learning and development. Staff had an annual appraisal and regular one-to-one meetings with the line manager.

All staff completed equality, diversity and human rights and customer care e-learning, which included duty of candour and complaints as part of their mandatory training. Senior staff were aware of their responsibilities under duty of candour and had systems in place to ensure compliance.

All staff we met were welcoming, helpful and friendly. They said they were proud to work for the service. In the 2021 employee engagement survey, staff scored 94% for workplace satisfaction, indicating it was a good place to work.

The service had a whistleblowing policy in place for staff to raise 'whistleblowing' concerns outside of their line management arrangements.

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 provider had an effective quality assurance framework and governance structure. Clinical governance and risk performance meetings were held monthly. Data provided showed these meetings had an agenda and minutes recorded actions, discussions and learning. Learning was shared across both Baxter Education Centres and Baxter Education Services.

Nursing governance team meetings were held twice monthly. Data provided showed these meetings included discussions on incidents, safeguarding and complaints. Minutes recorded the learning and actions. Staff were clear about their roles and accountabilities.

There were service level agreements (SLA) between Baxter Education Centres and referring NHS hospitals for the provision of training and education to NHS patients learning to self-care on home therapy.

Dialysis services

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.

The service had a risk, clinical intervention and incident tracker. The risk register identified 42 risks, risks were updated and there were action plans in place to reduce the risks on the register. The registers did not include the risks that were identified during the inspection such as medicine management and infection prevention and control. Risks were identified and escalated by staff. In the staff meeting minutes, we saw staff gave updates on the tracker.

We saw staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the service.

The provider had an up to date Baxter business continuity plan, which outlined how unexpected critical business activities were to be managed to minimise disruption.

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.

Staff had secure access to the service's intranet, which gave them access to a range of policies, procedures and guidance and their training and personal development records. Electronic patient records were kept secure to prevent unauthorised access and could be accessed easily. Staff were able to locate and access records easily, this enabled them to carry out their day to day roles.

The service had an up to date information governance policy. Information governance awareness training was part of the mandatory training programme with 100% staff having completed the training.

The service had an up to date General Data Protection Regulation (GDPR) policy and staff also completed Baxter's internal training on information security and privacy foundations, records information management, general data protection regulation, Baxter information security and privacy foundations. The service reported no GDPR breaches in the last 12 months.

Engagement

Leaders and staff actively and openly engaged with patients, to plan and manage services.

The service gathered patients' feedback through patient training evaluation, which were completed post procedure. Between January and December 2021, 96% of patients scored the training as good.

The service used comments made in the patient training evaluation to provide feedback and identify concerns patients may have identified with the training. Following feedback from patients the service replaced bathrooms in rooms 1 and 4 and mattresses in bedrooms 1 and 2.

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.

Dialysis services

The service was planning to relocate to other premises later in the year. Staff told us the new location provided all the accommodation on one level which would make the service more accessible, have more storage and flooring would not be carpeted to reduce the infection control risk.

The service provided opportunities for NHS nursing staff to undertake placements with the service to learn about home dialysis and provide training. One student we spoke with told us it was a good experience, and they felt more confident undertaking the procedures. They found the step by step guides really helpful. The service was also providing training in peritoneal dialysis to a renal team at one of the London NHS hospitals. Training was being provided on the hospital site, so NHS staff could train patients prior to them being discharged from hospital.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

- The service must ensure all electrical equipment is PAT tested annually.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The service must ensure the proper and safe management of medicines held by the provider.