

## Fresenius Medical Care Renal Services Limited

# Frome Renal Unit

### Inspection report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was the first time we rated the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- 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.
- 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the unit'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. All staff were committed to improving services continually.
- All 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.

However:

- Recruitment checks were not always carried out in line with Schedule 3 of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reviewed four of 13 recruitment files and found there were gaps in the recruitment checks. This was mostly when staff transferred to work for Fresenius from a previous dialysis provider. This related to a lack of evidence of disclosure and barring checks.
- The service did not use a national tool to help them to identify patients who deteriorated.

# Summary of findings

## Our judgements about each of the main services

### Service

### Dialysis services

### Rating

Good



### Summary of each main service

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- 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.
- 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the unit'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. All staff were committed to improving services continually.
- All 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.

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# Summary of findings

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- The service did not use a national tool to help them to identify patients who deteriorated.
-

# Summary of findings

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# Summary of this inspection

## Background to Frome Renal Unit

Frome Renal Unit is operated by Fresenius Medical Care Renal Service Limited. The centre provides dialysis treatment for patients living in Frome and the surrounding area. Dialysis treatment replicates the function of the kidneys for patients with advanced chronic kidney disease.

The unit has 12 dialysis stations, including one isolation room, and currently provides two dialysis sessions each day from Monday to Saturday.

The service is commissioned by NHS England. The service works closely with an NHS trust (referred to as the 'parent NHS trust') who refers patients for dialysis and retain clinical oversight and responsibility for patient treatment.

The centre is registered to provide the regulated activity of treatment of disease, disorder and injury for older and young adults over the age of 18 years.

The centre has a registered manager who has been in post since the centre opened.

The centre was registered with the Care Quality Commission in June 2019. This was the first time we inspected the centre.

## How we carried out this inspection

We inspected the centre using our comprehensive inspection methodology. This was the first time we inspected the service since it opened in June 2019. We carried out an unannounced site visit on 14 November 2022. We spoke with five staff, six patients and reviewed five patient records and observed care and treatment provided to patients.

The inspection team consisted of two inspectors, a specialist advisor and was supported by an inspection manager. The inspection was overseen by Head of Hospitals Catherine Campbell.

Following the inspection, we reviewed data about the service and looked at documents including policies and procedures.

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

## Outstanding practice

We found the following outstanding practice:

- Staff promote shared care with patients. Patients reported greater control of their illness and increased confidence. Staff also supported a patient with a learning disability to undertake shared care.

# Summary of this 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 safe recruitment processes are compliant with legislation (Regulation 19 (3) (a)).

# Our findings






## Overview of ratings

Our ratings for this location are:

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



## Dialysis services

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

### Are Dialysis services safe?

Good 

This was the first time we inspected the 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.**

Staff mostly received and kept up-to-date with their mandatory training. The service set a target of 90% of mandatory training to be completed, and at the time of the inspection staff had achieved 92%. Staff told us the quality and content of the training met their needs.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included infection prevention and control; sepsis management; manual handling; basic life support; and needle dislodgement prevention.

Staff had the opportunity to discuss training needs with the clinic manager and were supported to develop their skills.

Managers monitored mandatory training using an online training matrix and alerted staff when they needed to update 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.**

Staff received training specific for their role on how to recognise and report abuse. At the time of the inspection all staff had completed mandatory training on safeguarding adults and safeguarding children (level 2). The clinic manager was trained to level 3.

# Dialysis services

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff told us the referral process was easy to use, and gave us examples of safeguarding referrals they had made. They also told us they received feedback from the safeguarding team.

## Cleanliness, infection control and hygiene

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

Clinical areas were visibly clean and had suitable furnishings which appeared clean and well-maintained.

Cleaning records were up-to-date, displayed in the unit and demonstrated all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). The unit had access to hand sanitising gel, and we observed staff regularly washing their hands or using hand gel.

When nurses connected and disconnected patients from the dialysis machines, they were required to use a technique similar to the 'aseptic non touch technique' (ANTT) to prevent the transmission of infection to patients' access site. We observed seven episodes of care where this technique was used.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

## Environment and equipment

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

The design of the environment followed national guidance such as Health Building Note 07-01: Satellite dialysis unit. For example, the water plant area had flooring designed to prevent or slow down the progress of potential flooding in the event of overflow.

Only staff and official visitors could access the clinical area. This meant staff could ensure patients were not left unattended with dialysis machines or medicines.

Staff carried out daily safety checks of specialist equipment. Staff checked the water used for dialysing regularly.

The service had enough suitable equipment to help them to safely care for patients. The unit had 15 dialysis machines in total, including three spare machines to use in the case of other machines became unavailable for any reason. We saw all machines were in date for their services.

Technical support was always available for the dialysis machines and the water treatment plant. The storage room containing the central dialysis fluid delivery system room was monitored to ensure the temperature was within range. We looked at the records and found all checks had been recorded.

Staff had immediate access to emergency resuscitation equipment located in the clinical area. All pieces of equipment checked were in date.

# Dialysis services

Substances subject to control of Substances Hazardous to Health (COSHH) regulations were safely stored in line with requirements. Risk assessments were in place for all relevant products such as dialysing fluids and cleaning products.

Fire extinguishers checked were serviced and in date.

We checked a range of electrical equipment and found they had all been safety tested within required timescales.

## Assessing and responding to patient risk

**Staff did not use a nationally recognised tool to detect patients who deteriorated. However, staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

Staff responded promptly to any sudden deterioration in a patient's health, but they did not use a recognised early warning score tool to help them recognise patients who may be deteriorating. This was not in line with national guidance. The decision to not use a national early warning score tool had been risk assessed and entered onto the risk register. The mitigating actions identified procedures and protocols to support staff, including call for emergency assistance from ambulance service.

Each patient had a card which was inserted into weighing scales and into the dialysis machine which automatically transferred information such as weight, blood pressure measures, heart rate and kt/V (a measurement of the efficiency of dialysis) into the electronic patient record system. If measurements directly related to dialysis (blood pressure and kt/V) were outside of the parameters set by the consultant and specific to each patient, an alert showed on the live monitoring system which showed an overview of all patients. Staff responded promptly when alerts were highlighted to monitor patients' wellbeing and there were no issues regarding the dialysis such as restricted access by kinked equipment lines.

Staff completed risk assessments for each patient when they were referred for dialysis using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments included level of assistance required in the event of urgent evacuation, pressure ulcer risk assessment, bed rail risk assessment (if required) and falls risk assessment.

Staff knew about and dealt with any specific risk issues. Staff had access to specific pathways and guidance including sepsis and adverse treatment incidents such as low blood pressure. Staff received training in recognising the deterioration in patients, including specific sepsis training.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. Staff carried out a patient safety round once all patients were connected for dialysis treatment. Staff shared information about patients and checked dialysis prescriptions were adhered to including the volume of fluid to be removed in partnership with patients.

## Nurse staffing

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

# Dialysis services

The service employed six nurses and one dialysis technician. Dialysis technicians were not registered nurses but worked alongside nursing staff to treat patients.

The service had enough nursing and support staff to keep patients safe. The clinic manager accurately calculated and reviewed the number of staff needed for each shift in accordance with national guidance. When required, to cover sickness or leave, the clinic manager would work clinical shifts.

The service had low vacancy rates. At the time of the inspection there was one registered nurse vacancy, which had been recruited to, and the new member of staff was starting a week following the inspection.

## 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. Records were both paper based and electronic. The paper-based records contained risk assessments, consent forms, the patient's initial admission form, sepsis risk assessment paperwork and signed disclaimers where patients had signed to end treatment sessions early.

The electronic records contained dialysis prescriptions, results of blood tests, incidents relating to each patient and clinical observations. This included the dialysis specific information which was recorded to the patient during each session

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. All electronic note systems were password protected and we saw staff took steps to restrict access to computers by locking them when unattended.

Dialysis prescriptions were printed off after each monthly quality assurance consultant review or if there was a change to the prescription. There were systems to record and review blood tests across the two electronic patient records systems.

## Medicines

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

Medicines were stored in locked cupboards. The nurse in charge always kept the keys on them. All medicines we checked were intact and in date.

Portable oxygen cylinders were stored safely and contained enough oxygen to be used when required.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. When medicine pathways were changed nationally, staff were updated.

## Dialysis services

There were temperature controlled fridges and these were monitored daily by staff. We reviewed the temperature records for all fridges in the location and saw they had been completed in full for the previous two months.

The service had a clear medicines administration policy, which staff could access electronically.

### Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them. 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 actions from patient safety alerts were implemented and monitored.**

All staff knew what incidents to report and how to report them. Staff we spoke with told us there was a learning culture and staff were actively encouraged to report incidents in order to support learning and improvement. Incidents were investigated by the clinic manager.

We saw the service carried out investigations into these incidents. Actions were identified and shared at safety huddles. We saw incidents and learning were shared with other renal units.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff we spoke with demonstrated a clear understanding of the duty of candour and discussed how they would be open and honest with patients.

## Are Dialysis services effective?

Good 

This was the first time we inspected the 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. Staff regularly assessed patients access point using nationally recognised assessment tools such as the British Renal Society vascular access tool.

Patients were encouraged to undertake shared care. This meant patients learnt how to do aspects of their care independently such as weighing themselves and washing their fistula.

# Dialysis services

During the inspection, we observed staff undertake clinical activities, and to adhere to best practice guidelines. This included 'needling' and disconnecting patients from dialysis machines. Needling is the process of inserting a needle into an arteriovenous fistula or graft to connect the patient to a dialysis machine. An arteriovenous (AV) fistula is an abnormal connection between an artery and a vein.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Mental capacity training formed a part of mandatory training.

## 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. The service supplied drinks and biscuits to patients attending. Some patients brought in food from home to eat. Staff explained patients consumed minimal foods during dialysis sessions to prevent low blood pressure, making the patient feel unwell.

Specialist support dietitians was available and patients told us they received information about issues related to their condition. The unit had a dietician that was employed by a local trust and was contracted hours to provide a service to Frome dialysis patients. They visited the clinic three times a week and attended multidisciplinary meetings.

The dietitian reviewed all monthly blood test results and visited the service once a month to speak with patients. Nutritional risk assessments were managed by the dietitian.

## 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 monitored patients' pain during the needling process and checked patients were comfortable during treatment.

## Patient outcomes

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

The service participated in relevant national clinical audits and submitted data against the Renal Association audit standards.

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.

The provider benchmarked clinics against each other to determine internal performance. The clinics were measured against different perspectives. Outcomes for patients were positive, consistent and met expectations, such as national standards. The service benchmarked itself against other Fresenius dialysis services.

# Dialysis services

Dialysis prescriptions were reviewed in accordance with monthly blood test results and in conversation with patients and staff. There were processes to ensure electronic patient records and patients were updated. If staff had concerns about patients, they could contact the renal consultant or on call renal registrar by phone or email. Staff told us this worked well, and they felt supported by medical staff working for the parent NHS trust.

## 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. All staff had annual competency assessments to ensure their skills were updated, and they adhered to best practice.

Managers gave all new staff a full induction tailored to their role before they started work. The induction period included training, working shadow shifts and undertaking competency assessments.

Managers supported staff to develop through yearly, constructive appraisals of their work. Most staff had received an appraisal in the last year. However, as the clinic manager had to work clinical shifts to cover absences not all appraisals were up to date. Nevertheless, staff we spoke with told us they could discuss any training needs with the clinic manager at any time.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to complete renal modules and those in management positions completed additional human resources training. Training needs were identified as part of the appraisal process. Staff told us opportunities for training were available to them.

Managers made sure staff received any specialist training for their role. This was identified as fundamental training and included practical and theoretical training relating to renal nursing and dialysis assistant roles. Managers identified poor staff performance promptly and supported staff to improve.

## 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 had their care pathways reviewed by their relevant consultants. Staff took monthly blood samples and discussed the results with consultants at the monthly quality assurance meeting.

Staff worked across health care disciplines and with other agencies when required to care for patients. This included regular liaison with GPs and district nurses.

## Seven-day services

**Key services were available to support timely patient care.**

## Dialysis services

Staff could call for support from doctors, dietitians and the satellite co-ordinators at the referring NHS trust at all times the clinic was open. Staff could access the safeguarding leads and clinical support from the provider at any time.

The service operated between 7am and 7pm Monday to Saturday. Most patients attended for appointments three times a week, these sessions were booked in advance and on a recurring basis as per their treatment plan.

### 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 assessed each patient's health at every dialysis session and provided support for any individual needs to live a healthier lifestyle. Each dialysis session included a review of treatment and an assessment of patient's needs. Information on health promotion and healthier lifestyles was available to them through the service.

### 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 understood how and when to assess whether a patient had the capacity to make decisions about their care. Because of the nature of the service, patients receiving treatment at the unit had the mental capacity to make decisions about their care. However, staff were aware of the need for ongoing assessment and that changes in capacity could occur. They monitored patients for any changes as part of their ongoing assessment processes.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. We saw evidence of written consent in patient care and treatment records. Consent was recorded in relation to treatment and sharing information with other relevant professionals.

Staff made sure patients consented to treatment based on all the information available.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act (1983) and Mental Capacity Act (2005) and they knew who to contact for advice. Decisions about the appropriateness of patients continuing to receive treatment and care at the unit were made by the contracting NHS trust.

## Are Dialysis services caring?

This was the first time we inspected the service. We rated it as good.

### Compassionate care



# Dialysis services

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff treating patients with dignity and respect.

Patients said staff treated them well and with kindness. Patients we spoke with consistently told us staff treated them well. They described a friendly and approachable team who treated them with compassion and provided support as needed.

We spoke with patients, who told us the staff provided “person-centred, compassionate care”. We saw staff have lovely interactions with patients, they were calm, friendly and humorous.

In addition, Fresenius Medical Care launched a new way of getting feedback from patients which allows the clinic manager to respond more promptly to any concerns patients may have.

Staff followed policy to keep patient care and treatment confidential. Discussions about patients’ treatment and care were held discreetly.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

We saw the unit had received numerous cards and letters from patients or the families regarding the positive care they had received.

We saw staff made additional efforts for patients. One patient liked to attend music events but was not able to access the internet. Staff printed off information about local events for the patient. Staff also told us they celebrated special occasions with patients, including birthdays and an upcoming wedding.

## **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. We spoke to patients who told us how supportive the staff had been and referred them to various charities for additional support when required. One patient was going to be transferred to another unit in the near future. They told us they had been reassured about the hand over of their care. A patient also told us, “Nothing is too much, staff really take their time of each stage of my care”.

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 take time to listen to patients. We saw staff clearly explaining at every stage what they were doing, and reminding patients what to do if they wanted to alert staff. We saw they ensured patients could reach their books, snacks and phones during their dialysis sessions.

## **Understanding and involvement of patients and those close to them**

# Dialysis services

## **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 told us they felt included in their treatment and decisions about care.

On admission to the clinic, details were taken regarding the patient's family and relatives. This helped support personalised care and was also used to inform staff of the point of contact should the patient become unwell. We observed staff were familiar with the families of patients and they discussed them by name with patients.

New patients received an information pack to guide and support them and their family. Information about an application for patients to interact with their results, was given to them so they could access their dialysis results, treatment and get advice on diet, fluid and health promotion. Patients were also given information about a wellbeing and support service with free legal, financial, emotional support, treatment options, access information and a patient guide.

Staff gave patients updates and information about their dialysis. The named nurse was responsible for updating patients on their blood test results, prescription changes and any other aspects of the patients' care or treatment.

Staff talked with patients, families and carers in a way they could understand. Staff were able to access a translation service should this be required to communicate with patients and their family members.

Staff promoted shared care. Shared haemodialysis care is when patients at dialysis units are supported to undertake tasks involved in their own treatment to the extent that they wish. Patients told us they were encouraged to undertake shared care but did not feel pushed to undertake tasks they were not prepared to do. Staff told us of a patient who had been having dialysis for a long time but had not been considered for a transplant because of concerns about coping after the operation. They encouraged the patient to take up shared care and the consultants have been so impressed with progress that a transplant is now being considered.

## Are Dialysis services responsive?

Good 

This was the first time we inspected the 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 service worked closely with the referring NHS acute trust to deliver a service which was suitable for the local population. The service also worked with the local ambulance trust which provided the patient transport services for many patients in order to plan care.

Managers planned and organised services so they met the changing needs of the local population. Leaders met with the local NHS trust regularly to discuss patient needs and the care they provided.

# Dialysis services

The service had systems to help care for patients in need of additional support or specialist intervention. If patients required hospital admission, this was discussed with the NHS parent trust. In emergencies, patients were transferred to the local NHS trust by calling emergency ambulance services.

Managers monitored and took action to minimise missed appointments. During the inspection one patient had not turned up for their appointment. We saw staff contact the patient, as per the guidance, and make arrangements for the patients to attend an afternoon session.

Facilities and premises were appropriate for the services being delivered. The service was provided from the ground floor of a local hospital. There was free parking available for patients and a dedicated waiting area for dialysis patients.

## Meeting people's individual needs

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

Staff made reasonable adjustments to help patients. The service was accessible to patients in a wheelchair. Patients were referred directly from the commissioning trust and were generally medically stable in line with the arrangements of the commissioning agreement.

The unit also made the isolation room, where possible, available for a Muslim patient who was able to pray during their treatment.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff referred patients onwards if required; for example, to a third-party organisation who supported patients with social and welfare concerns.

Managers monitored and took action to minimise missed appointments. Managers ensured patients who did not attend appointments were contacted. Staff contacted patients who did not attend appointments. If the reason for the missed session was due to patient illness, staff referred the patient to either their GP or the referring trust. Staff then re-booked the patient to make up their missed session as soon as possible. If a patient chose not to attend the additional session, staff alerted the referring trust.

## 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 treated patients under an agreement with a local NHS Trust. This meant the service was allocated patients and operated at maximum capacity in line with their contract.

## Learning from complaints and concerns

## Dialysis services

**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. Details of how to make a complaint or a compliment about this service was available in the unit. Posters were displayed explaining how to make a complaint or raise a concern.

In the previous year the unit had only received one formal complaint, which related to the lighting in the toilets. This had been raised and resolved with the building owners.

### Are Dialysis services well-led?

Requires Improvement 

This was the first time we inspected the service. We rated it as requires improvement.

#### 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.**

There was a registered manager who provided leadership within the service. They were managed by a regional nurse, and supported by a deputy clinic manager.

Staff told us the registered manager was very approachable and supportive.

Clinical leadership was provided by a consultant from the parent NHS trust. They visited the unit one a week and staff told us they could always access advice and support from the consultant or a renal registrar when this was required.

The registered clinic manager told us they had lots of access to training, including leadership training which they stated was very effective.

#### 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.**

There was a set of corporate values which included working collaborative, being proactive, reliable and excellent in the provision of dialysis services. The values were displayed in the unit.

# Dialysis services

In the unit, staff told us their focus was on the holistic patient. They focused on knowing the families, and which patients needed additional support at home. Staff told us they focused on providing high quality care for patients and their families. They told us these principles were driven by the clinic manager.

## 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.**

The service had an open and inclusive culture. All staff we spoke with stated they were proud of the team and how well they worked together to provide good patient care. Their provider had a values award, where colleagues and teams could nominate each individual or teams for specific recognition. Winners received a voucher in recognition of their success.

## 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 a clear service governance structure. The provider's board had clear reporting and committee structures which included clinical governance, information governance and infection prevention and control. Minutes of provider monthly clinical governance meetings showed incidents, complaints, safeguarding, policies, quality and performance, audits, safety alerts and patient satisfaction were all reviewed as part of the agenda. Regional staff including the regional nurse attended the clinical governance meetings and cascaded information to the clinic manager and staff.

We saw information relating to clinical governance was shared with staff. There were clear processes for information to be cascaded between operational and corporate lines of accountability. Regular meetings were held between clinic leads and the commissioning NHS trust. There were clear processes for monitoring the performance of the service and staff told us they were involved in regular discussions, kept informed and had the opportunity to contribute.

However, recruitment checks were not always carried out in line with Schedule 3 of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All recruitment files were held electronically and managed by designated head office staff working in the human resources department. We reviewed four of 13 recruitment files and found there were gaps in the recruitment checks. This was mostly when staff transferred to work for Fresenius from a previous dialysis provider. This related to a lack of evidence of up to date disclosure and barring checks.

## 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.**

# Dialysis services

The service had comprehensive risk management processes to mitigate the potential harm from risks identified. Risks were categorised into clinical, technical and operational and were rated prior to and post implementation of mitigating actions. We observed action to mitigate specific risks. This included actions relating to water safety, premises, equipment, medicines, infection control, fire safety and dialysis safety. Risks were reviewed regularly through the integrated governance committee.

Issues staff raised with us, such as the risk of being understaffed and the potential of equipment being out action, were included on the risk register.

## 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.**

The service had performance measures which were monitored and reported on. Monthly blood tests were conducted on every patient; the purpose of these was to identify treatment effectiveness. Consultants at the referring trust reviewed and reported on blood test results. Staff from the service and staff from the referring trust met monthly to discuss the results and identify treatment as part of their contract with the referring trust and provider wide standards. These included hand hygiene audits and audits of the aseptic non-touch technique. The results of these audits were shared with staff and used to drive improvement where necessary.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.**

The patient experience survey 2022 results showed 95% of patients would recommend the centre to other patients. Of these, 54% said their experiences at the unit was better than other units, whilst the other 46% stated it was the same. Satisfaction levels showed Frome Renal Unit was higher than average in the following areas: The overall quality of care I received was high; I was treated with respect; and my care team delivered compassionate care.

All staff had taken part in a staff survey (2021). There was an action plan which included three areas of improvement. These were titled: winning team (balance between informed decision and speed), recognition (encourage team to make new suggestions and contribute to ideas for improvement), and meaningful work (building trust and pulling team together through storytelling). There was a completed action plan to improve in these areas.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.**

Staff were able to access support and training to support continued professional development. All staff we spoke with were committed to continued professional development. Staff told us they were encouraged to share new ways of working.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><i>Recruitment checks were not always carried out in line with Schedule 3 of Regulation 19 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All recruitment files were held electronically and managed by designated head office staff working in the human resources department. We reviewed four of 13 recruitment files and found there were gaps in the recruitment checks. This was mostly when staff transferred to work for Fresenius from a previous dialysis provider. This related to a lack of evidence of up to date disclosure and barring checks.</i></p>