

B. Braun Avitum UK Limited

Basingstoke Dialysis 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?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We 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.
- Staff assessed risks to patients, acted on them and kept good care records. They mostly managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always control infection risks well to prevent cross infection in line with policies and guidance.
- The service processes for checking emergency equipment was not always effective as expired resuscitation item was not replaced, and the resuscitation trolley was not maintained securely.
- The service did not always manage the Control of Substances Hazardous to Health (COSHH) well, as substances were not securely kept which may pose risks of unauthorised access by people.
- The service did not always maintain medicines safely.
- The clinical staff did not receive safeguarding training relevant to their roles.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	

Summary of findings

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Summary of this inspection

Background to Basingstoke Dialysis Unit

Basingstoke Dialysis unit is operated by B. Braun Avitum UK Limited. The service is situated in Basingstoke, Hampshire and provides a dialysis service under a contract with one of the local NHS trusts. All the patients are NHS funded. The service is nurse led and there are 24 dialysis stations. There are two rooms which can accommodate patients who required isolation if they are suspected of having an infection.

Basingstoke dialysis unit does not provide a service for people under 16 years. The dialysis unit operates Monday to Saturday and offers two sessions daily.

The provider is currently registered to provide the following regulated activity.

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

Under these regulated activities the service provided:

Haemodialysis.

The service had a registered manager in post at the time of the inspection.

Our inspection was unannounced (staff did not know we were coming). This is the first time we have inspected this service following their registration in 2020.

How we carried out this inspection

We carried out an unannounced inspection on 2 August 2022 using our comprehensive methodology, we inspected all key lines of enquiry. The inspection team consisted of a CQC lead inspector, another inspector and a specialist advisor with expertise in Dialysis.

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.

During the inspection visit, the inspection team:

- Assessed all areas of the clinic including treatment areas and waiting rooms.
- We reviewed the emergency equipment, specialist equipment including dialysis machines.

Summary of this inspection

- Spoke with nine patients, the registered manager, the responsible individual and six staff.
- Reviewed patients' care and treatment records including risk assessments.
- Looked at a range of policies, procedures, data we had received from the service and other documents relating to the running of the service.

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 that resuscitation equipment is always managed safely, and equipment used by the service provider for providing care or treatment to a service user is safe for such use. Regulation 12
- The service must ensure that the ambubag which had expired is replaced and available in an emergency. Regulation 12
- The service must ensure that staff follow effective infection control processes to minimise the risks of cross infection and hospital acquired infections. Regulation 12
- The service must ensure the Control of Substances Hazardous to Health (COSHH) is managed safely and securely in line with legislation. Regulation 12
- The service must ensure medicines are always maintained safely and securely. Accurate medicines records must be maintained following medicines administration. Regulation 12 (2)(g)

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

- The service should consider reviewing their emergency equipment checklist to gain assurance that all necessary checks are completed daily in line with the service procedures.
- The service should ensure that all clinical staff complete safeguarding training relevant to their roles. This should include mental capacity act and deprivation of liberty standards.
- The service should ensure that all staff are appraised, and plans are developed to support staff in their roles and development.
- The service should ensure that all patients records are kept securely.

Our findings

Overview of ratings

Our ratings for this location are:

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

Dialysis services

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

Are Dialysis services safe?

Requires Improvement 

Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. There was a detailed programme of mandatory training which staff completed when they joined the service.

The mandatory training was developed to meet the needs of patients and staff. All staff undertook sharps awareness training annually, as part of mandatory training schedule.

Managers monitored mandatory training 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.

The service had a safeguarding policy which had been updated in 2020. There were relevant internal and external contacts available to staff to raise a safeguarding concern including contacting the contracting trust for advice. Staff could describe what constituted an abuse and actions they would take. Staff told us they would contact the registered manager with any safeguarding concerns, and this would be addressed.

Clinical staff receive had completed basic training on how to recognise and report abuse. Managers told us that all staff including clinicians had completed safeguarding at level 1 including the registered manager. *The intercollegiate Adult Safeguarding: Roles and Competencies for Health Care Staff 2018-* Level 2: All practitioners who have regular contact with patients, their families or carers, or the public.

Following the inspection, the registered manager had told us the provider was looking into the safeguarding level training for all clinical staff. The intercollegiate guidelines noted that adult safeguarding competencies should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans and three yearly refresher training.

Dialysis services

Cleanliness, infection control and hygiene

The service mostly 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. However, staff did not always follow effective infection control guidance and practices putting patients at risk of infection.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff cleaned equipment after patient contact and the treatment area was cleaned and set up prior to the start of the next dialysis session.

Some staff did not always follow effective infection control procedures when providing care and treatment such as when connecting and disconnecting patients from the dialysis machines. Staff were required to use the 'aseptic non touch technique' (ANTT) to prevent the transmission of infection to patients' access site. We observed 11 episodes of care where this technique was used. We found some staff did not consistently follow the principles of ANTT which increased the risk of infection transmission. We also observed on one occasion when PPE was not changed in between patients when undertaking an aseptic procedure. Some staff did not always follow effective handwashing procedures which may increase the risks of cross infection. This was raised with the registered persons at the time of the inspection.

The service infection control audit data for hand hygiene and ANTT showed an average of 96-97% compliance. In the last twelve months prior to the inspection, the service had declared two cases of bacteraemia and no MRSA.

Staff followed infection control principles such as the use of personal protective equipment (PPE). The service carried a good stock of PPE and disposable sheets and pillowcases for patients' couches and beds.

Staff assessed patients to identify and treat dialysis access site infections. Staff completed individual assessments at each dialysis session to assess patients' access points and records were maintained. Staff escalated any concerns to the referring consultants and trust's renal unit.

The registered manager and staff members confirmed there was no one receiving treatment currently with a blood-borne virus (BBV). There were procedures which were followed for patients who had returned from holiday from an area with a high infection risk and those with BBV. Patients would be dialysed in isolation rooms using a dedicated dialysis machine.

The dialysis machines had built-in decontamination processes that were part of the dialysis cycle. Infection control procedures were followed, and all equipment were cleaned in between patients.

The service did not dialyse any patient who were COVID positive during the pandemic, as they were sent to the contracting trust for treatment in line with local agreement. The service has now started treating patients who test positive to COVID. Everyone attending the unit, including patients, visitors and staff had their temperature taken on arrival. This was recorded which included a declaration of any symptoms of COVID or recent contact with someone who had tested positive.

Patients had weekly lateral flow tests on Mondays and Tuesdays prior to treatment. The unit had two isolation rooms which could be used when dialysing patients with an infection, or if they were at risk of carrying an infection.

The provider had developed guidelines and staff followed their pathway for patients who tested positive for COVID 19, and they were dialysed in the isolation room or bays.

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Staff were aware and followed their procedures of disinfecting the isolation room and equipment to reduce the risk of cross infection. All the isolation rooms were fitted with handwashing facilities and equipped with adequate PPE to reduce the incidence of cross infection.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly, and records were maintained.

Patients were assessed for blood borne viruses such as Methicillin-resistant *Staphylococcus aureus* (MRSA), Methicillin-sensitive *Staphylococcus aureus* (MSSA) and Hepatitis B and C prior to admission for dialysis.

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. The unit had adequate number of rooms for private discussions and treatment to be provided. There was sufficient space within each treatment station to allow curtains to be easily drawn whenever required.

The service did not always manage substances that were hazardous to health safely and in line with Control of Substances Hazardous to Health (COSHH) Regulation 2002. Door to cupboard which contained COSHH materials was unlocked which may pose a risk of access by unauthorised persons.

The service had some mobile air conditioning system for patient's comfort during the heatwave. Patients told us the air conditioning had been out of service for three months and they felt the current facility was not effective, as they were in the unit for four hours.

Staff carried out daily safety checks of specialist equipment. This included the resuscitation trolley, suction machine and oxygen. The resuscitation trolley was not secure at the time of the inspection which posed risk of unauthorised access to emergency equipment. We noted the ambubag had also expired in July 2022.

There were some gaps in the daily checklist which may impact negatively, as the necessary checks had not been completed in line with the service local policy. We raised these with the registered manager for action to be taken. Staff reviewed the resuscitation trolley, and a tamper evident tag was attached to the resuscitation trolley during the inspection.

The dialysis machines had alarms to alert staff to any equipment failure. This alerted staff to any variances from pre-set operating parameters, such as trapped lines, dislodged needles or low blood pressure.

The service had suitable facilities to meet the needs of patients' families. There was a large reception area which was monitored and had restricted access to the unit for the safety of staff and patients. There was an easy access from the waiting area to the patient treatment area for the convenient arrival and departure of patients and family. There was a separate access for patients who had an infection, and they were treated in the isolation rooms or bays.

The service had enough suitable equipment to help them to safely care for patients. There were 24 dialysis stations to enable provision of effective service. The service had a detailed programme for servicing of all equipment. The team carried out scheduled safety testing of appliances and completed the register on site. The servicing schedule was

Dialysis services

monitored and included any equipment which was out of use or awaiting repair, equipment was labelled to prevent accidental use. Staff managed routine disposable stock 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 monitored daily.

Staff disposed of clinical waste safely. The service had developed an action plan to ensure they did not hold excess general/clinical waste. This included daily collection if the unit was treating COVID positive cases. Staff managed and disposed of clinical and non-clinical waste safely in designated bins. Clinical waste was kept in an area outside the unit, and this was locked. Sharp bins were on wheels, these were assembled and available next to the dialysis stations and sharps were disposed of safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health. Patients' records showed that an assessment of the patients was completed pre and post dialysis. The service monitored adverse patient occurrence (APO) which included hypotension, shortened treatment time and emergency transfer.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service followed their process and assessed patients with conditions such as COVID and Hepatitis B, strict measures were followed if such a condition was identified.

The multidisciplinary team were involved in completing patient risk assessments, so all aspects of care and treatment were considered.

Staff knew about and dealt with any specific risk issues such as reporting sepsis, blood clots, falls and pressure ulcers. They also recorded and managed fistulas and access lines accordingly. Staff engaged well with patients and shared information about fluids, weight and importance of applying pressure to prevent bleeding from access points. Information was shared with patients and were discouraged to walk with socks on to reduce the risk of fall.

Most of the staff had completed sepsis training as managers said this had recently been introduced. Sepsis training was aligned to recognition and management of sepsis in dialysis patients. This included a risk assessment tool to identify level of risks and actions required. The service had introduced the national early warning score 2 (NEWS2) system to monitor deteriorating patients. Manager said this would be used for any suspected sepsis.

The team undertook a daily handover at the start of their shifts and patients' treatment plans were discussed, any changes and actions which needed to be completed such as specific blood tests.

Policy and procedures had been developed which included complications, reactions and other clinical event and pathways for staff to follow if patients became unwell. Such events included anaphylaxis, catheter dislodgement, cardiac arrest. Risks assessments had been completed and policy reviewed for needle stick injuries.

Staff shared key information to keep patients safe when handing over their care to others and documentations were completed to maintain continuity of care.

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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. Staff rotas were planned, and the number of nurses and healthcare assistants matched the planned numbers. The registered manager worked clinically to make up the registered nurse numbers and support the team.

Managers calculated and reviewed the number and grade of nurses, renal associates and healthcare assistants needed for each shift in accordance with national guidance. The unit was staffed on 1:4 ratio of registered nurse to patients as agreed with the contracting trust. There were some vacancies, and this had been recruited into and new staff were due to start in September 2022.

The service had three staff members who had been seconded from another unit to provide registered nurse cover which the manager said would provide stability and continuity of care. Patients told us some long-term staff had left recently and this had been unsettling as they had different staff providing care. They were aware of the staff who had been seconded to the unit and felt this was a better arrangement.

The manager could adjust staffing levels daily according to the needs of patients. The number of nurses, renal associates and healthcare assistants matched the planned numbers and the manager monitored this to ensure safe care delivery.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure agency staff had a full induction and understood the service. The manager told us they had a pool of agency staff who had been trained by the service to provide dialysis. New staff were allocated a buddy and there was a robust induction process which was followed, and staff had their competency assessed and signed off before providing dialysis care independently.

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. The service could access medical staff at the contracting trust to keep patients safe.

Consultants ran clinics twice a month to review patients' needs and conduct assessments. Renal consultants from the contracting NHS trust could be contacted at short notice and were available to support the delivery of safe care and clinical decision making. Staff told us they were responsive and provided support as needed.

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. All records were in paper formats, these contained details of care including risk assessments and observations recorded during dialysis treatment.

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When patients transferred to a new team, there were no delays in staff accessing their records. Staff said records were transferred between the contracting trust and new patients' records were delivered to the service before care could be provided.

Records were mostly stored securely. These were kept in large cabinets and some of it were locked, however keys to the record cabinets were left in the lock which did not make them secure and not in line with data protection guidance.

Managers had completed a small audit of six patients' records for quarter one and two and achieved 90- 100% compliance.

Medicines

The service mostly used systems and processes to safely prescribe, administer, record and store medicines. Not all medicines records were fully completed.

Staff followed systems and processes to prescribe and administer medicines. All the patients' prescriptions were raised at the time of referral and start of dialysis treatment. Consultants reviewed medicines regularly and any changes were shared with the patients' GP. Staff could access pharmacy support from the contracting trust as needed.

However, staff did not always complete medicines records accurately and kept them up-to date. These included anticoagulants which were not always signed for following administration. We brought this to the attention of the manager during the inspection for actions to be taken.

The clean utility room which also contained medicines was not maintained securely as the door to the room was propped open. This posed risks of unauthorised access to medicines.

Oxygen cylinders were maintained safely in upright position and in designated holders, staff carried out regular checks to ensure they were in date.

Staff checked prior to administering medicines to ensure medicines were administered safely. Staff followed national guidance to check patients had the correct medicines when they were admitted for treatment.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff understood medicines commonly used, such as anticoagulants. This enabled them to advise and support patients.

Staff ensured medication required when initiating haemodialysis such as anti-coagulants were administered in a timely manner. They followed their internal procedures and carried out double staff checks prior to administration.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff used their internal process to report incidents, and they told us they were confident to do so as the trust promoted a no blame culture. Staff told us that the service was a supportive environment in which all staff were encouraged to report incidents and felt they would receive support from peers and management

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Staff raised concerns and reported incidents and near misses in line with the service's policy. Managers investigated incidents and we found lessons learnt were shared with the team and wider service. We reviewed two incidents which showed managers had followed these up to ensure that appropriate actions were taken prior to closing the reports.

The service had no never events. Managers were aware of their responsibilities and actions they needed to take and informing the relevant people including the Care Quality Commission.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. Staff said they were confident to raise any incident and safety concerns with the manager or senior team leaders.

The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of "certain notifiable safety incidents" and provide them with reasonable support.

Are Dialysis services effective?

Good 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

The service had treatment protocols and followed up-to-date policies to plan and deliver care according to best practice and Renal association guidance. This included National Institute for Health and Care Excellence (NICE) and Renal association guidance for monitoring and maintaining vascular access for haemodialysis.

Staff followed guidelines for '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.

The service had developed a pre- cannulation assessment and scoring tool for AVF and AVG which staff completed at the start of every session before cannulation. Other guidelines included management of blood- borne viruses, nutrition, anaemia and water treatment facilities and dialysis fluid quality.

Patients with chronic kidney failure who were on established dialysis programmes had a functioning arteriovenous fistula in line with (NICE) Quality Standard 72 statement 4. Continuous monitoring by the dialysis machine meant that nurses were alerted by a machine alarm to any potential issues that could relate to poorly functioning fistula.

Staff followed clinical Practice Guideline (2018) Management of Blood Borne Viruses within the Haemodialysis Unit. Staff were aware of the risks and procedures followed to deliver safe care.

Patients with minimal residual function were dialysed for a minimum of 12 hours per week/ three times per week in line with Renal association guidelines.

Policy and procedures had been developed for the recognition and management of sepsis which was in line with National Institute for Health and Care Excellence (NICE) NG5.

Dialysis services

Renal Association guidelines were followed for the management of 'life-threatening' haemorrhage from arteriovenous (AV) fistula and AV grafts.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. The unit offered patients a hot drink and a biscuit during dialysis, and they could choose to bring in a snack to eat during their treatment.

Patients were referred for dietitian support and said they received good support from the local NHS trust, who offered advice on diet and fluids. A patient told us they had received advice and support on weight loss. This had a positive impact on their health and wellbeing after losing a considerable amount of weight. Additional support was available if needed from the link nurse at the trust. The dietitian had resumed visiting the service since July 2022, as this had been paused during the pandemic.

There was a variety of information which was available at the service on maintaining a healthy diet, food to avoid including food allergy and coping with fluid restrictions.

Pain relief

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

Patients had their pain assessed as part of their initial assessment and treatment plan devised as needed with the involvement of the nephrologists to manage any pain. Pain was assessed during needling insertions and local anaesthetic creams/sprays were offered to manage pain.

Staff checked that patients were comfortable during treatment and patients mostly self-medicated on their pain tablets as needed.

Patient outcomes

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

The service participated in relevant national clinical audits. The unit contributed patient outcome data to the Renal Registry, however the data was part of the contracting trust total patients' data. This meant that the unit could not identify its performance and benchmark themselves against other providers.

The National Kidney Foundation guidelines specify patients should receive at least 12 hours of treatment per week to maximise effectiveness. There were two patients who were currently receiving two three hours sessions of haemodialysis per week. This had been agreed with the consultant nephrologist to manage patient's non-compliance.

The clinic produced monthly reports on patient outcomes for internal review and sharing with the hospital. The latest data provided by the service showed 233 patients had an arteriovenous fistula (AVF). There were 36 patients with an arteriovenous graft (AVG). The Renal Association standard for the proportion of patients with an AVF or AVG is 80%. The service had a higher proportion of patients with a CVC at 294.

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The unit reported on this data monthly as part of their quality monitoring programme. There was no waiting list for dialysis at the unit as the patients were referred from the contracting trust. The unit reported 8 out of 52 patients experienced a collection delay over the three months to February.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The consultants and staff used the results to improve patients' outcomes. The service had a multidisciplinary approach to fluid assessment, which looked at the patients target weight, fluid gain and over-hydration.

Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits. Audits included did not attend, line infections such as AVF and CVC, transport delays and they took actions to mitigate risks as identified.

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 completed competency assessments in the use of equipment and all the dialysis machines were of the same type, to support consistent practices. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff completed both mandatory training and competencies that were tailored to their specific roles.

The process for supporting staff to develop through yearly, constructive appraisals of their work was not fully developed. The unit had a clinical educator who supported the learning and development needs of staff.

Managers gave all new staff a full induction tailored to their role when they joined the service. This included practical assessment and dialysis machine competency assessments to promote safe care. Both were undertaken as one off at the time of the induction. The service did not undertake reviews of staff's competencies to look at their ongoing skills and competencies. The staff performance management schedule showed all new starters would complete a review after six months. However, the schedule did not demonstrate the staff appraisals for year end 2021 and any planned mid and end year reviews for the other staff in 2022.

Managers confirmed staff received any specialist training for their role and this included support with personal development plan to maintain their registration with the nursing and midwifery council (NMC). This included basic renal care and complications such as hypotension, and electrolytes imbalance which contributed to 20 hrs. CPD which was completed by all staff.

Staff had some opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Two staff members had completed the "shared care" programme, and the service had developed the renal associate role and staff were supported by the service practice educators and a competency based assessment.

Healthcare assistants were supported in developing their roles through the quality credit framework (QCF) and in house training in setting up the dialysis stations and equipment.

Multidisciplinary working

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

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Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The registered manager attended regular meetings with the trust which included two regular consultants and dietitian.

Patients could see the health professionals involved in their care. Consultants could refer patients and they had access to psychology support and other healthcare professionals as needed

Seven-day services

The service did not provide a seven day service

The service operated Monday to Saturday between 07:00 to 18:30. This information was available on the service website. Patients received dialysis treatment were allocated morning or afternoon slots and they kept to these timings.

Staff could call for support from consultants and dietitians and they provided advice and support as needed. The patients had clear information about who to contact if they needed help and support out of these hours including emergency access.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patients' areas. Information included food high in iron, coping with fluid restriction, maintaining adequate fluid balance and preventing dehydration.

Staff assessed patient's health when they were admitted for treatment and provided support for any individual needs to live a healthier lifestyle, exercise and weight management. This included referral to the dietitian and relevant allied healthcare professionals.

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.

Clinical staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Managers told us mental capacity and deprivation of liberty were part of safeguarding training.

Staff mostly understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff were not able to explain the best interest process and said they would ask their relatives to make decisions for the patients. Staff told us they would seek advice on Mental Capacity Act, and they would speak to the manager if patients refused treatment.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We observed staff gained verbal consents of patients prior to providing any care or treatment. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Dialysis services

Are Dialysis services caring?

Good 

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.

Patients said staff treated them well and with kindness. Patients told us staff were understanding when the treatment made them 'feel worn out'.

Staff followed policy to keep patient care and treatment confidential as they had access to other rooms for private conversation and support patients.

Staff understood and respected the individual needs of each patient. Managers sourced additional equipment and facilities which included larger dialysis chairs, pressure relieving equipment and hospital beds as appropriate to ensure patients' comfort and meet their needs.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff facilitated any referrals to consultants and other health care professionals; patients had the support of counsellors as needed.

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. They encouraged people to continue their treatment and provided information to support them to live well and understand their conditions. Patients had developed good rapport with staff and told us they felt it was easy to talk to the staff.

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

The patient satisfaction survey showed patients had a high degree of satisfaction about their care, and involvement in their treatment.

Staff supported patients and their families and made reasonable adjustments to ensure they continue to receive appropriate treatment and maintain their health and wellbeing. Staff worked with patients in promoting 'shared care' and giving patients the choice of having control of their care and treatment.

Are Dialysis services responsive?

Dialysis services

Good 

Managers planned and organised services, so they met the changing needs of the local population. The unit provided haemodialysis to patients under a service level agreement with a local NHS trust. Haemodialysis is a treatment for end stage renal failure where the function of the kidneys to remove substances from the blood is replaced using a haemodialysis (dialysis) machine

The service minimised the number of times patients needed to attend the service, by ensuring patients had access to the required staff and tests. Patients had routine blood tests which were carried out monthly over two days to coincide with when patients attended for their dialysis treatment.

Dialysis was carried out in mixed bays as long-term patients had allocated stations when they attended for treatment. Patients were comfortable with this arrangement and did not raise any concerns when we spoke to them.

Facilities and premises were appropriate for the services being delivered. The service had systems to help care for patients in need of additional support or specialist intervention. There was a service level agreement for the transfer of patients to the contracting trust so they could be treated and continue with their dialysis.

Managers monitored and took action to minimise missed appointments. The service monitored all missed appointments and took necessary actions including informing the consultants.

Managers ensured that patients who did not attend appointments were contacted. Staff followed their procedure and immediately contacted all patients if they missed their planned treatment.

Meeting people's individual needs

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

The unit met the recommended practice for haemodialysis facilities: Health Building Note 07-01: Satellite dialysis unit. The service was located on the ground floor with dedicated entrances including a separate entrance for people who had tested positive to COVID. The service was easily accessible for patients and their families with limited mobilities and wheelchairs users. There were some parking spaces available, including dedicated disabled parking.

The service coordinated patients care with the contracting trust ensuring patients' needs were met. They worked closely with the local ambulance trust and raised patients concerns regarding delays which could affect patients' treatment.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Patients had access to a variety of information leaflets which were all in English. Managers confirmed this would be available in other languages other on request. NHS England guidance stipulates arrangements should be made to meet patients' communication needs in languages other than English to providing optimal patient care. Working with language interpreters and translators can reduce communication barriers between practitioner and patient as it improves safety with respect to diagnosis and treatment.

Dialysis services

Managers made sure staff, and patients, and carers could get help from interpreters or signers and used written words as required. Patients had access to an interpreting service from the contracting trust, although staff said this was rarely needed.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

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

The service had a robust process for monitoring their Did Not Attend (DNA). Between October to December 2021, the service recorded 252 DNA. The most common reasons for DNA were patients admitted as inpatient or day cases in hospitals or were too unwell to attend for dialysis treatment.

Patients who failed to attend were followed up and managers made sure they were offered a dialysis session as soon as possible if they had a free space. They also liaised with the contracting trust to try and accommodate the patients. Staff emailed the consultants of all DNA to ensure appropriate actions were taken.

Patients told us they did not have to wait long when they arrived at the unit, and their appointment usually ran on time.

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.

Patients who had their treatment cancelled due to transport issues for example were offered another appointment the same day if they had an empty station or as soon as possible. Managers told us they had regular discussion with the ambulance trust regarding transport delays which resulted in patient's missed dialysis treatment.

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. Patients told us they were confident to raise any concerns with the manager and staff and felt this would be addressed.

The service clearly displayed information about how to raise a concern in patient areas. Patients were aware of this and said they usually raise any concerns verbally and resolved quickly. Patients said they had raised their concerns about the air conditioning system which had been out of use for three months. The service had placed some mobile air conditioning units in the interim.

Staff understood the policy on complaints and knew how to handle them. Any verbal concerns or complaints were addressed by staff and raised with the unit manager as needed. The unit manager was responsible to investigate all complaints and escalated them to the head office as appropriate.

Dialysis services

Managers investigated complaints and identified themes and the outcome, and any learning was shared with the team. Managers had developed action plans following concerns raised such as cleanliness of communal facilities, agency staffing. A pool of agency staffing had been introduced and they had been supported with training, updates and handover. Staff could give examples of how they used patient feedback to improve daily practice.

Are Dialysis services well-led?

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.

There was a clear leadership structure from senior management to unit level. The senior leadership team consisted of the supervisory, group boards and executive committee. At local level the operation manager had overall responsibility for the local team and other supports included the quality manager, senior practice development nurse and registered manager. There was a vacancy for a practice development nurse and recruitment for this post was ongoing.

The senior leadership team met monthly and had a rotating focus for their meetings. The provider had developed several ways of ensuring that quality of care is maintained, and improvement plans instigated to address and deficiencies. There was an action plan was updated at each meeting and progress against action plans were reviewed.

Feedback from audits, incidents report and any adverse patients' incidents were collated and shared with the unit manager monthly by the quality team to be disseminated to staff and actions taken.

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.

The provider had developed their vision and strategy which was shared with the staff. This set out the strategic objectives, which included improvements in quality of care and patient experience, supporting and developing staff. Staff vision was to provide excellent care and supporting patients in their care and treatment.

The service vision- To protect and improve health of people and their mission statement included developing effective solutions and guiding standards for health care. This would be achieved by constructive dialogue with partners and those using services. Also, by continuing to work with the local trusts in providing dialysis service to meet the needs of the local population.

Managers spoke about developing the service for people and use of the first floor which was vacant. The provider was committed in development of innovative practices and sustainability of the service.

Dialysis services

Culture

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

The dialysis unit had an open and inclusive culture where people said they were valued and treated with integrity and compassion. Staff were positive about their work and support they received from the unit manager. They were focused on the needs of the patients' ensuring patients were partners in their care.

The service operated an open door policy and staff were confident in raising any concerns and felt valued and well supported in their roles.

Patients felt comfortable in raising any concerns with staff and managers and were confident they would be listened to. The service had a diverse team and staff were supported in career development at all levels.

Staff understood the Duty of Candour under the Health and Social Care Act (Regulated Activities Regulations) 2014. They said they worked together to be open and honest with patients and their families when things went wrong and were confident in initiating this.

The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify women (or other relevant persons) of "certain notifiable safety incidents" and provide them with reasonable support.

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 and processes to support the delivery of a quality service. The unit manager was supported by the operation manager and reported directly to the senior leadership team with clear lines of escalation in place.

The governance was made up of the supervisory and group boards with executive and non- executive members. The general management consisted among others, the clinical nurse director, head of renal provider services, business improvement manager and patient advocate. The operation manager was responsible for the unit and clinics managers, clinical and non- clinical quality managers and practice development staff. They all met quarterly and contributed to the overall governance of the service.

There were planned quarterly clinical governance meetings where the results from clinical audits, incidents, complaints and patient feedback were shared with staff. Minutes of this year's meeting in June 2022 showed incidents were reviewed and monitored.

There was a programme for reviewing and updating policies and procedures. The unit maintained a folder of policies and procedures, it contained different versions of same policies which may be confusing for staff. The service used some of their own policies and some from the contracting trust. This resulted in some inconsistency on how certain procedures were carried out. Managers told us they would be following this up and develop mitigating actions.

Dialysis services

The unit undertook monthly audits using their internal information system and submitted to the quality team for oversight. The audits were wide ranging and included infections, water quality, haemodialysis key performance indicators. A comparative clinical audit was conducted quarterly and discussed at the senior management meeting. Quality team shared audits outcomes monthly with senior management team which included the managing director, the unit Nephrologist and operation manager.

Managers shared learning from incidents, audits and other quality improvement initiatives with staff at handovers and staff meetings.

Staff completed their online form for any adverse patient occurrence (APO) which included any adverse reaction to treatment. The quality team reviewed the APO and copies were maintained at the dialysis unit. The quality team provided feedback to staff in their monthly centre report. The unit manager was responsible for any actions and ensured all staff received the information.

Arrangements with third party providers were managed effectively to encourage appropriate interaction and promote coordinated person-centred care. Staff at the service worked well with the contracting trust and attended monthly meetings to monitor performance and share information. The unit manager was responsible for discussing the results with the trust consultant monthly.

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 clinic had developed a detailed contingency plan which detailed on how to manage a range of potential emergency incidents. These included instructions for site evacuation and emergency contact numbers.

The plan also covered prevention plans for loss of IT and power. The dialysis machines had automatic backup systems, which gave staff 15 minutes to disconnect if there was a power failure. Other events covered by the plan included fire, utilities leaks and the impact of adverse weather.

For water treatment plant failure, the unit had contingency plans to dialyse patients at contracting trust, following liaison with trust consultants and patients. They also had the facility of transferring to a mobile water unit. Other actions included-

- Discuss and assess urgency of dialysis for patients on shift with Unit Consultant.
- Coordinate transport arrangements to allow for the delay.
- Coordinate a planning brief with unit manager and Consultant to review next actions to be undertaken
- Agree final list of risk patients where dialysis is required to resume and transfer out to other care areas is required

Clinical risk assessment for each patient would be initiated to assess fluid status, review of service provision considering non dialysis days and weekends as appropriate. The local unit had a three day emergency stock on site as contingency and a six week emergency stock at central office.

The service has a local risk register which was regularly reviewed. The risk register followed a traffic light scoring system and risk assessment had been developed to mitigate risks. There was a process of continuous review from monthly, quarterly and yearly.

Dialysis services

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service had developed processes and audits to support staff in collecting reliable data and analysing it and staff had access to this.

Staff conducted monthly audits and the findings were collated and compared to enable improvement. Audits results were accessible and discussed to promote learning.

Staff could access patient records appropriate to their needs and procedures being completed. Computers were password protected and locked when not in use these were not accessible to patients.

The registered manager was aware of its responsibilities in submitting data notifications to external bodies, including the CQC as required by law.

The service was registered with ISO 9001 quality management and principles included a strong customer focus and a drive for continual improvement.

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.

The service actively engaged patients, so their views were reflected in the development and delivery of services. The managers and operation lead worked closely with the staff. The latest patient satisfaction from October 2021 demonstrated a high degree of satisfaction regarding the care and support patients received at the service.

The outcome of the survey was displayed at the service. Managers had developed an action plan in response to the issues raised in the survey. This included developing information booklets which would be distributed to all current patients. A copy will also be included in the information pack for all new patients. With regards to transport issues, the registered manager continues to raise this with the ambulance trust.

Manager told us that the senior leadership teams were aware of the survey results and were actively working to improve the welfare and well-being of the staff and patients.

The unit manager held regular team meetings which followed a structured format and topics included audits and outcomes, complaints and feedback, risks and incidents. Staff were given an opportunity to raise any other business issues. Staff received regular communication and updates to detail any issues and improvements in the service.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Dialysis services

- The service was working towards developing a process of 'shared care'. This meant patients were empowered to manage some aspects of their dialysis independently such as taking their own blood pressure, connecting and disconnecting from the dialysis machines. Two staff had completed specific training to support the patients. There was a low intake for 'shared care' and staff told us there were continuing to work with patients to develop this.
- Following evaluation of B. Braun DialogiQ with BioLogicFusion which was compared to standard dialysis. Managers told us they had introduced this system in June 2022. The biofeedback system aims to prevent hypotension by monitoring systolic blood pressure and relative blood volume to control ultrafiltration rates during dialysis.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The service must ensure that resuscitation equipment is always managed safely, and equipment used by the service provider for providing care or treatment to service users is safe for such use.• The service must ensure that the ambubag which had expired is replaced and available in an emergency.• The service must ensure that staff follow effective infection control processes to minimise the risks of cross infection and hospital acquired infections.• The service must ensure the Control of Substances Hazardous to Health (COSHH) is managed safely and securely in line with legislation.• The service must ensure medicines are always maintained safely and securely. Accurate medicines records must be maintained following medicines administration. Regulation 12 (2) (g)