Diaverum UK Limited

Sidcup Kidney Treatment Centre

Inspection report

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

Ratings

Overall rating for this location	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?	Good

Summary of findings

Overall summary

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to Sidcup Kidney Treatment Centre on 9 November 2021.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

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 and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- We saw that not all patients had their risks reviewed monthly in line with local policy
- It was not clear how patients had developed or been assigned competencies when self-managing their care or parts of their care as part of the "shared care" programme. We were not assured there was an effective governance and review process to support this practice.
- Records relating to end of day handover were not all accounted for.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	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 and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. • Staff provided 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. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. However:

Summary of findings

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- It was not clear how patients had developed or been assigned competencies when self-managing their care or parts of their care as part of the “shared care” programme. We were not assured there was an effective governance and review process to support this practice.
- Records relating to end of day handover were not all accounted for.

Summary of findings

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Summary of this inspection

Background to Sidcup Kidney Treatment Centre

Sidcup kidney treatment centre opened in 2017 at Queen Mary's Hospital, Sidcup, replacing the smaller unit on the site. It is a facility, which can accommodate up to 60 adult patients daily. At capacity it can facilitate 120 patients. The clinic provides chronic haemodialysis and care for established chronic renal failure patients who have already been stabilised on the therapy at their main parent unit.

The location carries out the regulated activity of: Treatment of disease, disorder or injury, which was registered on 26 June 2017. The location has a registered manager.

We have not inspected this location before.

How we carried out this inspection

During our inspection we spoke with six nurses, one health care assistant (HCA), the registered manager, a practice development nurse and the regional manager.

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

Outstanding practice

We found the following outstanding practice:

- The location was using artificial intelligence to support the delivery of care. This artificial intelligence analysis identified when issues with fistulas would occur. We were told this form of preventative care management was able to capture up to 80% of issues that could potentially occur and supported identifying at risk patients.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a location SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should consider continuing to strengthen their governance processes regarding the upload and management of end of day handover information.
- The service should consider continuing to implement their improvement and monitoring programme to ensure monthly risk assessments are completed in line with local policy.
- The service should consider continuing to strengthen and implement their safety and governance processes surrounding the development and assignment of competencies to patients who are self-managing their care.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Dialysis services

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

Are Dialysis services safe?

Good

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 received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff and was tailored to each professionals' needs.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw mandatory training rates for staff were 100% for all assigned modules.

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. The service had a provider level safeguard lead trained at level four for adults and children and the location manager was trained at level three for adults and children. The remaining staff were trained to at least level 2 for adults and children.

We reviewed the training matrix and rates were 100% for all safeguard modules.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Contact information for the provider and partner trust safeguard leads was easily available, as were contacts and pathways for referrals to local safeguarding teams.

Good

Dialysis services

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 and staff areas were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records and audits were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed a cleaning audit and were able to verify that cleaning rotas were all complete. Audits demonstrated 100% compliance with cleaning rotas. A third-party company undertook routine domestic cleaning.

Staff cleaned the dialysis machines externally and completed a heat disinfection after each treatment. Staff also did a weekly chemical disinfection of the machines.

Staff followed infection control principles including the use of personal protective equipment (PPE).

When nurses connected and disconnected patients from the dialysis machines, they were required to use a technique like the 'aseptic non touch technique' (ANTT) to prevent the transmission of infection to patients' access site. We observed ten episodes of care where this technique was used. We found staff consistently followed the principles of ANTT which decreased the risk of infection transmission. Audits for the last three months demonstrated 100% compliance.

Staff worked effectively to prevent, identify and treat dialysis access site infections. Staff completed assessments for each patient at each dialysis session to asses patients' access points.

Staff monitored and managed potential infectious conditions well. They completed yearly HIV testing and three monthly MRSA testing. If a patient was MRSA positive, testing would be done monthly to assure they could be dialysed safely and an IPC plan developed. The service also did weekly PCR testing for COVID-19 for all patients

Hand hygiene audits demonstrated compliance with all opportunities to use hand hygiene measures. Staff were compliant with hand hygiene in all stages of care and interactions we observed.

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

Every person who attended the clinic, including staff, patients and visitors had their temperature taken on arrival. This was logged, and all individuals were asked to declare if they had any symptoms of COVID-19 or had been in recent contact with someone who had tested positive. If a patient was identified as having symptoms, they were isolated and COVID-19 IPC measures applied. As an example, we were told dialysis could be changed to the last shift or patients placed in an isolation room depending on capacity. Staff who accessed the room would don and dof full PPE and use FFP3 masks. Once the treatment was completed a deep cleaning protocol would be activated. This was managed by a third party located on site.

We saw plentiful supply of antibacterial hand gel in all areas of the unit.

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.

Good

Dialysis services

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

The service had enough suitable equipment to help them to safely care for patients.

Equipment was well maintained, calibrated and serviced in accordance with manufacturer conditions. We reviewed the equipment log and found that all equipment had been serviced and passed their tests.

Staff had immediate access to emergency resuscitation equipment located in the clinical area. All pieces of equipment checked were in date and staff completed daily checks. The suction machine and defibrillator were serviced and in date with routine maintenance.

Staff used wipe clean privacy screens around patients' stations if requested or as necessary.

Routine disposable stock was managed well. The storerooms were tidy and well organised. We sample checked a variety of stock products and found all were intact and in date.

The fridge used to store patient blood samples was temperature monitored daily. Staff were aware of how to escalate concerns such if the temperature fell out of range.

Staff disposed of clinical waste safely. We saw sharps bins were closed and managed in accordance with fill levels. Additionally, all other clinical and non clinical waste was segregated accordingly.

Assessing and responding to patient risk

Staff identified and quickly acted upon patients at risk of deterioration. Staff completed risk assessments for each patient and removed or minimised risks. However, we identified that not all patients had their risks reviewed monthly in line with local policy.

Staff understood and demonstrated knowledge of how to promptly manage any sudden deterioration in a patient's health.

Staff completed physiological risk assessments for each patient on admission, using a recognised physiological tool, and reviewed this regularly in line with guidance. Staff recorded hourly observations on the patients' electronic record.

Risk assessments and medication charts were recorded on paper form. Whilst medications were recorded, two of the five patient paper records we reviewed did not have all monthly risk assessments completed. All patients had a full risk assessment completed at some point in their treatment, however, there were elements of the risk assessment that had not been reviewed in line with the unit's monthly review policy and could potentially put patients at risk. We informed the managers of our concerns who said this likely occurred because named nurses may have been absent during the update risk assessment times. We were also informed the unit was going to allocate one of the team members to review the risk assessments in absence of the named nurse and that them and the charge nurse would oversee the task. The service was also looking to allocate protected time for staff to complete the assessments and care plans.

Good

Dialysis services

When connecting patients to dialysis machines, staff engaged with them and asked relevant questions regarding health, weight and fluid levels. Staff checked the identification of patients before connecting them to a machine. Dialysis machines had alarms to indicate any clinical changes such as low blood pressure. We observed one patient's machine to alarm and staff were prompt to respond.

Staff knew about and dealt with any specific risk issues such as reporting sepsis, VTE, falls and pressure ulcers. They also recorded and managed fistulas and access lines accordingly. The service could also provide ultrasound guidance for difficult cannulations.

Staff were trained in basic life support and anaphylaxis to support patients with urgent needs.

Staff shared key information to keep patients safe. Staff attended a huddle three times a day which was led by a senior nurse. Staff discussed patients receiving treatments, any incidents and actions which needed to be completed such as specific blood tests.

Staff also did a daily handover meeting. We reviewed the notes for the meeting and found these to be useful to monitor patient concerns and wider issues within the unit. However, we found that not all paper forms had been uploaded, with a total of seven missing handover forms between 1 October and 25 October 2021. This meant that potential information or safety concerns could be missed. We were told that for data protection reasons all handover forms were scanned and uploaded electronically and paper copies shredded. The service assured us that processes would be strengthened to ensure no information would be missing in the future.

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, agency and locum staff a full induction.

The service had enough nursing and support staff to keep patients safe. We saw that rotas included one nurse to four patients care supported by a health care assistant support.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift.

The number of nurses and healthcare assistants matched the planned numbers. Where necessary the manager requested bank staff to support the unit. Bank staff, in the main, had substantive posts at other provider dialysis clinics therefore were familiar with the policies and procedures. Where staff were absent at short notice, such as on the day sickness, the unit manager worked clinically to make up nurse numbers and support the team.

Managers and the provider made sure all staff had a full induction and understood the service. This included bank staff who undertook a local orientation and were then assigned to the location's bank pool.

Medical staffing

The service had enough medical 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 locum staff a full induction.*(Only include if not previously included above)*

Good

Dialysis services

The service had access to enough medical staff to keep patients safe. Consultants ran clinics twice a month to review patient needs and conduct assessments.

Renal registrars from the partner NHS trust could be contacted at short notice and where on call to support the delivery of safe care and support clinical decision making.

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. The service used two systems to record patient information. One system was the services electronic system which recorded the outcomes of the clinical intervention. The other electronic system was the referring trust's electronic record. This electronic record contained dialysis prescriptions, incidents relating to each patient and clinical observations. Staff from the referring trust were able to view this information remotely. Staff at the unit could access relevant patient information from the referring trust.

Risk assessments and medication charts were completed on a paper patient form.

Senior nurses undertook audits of patient records. The audits included checks for assessments being updated and clinical observations being recorded. We reviewed a range of these from August to November 2021. All audits reviewed showed a score of 20 out of 20 for completion of record activities with the exception of named nurse activities which scored 18 out of 20 within the last three months.

Records were stored securely.

Medicines

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

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

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Audits we reviewed for the past three months demonstrated full compliance with medication management.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Medicines were stored in locked cupboards, which were contained within a locked storeroom. Only staff had access to this area.

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.

Incidents

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

Good

Dialysis services

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. We reviewed three incidents that had been reported in the last year. These were adequately reviewed and investigated the necessary points linked to the incident.

The service had no reported serious incidents.

Managers shared learning with their staff about never events and serious incidents that happened elsewhere or within the wider provider.

Staff understood the duty of candour. We heard from staff how they would be open and transparent and gave patients and families a full explanation if things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. For example, there was an identified trend of patient falls in the most recent incidents for the provider, as such the practice development nurse shared a presentation to all staff on the causes of falls and actions to mitigate their occurrence in a dialysis centre.

Are Dialysis services effective?

Good

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. However, recording, monitoring and assignment of patient competencies in the shared care programme where unclear at the time of inspection.

Staff delivered high quality care according to best practice and national guidance. Additionally, staff were able to access and use shared policies with the partner trust which included policies such as clinical guidelines for blood sampling for haemodialysis patients and commencement of haemodialysis via temporary or permanent central venous haemodialysis catheter.

Patients were encouraged to undertake 'shared care' training. This meant patients learnt how to do aspects of their care independently such as taking their own blood pressure or weighing themselves. Staff worked through a training programme with patients who wished to do this to ensure patients were more involved and engaged with their care. Our review of the 'shared care' competency record found there was no clear record of how patient's competencies were achieved, the date they were achieved and if they needed to be reviewed. We also noted that comments identifying actions were not dated. Although we found that 90% of patients had five competencies or less assigned, with most competencies being of a low risk, it was our concern that standards for the review and sign off of competencies of higher risk needed to be managed safely for all patients. We escalated our concerns to the managers and have since received assurance of an update to this programme which included a new individual patient 15 competency based document that records the date and assignment of a competency. We have also received evidence of how the unit was implementing competency review criteria to identify when competencies needed to be revisited or re-examined.

Good

Dialysis services

During the inspection, we observed staff to display competency when undertaking clinical activities, and to adhere to best practice guidelines. This included 'needling' (inserting a needle into an arteriovenous fistula (AVF) or graft (AVG) to connect the patient to a dialysis machine) and disconnecting patients from dialysis machines.

At quality assurance meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. This meant information was escalated to the referring trust who provided a renal psychological service.

Staff used technology effectively to support care and treatment. For example, all patients had an individual card which contained treatment details on it and uploaded information to the dialysis machine to support accurate treatment.

Nutrition and hydration

Staff gave patients food and drink during their therapy. Patients had access to dietitians.

Specialist support from dietitians was available for all patients as per national guidance. Dietitians from the referring trust attended the service to see patients, assess dietary needs and provide advice and guidance on renal diets.

Staff provided patients with water, hot drinks and biscuits whilst dialysing. Patients could bring their own food to treatment sessions if they wished to eat something different.

Pain relief

Staff gave pain relief to ease pain.

Where prescribed, patients received pain relief. If patients chose to, they could request their GP prescribe pain relief such as numbing cream for their access point. This meant the patient would experience less pain when nurses inserted needles during connection to dialysis machines

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 used a system of individual patient performance screening to monitor clinical performance measures.

Outcomes for patients were positive, consistent and met expectations, such as national standards.

The service exceeded the minimum treatment effectiveness (haemodialysis adequacy) as specified within national guidelines as per The National Kidney Foundation. Data demonstrated the unit performed well against the reduction of urea as a key performance indicator.

The National Kidney Foundation guidelines specify patients should receive at least 12 hours of treatment per week to maximise effectiveness. Data from the service showed two patients routinely chose to reduce their time spent dialysing. Where this happened, staff asked the patients to read and sign a disclaimer which explained the impact of reducing treatment time. Staff updated the referring NHS trust when patients regularly chose to reduce their treatment time and developed individual patient plans to manage this.

The provider benchmarked clinics against each other to determine internal performance. The clinics were measured against different perspectives including patient, staff and stakeholder perspectives. For October 2021 we saw this unit came in the top six clinics overall for the south area.

The British Renal Society sets out a standard that at least 80% of dialysing patients should have definitive access because they last longer than any other dialysis access types, are less prone to infection and clotting. At the time of our inspection, the clinic had 40% of patients with a central venous catheter (CVC). We explored the reasons behind 40% patients having CVCs and found this was based on clinical decision making from the referring trust. For example, where a patient was unable to have an AVF or AVG. This was recorded as part of the unit's risk register and safety was monitored closely.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included hand hygiene audits, patient record and documentation audits such as the named nurses audit.

Managers used information from the audits to improve care and treatment. Managers shared information from audits with staff along with learning and actions.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff completed competency training relevant to their role. We saw this was updated within provider timescales to ensure staff maintained their skills.

Managers made sure staff received any specialist training for their role. Most nurses had completed their recognised renal qualification and those who hadn't were undergoing competency development to safely provide care to patients.

New nursing staff went through a programme which enabled them to undertake dialysis specific competency training. New nursing staff worked supernumerary for a four to six week period if they had previous experience in renal care and six to 12 weeks if they had no experience in renal care.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The practice development nurses supported the learning and development needs of staff.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of our inspection all eligible staff had had an appraisal in the past year.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

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. Senior staff at the unit attended a monthly quality assurance meeting which included trust consultants, dietitians and other relevant professionals. Patients' care pathways were reviewed by the relevant consultants.

Good

Dialysis services

Staff worked across health care disciplines and with other agencies when required to care for patients. For example, if staff identified patients were experiencing mental ill health, they could raise this with the referring trust who had access to psychological support. Staff at the clinic had direct links with dialysis access specialists at the referring trust, and the renal assessment unit. This meant any concerns or problems could be quickly escalated and resolved.

Staff could access an on-call registrar from the partner NHS trust at any time for advice and guidance. Staff from the service could also access physiotherapy and other health care professionals from the partner NHS trust for treatment support.

Staff at the clinic could share information with staff from the referring trust and vice versa through the electronic patient record systems. This enabled timely review of updates and information for each patient to be completed.

Seven-day services

Key services were available to support timely patient care.

The service opened Monday to Saturday.

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. We also saw information available regarding airborne isolation precautions and the importance of washing hands.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

Patients could request exercise bikes during dialysis and were encouraged to maintain some level of activity whilst doing dialysis.

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. They used agreed personalised measures that limit patients' liberty.

Staff had received training and understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. In all records we checked, consent documents were filed

We were told when patients could not give consent, staff liaised with the patient's next of kin and made decisions in their best interest, taking into account their wishes, culture and traditions.

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

Good

Dialysis services

Are Dialysis services caring?

Good

We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Staff including the manager knew all the patients dialysing at the clinic and were able to talk about each patient knowledgably.

Staff we spoke with told us they loved working with their patients and enjoyed providing care.

Patients said staff treated them well and with kindness. Patients told us they were happy coming to the unit for their dialysis and felt the staff provided a caring service.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff spoke with patients about how they were feeling and escalated this to the referring trust as necessary.

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. Data from the service showed staff escalated patients to the referring trust who were identified as requiring extra emotional or psychological support.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients told us they felt included in their treatment and decisions about care. Each patient had a named nurse who was their main link with the clinic.

Staff tried to improve patients' understanding of their medical condition and treatment.

When discussing day to day issues, staff talked with patients, families and carers in a way they could understand. When patients did not speak English, or had additional needs, staff spoke with family members and used adapted communication tools to support communication.

Good

Dialysis services

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Patients gave positive feedback about the service. We saw 'thank you' cards and letters sent in by patients and relatives, highlighting the caring work of the staff.

The annual provider patient survey had an average score of 83.7% and a 29.3% response rate. The survey covered a range of areas and the three highest scored areas were trust, diet understanding and recommending the service with scores between 82% and 92%. The lowest scored area was waiting time with a score of 74%.

Are Dialysis services responsive?

Good

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 acute NHS trust to deliver a service which was suitable for the local population. The service also worked with the local ambulance trust which provided patient transport services for many of their patients.

The facilities and equipment were suitable for bariatric patients and patients with limited mobility.

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.

Staff supported patients who wanted to dialyse elsewhere on holiday. They were also able to support people who were attending the local area and wanted to temporarily dialyse.

The service had suitable facilities to meet the needs of patients' families.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. 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 staff were unable to contact a patient who had not attended, they followed the process of alerting the referring trust and asking police or GP's to conduct a welfare check.

Good

Dialysis services

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 sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Where staff identified patients' cognitive impairment was declining, they referred the patient for assessments at the referring trust.

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 an 'accessible information policy' and communication tools box to support people's communication needs.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

Managers and staff worked to make sure patients did not stay longer after treatment than they needed to. The manager had regular meetings with the local transport providers to discuss issues and concerns regarding patient transport delays.

When patients had their treatments cancelled or delayed at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Managers and staff worked to make sure patients did not stay longer than they needed to.

Managers monitored patient transfers and followed national standards.

The service had a waiting list for patients who had requested to be dialysed at the unit. This list and its priority were managed by the unit and referring NHS trust.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas.

Good

Dialysis services

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The main theme of complaints was the management and delay of transport arrangements.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The manager sought to resolve complaints quickly and informally where possible. Where this was not possible, the complaint was escalated to the regional manager for investigation and resolution.

Managers shared feedback from complaints with staff and learning was used to improve the service. The location had only received one formal complaint in 2021.

Most compliments received were about the caring attitude of everyone at the unit and positive work by staff.

Are Dialysis services well-led?

Good

We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Local leaders had the skills and abilities to run the service. The unit manager was supported by an appointed area manager. The manager also had support from the provider level human resources department for any workforce related queries.

Unit and provider managers attended and liaised with the referring trust regularly and were a first port of call for queries or concerns. The manager described a good level of communication with all team members at the referring trust.

Managers supported staff to undertake their role. During to COVID-19 pandemic, team meetings and 'face to face' training were conducted by tele or videoconferencing. The manager told us this had led to a better attendance at team meetings as it allowed more flexibility.

The unit manager understood the priorities and the issues faced by the service. They knew every patient and member of staff and could talk through any concerns or risks linked to the clinic knowledgably.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a realistic strategy for achieving priorities and delivering good quality, sustainable care.

Staff knew and understood what the provider vision and values were. Staff told us about the vision of the service, describing key elements as working collaboratively, being effective, caring and providing the best care possible.

The managers upheld the values of the provider and aims of the service. The unit manager told us of plans for the clinic to improve the service.

Culture

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

Staff felt supported, respected and valued. Staff told us they felt comfortable to raise concerns or issues with the local unit manager.

Staff were able to access opportunities for professional development. Most staff we asked told us the provider was a supportive company, who supported them to improve.

We saw an action plan following the most recent staff survey (2021) which identified actions to improve staff satisfaction.

The service had a culture which centred on the needs and experience of people that used the service. Staff told us they felt passionate about providing a good service to patients.

Governance

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

The service had a governance structure which enabled information to be escalated up to provider level and cascaded down to clinic level.

The manager attended several meetings to share information and receive updates. These included a monthly regional business meeting and a weekly unit manager meeting. In addition, the manager attended a monthly quality assurance meeting with the referring acute trust and a monthly meeting with the ambulance trust which provided patient transport services.

Due to the pandemic staff meetings were held every six months but staff were updated with regards to other meetings, incidents, learning and clinical updates through their daily handover.

We reviewed minutes and agendas of the above meetings and saw topics included clinic performance, incidents, complaints and staffing. The regional meeting minutes showed a focus on patient and staff satisfaction, and a review of any serious incidents.

Local team meeting minutes showed items such as local audit results and learning from incidents.

Staff at the service worked well with the referring trust and third party providers to monitor performance and share information.

Staff were supported to always follow provider policies and procedures. Staff also had access to the referring NHS trust's policies and procedures should there be overlap of care.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had arrangements to identify, record and manage risks, issues and mitigating actions. The manager was knowledgeable about local risks and general risks that could affect all dialysis clinics.

Potential risks were considered when planning services. The risk register reflected this and contained risks about disruption to staffing, power failures and water supply problems.

Business continuity plans were easily accessible and appropriate.

The unit management team, in line with the provider, had set up actions for staff and patients to take to reduce the risk of COVID-19 transmission. This included a triage of every person who entered the building, including temperature checks as per Department of Health guidance. This was recorded and monitored.

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 clear and robust 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 plans and changes.

The service had arrangements to securely share information with relevant stakeholders regarding outcomes and changes to care provision for their patients. In addition, the service shared the electronic patient record with the referring trust ensuring that relevant information was shared in a timely and accurate way.

Engagement

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

There was evidence of regular engagement of patients in their treatment plans. We saw a strong focus on patient satisfaction through governance meeting minutes. Patient satisfaction surveys were scrutinised, with specific actions set to improve measures.

The provider engaged with staff through the staff survey. We saw a localised action plan to address specific areas of dissatisfaction.

We saw through meeting minutes an effective level of communication and engagement with other provider locations and at a multinational level.

We also saw through meeting minutes that the service had open dialogue pathways with the referring NHS trust.

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 were able to access support and training to support continued professional development.

The provider was using the unit, in conjunction with the local referring trust, to train patients who chose to undertake home dialysis. The competencies programme for the “shared care” pathway enabled patients to gain access to this programme if they were interested and suitable for this method of treatment.

The location was using artificial intelligence to support the delivery of care. This artificial intelligence analysis identified when issues with fistulas would occur. We were told this form of preventative care management was able to capture up to 80% of issues that could potentially occur and supported in identifying at risk patients.

The service used a treatment guidance system which sent prompts to professionals during care stages throughout the treatment service. This helped keep patients safe and minimised lapses in care.