

Renal Services (UK) Limited

Renal Services (UK) Ltd - Gateshead

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


- The service had enough staff to care for patients and keep them safe. Permanent 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. The service managed safety incidents and learned lessons from them.
- Staff provided good care and treatment. Staff worked well together for the benefit of patients and supported them to make decisions about their care. 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.
- The service planned care to meet the needs of local people, took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long to access treatment at the service.
- 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.

However:

- While there were risk assessments in place, we found these had not been updated within their recommended timescales. No up to date fire risk assessment was in place and fire drills had not been undertaken within the last year.
- Policies available to staff on site had not been updated within their recommended timescales. Not all policies were comprehensive or included reference to relevant guidance or local information.
- The leadership structure at the service was not always clear.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	We rated the service good overall. See overall summary for more information.

Summary of findings

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Summary of this inspection

Background to Renal Services (UK) Ltd - Gateshead

Renal Services Ltd (UK) – Gateshead is operated by Renal Services Ltd (UK). The service opened in February 2019. It is a private clinic in Gateshead. The service is commissioned by a local NHS trust for the provision of outpatient renal dialysis to their patients in the Gateshead area.

The service had 12 dialysis stations and offered two shifts six days a week.

The regional manager was the CQC registered manager.

The service is registered with the CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury.

How we carried out this inspection

During the inspection, the team visited the unit and looked at the quality of the environment and observed how staff were caring for patients. They spoke with members of staff including the registered manager and nursing staff. They spoke with patients who used the service, reviewed care and treatment records. They also looked at a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **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 risk assessments that maximise patient safety are updated within recommended timeframes and recommendations within these are followed promptly. (Regulation 15).
- The provider must ensure safeguarding policies and practice reflects up to date and relevant guidance. (Regulation 13).

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

- The service should ensure quality assurance audits are effectively used to identify issues and these are addressed.
- The service should ensure all staff including those that are not permanent are up to date with mandatory training.
- The service should consider processes to identify local staff survey results and ensure actions are taken to address these.

Summary of this inspection

- The service should ensure there is accessible evidence to demonstrate that recruitment practices are in line with policy.

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.

Staff received mandatory training. The service used on-line training to ensure their essential knowledge was current. New staff were required to complete training on induction which included competencies specific to their role.

Training compliance information was available to allow the registered manager to have oversight and monitor completion. At the time of our inspection, mandatory training compliance rates for permanent staff were 87% and 100% for bank staff.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Policies were in place, but these did not always include references to relevant guidance or contact details.

Staff received training specific for their role on how to recognise and report abuse. All permanent staff had completed level 3 safeguarding children and vulnerable adults. Bank staff had completed level 2 children and vulnerable adult training.

Staff knew how to raise concerns in relation to safeguarding and who to inform if they had concerns. The service had a safeguarding policy; however this did not include references to relevant guidance such as the Royal College of Nursing's Adult Safeguarding: Roles and competencies for Health Care Staff. The policy also referred to contacting a local authority that wasn't where the service was based.

The provider followed the recruitment policy when employing new staff which included disclosure and barring service checks and following up on references. However, staff files we reviewed did not include copies of this information.

Cleanliness, infection control and hygiene

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

Dialysis services

Ward areas were clean and had suitable furnishings which were clean and well-maintained. We observed staff cleaning equipment before and after dialysis and observed good standards of cleanliness on the unit. A monthly cleaning audit was undertaken by staff at the service and a 'Bug Buster' infection prevention control audit was completed by the regional manager. The frequency of this was determined by the outcome. The November 2021 audit showed compliance at 91%, however areas identified as non-compliant at the May audit were still outstanding in November.

Staff followed infection control principles including the use of personal protective equipment (PPE). Arrangements were in place to reduce the risk of COVID-19 infection including temperature checks on admission to the unit.

Patients were encouraged to follow recommendations for vaccinations and the vaccination status of patients was monitored. At the time of the inspection over 90% of patients had received three COVID-19 vaccinations. Staff from the commissioning NHS trust supported the service and had visited to provide staff and patients with the flu vaccination.

Patients and staff were tested for COVID-19 on a weekly basis. There were arrangements in place with the commissioning NHS Trust for dialysis in the event of a patient testing positive.

Staff were observed using PPE appropriately. This included wearing face masks at all times and visors, aprons and gloves when providing direct patient care.

Hand hygiene audits were carried out on a monthly basis and we observed staff washing hands and using hand gel appropriately.

There were processes in place for regular screening for infections. Patients were routinely screened for blood borne viruses such as hepatitis or HIV and there were arrangements to dialyse patients who tested positive in isolation using a dedicated dialysis machine.

Staff had regular competency assessments for the use of aseptic no touch techniques (ANTT) to reduce the risk of infections.

Staff cleaned equipment after patient contact. Dialysis machines were cleaned between each patient and at the end of each day. They followed manufacturer and infection control guidance for routine disinfection and single use lines were used and disposed of after treatment.

The service had a legionella risk assessment with regular actions to mitigate risk such as water testing, flushing of outlets and temperature monitoring. Staff carried out daily water tests.

All staff were up to date with infection prevention and control training.

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.

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

Dialysis services

There was enough space between dialysis stations to prevent the risk of cross-infection and ensure an appropriate degree of privacy. Privacy curtains were available for use when required. Two isolation rooms with viewing windows were available and accessible from the main dialysis area.

There were environmental risk assessments in place, including those to minimise the risk associated with fire. However, risk assessments were past their review date. The fire risk assessment was due for review in October, but this had not been completed. A risk assessment for the clinical area was due to be reviewed in January 2021. An external review had been completed in July 2020 however this had been undertaken virtually.

Fire risk assessments highlighted the need for fire drills every six months, documents we reviewed showed the last drill was been completed in November 2020. We viewed records of fire alarm checks and found these had been completed weekly since August 2021.

Staff carried out daily safety checks of specialist equipment. This included daily checks of the dialysis machines and water system, water testing and flushing of the water system. Water testing included a test of the water quality.

Resuscitation and emergency equipment were checked daily.

The service had enough suitable equipment to help them to safely care for patients. Renal Service UK technicians managed and maintained the dialysis machines, chairs and the water plant. The service had 14 dialysis machines which included two spare machines ready for use. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. Dialysis machines and medical devices were scheduled to be serviced annually. We saw evidence this had been completed.

The service had a dialysis replacement plan that was in line with Renal Association guidelines.

Staff reported they received adequate support from the maintenance technicians.

There were contracted arrangements for the maintenance of certain equipment within the unit by an external provider. This included annual calibration of medical devices. We saw medical devices such as a portable blood pressure monitor, suction machine and scales had been calibrated within the last year.

Dialysis chairs and beds were subject to annual maintenance, we saw evidence this had been completed.

Staff disposed of clinical waste safely. This was disposed of in yellow clinical waste sacks and contaminated sharps were disposed of in appropriate sharps containers. Clinical waste was safely stored in locked clinical waste bins. There was a contract in place for the bins to be emptied by a specialist clinical waste contractor.

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 used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff were trained in the recognition and treatment of sepsis and used the national early warning score (NEWS2) to help them identify deteriorating patients and all staff were trained in basic life support.

Dialysis services

Nursing staff were supported by senior medical staff at the commissioning NHS trust. If concerns were identified they could speak to the on-call renal registrar at any time or where available, the patient's consultant. If a patient needed further escalation the process was to call 999 and request an emergency ambulance to transfer patients to the nearest accident and emergency department.

Staff completed risk assessments for each patient and reviewed this regularly, including after any incident. Only clinically stable patients who were able to transfer independently were dialysed on the unit. Suitability for dialysis on the unit was agreed with a patient's renal consultant at the commissioning NHS trust. Individual risk assessments were used to identify the risk of falls, pressure sores, manual handling and pain. All patients had a personalised emergency evacuation plan.

Staff assessed patients' vascular access before and during treatment. Photographs were taken of vascular access in line with Renal Association guidelines as a baseline for monitoring. Observations of vital signs such as blood pressure and pulse were recorded before, during and after treatment. This included a lying and standing blood pressure after treatment to help reduce the risk of falls. Patients weighed themselves before treatment to help establish dialysis treatment for that session.

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.

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

At the time of the inspection there were no staff vacancies. The Registered Manager told us the service had four full time nurses, and one nurse going through pre employment checks. There were two full time associate practitioners and one full time healthcare assistant. In addition, there were bank staff working on the unit when required. Agency staff were not routinely used.

The service was supported by a Regional Manager who was also the Registered Manager (RM). The RM was not based at the location but supported remotely and visited.

Managers accurately calculated and reviewed the number and grade of nurses and support staff. The number of staff on shift matched the planned numbers.

Staffing ratios had been calculated based on patient dependency and in line with guidance from the Renal Workforce Strategy group, part of the British Renal Society.

Staff told us the number of qualified nursing staff on shift had recently been reduced from three to two. To ensure the service were able to meet the recommended guidance on staffing, Associate Practitioners were being upskilled and competency assessed to administer intravenous saline to enable them to care for patients with central venous catheters.

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

Dialysis services

The service had access to appropriate consultants who provided medical support to the clinic. They had access to an on-call renal registrar whenever the clinic was open. Staff reported consultants usually visited the unit on a monthly basis and aimed to review patients at least every three months, however patients told us they did not always see their consultant in person.

Consultants were available for advice and reviewed patient test results remotely. Staff told us medical support was easily accessible when required and we saw evidence of medical reviews in patient records.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Staff used both electronic and paper records. They included up-to-date risk assessments, clinical history and dialysis treatment sessions. Patient notes we reviewed all contained information that was clear and well set out.

Records were audited on a monthly basis and actions to ensure compliance to record keeping standard were highlighted and a completion date included once actioned. We reviewed three previous months audits and found compliance of 90% or over.

When patients transferred to a new team, there were no delays in staff accessing their records. The service had access to electronic prescriptions and biochemistry systems that were used by the commissioning NHS trust. This allowed updates to treatment to be made remotely by the consultants when required.

Letters completed following a review by a patient's consultant were sent to the unit and stored in the patient's paper record.

Records were stored securely. Electronic records were password protected and paper records were kept with the patient during treatment and stored in locked cabinets when not in use.

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. Medicines were stored securely and were administered by appropriately trained staff using individual prescriptions or patient specific directions (a written instruction from a prescriber to administer a specific medicine).

A medicines management policy was in place, but this was past its recommended review date. The policy did however highlight the requirements of nursing staff to follow professional standards for checking a patient's identification, before medicines were administered.

The service had support from a pharmacist at the commissioning NHS trust if this was needed. Staff told us the process for ordering medicine was being streamlined and becoming electronic. At the time of inspection orders needed to be done through the patient's consultant which could result in delays. The new system, developed by the commissioning NHS trust, would allow orders of medicines to be done electronically by nursing staff preventing any delays.

Dialysis services

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Medicines were locked securely in medicine cabinets and a medicines fridge within the clean utility room on the unit. All medicines and prescribing documents were stored securely on the unit.

Temperatures of fridges where medicines required cold storage were monitored daily and were within the expected range. The medicines management policy detailed actions to be taken if medicines fridges were outside of the required range and staff were aware of the action to take. Temperatures of the clean utility and storage rooms where medicine supplies were stored were monitored daily.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Safety alerts were shared with staff by email and discussed at meetings. We saw guidance around this recorded in staff meeting minutes where potentially relevant alerts were reviewed and discussed.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

All staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with provider policy. Permanent staff had access to the electronic reporting system, we saw that incidents had been reported by a range of staff. Bank staff did not have access to the reporting system but were not alone on the unit and reported incidents to the senior nurse on shift who would record the incident on the system.

Variances in prescribed and expected treatment were reported for each shift. This included incidents where treatment times were shortened through patient choice, where patients did not attend for treatment and where patients had symptoms of low blood pressure.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. Staff had a good understanding of the provider's duty of candour policy and were open and transparent with patients. Staff told us they were encouraged to acknowledge when things went wrong and explained this to patients. They offered apologies.

Managers investigated incidents thoroughly. Staff received feedback from investigation of incidents, both internal and external to the service. They met to discuss the feedback and look at improvements to patient care. Incidents and treatment variances were investigated and reviewed by senior staff at integrated governance meetings. Staff reported they received feedback on incidents reported.

There was evidence that changes had been made as a result of feedback. For example, as part of a routine review of incidents across the service an increase in reported patient falls was identified. This included falls on site and at home following treatment. It was identified this could be the result of changes in blood pressure during treatment resulting in the service implementing lying and standing blood pressure immediately following treatment.

Learning from variance reports included action to improve staff understanding and action relating to the assessment of patient weight prior to treatment and encouraging patients to complete their full dialysis times. Staff workshops were planned to address these areas.

Dialysis services

Are Dialysis services effective?

Good 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

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

Monitoring of compliance with guidance was through dialysis variance reports and audits of patient records. Staff monitored patients' blood results on a monthly basis in line with Renal Association guidelines to measure the effectiveness of treatment.

Nutrition and hydration

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

Staff encouraged patients to bring their own snacks into the unit during the pandemic. Hot and cold drinks were available and offered to patients during their treatment. The service was trialling different options for reintroducing a snack for patients to have during their treatment. Prior to the Covid-19 pandemic patients were offered toast.

Specialist support from staff such as dietitians was available for patients who needed it. Staff provided ongoing advice and support to patients and when necessary referred them to dietitians for more specialist input. Virtual consultations with dietitians were available along with telephone advice.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and supported them to relieve their pain as required. They supported those unable to communicate using suitable assessment tools.

Staff assessed patients' pain using a recognised tool and supported them to administer their own pain relief in line with individual needs and best practice. Patients were assessed on referral to the unit, which included an assessment of pain. There was no provision for the administration of pain relief by staff, therefore, patients were encouraged to bring medicines with them from home to self-administer. A visual pain assessment tool was used as part of the initial and ongoing assessment of patient need to help patients express the degree of pain they were in.

Patient outcomes

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

The service participated in relevant national clinical audits. The UK Renal Registry collects, analyses and reports data from renal centres to improve the care of patients with kidney disease in the UK. The unit's dialysis patients were part of the commissioning NHS trust's activity, clinic specific data was not available.

Dialysis services

Staff monitored the effectiveness of care and treatment in line with clinical standards. The clinic manager monitored clinical variance rates to identify where improvements could be made. Variances were reported in areas such as shortened dialysis times, did not attend (DNA) rates, patients over target weight (indicating excessive fluid) and poor line flow. Variance rates between August and October 2021 ranged between 5% and 6%. Results were discussed at governance and manager meetings and actions to improve were explored.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. New nurses on the unit were not required to have previous renal experience as full training and support was provided. Specialist training and competency assessments were part of the induction process. Structured training sessions and practical competency assessments included cannulation, intravenous administration, aseptic no touch technique and dialysis skills.

Managers supported staff to develop through yearly, constructive appraisals of their work. These included a review of competency and identified personalised development aims. Staff we spoke to said they had received an appraisal within the last year and staff files we reviewed confirmed this. Staff were encouraged to develop their competence and complete relevant specialist modules. Associate practitioners and healthcare assistants were supported to develop their skills including access management and dialysis competencies.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff told us there was good communication between managers and staff.

Multidisciplinary working

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

The clinic was nurse led where nurses provided prescribed treatments for patients who were under the management of a named consultant at the commissioning NHS trust.

Staff told us there were effective working relationships with staff at the commissioning NHS trust including doctors, specialist nurses and dietitians.

Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. This included providing reference materials and signposting to other services. Self-care was encouraged within the unit and we were told work was being done to promote this at Gateshead following a successful programme of increasing outcomes at a neighbouring unit.

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.

Dialysis services

Staff made sure patients consented to treatment based on all the information available. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff completed consent training and there were signed 'consent to treatment' forms held in patient files. These forms included consent for treatment and the sharing of information such as blood results. Patients also consented to the use of photographs for fistula management. Consent was reviewed on an annual basis.

Staff were required to complete Mental Capacity Act 2005 and Mental Health Act 2007 training.

Are Dialysis services caring?

Good 

We rated caring 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 listened to patients and allowed them time to prepare for treatment. We observed staff responding promptly to call bells and dialysis alarms. Trust patient reported experience measures (PREMs) included patients treated at the clinic. Results for communication and support were marginally higher than the national average.

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

Staff followed policy to keep patient care and treatment confidential. Staff maintained patients' privacy and dignity using privacy curtain during treatment. PREMs results for privacy and dignity were 6.6 compared with a national score of 6.47.

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

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 told us they had time to spend with patients and had a good understanding of their psychological and emotional needs. They would refer any concerns to the dialysis hub at the commissioning NHS trust where there were support services available.

A consultation room was available for private conversations.

Dialysis services

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. They spent time with patients explaining what they were doing and involving them in their treatment and care.

Staff supported patients to make informed decisions about their care. We saw discussions were had with patients on the results of blood tests.

Patients gave positive feedback about the service. Patient reported experience measures as part of the overall commissioning NHS trust's dialysis figures were positive and above the national average. Patients told us they felt supported by staff and that the atmosphere in the unit was positive.

Are Dialysis services responsive?

Good 

Service planning and delivery to meet the needs of the 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.

Managers planned and organised services, so they met the changing needs of the local population. The service was commissioned on behalf of patients who attended a local NHS trust. This was in response to the need for additional capacity to deliver renal dialysis in the local area. Patient numbers were agreed as part of a service level agreement. Patient referrals to the service were organised by the commissioning NHS trust.

The trust organised transport to and from dialysis sessions. Patients were dropped and collected at the entrance to the building. Those patients driving themselves were able to park within designated parking in the immediate vicinity. Staff and patients raised some concerns with the availability of transport more recently. Transport booking was the responsibility of the NHS trust.

During the pandemic patient transport was subject to risk assessments and adjustments made. Single transport was provided as a result, or where a larger vehicle enabled social distancing two patients could travel together.

Facilities and premises were appropriate for the services being delivered. The service was delivered from a purpose-adapted facility within a business park in Gateshead. The location had adequate parking spaces for patients choosing to drive themselves to treatment. The building was wheelchair accessible.

The nursing station provided good oversight of the unit. Dialysis chairs and beds were adjustable to support patient preference and comfort.

Managers monitored and took action to minimise missed appointments. This included on call arrangements for technician support in the event of system failures within the service.

Dialysis services

The service had a business continuity plan in place in the event of long delays or interruptions within the service. This included access to emergency support for water, electric and internet services. There were arrangements with other Renal Services (UK) Ltd services, and the local NHS trust should alternative dialysis arrangements be needed in the event of service disruption.

Managers ensured that patients who did not attend appointments were contacted. This included follow up and encouragement to attend for treatment. Staff were flexible and arranged rescheduled treatment sessions promptly when a session was missed. This included collaboration with the NHS trust to arrange additional dialysis sessions as needed.

Meeting people's individual needs

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

Staff made reasonable adjustments to help patients access services. The service was accessible to people using a wheelchair. They coordinated care with the NHS trust who commissioned their services. As a satellite dialysis unit patients referred were medically stable in line with the agreement with the trust. Patients with more complex needs or those who developed complex needs were dialysed at the trust's hub dialysis unit. Decisions on the appropriateness of patients dialysed by the service sat with the consultant.

Staff recognised that patients had choice around their treatment and care and had other commitments. They were flexible and supported patients to change scheduled treatment times as needed. Where available patients had a choice in the day and time of their dialysis.

Dialysis away from base was coordinated by the commissioning NHS trust. The service could accommodate patients at their other Renal Services (UK) locations if required.

Patients wishing to participate in their own care were supported to do so. Participation was based on patient choice and this was assessed on an ongoing basis.

Staff were trained in understanding dementia and were able to provide an example of the additional care they had provided to ensure patient safety.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had an accessible information standard policy in place. An assessment form was seen in patient records and any communication needs recorded.

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 made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had provided an average of 550 dialysis sessions per month in the last year. At the time of the inspection, the service had the capacity to take additional patients in all but one of their sessions. Referrals for treatment came from the patient's consultant. There were no patients on a waiting list for treatment at the service.

Dialysis services

Managers and staff worked to make sure patients did not stay longer than they needed to. They identified delays and took action to address them. This included providing feedback on transport issues and ensuring prompt maintenance repairs to systems where necessary.

Staff told us that patients were generally able to be rescheduled at short notice, including at the commissioning NHS trust if this was more appropriate. There were no reported cancellations of treatment at the service.

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.

There was a patient information leaflet with details of how to complain and when to expect a response. Information provided to patients included the process of escalation to senior staff if they remained dissatisfied.

Staff understood the policy on complaints and knew how to handle them. They were open and friendly and encouraged patients to raise concerns with them so they could be quickly addressed.

Managers investigated complaints and identified themes. The service had a complaints policy in place and staff said they would address any concerns straight away. If complaints were made these would be recorded on the incident reporting system. There had been no formal complaints raised within the last year.

Are Dialysis services well-led?

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.

The CQC registered manager was the regional manager. They had responsibility for seven individual units. At the time of the inspection the registered manager told us Renal Services (UK) were in the process of registering two new managers for locations within the region and therefore planned to reduce the number of sites they were RM for.

From speaking to staff, the leadership structure at the service was not always clear. The registered manager told us the day to day running was overseen by two junior sisters/ charge nurses and they hoped one would become the clinic and registered manager in the future.

The registered manager and junior sister on shift during the inspection were experienced renal nurses.

Staff told us the regional manager and other senior staff within the company were visible and approachable. A member of the corporate senior nurse team was available for support or advice via telephone or email. Senior staff within the commissioning NHS trust were also available for support with clinical decision making.

Dialysis services

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Renal Services (UK) Ltd were in the process of integrating with Davita International Group. Staff told us there had been several changes since the transition.

Strategic initiatives included the provision of integrated kidney care to help people better manage their kidney disease; and, developing solutions to transform healthcare for patients with kidney disease. There was a focus on caring for each other, including the community, patients and teams. They had a 'we care' behaviour philosophy - welcome, empathise, connect, actively listen, respect, encourage.

The unit had posters displaying the team motto which staff referred to.

Culture

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

Staff were positive about working at the service and there was a clear patient focus. Staff had completed equality and diversity training.

There were opportunities for career development and an internal development programme in place which included training staff and learning from services in other countries.

The service did not have a dedicated freedom to speak up guardian, however staff felt that they could raise concerns without fear. There was a compliance hotline in place, where staff could report concerns without having to go through their immediate management structure.

Governance

Leaders operated governance processes, throughout the service and with partner organisations. Staff had regular opportunities to meet, discuss and learn from the performance of the service.

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

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

Monthly clinic manager meetings were held with the head of nursing. Minutes showed that areas of governance and performance were reviewed. This included incidents, treatment variances, audits, safety alerts, risks, policies, training, health and safety, staff issues and company business. Clinic managers were responsible for sharing information with their teams in meetings on the unit or via email if staff were unable to attend. Minutes of monthly unit team meetings showed how information was shared from manager and governance meetings with all team members.

Dialysis services

Quality assurance audits were carried out on a monthly basis. This included for medicines management, infection control, treatment variances and documentation. However, actions from audits were not always completed in a timely way.

Compliance with service protocols was reviewed as part of the audit process and results discussed at relevant meetings and shared with staff. However, we found policies available for staff to refer to were past their recommended review date.

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.

Service level risk registers were maintained. Service risks such as electrical failure and loss of water supply were identified, and mitigating actions taken to reduce the level of risk. Business continuity plans were in place to address disruptions in service. The service was on the critical priority list for both water and electricity provision. Risks such as poor weather, staff isolation or Covid-19 outbreaks were recorded on the register and appropriate actions were in place to minimise the risk. Risk registers were reviewed centrally as part of clinic manager meetings.

The commissioning NHS trust reviewed performance against the service contract.

Health and safety measures were in place to monitor and maintain equipment and premises. However, it was noted during the inspection that several risk assessments had passed their review date, including fire and legionella risk assessments.

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.

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

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

The service used a combination of paper and electronic records. Medicines and monitoring of blood biochemistry was undertaken electronically using the commissioning NHS trust system.

Records of individual dialysis sessions were held on paper within the service, these were then added to the trusts renal electronic records system. Paper records we reviewed were completed well. When not in use paper records were stored in a locked cupboard.

Dialysis services

Engagement

Leaders and staff engaged with patients, staff, equality groups, the public and local trusts to plan and manage services.

We observed staff actively engaging with patients about their treatment, before and during dialysis.

Patient surveys were ordinarily carried out annually towards the end of the year, although this had been impacted by the pandemic. Patients within the service completed the trust's Patient Reported Experience (PREMs) surveys and results were above the national average.

Scheduled internal patients survey had been planned for the new year, once the 2021 PREMs survey was completed in November. This was structured so the unit did not overwhelm patients with two surveys at once.

Staff told us they felt engaged with the provider and had opportunities to feed back and be involved in improvements. An annual staff survey had been completed in 2021 that included questions about management support for wellbeing, work/life balance, feeling valued and respected. Results showed responses were mostly positive or neutral, however, it was unclear what action was being taken by the provider to improve or if results were specific to the unit.

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.

Staff we spoke with during our inspection demonstrated they were committed to continually learning and making improvements to the service. Meeting minutes showed that learning from incidents and complaints was given priority and there was evidence of appropriate improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

- Safeguarding policies did not include up to date guidance or relevant local information.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

- Risk assessments including those for fire safety had not been updated within recommended timescales and fire safety processes had not been followed.