

Renal Services (UK) Limited

# Renal Services (UK) Ltd - Colliers Wood

## Inspection report

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

## Ratings

### Overall rating for this location

Good



Are services safe?

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

We had not previously rated this location. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse.
- Staff treated patients with compassion and kindness and respected their privacy and dignity. Patients told us staff were caring, kind and maintained their dignity at all times.
- 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.
- Services were sufficiently flexible to meet the needs of patients. People could access the service when they needed.
- 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 by their local managers.
- Multi-disciplinary teamwork between the service and the NHS provider who commissions the service was effective.

However:

- There were long wait times for patients to be connected and taken off dialysis machines. The clinic does not have a staggered appointment system.
- While there were infection control measures in place, we saw a patient's garment touching and contaminating the central venous catheter (CVC) whilst being connected to the dialysis machine. We saw sharps bins not labelled and waste bins used without clinical waste bags within them.
- Patient records were not fully completed with staff signatures.
- We saw an expired medicine on the resuscitation trolley.
- One of the fridges in the clinic, did not have a record of temperature checks, even though its stored samples to be taken to laboratory for analysis.

# Summary of findings

## Our judgements about each of the main services

### Service

### Dialysis services

### Rating

Good



### Summary of each main service

Renal Services Ltd (UK) – Colliers Wood is operated by Renal Services Ltd (UK). The service is contracted by a local NHS trust for the provision of outpatient renal dialysis to their patients in south London.

The clinic provides haemodialysis for patients with end stage renal disease and failure. The service opened and has been in its present location since February 2011. The facility is a standalone unit within an industrial park operating 24 dialysis stations. 16 stations were provided in four by four-bed bays and eight stations were provided in a side rooms with en-suite facilities.

The service is registered with the CQC to provide the following regulated activities: Treatment of disease, disorder or injury.

# Summary of findings

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# Summary of this inspection

## Background to Renal Services (UK) Ltd - Colliers Wood

Renal Services Ltd (UK) – Colliers Wood is operated by Renal Services Ltd (UK). The service is contracted by a local NHS trust for the provision of outpatient renal dialysis to their patients in south London.

The clinic provides haemodialysis for patients with end stage renal disease and failure. The service opened and has been in its present location since February 2011. The facility is a standalone unit within an industrial park operating 24 dialysis stations. 16 stations were provided in four by four-bed bays and eight stations were provided in a side rooms with en-suite facilities.

The service is registered with the CQC to provide the following regulated activities: Treatment of disease, disorder or injury.

## How we carried out this inspection

During the inspection, the team visited the clinic and looked at the quality of the environment and observed how staff were caring for patients. The inspection team spoke with members of staff including the clinic manager, associate director of clinical services and nursing staff. We spoke with patients who used the service, reviewed care and treatment records. We also reviewed patient's record, looked at a range of policies, procedures and other documents relating to the running of the service. The inspection team also sat in the management and staff forum which was chaired by the chief operating officer.

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>.

## Areas for improvement

### Action the service **MUST** take to improve:

- The provider must ensure safe infection control systems and processes are followed by staff when managing the disposal of clinical waste and ensure clinical waste bins have bin liners in them before they are used.
- The provider must ensure safe infection control systems and process are in place to manage the risk of the spread of infection, by ensuring patient's garments do not contaminate the sterility of the CVC line.

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

- The provider should prevent long wait times for patients to be connected pre dialysis and disconnected off the machine post dialysis.
- The provider should check that all sharps bins are labelled correctly and managed in line with current best practice.
- The provider should check patient records are accurate and signed by all clinicians in line with legislation and current best practice.
- The provider should monitor the proper and safe medicines management practices at the clinic, including checking that all medicines are within date and storing medicines, so patients receive them safely.

## Summary of this inspection

- The provider should monitor that fridge temperature checks are completed, so that the safety of its contents could be maintained.






# 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 

We have not previously rated safe at this service. 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. The mandatory training was comprehensive and met the needs of patients and staff, and all staff had completed the mandatory training. Training modules included health and safety, general data protection regulation, fire safety awareness, infection prevention and control, COVID-19, manual handling, mental capacity act, duty of candour, and basic life support training.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw training records used to monitor mandatory training for each member of staff. These were managed effectively and identified key training modules, completion dates and outstanding training for each person in the team.

### 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 95% of staff had received training in both safeguarding children and adults.

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 an up to date safeguarding adult policy and safeguarding children policy. Staff knew who to inform if they had concerns and could access support from the services safeguarding lead if needed.

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. They kept equipment and the premises visibly clean.**

Staff did not always follow infection control principles. In one instance, the aseptic technique when carrying out dialysis was compromised. We noted a patient's garment (scarf) touching central venous catheter (CVC) line, thus contaminating the sterility of the infection control process, and the nurse was not paying attention to that.

The service had an up to date Infection Prevention and Control and COVID-19 policy. Staff used personal protective equipment (PPE) and were all noted to be bare below elbow.

The sluice area was used to store non sterile equipment and the area was uncluttered and well presented and managed. Access to the sluice room was by key code.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff did not managed clinical waste well.**

Although the service had systems in place to carry out safety checks on equipment in use for patient care, our inspection showed equipment's checks were not carried out consistently by staff. We saw evidence of non-compliance with labelling of sharps bin and checks on the medicines fridge.

We observed an inappropriate use of clinical waste bin. There were instances where clinical waste bins were full and not emptied, and another waste bin in use and had no waste bin bag in it.

The design of the environment followed national guidance. The premises were undergoing refurbishment to increase the number of dialysis stations by six. This is due to be completed by September 2022.

There was a documented schedule of water testing in the clinic. Water was checked daily by staff from the clinic who had been trained to do so. Dialysis machines were serviced annually by the supplier of the machines. Dialysis chairs and beds were subject to annual maintenance and we saw evidence of this during inspection. There were contracted arrangements for the maintenance of other equipment within the clinic. This included annual calibration of medical devices, water testing and couches (dialysis beds).

Patients could reach call bells and staff responded quickly when called. Call bells were tested daily and were regularly maintained. Staff were seen to respond promptly to patients requiring assistance.

## 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 undertook regular visual and digital observations and told us that if patients were unwell, they would increase the frequency of these observations and call a doctor to review if they still had concerns. There were guidelines for staff on when to escalate their concerns to ensure that specialist review took place when needed.

Staff completed risk assessments for each patient on admission in line with nationally recognised tools. Risk assessments records included weight, falls, skin integrity and malnutrition assessments.

# Dialysis services

Shift changes and handovers between staff, included all necessary key information to keep patients safe. Staff met every morning and discussed patients for admission that day. Each patient were discussed in detail, including their psychological needs. All staff had access to electronic and paper patient records.

## 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 agency staff a full induction.**

The service had enough nursing and support staff to keep patients safe. Renal Services (UK) Ltd was a nurse led service. Patients remained under the clinical management of the renal consultants at the commissioning NHS trust.

The service was led by the clinic manager, supported by associate director of clinical services, and the registered manager, who was not based at the location but provided support remotely and visited as and when required. The clinic manager was in the process of being registered as the CQC registered manager. Once the registration process is completed, she will replace the current registered manager.

Staff told us the ratio of nurse to patient had recently been reduced from 1 to 4, to the new ratio of 1 to 5. We observed 1 to 5 staff-patient ratio during the inspection. Associate Practitioners and dialysis assistants were being upskilled and competency assessed to undertake extended role to relieve the pressure off the registered nurses.

Managers made sure all bank staff had a full induction and understood the service. This included access to mandatory and essential training and competency assessments.

The service had access to appropriate consultants who provided medical support to the clinic. They had access to an on-call renal registrar whenever the clinic was open. Staff told us consultants usually visited the clinic on a monthly basis and aimed to review patients at least every three months. However, patients told us they did not always see their consultant in person. Consultants were available for advice and reviewed patients test results remotely. Staff told us medical support was easily accessible when required and we saw evidence of medical reviews in patient records.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, stored securely and easily available to all staff providing care, however, not all records were signed and dated.**

Patient notes were comprehensive, and all staff could access them easily. A mix of paper and electronic patient records were in use. Electronic records had secure access through a password system. Paper records were stored in locked cupboards behind the reception area, which prevented unauthorised access. Staff used standardised paper records to record pre- assessments and pre-dialysis checks.

We reviewed six patient records and none of them were fully completed, with nurses' signatures.

The provider had an up to information governance policy and staff received training on information governance as part of their mandatory training programme.

## Medicines

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

# Dialysis services

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Medicines were stored securely and were administered by appropriately trained staff using individual prescriptions or patient specific directions (a written instruction from a prescriber to administer a specific medicine). Medicines in use at the clinic included anti-coagulation treatment and intravenous fluids that were routinely used during dialysis. Staff completed administration and intravenous competency assessments. These were reviewed as part of staff annual appraisals.

We reviewed six prescriptions which were appropriately completed by the prescriber in line with legislation. Staff reviewed patients' medicines regularly and provided specific advice to patients about their medicines. Medicines for individual patients were reviewed at the multi-disciplinary meeting following monthly blood checks.

We saw an expired medicine on the resuscitation trolley, this was pointed to the clinic manager who removed it straight away and replaced it with another in date (unexpired) medicine.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.**

The service did not report any serious incidents for the 12 months prior to our inspection, however, staff knew what incidents to report and could describe the process for reporting incidents. All staff we spoke with were clear about their duty to report incidents and knew how to do so using the reporting system.

Staff understood the duty of candour. They could give examples of when they were open and transparent and gave patients and families a full explanation if and when things went wrong. The service had no never events.

Managers described the process used to investigate incidents thoroughly, including the involvement of patients and their families in these investigations. The service had a clear process for reporting and investigating incidents. When necessary, incident review meetings would be held to examine all actions following an incident.

## Are Dialysis services effective?

Good 

We have not previously rated effective at this service. We rated it as good.

## Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and protocols were based on relevant national guidance including NICE standards and Renal Association Guidelines. Patients were offered dialysis three times a week in line with Renal Association Guidelines and were generally dialysed for four hours. Staff assessed vascular access routinely as part of treatment and used photographs to monitor the condition of the access over time. This was in line with NICE Quality Statement 72.

# Dialysis services

## Nutrition and hydration

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

Staff provided patients with hot drinks and biscuits during their treatment. Specialist support from dietitians was available for patients who needed it. A dietician visited the clinic as and when required dependent on service need. Each patient was reviewed according to individual requirements. For example, stable patients are seen every three to six months with patients new to dialysis seen two or three times in the first three months. Patients were provided with contact details for the dietitian at their first review to access advice as needed, outside their visits to the clinic.

## Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients were assessed on referral to the clinic, which included an assessment of pain. A visual pain assessment tool was used as part of the initial and ongoing assessment of patient need, to help patients express the degree of pain they were in.

We observed that patient's pain was discussed as part of the agenda of the daily team meeting. This included changes that needed to be made to the patients' plan of care, or prescription, and their effectiveness, to ensure that their pain needs had been met.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.**

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The clinic monitored water quality, blood results and clinical variance. Clinical outcomes were monitored against the Renal Association standards and referring trust requirements. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

Staff monitored the effectiveness of care and treatment in line with clinical standards. Blood results were collated and monitored to establish the effectiveness of treatment in line with Renal Association guidelines. Results were shared with the consultant nephrologist at the commissioning trust and clinical discussions took place regarding patient treatments.

The service participated in relevant national clinical audits. Audit results showed improvements in the service's compliance. The clinic manager monitored clinical variance rates to identify where improvements could be made. Variances were reported in areas such as shortened dialysis times, did not attend (DNA) rates, patients who were over their target weight (indicating excessive fluid) and poor flow of the CVC line. The UK Renal Registry collects, analyses and reports data from renal centres to improve the care of patients with kidney disease in the UK. The clinic's dialysis patients were part of the commissioning NHS trust's activity; therefore, clinic specific data was not available.

# Dialysis services

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. In addition to an induction, all members of staff were expected to complete a competency pack, that was tailored to their role.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers identified poor staff performance promptly and supported staff to improve.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff were encouraged to develop their competence and complete relevant specialist modules. Associate practitioners and healthcare assistants were supported to develop their skills including access management and dialysis competencies.

## Multidisciplinary working

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

The clinic was nurse-led, where nurses provided prescribed treatments for patients who were under the management of a named consultant at the commissioning NHS trust. Staff told us there were effective working relationships with staff at the commissioning NHS trust including doctors, specialist nurses and dietitians. Renal consultants and specialist nurses held clinics at the centre on a weekly basis.

Nursing staff and doctors reported good working relationships and felt well supported and part of a team. Staff reported good working relationships between the doctors and nurses and could seek support from each other when needed. There were clear lines of accountability and all staff we spoke with knew what and which patient they were responsible for.

## Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Staff assessed each patient's health needs at their initial admission assessment and provided support for them to live a healthier lifestyle. This included providing reference materials and signposting them to other services. Self-care was encouraged within the clinic and we were told work was being done to promote this at the clinic following a successful programme of improved patient outcomes at a neighbouring Renal services clinic.

## 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.

## Dialysis services

Staff completed consent training and there were signed 'consent to treatment' forms held in patient files. These forms included consent for treatment and sharing of information such as blood results. 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.

Staff protected the rights of patients subject to the Mental Health Act and followed its Code of Practice. All staff had received training in the Mental Health Act and staff described the process to follow to us, if they had concerns about a patient's mental health.

### Are Dialysis services caring?

Good 

We have not previously rated caring at this service. We rated it as good.

### Compassionate care

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

Patients said staff treated them well. Patients were generally positive about the care they received. Patients had a named nurse they could speak to about any questions or concerns.

Staff followed policy to keep patient care and treatment confidential. Staff maintained patients' privacy and dignity and used privacy curtains during treatment.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to their care needs. Staff had completed equality and diversity training.

Staff followed up-to-date policies to plan and deliver care according to best practice and national guidance. At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

### Emotional support

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

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

We saw staff spent time with patients. Patients who expressed concerns were able to discuss them with staff. We heard how treatments had been adjusted to support patient choice.

# Dialysis services

Staff displayed empathy towards patients who were emotionally challenged when attending regular dialysis sessions. Psychological support was available from the NHS trust's renal service.

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

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

## 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.**

The service actively sought patient opinions and feedback. The feedback was consistently complimentary and used to improve the service. Feedback and comment cards we reviewed were entirely positive and very complimentary.

Staff made sure patients and those close to them understood their care and treatment. Staff recognised when patients were finding it difficult to attend dialysis sessions and supported patients and their relatives to understand treatment options. Some patients decided to reduce or withdraw from treatment. They made these decisions with support from staff who would offer an appointment with their NHS consultant to discuss further.

Staff talked with patients in a way they could understand. We heard staff talking to patients using non-medical terms where appropriate, to ensure patients understood what they were being told.

## Are Dialysis services responsive?

Good 

We have not previously rated responsive at 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.**

The commissioning trust organised transport for patients to and from dialysis sessions. Patients were dropped off and collected at the entrance to the building upon completion of their dialysis. Those patients driving themselves, were able to park within designated parking in the immediate vicinity. We observed patients being collected and dropped off within a reasonable time of their treatment.

The service was commissioned on behalf of patients who attended the local NHS trust. Patient numbers were set out in an agreement with the local NHS trust and further patients were not accepted by the service unless staff were available to care for them. The service complied with the NHS accessible information standard as part of their contractual arrangements with their commissioning NHS trust.

# Dialysis services

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. Managers told us that if a patient missed an appointment, they would speak to the patient and consultant, arrange a new appointment and advise patients if they became unwell to request an urgent ambulance and attend the emergency department at the local NHS Trust. If there were emotional or psychological barriers to the patient attending for treatment, a referral would be made back to the NHS trust for further support.

Facilities and premises were appropriate for the services being delivered. The service was delivered from a purpose-built facility in a business and commercial environment in south London.

## 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 environment was designed to meet the diverse needs of patients. Patients' using wheelchairs could easily access all areas of the dialysis clinic. All patient services were on the ground floor, with step free access at all entrances. The location had adequate parking spaces for patients choosing to drive themselves to treatment.

The service opening hours reflected service demand and patient appointment choice. Dialysis sessions were usually for four hours. Staff discussed patient care with renal clinicians and explored how to provide treatment in collaboration with patients and taking into account patient preferences. This was sometimes to increase or decrease the number or length of dialysis sessions in consultation with the patient and their consultant nephrologist.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to communication aids to help patients become partners in their care and treatment. Patients told us that staff took time to explain their care and treatment. The service could access information and leaflets in other languages and different formats such as large prints, to meet the needs of the community they served. Patients and their family had access to interpreters and signers if needed.

Staff recognised that patient's had choice around their treatment and care and had other commitments. Staff were flexible and supported patients to change scheduled treatment times as needed. Patients had a choice in the day and time of their dialysis, with twilight sessions available six days a week.

## 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.**

Staff told us that patient appointments were able to be rescheduled at short notice, including at the commissioning NHS trust if this was more appropriate. There were no reported cancellations of treatment at the service. Managers and staff worked to make sure patients did not stay longer than they needed to.

They identified delays and took action to address them. This included providing feedback on transport issues and ensuring prompt maintenance repairs to dialysis machines and water treatment systems where necessary.

There was no waiting list to access treatment. Patient were been seen and provided with slot when they were referred to the service by their renal consultant.

# Dialysis services

We observed there were long wait times for patients to be connected and taken off the dialysis machine. This was because all patient appointments at a session, started at the same time and the clinic did not have a staggered appointment system.

Patients were seen quickly after their arrival at the clinic and were greeted by staff in the waiting area before moving on to be triaged and taken into the dialysis station. Staff liaised directly with patients regarding any delays to treatment and reorganised sessions if this was needed.

The dialysis clinic was open six days a week at varying times to meet the needs of patients who attend after daytime commitments. The clinic was operational from 7am until 11:30pm, six days a week. Key services were available to patients through the commissioning NHS trust hosting their care. Staff at the dialysis clinic were in daily contact with the trust and could refer patients for additional support if needed.

## 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. They were open and friendly and encouraged patients to raise concerns with them so they could be quickly addressed. Patients, relatives and carers knew how to complain or raise concerns. All patients we spoke with told us they knew how to raise a concern if they wanted to and would feel comfortable to do so. They told us they would be more likely to raise a concern verbally with a member of staff, than write one formally, but they were aware of both ways. The service clearly displayed information about how to raise a concern in patient areas.

Patients knew how to complain or raise concerns. The service complaints policy was always available for patients to access.

All staff we spoke with were aware of the complaint's procedure. Staff told us they always tried to resolve any issues or complaints at the time they were raised. If this was not possible, patients could be referred to the nurse in charge or a team leader in the first instance. The service placed emphasis on listening to the patient or relative to identify their needs and to address their concerns in a manner that improved outcomes for them, wherever possible. If concerns could not be resolved informally, patients and/or those close to them were supported to make a formal complaint. Staff told us the service received very few formal complaints, which was validated by the number received within the inspection reporting period. The service had received one formal complaint in the 12 months prior to the inspection and we saw that this had been fully investigated by the managers and feedback and learning was given to the staff. Managers investigated and reviewed complaints and identified themes.

## Are Dialysis services well-led?

We have not previously rated well-led at this service. We rated it as good.

## Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.**

# Dialysis services

There was a clear leadership structure. The clinic was managed by a clinic manager, supported by the CQC registered manager and director of clinical services. The registered manager was the operations manager. They were not based onsite and managed other clinics of the provider services. A new clinic manager had been appointed and was in the process of taking over the CQC registered manager's role. Staff we spoke with were positive about their immediate manager and felt listened to and supported.

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 to raise any issues.

## 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.**

Renal Services (UK) Ltd had a vision to create 'the greatest dialysis healthcare community'. Their strategic initiatives included the provision of integrated kidney care to help people better manage their kidney disease; and, developing solutions to transform healthcare for patients with kidney disease.

The vision aligned to local plans within the wider health economy. The corporate provider had engaged with local NHS services to assess the needs of local patients who needed dialysis. The refurbishment of the location had improved facilities by increasing the number of dialysis stations.

There was a focus on caring for each other, including the community, patients and teams. The service had a 'we care' behaviour philosophy - welcome, empathise, connect, actively listen, respect and, encourage. Staff told us they had been involved in discussions about the vision and strategy.

## Culture

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

Staff felt they could raise concerns without fear. There was a compliance hotline in place, where staff could report concerns without having to go through the management structure. However, the service did not have a named freedom to speak up guardian, we were told they were actively recruiting to the role. Staff told us they felt confident to use the hotline if necessary and felt able to raise concerns to senior staff and managers.

Some nursing staff did not feel positive and supported to work within the service and told us the provider did not have a strong emphasis on the safety and well-being of staff. Some staff told us there was no well-being support available to them and were not aware of how to access any support services or counselling. However, during the inspection, we saw the whole senior management team coming to the clinic for a meeting with staff about their grievances and concerns that were raised through the clinic manager. We sat in the meeting as an observers and there were good interaction between the senior management and staff.

# Dialysis services

There were opportunities for career development at the clinic. Senior staff had all completed specialist renal modules at university and there were similar opportunities for other staff. There was internal development programme in place which included training staff with little or no experience and providing opportunities for them to develop.

The service had procedures in place for staff to raise 'whistleblowing' concerns outside of their line management arrangements and staff had access to confidential counselling and support services.

## Governance

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

The service had structures, processes and systems of accountability to support the delivery of good quality service. The service 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 all staff groups. 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.

Quarterly executive board meetings and integrated governance meetings were held. Senior corporate and operational staff including the registered manager, attended governance meetings. There were processes in place to discuss incidents, complaints, performance and business development. An action log was used to review ongoing governance issues, including actions in response to incidents, policy development and vaccination rates among staff.

Quality assurance audits were carried out on a monthly basis. This included medicines management, infection control, treatment variances and documentation. Actions from audits were completed and implemented in a timely way. Compliance with service protocols was reviewed as part of the audit process and results discussed at relevant meetings and shared with staff.

## 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.**

Corporate and service level risk registers were maintained. Service risks such as electrical failure and loss of water supply were identified, and mitigating actions taken to reduce the level of risk. Business continuity plans were in place to address disruptions in service.

The commissioning trust reviewed performance against the service contract. Clinical patient outcome results were collated, and performance reviewed by the clinic manager and registered manager. Information about this was shared in the form of reports and discussed at relevant governance meetings.

Health and safety measures in relation to safe care and treatment were in place to monitor and maintain equipment and premises. However, it was noted during the inspection that there was inappropriate use of waste management bins, lack of labelling of sharps bins and clinical waste bins were allowed to overfill in some instances. These areas were pointed out to the clinical staff and they took action immediately to address those concerns. Other issues of concerns identified were around expired medicine on the resuscitation trolley and lack of fridge temperature monitoring.

# Dialysis services

## 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.**

Patient care needs and outcomes were recorded in the electronic patient record system. Information was shared with the hospital team via the shared record facility. Appropriate patient consent for sharing information was recorded. Paper records were held securely, and these could be couriered to the NHS trust in situations where care was transferred. IT systems were protected by security measures and all staff had their own login.

Data was analysed centrally and reviewed at relevant governance meetings to ensure that staff understood performance and the measures required for improvement. A review of data and evidence of performance discussions was seen in governance meeting minutes. Managers understood requirements for submitting notifications to external bodies.

The service used a combination of paper and electronic records. Medicines and monitoring of blood biochemistry was undertaken electronically using the commissioning NHS trust system. Records of individual dialysis sessions were held on paper within the service. These were then added to the trusts renal electronic records system. Paper records we reviewed were not fully completed. When not in use, paper records were stored in a locked cupboard.

The service had an up to date information governance policy. Information governance awareness training was part of the mandatory training programme, and all staff we spoke with said they had completed the training. The service had and up to date General Data Protection Regulation (GDPR) policy and staff also completed Renal Services internal training on information security and privacy, records and information management and general data protection regulation. The service reported no GDPR breaches in the last 12 months.

## Engagement

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

Staff provided positive feedback about partnership working with the local NHS and how they engaged and worked collaboratively. The service is in the process of appointing Freedom to Speak Up Guardian, however staff were aware of whom to contact in confidence whenever they needed to speak up.

The senior management team were positively involved in the development of the service through regular contract meetings with the commissioning NHS trust.

The service had procedures in place for staff to raise 'whistleblowing' concerns outside of their line management arrangements and staff had access to confidential counselling and support services.

Staff told us there was good communication with their line manager, however, they were not being listened to by the corporate management and their concerns were not always addressed by the corporate management.

Staff told us they felt engaged with the provider and had opportunities to feed back and be involved in improvements.

# Dialysis services

## 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.**

Staff we spoke with during our inspection demonstrated they were committed to continually learning and making improvements to the service. Staff understood the services performance against key performance indicators and other measures. They could identify where improvements were required were open to challenge poor practice.

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	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities)</p> <p>Regulations 2014.</p> <p>The provider must ensure clinical waste bins have bin liners in them before they were been used.</p> <p>The provider must ensure safe infection control systems and process are in place to manage the risk of the spread of infection, and to ensure that patient's garments do not contaminate the sterility of the CVC line.</p>