

Fresenius Medical Care Renal Services Limited

Tipton Dialysis Unit

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

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

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service used innovative approaches to providing integrated person-centered pathways of care that involved other service providers, particularly for people with multiple and complex needs. The service worked extra hard to meet the needs of 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.
- There was a clear management structure with defined lines of responsibility and accountability and strong collaboration and support across all functions with a common focus on improving quality of care and people's experiences. The leadership drove continuous improvement and staff were accountable for delivering change. Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Part of the flooring was in need of urgent repair. Plans for repair were in progress.

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 Tipton Dialysis Unit

Tipton Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The location provides dialysis treatment through a service level agreement with the local NHS trust. NHS consultants visit the unit for renal clinics and referred patients for dialysis.

The facilities include 24 dialysis stations and 4 isolation rooms. Facilities also include 2 patient consulting rooms. The unit is located within a standalone building in Tipton and is approximately 5 miles from the referring trust.

The trust refers patients who are stable on haemo-dialysis to this service.

The service was last inspected in 2017 but was not rated.

At the inspection in 2017 we found the provider was in breach of regulation 12: safe care and treatment. This was monitored via action plan submitted to CQC following the last inspection.

How we carried out this inspection

We carried out this inspection using our comprehensive inspection methodology on 19th June 2023. We spoke with 5 patients, and 8 members of staff. We reviewed patient records and observed care. We also reviewed patient feedback from the previous 12 months.

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

Outstanding practice

We found the following outstanding practice:

- The provider was committed to helping patients to better understand their condition and become more involved in decisions about their care. They had commissioned a mobile phone application which enabled patients to view their blood results and track their progress. The app also provided information about their medicines and had interactive learning content to enable patients to better understand their condition and become more involved in decisions about their care. It was funded by the provider and free to patients.
- The provider joined 'John's Campaign' in recognition of the important role that a carer plays in supporting patients with additional needs. The provider used this platform to create a consistent and standardised approach to welcoming all carers (friend, relative or other) into clinics to be part of the care team.
- The provider set up a support programme for patients and their immediate families to access advice and support on issues such as mental health and wellbeing, financial issues, legal advice, and GP services. The service was free to patients and their immediate family and paid for by the provider.
- Leaders had a shared purpose to deliver and motivate staff to succeed. Comprehensive and successful leadership strategies were in place to ensure delivery and to develop the desired culture and ensure staff at all levels felt valued and rewarded for their work.

Summary of this inspection

- The provider gave staff access to dental services, health and wellbeing advice, financial advice, legal services, mental health support and counselling. This was paid for by the provider. They took staff feedback seriously and were committed to improving working lives for staff. They had commissioned educational workshops for all staff to increase awareness of the menopause for women and provide strategies to manage it.

Areas for improvement

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

- The service should ensure that flooring is repaired without delay.






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 we rated the service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Staff were 99% compliant with all mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training was a mix of face to face and online training and covered areas, such as basic life support, needle safety and adult choking.

Clinical staff completed training on recognising and responding to patients with mental health needs and dementia.

Training managers from the corporate team monitored mandatory training completion and alerted staff when they needed to update their training. Local managers also reminded staff and scheduled time for them to complete it.

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.

Nursing staff received training specific for their role on how to recognise and report abuse. Staff were able to explain how they would support patients to ensure they were protected from the risk of abuse.

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

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

Dialysis services

Staff gave examples of things that might alert them to risks, such as patients attending with bruising and changes in mood. Staff told us they knew their patients well over a long period of time and could easily tell if there was a problem. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager was the safeguarding lead for the service and was trained to level 3. Staff told us this is who they would approach if they had concerns, there were also flowcharts on display to inform staff. We saw that staff could electronically access the safeguarding policy and there was also a copy of this in the safeguarding folder. The safeguarding policy covered both adults and children and was in date. There was an additional safeguarding lead in the corporate leadership team for the registered manager to refer to if required.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. All furniture was able to be wiped clean. There were no carpeted areas that may inhibit effective cleaning. Flooring throughout was wipeable, however, there were some areas of damage and wear to the flooring which made cleaning more difficult and provided a potential trip hazard for patients and staff. There were plans in place to repair this within the next 2 months.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Cleaning staff were onsite each day to clean all areas and followed a clear list of cleaning tasks. Managers performed monthly cleaning audits to check compliance with cleaning schedules. We reviewed 3 recent audits which showed between 94% and 97% compliance. Hand hygiene audits during the same period showed between 97% and 100% compliance.

Staff followed infection control principles well, including the use of personal protective equipment (PPE). Nurses attending patients wore masks, visors, gloves and aprons and cleaned their hands before and after each patient contact. We observed 4 patients being attached to the dialysis machine using an aseptic non touch technique (ANTT) and found that on each occasion, nurses followed most infection control principles. Staff told us this technique had been recently introduced from using a 'clean' technique and staff were still getting used to the change in practice. The manager told us that staff supervision and competency checking was still ongoing during this transition period. After our inspection, senior clinicians from the education team visited the centre to complete competency checks for all nursing staff using the ANTT principles. We reviewed their assessment reports and found that all staff were assessed as fully competent with few areas to improve upon.

Staff cleaned equipment after patient contact and labelled equipment with 'I am clean' stickers to show when it was last cleaned. Each bed, dialysis machine and all associated equipment was cleaned after each patient in readiness for the next.

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.

Dialysis services

The design of the environment followed national guidance. The building was purpose built and had suitable facilities to meet the needs of patients' families. There were clean and dirty utility areas, these contained appropriate storage with lockable cupboards. There was a separate room for cleaning materials which was locked. Hazardous substances were kept in locked metal cabinets in a large area only accessed by staff. The cabinets were clearly marked.

Staff carried out daily safety checks of specialist equipment. Dialysis machines were checked before each clinical use to ensure they were safe to use and operating correctly. We checked a range of electrical equipment and found they had all been safety tested within required timescales.

The service had enough suitable equipment to help them to safely care for patients. Patients were allocated their own machine and bed space or room for each treatment session and used their allocated machine for the duration of treatment over months or years. There were 4 spare machines to use for patients who had returned from a holiday abroad or were carrying a temporary infection risk. In this situation a machine would only be used for that patient for a period of 3 months or until blood results demonstrated that the patient was free from infection.

There was a resuscitation trolley and an automated external defibrillator, this was checked daily and records showed this had been done on every clinical day for the previous 2 months. This trolley was secured with a security tag. All the medicines and equipment we checked were in date. There was suitable equipment to attend to a deteriorating patient and in the event of a collapse or cardiac arrest, including airway support and oxygen.

Oxygen cylinders were appropriately stored and secured to a wall.

Staff disposed of clinical waste safely. This was stored in an area which was not accessible to patients. The service used an external company to collect and dispose of clinical and domestic waste.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. Physiological observations were recorded prior to commencing dialysis, at the end of the process and at intervals during the treatment. For patients who were complex or less stable, observations were recorded at least hourly. Any signs of deterioration were reported to the nurse in charge and manager and advice sought from the treating consultant.

For situations where deterioration was sudden or rapid, and in the event of cardiac arrest or collapse, staff called 999 for an NHS ambulance. Staff said that the emergency ambulance service had responded quickly to such calls in the past.

A patient had recently suffered a cardiac arrest and had been managed promptly and transferred to the local hospital trust for emergency care. Staff told us that this emergency situation was handled well at the dialysis centre and all staff knew what to do in such an emergency.

The service followed a suspected sepsis risk assessment pathway for patients who appeared unwell on arrival or any time during dialysis. The pathway referred to the National Institute for Health and Care Excellence guidelines for assessing people with suspected sepsis. A flow chart was used to guide staff to the correct course of action. The nurse in charge was always called to assess the patient and the manager and consultant notified.

Dialysis services

Staff completed risk assessments for each patient using a recognised tool, and reviewed this regularly and whenever there was an incident or change to the patient's condition. Risk assessments were carried out to assess risk of falls, pressure ulcers and sepsis. We reviewed 5 patient records and saw that risk assessments were completed in line with policy.

Additional risk assessments were carried out if a patient returned from a holiday abroad or presented with additional needs.

Staff shared key information to keep patients safe when handing over their care to others. Staff used an electronic system to record care and were able to access blood results and other relevant information easily via a shared platform and send information back to GPs and other health care professionals quickly as required.

Shift changes and handovers included all necessary key information to keep patients safe.

Staffing

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

The service had enough nursing and support staff to keep patients safe.

The service employed nurses and dialysis assistants. Dialysis assistants were not registered nurses but had received relevant training and worked alongside nursing staff to treat patients.

Managers accurately calculated and reviewed the number of nurses and dialysis assistants needed for each shift in accordance with national guidance. There were always 6 qualified staff and one health care assistant per shift to treat 24 patients. There was also the clinic manager who was the registered manager and was able to work in a clinical role when required.

The manager could adjust staffing levels daily according to the needs of patients. When there were less patients, the rota was adjusted accordingly.

The number of nurses and assistant staff matched the planned numbers. The clinic manager planned rotas 8 weeks in advance and was usually able to draw upon flexible bank staff who worked at the service to fill vacant shifts. Where an unexpected absence occurred due to sickness, the manager filled the gap with bank staff or worked the shift their self as a clinical member of the team.

The service had low vacancy rates and low sickness rates.

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.

Dialysis services

Patient notes were a combination of paper and electronic records and were comprehensive. All staff could access them easily. Paper records were held in a hard folder due to the frequency and longevity of the care provided. These were stored in a records room which was kept locked.

The paper-based records contained risk assessments, consent forms, the patient's initial admission form, sepsis risk assessment paperwork and any additional risk assessments.

The electronic records contained dialysis prescriptions, clinical observations and any incidents relating to the patient. It included the dialysis specific information that was recorded for the patient during each session.

When patients transferred to a new team, there were no delays in staff accessing their records. On occasions where patients moved home and were transferred to a new dialysis unit, all relevant information was shared quickly to avoid any pause in treatment.

The registered manager undertook monthly care record audits which monitored compliance with a range of areas including prescriptions, falls risk assessment and care plans. We reviewed the 3 most recent care record audits and saw they recorded 99 to 100% compliance.

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. Medicines required to assist the dialysis process were prescribed by the treating consultant and reviewed monthly during renal clinic at the centre.

The treating consultant reviewed each patient's medicines regularly and amended the medicines administration record. Staff used the record to administer medicines in accordance with their medicines administration policy. Staff were able to contact the treating consultant if they needed additional reviews or advice about a change of dose.

Staff completed medicines records accurately and kept them up to date.

Medicines were stored safely and securely in locked cupboards near the nurse's station. These were easily accessible by staff.

Staff followed national practice to check patients had the correct medicines, which were checked by 2 nurses. Most medicines were administered at the start of the dialysis process.

The service did not store or administer any controlled drugs.

Staff learned from safety alerts and incidents to improve practice. The manager shared information about safety incidents with staff which was discussed at each shift handover and monthly meetings.

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. 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.

Staff knew what incidents to report, how to report them and reported incidents and near misses in line with the service's policy. There was a corporate policy in place to support incident reporting and this was encouraged by local managers. There was also training on reporting incidents as part of mandatory learning.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff were able to explain things they would report as near misses.

We looked at incidents reported over the last 6 months and saw these had been managed appropriately. Learning from incidents was discussed at monthly governance meetings with the senior (corporate) leadership team and shared with staff at local team meetings.

The service reported incidents via their electronic system. We looked at data for the last 6 months and saw that they related to a variety of clinical and non-clinical problems, including falls and patients presenting as unwell on arrival. There was a good incident reporting culture at the centre and staff were encouraged to report any unexpected event as an incident.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Training was provided by the corporate training team about being open and honest when things went wrong.

Staff received feedback from investigation of incidents, both from their own centre and from other locations managed by the provider. We reviewed 2 incident reports from this location and found these to be comprehensive.

Managers investigated incidents thoroughly. The registered manager shared any learning from the investigation with staff at local monthly team meetings. They also shared learning in their Learning Bulletin.

Managers debriefed and supported staff after any serious incident.

The service had no never events.

Is the service effective?

Good 

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

Evidence-based care and treatment

Dialysis services

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. This included National Institute for Health and Care Excellence guidance and guidance provided by The Renal Association. When any changes were made to national guidance or processes, they were shared with staff who were asked to sign to say they had read the updated guidance. The manager checked to ensure adherence.

All of the policies we reviewed were based on current evidence-based standards and regularly reviewed. These were a mix of national policies and local procedural guidelines.

The service had recently re-implemented a 'dry needling' technique to attach some patients to dialysis machines. (Dry needling is where a needle is inserted without first priming it with water) It is recognised within the national guidelines that there is currently no evidence to support either dry needling or wet needling techniques but that local policies should be used to guide and support staff with both techniques.

Leaders told us they had re-implemented this technique because there was no clear evidence to support either dry needling or wet needling. They had made the decision as part of a review of the Nephrocare Good Dialysis Standards and the implementation of an aseptic non touch technique (ANTT) in practice. The director of nursing told us that the technique of dry or wet needling differentiates widely across renal services within the UK as there is no clear evidence to support either.

We looked at evidence from The British Renal Society (2018) which described in their recommendation C; Procedural principles for good needle insertion.

'Needles can either be flushed with 0.9% Saline or inserted dry, dependant on local policies. If inserted dry, care needs to be taken to ensure the blood in the needle does not clot prior to connection to haemodialysis.'

Leaders assured us that care was taken by staff when using the dry needling technique and that they had no incidents of air embolus that had occurred due to this practice across all their locations.

Staff also used wet needling techniques where priming the needle with water was recommended by the needle manufacturer. The service had local procedural guidelines to guide and support staff in the use of both techniques.

The service was committed to the NHS Long Term Plan on improving health literacy for people with long term conditions such as renal disease and worked closely with the UK Kidney Association and Kidney Care UK to implement strategies to improve patient involvement and understanding of their renal disease and dialysis treatment. They had implemented shared care within all dialysis units across the company providing a standardised approach to including patients as partners in their care.

Patients were encouraged to undertake shared care and had received training to do aspects of their care independently such as weighing themselves, priming their machine and washing their fistula.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Mental capacity act training was part of mandatory training. Staff gave examples of how to care for patients with specific needs.

Dialysis services

At handover meetings, staff routinely discussed the psychological and emotional needs of patients. Staff usually cared for the same cohort of patients each time and knew their patients well. They told us they quickly became aware of any new emotional issues or needs and acted promptly.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink. Hot and cold drinks and biscuits were offered during the session and patients could bring food in or order food in if they wished.

Patients had access to specialist support from dietitians where required. The dietitian attended the monthly multi-disciplinary team meetings where all aspects of each patient's care was reviewed.

Pain relief

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

Staff checked they were comfortable as their dialysis treatment meant they would be restricted in movement once their treatment started.

Patients received pain relief soon after requesting it. This was usually in the form of paracetamol tablets which were prescribed by the consultant if needed. Stronger pain relief was not usually needed or prescribed. This was prescribed, administered and recorded accurately.

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. Patient dialysis outcomes were reported to the national renal registry by the consultants from the referring NHS trust in line with national standards.

The provider benchmarked clinics against each other to determine internal performance. The clinics were measured against different perspectives including blood results, treatment time and vascular access. The service exceeded the minimum treatment effectiveness (haemodialysis adequacy) specified within The National Kidney Foundation guidelines. Data showed the service achieved the national standard of effective dialysis in 92%% of patients for May 2023, and had scored between 89% and 92% for the time period February to April 2023. The provider had identified the centre as one of their top 5 dialysis centres in the country for their performance.

We looked at performance trends over a 12 month period and found that the centre was consistently exceeding targets for most indicators except for one relating to blood albumin levels, which was variable.

Dialysis services

All patients were monitored using a balanced scorecard to record their individual blood results and other clinical data. Local managers used a dashboard to collate information from scorecards and other data which was easily accessed by managers and relevant staff and used to measure overall performance at the centre.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Monthly local audits were conducted by managers at the centre. These included infection prevention and control, patient records, and consent.

Outcomes of audits we reviewed between November 2022 and May 2023 showed:

- Consent was obtained verbally for each treatment and recorded in the patient's record. This was 100% compliant.
- Handwashing was between 97% and 100%.
- Cleanliness was between 94% and 97%.

We reviewed patient records audits for 3 months and saw that managers consistently checked that staff recorded all aspects of care accurately. Although the records audits did not provide an overall compliance score, we saw that almost every record had been fully completed. Where omissions were made, managers followed this up with relevant staff to improve compliance.

Managers used information from the audits to improve care and treatment. Audit results were discussed individually where necessary and at team meetings when discussing overall team performance. Managers and staff used the results to improve patients' outcomes.

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

Information about patient treatment was recorded and reviewed by the consultant and discussed in monthly team meetings. The monthly review provided information about the effectiveness of the treatment, and included analysis of blood results, dialysis compliance, vascular access, infections, falls, social and emotional issues, safeguarding, and medicines prescriptions.

There were electronic systems and a dashboard which provided clinicians with easy oversight of the effectiveness of patient dialysis for each patient. Dialysis treatment was adjusted based on blood results and any other information reviewed at the meetings. This data was shared with the referring NHS trust.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. There were processes to check for professional registrations and to ensure registered nurses undertook revalidation to maintain their professional registration. Managers gave all new staff a full induction tailored to their role before they started work. Dialysis induction training was provided for registered nurses to become competent in providing dialysis. The initial training took 8 weeks to complete. Nurses were then given the opportunity to attend a renal course at the local university to become a qualified renal nurse. This was paid for by the provider.

Dialysis services

The service also employed dialysis assistants and health care assistants to support nurses. Dialysis induction training was provided for dialysis assistants and health care assistants.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff said they had annual appraisals which they found beneficial. Records showed the service was 98% compliant with conducting annual appraisals. A manager told us there was just one staff member who was overdue an appraisal because they were away from work on long term sickness absence. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Relevant clinical courses were fully paid for by the provider.

Managers supported staff to develop through regular, constructive supervision of their work. All staff had their clinical competencies assessed during the induction period and whenever there was a change to practice. The service had recently changed the technique for attaching patients to the dialysis machine using an ANTT and nurses were being observed to check their competency with ANTT.

The corporate team had regional clinical educators who supported the learning and development needs of staff. They attended the centre to provide induction training, specific clinical training, assess competencies, provide clinical updates and support staff with changes to techniques. The regional clinical educators also facilitated competence assessments for bank nurses to ensure their ongoing competence.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Meetings were held monthly for all 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.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff held monthly multidisciplinary (MDT) meetings with the consultant, a dietician and other clinicians to discuss patients and improve their care. All relevant information was easily accessed by all staff via an electronic dashboard system. Staff knew how to contact the consultant and refer for additional support if this was required. Patients could see all the health professionals involved in their care at the centre. We looked at patient records completed at the MDT meetings and saw that they made reference to the patient's progress, concerns and made note of decisions and actions required.

Staff worked across health care disciplines and with other agencies when required to care for patients. This included the referring NHS trust, community care professionals and teams managed by the provider in centres across the country. Patients were able to arrange dialysis at centres when they went on holiday.

Health promotion

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

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. The service had relevant information promoting healthy lifestyles and support in patient areas. We saw that posters were displayed in the patient waiting areas providing advice about how to access information about a healthier lifestyle.

Dialysis services

Patients and their families could access the Birmingham Hospital Saturday Fund (BHSF) Rise scheme which provided help and advice on a range of health topics including mental health and wellbeing, and GP services. The scheme also offered financial and legal advice, counselling and 'in the moment' advice to those who needed it. This was fully paid by the provider.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All staff received training in the mental capacity act as part of their mandatory training. Staff told us very few patients being treated at the centre had lacked mental capacity. They described how they managed to care for patients with learning difficulties and some who were living with dementia.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. When patients started dialysis at the centre, they signed a consent form. Thereafter, verbal consent was obtained when patients attended for dialysis and was recorded in the patient's record. Managers conducted regular audits to check that consent was obtained. This was 100% compliant for 3 audits we checked between November 2022 and May 2023.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Is the service caring?

This was 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. Patients were cared for in an open area and remained fully dressed throughout their treatment. It was necessary for all patients to be visible to staff. When staff connected and disconnected patients with the dialysis machine, they used portable screens to provide privacy for the procedure. There were 4 glass fronted rooms which were used by patients who required isolation or were offered additional privacy for personal or cultural reasons. Patients were allocated a named nurse which gave them a point of contact for their care and maintained continuity.

Patients said staff treated them well and with kindness. We observed staff speaking kindly and with courtesy. Patients were extremely complimentary about how well they were treated by staff.

Dialysis services

Staff followed policy to keep patient care and treatment confidential. There were 2 consultation rooms away from the main treatment area where staff could speak with patients in private about their care and treatment.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff told us they were very aware of the emotional toll that dialysis took on their patients and were able to support cultural and religious needs to some extent. This included specific appointment times to accommodate prayer and a private room where possible.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. We saw how staff interacted with patients and gave them time to talk about their concerns. Staff told us about how they had supported family members when patients had sadly died. They told us that any patient death was a very emotional time for all staff as they often cared for patients over many years and knew them well. Some patients said they regarded the staff as an extended part of their family.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff describe the impact dialysis treatment had on patients' wellbeing and social life. Staff explained how they listen to the concerns they had and tried to support patients.

Staff understood that some patients needed the support of a family member whilst receiving dialysis, particularly people living with dementia and others who had a mental health issue or emotional need. The service had introduced 'John's Campaign' to recognise the important role that carers play in supporting their loved ones receiving dialysis. The campaign was initially set up to allow carers of those living with dementia to stay with them within healthcare settings. The provider has utilised this as a platform to creating a consistent and standardized approach to welcoming all carers (friend, relative or other) into all their clinics to be part of the care team.

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.

On admission to the clinic, comprehensive details were recorded about the patient and their family. This enabled a personalised care plan to be developed which was also used to inform staff of the point of contact should the patient become unwell. The named nurse was responsible for updating patients on their blood test results, prescription changes and any other aspects of the patients' care or treatment.

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

Dialysis services

Staff supported patients to make informed decisions about their care. The provider had introduced a shared care approach for patients to actively participate in their care. This was encouraged in line with the NHS Long Term Plan on improving health literacy especially within long term conditions such as renal disease. Patients received training to learn how to perform some tasks themselves, such as cannulation and priming their machine and other tasks. Patients were able to perform as few or as many of the tasks as they wished. Participation had risen to 90% in 2023.

The service had provided an application which could be downloaded on patient's mobile phone to keep track of their blood results and health progress. The 'Mycompanion app' was specific to the individual and also provided treatment results, a medications list and interactive learning about renal health. This was available free to patients and paid for by the provider.

Patients gave positive feedback about the service.

In the most recent feedback survey conducted in November 2022 patients agreed with the following statements.

- 97% said they were treated with respect.
- 96% of family members said they were made welcome.
- 94% said they were treated with empathy.
- 94% said waiting areas were comfortable and pleasant.
- 94% said there was a care team member to help them if needed.
- 91% said the care team worked together as a team.
- 88% said the overall quality of care I received was high.
- 88% said they had received helpful dietary advice.

However, there were lower scores of 79% relating to internet access and entertainment facilities.

Managers created action plans following patient surveys to improve services. Recent actions included ensuring patients received information discussed at MDT meetings, ensuring TVs were available; and making patients aware of free WIFI available to them.

The provider took all feedback seriously and sought to make changes where possible. For example, the Mycompanion app was created as a result of patient feedback.

We saw numerous thank you messages on the wall boards in the waiting area. Patients were extremely complimentary about the friendliness and professionalism of staff and commented on how they felt safe and well cared for.

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

Is the service responsive?

Good 

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

Service delivery to meet the needs of local people.

Dialysis services

Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. 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.

People's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible within the limitations of the frequency of the care required, provided choice and ensured continuity of care.

The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. The service used innovative approaches to providing integrated person-centered pathways of care, particularly for people with multiple and complex needs.

- The service worked closely with the referring NHS trust to deliver a flexible service which was suitable for the local population. The service also worked with the local ambulance service which provided the patient transport services for many patients in order to plan care.
- Where patients had complex needs, or were unable to attend the centre, home peritoneal dialysis was provided with support in the community.
- Patients usually attended the clinic 3 times each week and were usually able to flex their session times around work or home commitments if needed. This included later appointment times and Saturdays.
- Patients were encouraged to participate in their own care and were provided with education to do this safely. The Shared Care concept was implemented in line with the focus of the NHS Long Term Plan on improving health literacy for patients with a long term condition such as renal disease. The provider worked closely with ShareHD and Kidney Care UK to implement strategies to improve patient involvement and understanding of their renal disease and dialysis treatment. Training workshops had been provided for staff and patients received education and training to do some of the tasks they chose in order to participate in the shared care approach. Managers monitored patient compliance levels.
- Patients were encouraged to use a mobile application to keep track of their blood results and other tests. The myCompanion app had been commissioned in response to patient survey feedback and suggestions made by the local Patient Advisory Board. The app enabled patients to view their blood results and clearly track their progress though viewing their treatment results (dialysis duration, weight loss, blood pressure, dialysis adequacy) The app also provided information about their medicines and had interactive learning content. This enabled patients to better understand their condition and become more involved in decisions about their care. It was funded by the provider and free to patients.
- In response to the changing needs of patients, the provider joined John's Campaign in recognition of the important role that a carer plays in supporting patients with additional needs. (The campaign was originally set up to help carers of those living with dementia.) The provider used this platform to create a consistent and standardised approach to welcoming all carers (friend, relative or other) into clinics to be part of the care team. Staff understood that having a familiar face enabled patients to feel safe and better ensured their wellbeing needs were being met. Staff also recognized that carers had their own needs and had increased support for carers.
- In response to the COVID-19 pandemic and a lack of access to support services, the provider set up a support programme whereby patients and their immediate families can access advice and support on a variety of topics including mental health and wellbeing, financial issues, legal advice, and GP services. BHSF Rise is a service that is free of charge to patients and their immediate family members, paid for entirely by the provider. Patients were also able to access a web portal to access information.

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

Dialysis services

active infection by treating them in an isolation room. They had spare dialysis machines which were allocated to individuals returning from holidays or who had an infection. They provided their patients with information on how they could arrange dialysis sessions at other centres whilst on holiday and provided holiday dialysis for patients visiting the area from elsewhere. The facilities and equipment were suitable for patients with limited mobility.

Facilities and premises were appropriate for the services being delivered. The treatment area was a large open area divided into bays. Each bed station had all the appropriate dialysis equipment.

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.

There was an admission document completed for all patients that detailed communication needs including language, speech and hearing ability and if any communication aids were required. Staff completed detailed records of patient social history including family relationships and working life. This enabled them to deliver individualised care.

Each dialysis station had a bed which was adjustable for patient comfort. Patients also had their own television which they could use headphones to watch and there was access Wi-Fi throughout. Patients were encouraged to bring entertainment devices and books with them to keep them occupied. Patients were able to work from a laptop during their session if required. They were also able to bring a blanket or other comfort aid.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff used aids where necessary to communicate and gave examples of how they had communicated with a patient with learning difficulties and their family over a long period of time. A named nurse policy was in place to provide continuity for patients.

The service had information leaflets available in languages spoken by the patients and local community. Patient information, such as the fistula care booklet or the patient guide could be provided on request in a range of languages spoken by the local community.

Staff were able to get help from interpreters or signers when needed.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service treated patients under an agreement with a local NHS trust. Patients were referred there from the NHS trust and given a place as soon as one was available. At the time we inspected the service were operating at full capacity. Managers monitored availability and when a space became available, it was quickly filled.

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Managers and staff worked to make sure patients did not stay longer after treatment than they needed to. Where possible patients arriving by ambulance transport were given earlier appointments. The manager liaised with the local ambulance provider if there were concerns regarding patient transport delays.

Dialysis sessions were morning and afternoon. Patients were given staggered arrival times to avoid long waits to be attached to the dialysis machines. Some patients arranged for later slots to fit around work commitments and other appointments.

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.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. There were posters in the waiting areas telling patients how they could raise concerns if they wished. This information was also in the patient familiarisation guide given to all patients on admission.

Staff understood the policy on complaints and knew how to handle them if they arose. There was staff training in responding to complaints and duty of candour. Managers investigated complaints; however, the service had not received any complaints in the last 12 months. Managers learned about complaints from other centres and shared feedback from complaints with staff. Complaints were discussed in monthly leadership meetings with the corporate team and any learning from themes shared with staff at local team meetings.

Is the service well-led?

Good 

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

Leadership

The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care.

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

There was a clear management structure with defined lines of responsibility and accountability and strong collaboration and support across all roles within the service with a common focus on improving quality of care and people's experiences.

Dialysis services

The senior leadership team provided a central approach which was consistent across all locations. It was made up of an Executive Board which was supported by a Director of Nursing. There were 4 Area Heads of operations, and a Senior Governance manager who reported directly to the Director of Nursing. All centre managers reported to an Area Head of Operations and all nursing staff reported directly to a senior nurse. The Senior Governance Manager was responsible for the Training and Education Team who had responsibility for a number of centres within a geographical area.

The board met quarterly and had open lines of communication into senior operational and clinical teams through the director of nursing and operations who presented at the meetings.

The senior leadership team held regular meetings including a monthly governance meeting which was attended by the senior nursing team and included the senior centre managers. Meeting minutes from clinical governance meetings were then shared across the clinic network to ensure Ward to Board governance and shared learning.

Information from these meetings was shared with local managers at weekly regional and individual calls with their area operations manager. They received an update on site specific data, audits, complaints and all gave an update on their own dialysis centre.

At local level, managers shared information with staff through daily huddles and regular staff meetings. They also used a communication platform which sent key messages to all employees via every connected computer system in the organisation. There were plans to replace this soon with the introduction of a new employee application which staff could access via their mobile phones.

Staff spoke positively of leadership visibility and support. They said senior staff empowered them to develop professionally and contribute to the development of the service, and that leaders were well respected, visible, approachable and supportive. They were encouraged to speak with the senior team during regular visits to their centre. Staff were also encouraged to attend a 'Q&A session' at quarterly board meetings to speak directly to board members and the senior team.

Local managers at Tipton Dialysis Unit had a clinical background in renal nursing and often worked clinically and provided cover for sickness and absence when required. Local managers were passionate about the service they led and worked well with the team of staff in their centre. Staff told us they attended regular monthly staff meetings and that they felt that their views were heard and valued. All staff we spoke with were motivated and positive about their work.

The local manager was the registered manager and had day-to-day responsibility for the centre. They were supported by a deputy manager at the centre and senior clinical and educational leaders from the corporate team. Managers told us there were effective working relationships with other centres and the local NHS trust, and senior leader support was readily available. The director of nursing and operational services was based at the head office and carried out regular clinic visits to meet with managers. Other senior managers were available by phone and visited occasionally.

All managers and senior leaders had significant experience in renal and dialysis environments and their professional track record was appropriate for this service.

Vision and Strategy

Dialysis services

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.

The strategy and supporting objectives were stretching, challenging and innovative while remaining achievable.

The service had a clear vision and set of priorities, which were aligned to local plans within the wider health economy, and focused on delivering safe, high quality, patient centred care in the community offering patients greater choice, flexibility and reduced waiting times. The vision and strategy aimed to reduce pressure on the local NHS hospitals by reducing referral to treatment times.

The vision was linked to delivering the service's values. We saw the vision and values was publicly displayed throughout the service. Staff knew and understood the vision, values and objectives for their service, and their role in achieving them and were committed to providing safe care and improving patient experience.

The Tipton Dialysis Unit was one of multiple locations nationally developed to deliver the provider's vision, to which staff were clearly dedicated. A key focus was building capacity and ensuring care standards were grounded in quality and the concept of 'shared care' for patients in line with the NHS Long Term Plan on improving health literacy for patients with a long term condition such as renal disease.

Staff had a clear understanding of what the service wanted to achieve and there was a sense of motivation and enthusiasm amongst the team.

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.

Senior leaders and local managers had an inspiring shared purpose, to deliver and motivate staff to succeed. Comprehensive leadership strategies were in place to ensure delivery of high quality care and to develop the desired culture.

There were high levels of staff satisfaction across all staff roles. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of supportive engagement with staff at local level, including all equality groups. Staff at all levels were actively encouraged to raise concerns.

Staff were kind, friendly and passionate about their work. They were proud to work at the centre and were committed to providing the best possible care to their patients.

The service had a very caring culture. Staff told us that they enjoyed their work and described the team as a "big family". Managers were very proud of their team and all they had achieved.

Relationships were cooperative, supportive and appreciative among all staff. They worked collaboratively and shared responsibility. We observed positive and supportive relationships between the leaders and staff at all levels.

Dialysis services

Staff felt they were kept up-to-date and were made aware of changes needed within practice. The culture encouraged openness and honesty at all levels.

Staff, patients and families were encouraged to provide feedback and raise concerns without fear of reprisal. Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame. Families were encouraged to be involved in their loved one's care and to give honest feedback.

All staff said they felt that the senior leadership team and their managers were very approachable and felt they could raise any concerns.

There was a nursing practice group to facilitate nursing discussion and support for clinical staff, and an employee forum which enabled staff at all levels to share their opinions and have voices heard to help shape the future of the organisation.

Staff were able to access financial, legal, carers support and counselling as well as access to a GP helpline service 24 hours a day through an online portal platform provided by the Birmingham Hospital Saturday Fund (BHSF). This was available to all employees and their immediate families and was fully funded by the provider.

Staff were able to access a benefits package via the platform to claim back money spent on opticians, dentistry and therapeutic massage sessions. This amounted to around £1,600 per staff member each year.

The platform also gave free staff access to a mental fitness application (MyMindpal) which helped individuals to increase positivity and reduce stress levels in their daily lives.

The provider utilisation reports demonstrated high levels of engagement and feedback from those who engaged with BHSF's services.

- **98.08%** of staff said they would recommend the support platform to their colleagues.
- **89.73%** of staff stated that the support enabled them to remain in work or return to work sooner.
- **92.96%** of cases improved their mental health clinical scoring whilst within the service during February 2023.

Leaders identified a trend in accessing the service for stress related reasons which was reflective of absence trends at the time. The provider took a proactive approach and provided workshops to help manage stress throughout June 2023.

The provider promoted equality, diversity, and equity. Leaders and managers ensured everyone had a voice and felt able to contribute to the success of the service. Policies were assessed to ensure guidance and standard operating procedures did not discriminate because of race, ethnic origin, nationality, gender, culture, religion or belief, sexual orientation and/or age.

Processes and procedures were in place to meet the duty of candour. Where errors had been made or where a patients' experience fell short of what was expected, apologies were given, and action was taken to rectify concerns raised.

Dialysis services

Leaders and managers listened to staff and took action to address any concerns. They had worked in collaboration with Menohealth to produce 30 training and awareness sessions for all staff about the menopause. Weekly sessions helped staff to improve their knowledge and understanding of menopause and take control of their health and wellbeing. Specialist MenoLeaders shared evidence-based information in a friendly, informal setting to encourage discussion and peer support. This was funded by the provider.

The initiative supported employees who were finding work challenging due to menopausal symptoms and created a supportive and inclusive culture in the workplace.

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.

Governance and performance management arrangements were proactively reviewed and reflected best practice.

The provider had implemented a clinical assurance tool (CAT) to underpin and monitor the effectiveness of performance and initiatives currently in progress. The CAT was an online tool that was in the form of a visual dashboard and was able to send and receive key information to assist with Ward to Board Governance. The CAT was aligned to their 12 Governance Chapters, providing tasks and information for specialist topics, and enabling free flow of key information between center managers and the senior leadership team. The tool enabled managers to access systems and acted as a source of evidence of compliance for internal and external standards and requirements. Managers were able to request support or highlight areas of concern directly from the CAT and there was a report process which was monitored by the quality assurance team. The governance team had oversight of the reporting process including follow up actions.

For 2023 the provider implemented a 'Dignity and Respect visit' process to obtain 'live' data regarding the quality of the service being provided. The process required a member of the senior leadership team to visit each centre to assess the physical appearance of the unit, perceived hygiene (not a formal infection prevention and control audit) and how well people were being treated. They also spoke with patients about the waiting area, patient information, quality of care, privacy, dignity, hygiene, communication, participating in shared care, access to the manager, MyCompanion, access to the support platform and any other comments or concerns. Information was collated and shared with staff.

The governance framework was based on a provider-level accountability structure that included the board and senior leadership team and had direct lines of communication to local managers and staff.

Governance records demonstrated consistency and good practice.

Staff attended monthly staff meetings locally which were led by the centre manager or their deputy. Information was shared from the governance meetings and staff learned about performance at other locations as well as their own. All staff were encouraged to participate and said they found staff meetings valuable.

The service's policies were developed at provider level and incorporated the most recent guidelines and evidence based practice. Staff were able to access all policies through their computers. Staff told us that updates to policies would be 'flagged' within their document system and alert them to read this. When staff had read policies, they would sign electronically to acknowledge they had. Leaders would also discuss changes in policy within staff meetings.

Dialysis services

Staff followed provider policies and procedures, and this was monitored by audits.

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 contributed to decision-making to help avoid financial pressures compromising the quality of care.

The registered manager maintained a risk register for the service and had sight of the corporate -level corporate risk register. They reviewed risks regularly and the senior leaders maintained oversight of this.

The senior team used a quality and performance dashboard and clinical assurance tool to monitor performance of the service which local managers had access to. This provided oversight of incidents, complaints, risks, and patient outcomes, as well as oversight of the various initiatives that were in place.

Renal consultants from the referring NHS trust were contactable by the senior team to support incident and complaint investigations.

The service had processes in place to ensure fit and proper persons were employed, including background checks, reference checks, and disclosure and barring service (DBS) checks.

Information Management

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

The service had data sharing and security agreements with the referring NHS trust and community stakeholders. Appropriate data protection arrangements were in place, including secure data storage with access controls and back-up in the event of systems failure.

The provider retained key dialysis effectiveness data to support audits, or complaint investigations.

The provider maintained compliance with the national data security and protection toolkit and the government's Cyber Essentials programme.

During our inspection staff demonstrated their understanding of information governance systems and their role in ensuring consistency.

All staff undertook training in information governance and application of the General Data Protection Regulations.

Engagement

Dialysis services

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

The senior team actively sought care pathway development opportunities to increase capacity across all their locations. This reflected high levels of demand for renal dialysis and helped reduce pressure on acute services.

The service viewed engagement with patients as a key factor to improving their health outcomes, and actively encouraged patients and their families to participate in managing their care and monitoring their progress. They had provided training to support the shared care concept and free access to live data via a mobile application to monitor their ongoing health outcomes.

Multiple approaches were used to gather feedback from people who use services and the public, including people in different equality groups. As well as patient satisfaction surveys, patients and their families could provide feedback through patient forums, directly with their named nurse, by using the comments boxes and there was feedback board in the reception area for people to write their comments.

The service monitored patient satisfaction as part of service level agreements with the referring NHS trust. Results showed satisfaction levels were consistently high.

The provider truly valued its staff and encouraged everyone to have a voice at team meetings and through an employee forum. They also used an employee recognition scheme where all staff could nominate a colleague for going above and beyond their usual duties and for showing company values. A nominee was selected each month and awarded a £50 gift voucher.

The safety and wellbeing of staff was promoted. In 2023, the provider launched an initiative to help all staff get to know each other outside work. All centres were given funding to arrange team outings, lunches, sporting events and other activities to help them bond as a team.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The leadership team were committed to continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care for patients. They used innovative approaches to supporting patients and staff.

Staff were given an 8 week training and education programme to be able to provide dialysis care. Qualified nurses were given the opportunity to attend training at a local university to gain a qualification as a renal nurse. This was funded by the provider.

The provider was committed to improving patient outcomes by involving them in their care and providing them with opportunities to learn about their condition and how to manage and monitor it.

Dialysis services

There was a dedicated learning and development team who visited all centres to provide tailored inductions, assess competencies and support staff with changes to practice.

The provider collaborated with external stakeholders such as the local university, ShareHD, and Kidney Care UK to create training and learning opportunities for patients and staff, and utilised national campaigns to improve services offered to patients and their carers.