

Fresenius Medical Care Renal Services Limited

Taunton Renal Unit

Inspection report

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Date of inspection visit: 15 June 2023
Date of publication: 09/08/2023

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

Taunton Dialysis Centre is operated by Fresenius Medical Care Renal Services Limited. The service opened in June 2019 and provides haemodialysis to patients from the local area of Taunton. This is a satellite dialysis service. The service is unable to support dialysis away from base (patients who want to use the service who are on holiday in the local area).

The service is located away from an acute hospital site. Facilities include 16 dialysis stations and one isolation room. Dialysis clinics offer services that replicate the functions of the kidneys for patients with advanced chronic kidney disease. Dialysis is used to provide artificial replacement for lost kidney function.

This was the first rated inspection of the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk. The service managed safety incidents well and learned lessons from them and managed medicines well.
- Staff provided good care and treatment, gave patients advice around nutrition. 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 felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

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 Taunton Renal Unit

Taunton Dialysis Service is operated by Fresenius Medical Care Renal Service Limited. The centre provides dialysis treatment for patients living in Taunton and the surrounding area.

The service currently provides three dialysis sessions on Monday, Wednesday and Friday and two dialysis sessions on Tuesday, Thursday and Saturday. The clinic is open between 06.30am and 11.30pm on the days where there are three clinics and 06.30am - 6pm on the days where there are two clinics. The main service provided was a dialysis service for people over the age of 18 years of age.

The centre is accommodated in a building which was re-designed to accommodate a dialysis service. The service works closely with an NHS trust (referred to as the 'parent NHS trust') who refer patients for dialysis and retain clinical oversight and responsibility for patient treatment. The parent NHS trust provides medical support, coordinator support and dietitian support. This team attend the clinic regularly and assess patients in preparation for monthly quality assurance meetings.

The centre is registered to provide the regulated activity of treatment of disease, disorder and injury for older and young adults over the age of 18. The centre has a registered manager who has been in post since 2021.

How we carried out this inspection

We inspected the centre using our comprehensive inspection methodology. We carried out a short notice (less than 24 hours) site visit on Thursday 15th June 2023. We spoke with 6 staff, 6 patients, 1 family member and reviewed 7 patients records and observed care and treatment provided to patients. Following the inspection, we reviewed data about the service and looked at documents including policies and procedures.

The inspection team consisted of 1 inspector and a specialist advisor and was supported by an operations manager. The inspection was overseen by deputy director, Catherine Campbell.

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 **SHOULD** take to improve:

- The service should ensure staff are trained and competent in non-touch aseptic technique.
- The service should work with the parent trust to ensure all mental capacity assessments and best interest decision meetings are shared and available to the provider for staff to access.
- The service should consider consenting patients formally on an annual basis with regards to their dialysis treatment.
- The service should educate staff in the importance of hand hygiene and continue to improve cleanliness standards provided by external contractors.

Our findings

Overview of ratings

Our ratings for this location are:

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

Dialysis services

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

Is the service safe?

Good 

This was the first time for this service to be rated. We rated it as good.

Mandatory training

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

Most staff had completed mandatory training. The provider target for mandatory training was 90% and all staff members had met this target except 1 member of staff who was at 88%.

The mandatory training was comprehensive and met the needs of patients and staff. All staff had completed hand hygiene and basic support training. All staff members apart from 1 person had completed the infection prevention and control in the dialysis setting mandatory training package.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. All staff had completed the introduction in dementia for health and care professionals.

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.

Staff received training specific for their role on how to recognise and report abuse. Three levels of safeguarding training were available to staff dependent on their role. Training records showed us that safeguarding children and adults for level 2 and 3 was at 100%.

Dialysis services

Staff were able to describe examples of what they would consider a safeguarding concern and how they would escalate it. We were given an example where a member of staff had reported a safeguarding concern and as a result steps were put in place to safeguard the patient. All staff knew who the safeguarding lead was and who to contact for advice should they have any safeguarding concerns.

Information about safeguarding was displayed on the noticeboard to assist staff on how to access timely advice and support from the safeguarding lead. The local authority safeguarding team contact details were visibly displayed for staff to access.

There was a corporate policy that reflected national guidance to guide staff on their responsibilities around safeguarding. This contained flowcharts to advise what actions to be taken.

Cleanliness, infection control and hygiene

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

Clinical areas were mostly clean and had suitable furnishings which were clean and well-maintained. We saw that equipment was labelled clearly with a sticker indicating when it had been last cleaned. The service used an external provider in order to clean the premises. The service audited the work of the external cleaning provider which showed the external contractor were not hitting the targets set by the provider for example 'fans, frills vent were dusty for the months of January, February and March 2023. We were told there was a process to raise any concerns with the external provider to ensure the cleanliness of the clinical areas, however the audit results had not seen a visible improvement for the three months listed above.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff cleaning equipment after each patient contact. Dialysis stations were cleaned thoroughly at the end of each dialysis session. We observed staff washing hands after each patient contact. Staff had access to sinks for handwashing in line with national guidance. Audit results for infection prevention control/ personal protective equipment and waste management reported good compliance at over 94% for the last six months from December 2022 to May 2023. However hand hygiene audits showed a negative trend over the same period and was 71% in May 2023. We saw that the provider had an action plan to improve hand hygiene compliance and that it was discussed in the May 2023 staff meeting.

We observed staff using aseptic non-touch techniques to attach patients to their dialysis machines. Aseptic non-touch technique is the practice of avoiding contamination by not touching key elements such as the inside surface of a sterile dressing. During our observations of staff treating patients, we noted some instances where staff could improve their practice in order to protect patients from transference of bacteria and other pathogens during the connection of a patient to the dialysis machine. We raised this with the registered manager at the time of the inspection who told us that additional training was being arranged.

Water used for dialysis was required to be specially treated to prevent risks to patients. There was a large water treatment room, which was monitored remotely by the manufacturer. This enabled them to identify any issues with supply, effectiveness of treatment or leaks. In addition to the remote monitoring, staff had telephone access for emergencies. Daily, nursing staff monitored the water supply to ensure it was free from contaminants. If a result showed an anomaly,

Dialysis services

staff would contact the engineers for an urgent review. This was in line with guidance on the monitoring the quality of treated water and dialysis fluid. We saw the record log that recorded the testing and the results. Staff were aware of the processes for obtaining samples, and actions to take if results showed some contaminants.

The clinic had one side room, which was observable from the clinical area. This side room was used for infectious patients or those who had recently returned from a holiday abroad in an area that was a high risk for blood borne virus infection. There was a policy for screening and treating patients with MRSA and MSSA in the side room which was in line with best practice guidance.

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.

There were systems in place to monitor and manage the maintenance of equipment for the service. This included the dialysis machines and other clinical equipment. Staff carried out daily safety checks for specialist equipment.

All equipment we checked during the inspection had been electrical safety tested and was serviced annually.

Staff disposed of clinical waste safely. Clinical waste was collected by an external provider at regular intervals. We checked and saw sharp bins (used to store used needles and other sharps) were not overfull and closed and stored appropriately.

The service had enough suitable equipment to help them to safely care for patients. The clinic had three spare dialysis machines that could be used in an emergency or as a replacement while maintenance was taking place. All stations that contained a bed were bariatric beds and had pressure relieving mattresses. The stations that had chairs also had pressure relieving mattresses available.

There were electronic patient weighing scales at the entry to the clinic. We were told that patients could be weighed manually if these were to fail. Patients had a card which they inserted into the weighing machine which electronically recorded their weight and sent this to their patient record.

The clinic had equipment to be used in case of a clinical emergency. The resuscitation trolley was in the main clinic. The trolley had been checked every weekday and the equipment was fit for use. We saw that single use items were clearly identified. Emergency medicines were stored in tamper evident packaging.

The service had suitable facilities to meet the needs of patients' families. We were told that carers were able to attend with patients if they required extra support.

Assessing and responding to patient risk

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

Dialysis services

Staff completed clinical observations prior to and post treatment. This included blood pressure, pulse rate and temperature. The service did not complete oxygen saturations unless the patient reported feeling unwell or the clinician took the decision to take these observations. The service currently did not have any patients that required oxygen. The service was not currently utilising the national early warning score system (NEWS) which is used to help identify a deteriorating patient. However it was considering adopting this system as it was available on the parent trusts electronic patient record system. The provider had mitigating procedures and protocols to support staff with deteriorating patients, including to call for emergency assistance from the ambulance service.

Each patient had a card that was inserted into the weighing scales and into the dialysis machine which automatically transferred information such as weight, blood pressure measures, heart rate and kt/V (a measurement of the efficiency of dialysis) into the electronic patient record system. If measurements directly related to dialysis (blood pressure and kt/V) were outside of the parameters set by the consultant and specific to each patient, an alert was raised. Staff responded promptly to alerts to monitor patients' wellbeing.

Staff completed risk assessments for each patient when they were referred for dialysis using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments included pressure ulcer risk assessment, bed rail risk assessment (if required) and falls risk assessment. We were told patients who were at high risk of pressure ulcers would be treated at a station with a bed as these all had pressure relieving mattresses.

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

Staff shared key information to keep patients safe when handing over their care to others. Staff carried out a patient safety huddle once all patients were connected for dialysis treatment. We were told this was where staff shared any health concerns about individual patients. Staff were aware of patients that had a 'do not resuscitate' order as this was prominently displayed on the parent trust's patient electronic recording system.

Systems to promote security and safety were in place and well managed. There were alarm systems for secure access areas and key coded doors. There were fire alarm procedures and extinguishers were available and well maintained.

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. The staffing ratio consisted of 1 qualified nurse to 4 patients. The clinic manager was not included in the numbers so was able to cover for short-term absence of staff.

At the time of inspection the service was recruiting for a health care assistant. We observed a shift where the health care assistant was not present and saw good team working to ensure patients had their needs met. The receptionist was able to offer patients drinks and refreshments which was usually one of the jobs of the health care assistant.

Managers accurately calculated and reviewed the number and grade of nurses, and healthcare assistants needed for each shift in accordance with national guidance. The manager could adjust staffing levels daily according to the needs of patients. For example, the twilight shift had less patients so did not require as many staff.

Dialysis services

The clinic was a nurse led so did not have a doctor on site. There were 2 consultant nephrologists overseeing the clinic from the parent NHS trust. The consultants visited twice per month to review patients and attend quality assurance meetings. Doctors saw patients at least every 3 months in line with guidelines.

Records

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

We reviewed 7 patient records and all patient notes were complete, and all staff could access them easily. Each file contained a dialysis prescription, consent for treatment, any completed early termination of treatment forms, dialysis pathway and an admission assessment documentation. We reviewed the blood results and medicine charts on the electronic system. However we saw little evidence of personalised care plans and documentation around mental capacity assessments and best interest decision making meetings. We saw the records of 1 person who had recently been diagnosed with dementia. Due to their agitated behaviour during transport and treatment, the consultant from the parent trust had reduced their dialysis sessions from 3 times a week to 2 times a week. We did not see evidence of a mental capacity assessment nor a best interest decision making meeting. The consultant from the parent trust was responsible for completing the mental capacity assessment, however this information was not readily available to the provider. We have been assured by the service that following the inspection the best interest meeting for this patient occurred and this documentation is available for the staff to view.

When patients transferred to a new team, there were no delays in staff accessing their records. The service used 2 electronic systems, 1 which was used by all Fresenius services and 1 which was used by the parent trust. Patients' records were held both electronically and in paper format. We saw that the electronic records detailed dialysis sessions by date and time. This meant that any changes in treatment or any problems occurring during the session could be easily identified. Patients' details and dialysis information was recorded electronically and automatically uploaded to the national database at the parent NHS trust.

Records were stored securely.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The clinic had processes in place for the safe management of medicines. Patients attending would receive prescribed medicines as necessary for their dialysis treatment. Medicines were prescribed electronically by the parent trust.

Staff stored and managed all medicines and prescribing documents safely. The service did not have any controlled drugs.

Nurses completed a verbal patient identity and medicine check and we saw that medicine charts detailed 2 signatures next to each medicine when administered. This was in line with the Nursing and Midwifery Council standards for medicines management.

Incidents

Dialysis services

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.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with policy. We saw there was a clinical incident reporting policy that guided staff about reporting pathways. Staff were aware how to report an incident. Incidents and any learning arising from them were shared at team meetings and at staff handovers. Patient safety alerts were distributed centrally from the provider's head office to the clinic manager for sharing with the team. We saw incidents were discussed at staff meetings which happened twice a year.

Staff raised concerns and reported incidents and near misses in line with Fresenius policy.

The staff we spoke with all stated they were encouraged to report incidents. However staff did not fully understand the Duty of Candour but they stated they would be open and transparent if things were to go wrong.

Is the service effective?

Good 

This was the first time for this service to be rated. We rated it as good.

Evidence-based care and treatment

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

Patients were offered dialysis 3 times a week, this was in line with Renal Association Guidelines. Dialysis usually took place over a 4 hour period, however 59% of patients at the clinic received less than 4 hours dialysis treatment. The amount of dialysis received was a clinical decision taken by the consultant at the parent trust. The consultant reviewed patients regularly and looked at dialysis time and other parameters for effective dialysis. The registered manager challenged where appropriate to increase dialysis time for some patients. Patients could also shorten their amount of dialysis time and would complete an early termination against advice form.

The service monitored patients to ensure the effectiveness of dialysis. There were key targets for the service to achieve which were monitored and discussed with the consultant from the parent trust. For example, In May 2023 the kt/v rates (measurement of the efficiency of dialysis) was improving at 49% but was not in target. The kt/v can be influenced by many factors including the treatment time of dialysis.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The policies and procedures were developed in line with national guidance, standards, and legislation. This included guidance from the Renal Association, National Service Framework for Renal Services and the National Institute for Health and Care Excellence (NICE). The clinic had an audit programme to assess their effectiveness. This included healthcare documentation and infection prevention and control, and hand hygiene audits.

Dialysis services

Staff had access to up-to-date policies which were contained on the Fresenius IT systems. Staff were also able to access records at the parent trust; reducing time spent requesting blood and test results.

Nutrition and hydration

Staff gave patients tea, coffee and biscuits when needed. Patients could access specialist dietary advice and support.

The healthcare assistant or receptionist offered tea / coffee and biscuits to all patients while they received dialysis.

Specialist support from dietitians was available for patients. The dietitian was employed by the parent trust and part of their role was to support satellite dialysis units. The dietitian attended the monthly quality assurance meeting to advice and support the patient's individual plan. We spoke with patients who stated they had spoken with the dietitian.

Pain relief

Staff mostly assessed and monitored patients regularly to see if they were in pain.

Staff assessed patients' pain through verbal checks. Patients were asked about their pain at each appointment and were advised appropriately in how to manage this. We did not see a specific pain assessment tool in use within patient records. We raised this during our inspection and senior staff told us this was something they would routinely ask patients' prior to starting each dialysis treatment and do not have a specific pain tool.

Patient outcomes

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time and used information from the audits to improve care and treatment.

The patients' blood was tested each month as per the schedule set by the NHS trust consultant. The blood results and treatment data were captured by the electronic database. This data system provided customised reports and trend analysis to monitor and audit patient outcomes and treatment parameters.

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

We saw all patients arriving to the clinic were weighed on arrival at each visit. This was to identify the additional fluid weight that needed to be removed during the dialysis session. This varied from patient to patient and formed part of their dialysis treatment plan, which was adjusted as needed.

Dialysis services

The clinic did not directly contribute data to the UK Renal Registry. However, the clinic's data was uploaded to the national database from the NHS trust. Data specific to the clinic was available through the provider's own database and was used to benchmark patient outcomes and drive improvements in the service. We saw that the clinic compared favourably against other Fresenius dialysis clinics.

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 supported staff through annual appraisals of the work. All staff had received an appraisal in the past year.

Processes were in place to ensure staff were competent to carry out their roles. This included the formal completion of clinically based competency checks. All staff were trained, assessed and signed off competent and then tested on an annual basis in line with the providers policy for 'Nephrocare standard good dialysis'.

Managers gave all new staff a full induction tailored to their role before they started work. Inductions for new staff consisted of an 8 week fundamental induction programme where all staff were supernumerary during these 8 weeks.

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

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. All patients were reviewed monthly by the consultant and the dietitians who communicated effectively to improve patient treatment when this was required. Staff knew how to contact the consultant and refer for additional support if this was required.

Seven-day services

Key services were available to support timely patient care.

Staff could call for support from doctors and other disciplines. Staff could refer patients for other services through the trust.

The service was open 6 days a week, Monday / Wednesday Friday from 06.30 to 11.30pm and Tuesday / Thursday / Saturday from 6.30am to 6pm.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas.

Dialysis services

Patients were able to meet with dieticians for advice on eating the right foods for their condition.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff mostly supported patients to make informed decisions about their care and treatment.

Staff understood some of the principles of how and when to assess whether a patient had the capacity to make decisions about their care. We saw a good example of a patient being referred to the local safeguarding team in order to get an assessment of their capacity at a memory clinic. We were told the parent trust was responsible for completing mental capacity assessments. We asked to see the assessments for one patient who had been diagnosed with dementia but were unable to view the mental capacity assessment records nor the best interest decision meeting notes process for this patient. A best interest meeting is a multidisciplinary meeting that is arranged for a specific decision around a patient's care / treatment, when a person is deemed to lack the mental capacity to make that decision for themselves. We would expect the service to have access to these documents as part of the information sharing process with the parent trust.

Staff gained consent from patients. We reviewed 7 patient records and found staff consistently recorded consent for dialysis when the patient started their treatment at the clinic. We observed 2 dialysis shifts and saw staff asked for verbal consent. We noted that it would be best practice for the clinic to obtain formal consent on a yearly basis.

We were told that the service did not treat patients who were under a Deprivation of Liberty Safeguard order.

Is the service caring?

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw the staff using screens appropriately to ensure patients maintained their privacy and dignity. Staff responded promptly to patients when they requested help.

Patients said staff treated them well and with kindness.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. We observed staff interact with patients with respect and compassion. Staff knew when it was patients' birthdays and ensured that the occasion was marked with a card and a cake.

There was a patient run support group which was advertised at the clinic in the reception area.

Dialysis services

Emotional support

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

Staff were aware of the impact that dialysis had on a patient's wellbeing and supported patients to maintain as normal life as possible. Staff gave patients and those close to them help, emotional support and advice when they needed it. We spoke with 1 patient who was encouraged to have dialysis at home, however after a trial they decided to continue with treatment at the clinic because individually this was what they preferred. They said they felt fully supported by the staff at the clinic.

Staff encouraged patients to continue to go on holiday and participate in the management of their treatment.

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 could participate in their own treatment, and we saw that the majority weighed themselves at the start and end of each dialysis session. This empowered patient and allowed them to take control of some aspect of their treatment.

Staff talked with patients, families and carers in a way they could understand.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There were posters displayed in patient areas about how to provide feedback as well as a patient suggestion box.

Patients gave positive feedback about the service.

Is the service responsive?

Good 

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. The service had a contract with the parent trust, this meant they were able to offer additional dialysis capacity to the local population.

Dialysis services

There were provisions in place for patient comfort by way of dialysis chairs, beds and pressure relieving aids. Each dialysis station had a television and headphones so patients could have entertainment whilst undergoing their dialysis treatment.

The service had a car park which provided safe patient access to the dialysis clinic. Taxi's and ambulances were able to wait for patients right outside the door. There was disabled parking bays.

Managers ensured that patients who did not attend appointments were contacted. There was an up-to-date standard operating procedure in place for patients who did not attend for dialysis treatment. The procedure provided staff with information on what to do if patients did not attend for more than one consecutive treatment. Staff recorded when patients did not attend their dialysis treatment on the locations incident reporting system.

Meeting people's individual needs

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The staff currently looked after two patients with learning disabilities. We saw the service had contacted family, relatives, carers and other services to find out what these patients liked and did not like and then planned their care appropriately. Staff completed the introduction to dementia mandatory training as well as the Learning Disability and Autism training.

Patients' carers were encouraged to join them during dialysis sessions if required. Staff told us they worked in partnership with carers. Patients at the clinic could have visitors during treatment sessions.

The service worked with the patient transport providers to coordinate patient transport to meet the needs of patients as far as possible. They had processes in place to raise issues with the external transport providers when patients weren't collected on time. Patients we spoke to stated that they often had to wait for a period of time following their dialysis treatment to be transported home but generally the transport taking them to their dialysis treatment was on time. It is the aim of providers to ensure dialysis patients are picked up within 30 minutes after they have finished their dialysis session.

Patient that requested their treatment sessions to be cut short due to personal circumstances were advised the complications of cutting treatment sessions. All patients requesting to cut treatment sessions short were required to sign a declaration form and this was signed by a named nurse and a copy would be placed in patient records and their consultant would be notified.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. They followed information received from carers about any patient with a disability.

The service had information leaflets available in languages spoken by the patients and local community. The service was able to access an interpreter if required.

Access and flow

Dialysis services

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.

Patient waiting lists for dialysis were managed through the trust. At the time of inspection the daytime dialysis slots were mostly full with some availability on the evening shifts.

Staff made sure each dialysis treatment started as soon as possible once patients arrived at the clinic. We observed patients starting their dialysis on time and there were no notable delays. For the month of May 2023 there was only 1.5% of patients who had to wait longer than 30 minutes to be connected, with the majority of patients only having to wait a short time between 0 and 10 minutes.

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 policy and a process for the management of complaints.

The service clearly displayed information about how to raise a concern in patient areas. Patients had access to a comments and suggestions box in the reception area and there were posters on the walls which explained how to complain.

The service had not received any complaints in the past 6 months. There was a process to share compliments with all staff members.

A patient satisfaction survey was completed in May 2022, using an external company to complete a survey. Patients, their friends, and families, were able to complete an anonymous questionnaire to identify any areas for improvement. Following completion, the clinic compiled an action plan to address any areas where improvement was required.

Is the service well-led?

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

Leadership

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

Dialysis services

There was a registered manager who provided leadership within the service. They were supported by the Senior Governance Manager and the Area Head of Operations from Fresenius Medical Care. The registered manager stated they felt well supported by the other registered managers and by the organisation.

The registered manager worked alongside staff in the clinical area when required. Staff told us the registered manager was very approachable and supportive but senior corporate staff rarely visited the clinic. We were told by staff that the registered manager had helped and supported them to improve the service offered by the clinic.

Clinical leadership was provided by 2 consultants from the parent NHS trust. They visited the clinic at least once a month and staff told us they could always access advice and support from the consultant or a renal registrar when this was required.

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.

There was a set of corporate values that included working collaborative, being proactive, reliable and excellent in the provision of dialysis services. The values were displayed in the clinic and most staff were aware of the vision, strategy and values.

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.

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The registered manager had an open-door policy and was accessible to patients, relatives, and clinic staff. We saw during the inspection, that staff and patients asked for advice, assistance, or information when necessary. Two staff members had returned to work for the service after experiencing a period working for other employers. Both staff members stated there was a good working culture which informed their decision to return and work for the service.

The leadership team maintained links and a good working relationship with the NHS trust. Staff told us that there was good teamwork within the clinic. Staff told us they could raise concerns if needed.

Staff had access to well-being initiatives such as a mental fitness app.

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 registered manager was responsible for monitoring and leading on delivering effective governance and quality monitoring in the dialysis clinic, supported by the wider provider management team.

Dialysis services

Prompts were in place for staff to have their annual training and we saw a system to check that nurses had been validated by the nursing and midwifery council.

There was a programme of audits in place which leaders told us were based on best practice guidelines as per the Renal Association recommendations.

We reviewed samples of their last 3 months governance structure meeting minutes, we saw it was well attended, with main topics being incidents, training, concerns and performances.

The service displayed their certificate of liability insurance in the patient waiting area, the certificate was in date.

Staff and patients told us about the challenges of patient transport. Patient told us they were mostly taken to their clinic on time however there was sometimes a wait for transport after their dialysis treatment. We observed the service chasing up transport on behalf of patients. We were told the service raised any transport issues regularly with its various partners and commissioners. Transport was provided by different service providers.

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.

Staff discussed incidents and shared learning regularly during team meetings.

The service had a risk register, which described risks to the service providing safe care and treatment. We saw this document contained risks, mitigations and was updated regularly which were relevant to the service locally and nationally as a provider. However, there were 29 entries on the risk register and 2 of these entries had not been reviewed since January / February 2020.

We saw the service had an emergency preparedness policy which was accessible and printed in the registered managers office. This had mitigations and actions to take in case the clinic had to be closed.

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.

Staff submitted data to their contracted NHS trust including monthly blood results. The service used patient reported outcome measures to evaluate the quality of healthcare patients received, along with regular audits to ensure data and performance were driving improvements within the service.

The service used 2 information management systems, one internal and the external system of the parent trust. The service was able to influence change on its own information management system however they weren't able to influence positive change for the parent trusts information system.

Dialysis services

Engagement

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

Staff worked well with the parent NHS trust to ensure patients received safe and effective dialysis treatment. There were regular team meetings and minutes of the meetings were circulated to all staff. The last meeting was held in January 2023. Staff meetings happened twice a year and were also minuted and shared with staff that were not present.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff learnt from incidents and the audit work carried out by the service.