

Diaverum Facilities Management Limited

John Sagar Renal Centre

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

The service had not been inspected before. We rated it as good because:


- The service had enough staff to care for patients and keep them safe. The service controlled infection risk and managed medicines well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and 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.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always provide training in key skills for staff, or support staff to develop their skills.
- Leaders did not always run services well using reliable systems.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	This service had not been inspected before. We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to John Sagar Renal Centre

The John Sagar Renal Centre is a nurse led purpose-built stand alone facility providing haemodialysis treatment and outpatient clinic facilities for patients from across the Lancashire region. The clinic provides chronic haemodialysis and hemodiafiltration treatments and care for established chronic renal failure patients who have already been stabilised on therapy provided by their local NHS hospital.

Diaverum Facilities Management Limited operate this service on behalf of a local NHS trust.

It also accepts patients for dialysis away from base.

The current location has been registered with the Care Quality Commission (CQC) since 2021 to carry out the following regulated activities:

Treatment of Disease, Disorder, or Injury of adults.

The service did not have a registered manager in post at the time of our inspection as the previous manager had left. There was an acting manager who had made an application to the CQC for registered manager status.

The service was open Monday to Saturday and closed on Sunday. The unit ran 2 sessions per day with 24 dialysis stations.

The service has not previously been inspected.

How we carried out this inspection

Two inspectors carried out this inspection, unannounced using our risk-based methodology as the service has not previously been inspected. An inspection manager and head of inspection oversaw this inspection.

We observed the service in operation and spoke with 5 staff and 5 people using the service.

We reviewed a wide range of policies and 5 sets of patient records. We also reviewed 4 staff recruitment records to determine if there was safe recruitment and competent staff.

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

Areas for improvement

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

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

Summary of this inspection

- The service should ensure that there are effective systems and processes in place for the management of policies.
- The service should consider further measures to improve the handling and disposal of sharps safely.
- The service should continue to ensure staff appraisals are carried out regularly.
- The service should continue to ensure mandatory training for Learning Disability and Autism awareness is undertaken by all staff.

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 

The service had not been inspected before. We rated it as good.

Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. At the time of inspection, the service had an overall mandatory training compliance rate of 96%. The services mandatory training programme included basic life support, sepsis and haemodialysis specific training.

Managers monitored mandatory training through a dashboard and alerted staff when they needed to update their learning.

Clinical staff completed training on recognising and responding to patients with mental health needs, and dementia. However, at the time of our inspection the service did not provide training on learning disabilities or autism. Following our inspection feedback, the service introduced mandatory training for all staff on learning disabilities and autism and provided evidence that this was being completed.

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. All nursing staff were trained to level 2 safeguarding of adults and children in line with national guidance. The clinic manager was level 3 trained and there was a national level 4 trained manager within the organisation.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Dialysis services

The service had a safeguarding policy which was version controlled and provided guidance for staff to follow on how to identify and escalate all safeguarding concerns including female genital mutilation.

All safeguarding incidents were to be reported to the commissioning trust and went through their internal system. The service had no safeguarding referrals in the last 6 months.

The contract review meetings with the commissioning trust included management of safeguarding. Safeguarding was discussed at all levels throughout the organisation as demonstrated in governance meeting minutes we reviewed.

Cleanliness, infection control and hygiene

The service controlled infection risk well. They kept equipment and the premises visibly clean. Staff used equipment and control measures to protect patients, themselves and others from infection. However, staff did not always handle sharps safely.

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

The service generally performed well for cleanliness and had comprehensive systems in place to manage infection prevention control.

Cleaning records were up-to-date and demonstrated that staff cleaned all areas regularly. A weekly audit was undertaken, and the most recent audit showed a compliance of 95%. There was an escalation process for the service if they found any areas of concern. At the time of our visit, we could see improvements being carried out that had been highlighted as non-compliant in previous audits, therefore we were assured the service acted when areas for improvement were identified.

Staff followed infection control principles including the use of personal protective equipment (PPE) and cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Managers carried out monthly infection, prevention, and control (IPC) audits for equipment and clinical areas. The clinic manager also conducted a weekly walk around to make sure standards were met. We reviewed 6 weekly hand hygiene audit records that showed results between 90% and 100%.

We saw evidence of bacteriological surveillance of haemodialysis fluids through test reports. Water from the water plant machine was sent to a laboratory monthly and results from the past 3 months showed no concerns. Staff completed daily checks on water temperature, chlorine levels and water hardness. Staff did not always use the correct water treatment log checklist; this was raised with the manager who resolved this following our feedback.

The service had policies for the management of blood borne viruses. There were associated policies for the testing and management and dialysis of patients with Hepatitis B, Hepatitis C and HIV.

There were processes to screen and assess patients as carriers of blood borne virus (BBV) every three months. For example, if a patient went from a negative to positive Hepatitis C result the whole unit would be screened, and those patients would be isolated.

The storeroom was maintained in a way that promoted infection prevention and control. The service stored all items on shelving units or pallets raised off the ground, and all COSHH substances were kept securely.

Dialysis services

Staff did not always handle sharps in line with best practice during our inspection. This was raised at the time of our inspection with the service manager who put an action plan in place to improve compliance.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe, and staff were trained to use them. Staff managed clinical waste well.

Patients could reach call bells and staff responded quickly when called and when equipment alarmed.

The design of the environment followed the NHS England national guidance on satellite dialysis units, having separate dialysis rooms for patients with infections and adequate space between treatment bays.

Staff carried out daily safety checks of specialist equipment. We reviewed the daily resuscitation equipment checks for the last three months which evidenced this.

The service had enough suitable equipment to help them to safely care for patients. All equipment we checked had been serviced, such as the patient hoist and dialysis machines. There was a comprehensive timetable for maintenance, servicing and testing of dialysis machines and the service had a contract for specialist engineer support on site.

The service also had spare machines that could be used if any were faulty or having maintenance undertaken.

Staff disposed of clinical waste safely and the service had a contract for clinical waste disposal.

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.

The service had an exclusion criteria for referrals to the service and did not take patients deemed medically unstable, have multiple comorbidities or had a high BMI.

Staff completed risk assessments for each patient on admission, using recognised tools, and reviewed these weekly, including after any incident. These included admission assessments, skin integrity, falls, pressure ulcer, moving and handling, venous needle dislodgement and environmental assessments.

Staff knew about and dealt with any specific risk issues. Staff had training on sepsis, anaphylaxis, and complications of dialysis along with use of the National Early Warning Score (NEWS) system to identify patients deteriorating.

The service had a procedure in place for managing deteriorating patients and staff knew this process. The service was a satellite unit not on a hospital site, so the process was to call 999 for medical emergencies.

Staff shared key information to keep patients safe when handing over their care to others and could give examples of how they communicated this information in different scenarios such as when transferring patients to the emergency department who become unwell.

Dialysis services

Shift changes and handovers included all necessary key information to keep patients safe such as infection control, mobility, and learning from incidents that occurred.

There was a personal emergency evacuation plan (PEEP) which were red, amber, green (RAG) scored according to individual patients' mobility.

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.

The service had enough nursing and support staff with the qualifications to keep patients safe and had no vacancies at the time of inspection.

Managers accurately calculated and reviewed the number and grade of nurses, dialysis assistants and healthcare assistants needed for each shift using a calculator that was in line with national guidance.

The number of nurses and healthcare assistants matched the planned numbers across the previous 6 months of shift rotas we reviewed.

The service had low vacancy and turnover rates.

Managers limited their use of bank staff and had not had any requirement to use these staff since December 2022, however this resource was still available if required. The service did not use agency staff.

Records

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

Patient notes were comprehensive, and all staff could access them easily. We reviewed 5 patient records and found information consistently documented around allergies, risk assessments and additional needs. The service used both electronic and paper records and managed this well.

Records were stored securely in locked trolleys and staff ensured no computers were left logged in and unattended at any time.

When patients had tests and treatment undertaken at the NHS hospital, staff at the John Sagar unit were able to access these directly on the electronic system. Staff at the NHS hospital that were involved in the patients care had access to their dialysis records.

Medicines

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

Dialysis services

Staff followed systems and processes to prescribe and administer medicines safely during our observations.

Staff completed medicines records accurately and kept them up-to-date. We reviewed 5 medicines charts and found all were comprehensive and clear.

Patients brought their own supply of medicines unrelated to dialysis with them and self-administered these.

Staff stored and managed all medicines and prescribing documents safely in secure areas. All medicines we reviewed were within date.

Senior staff undertook medicine management audits monthly and these audit records demonstrated that this was effective, and issues highlighted had been addressed accordingly.

Staff learned from medicine incidents to improve practice and safety.

Incidents

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

Staff knew what incidents to report and could demonstrate how they report them in line with the service's policy.

The service had no never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death, but neither need have happened for an incident to be a never event.

Staff received feedback from investigation of incidents and managers shared learning with staff in a variety of ways such as electronically and in handovers and team meetings. Finalised root cause analysis reports were also uploaded to a central system so that staff could view these for their learning.

Managers investigated incidents thoroughly, we reviewed 5 incident reports and found investigations were timely and in depth and patients and their families were involved.

The service was open and transparent, with duty of candour followed in the incidents we reviewed

Is the service effective?

Good 

This service had not been inspected before. 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 provided care and treatment in line with current guidance based on the National Institute for Health and Care Excellence (NICE) guidance and Renal Association Haemodialysis guidelines (2019).

The service ensured that staff regularly assessed patient's vascular access and we saw these assessments in patient records, in line with NICE QS72 statement 8.

A vascular surgeon held a clinic at the unit weekly, to assess and review patient's arteriovenous access sites. The service had had no Venous needle dislodgment (VND) incidents in the last year.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives, and carers.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Patients were provided with a drink and biscuits or alternative snack during their treatment session.

The commissioning trust provided specialist support from dietitians for patients who needed it.

Patient outcomes

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

The service had systems in place to monitor patient outcomes and they produced a report of this monthly which was shared with the commissioning trust.

The commissioning trust carried out audits of the unit monthly, to ensure that the service was delivering a high standard of care and outcomes for patients were meeting expectations and national standards. The results from the last 3 months of these audits were 100%.

Managers and staff investigated outliers and implemented local changes to improve care and monitored the improvement over time. Clinical measures such as anaemia, vascular access, arterial hypertension and chronic kidney disease mineral bone density were audited to track patient outcomes and results.

Missed appointments and treatment times being shortened were consistently reported, monitored, and reviewed for themes. Managers created action plans to address these for instance education on the importance of treatment for patients regularly missing appointments.

Competent staff

Dialysis services

The service made sure staff were competent for their roles and new staff were given a full induction. Staff were supported to learn and develop their skills. Managers did not always hold staff appraisals.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work. Staff told us that this induction was thorough and covered everything they required.

Managers made sure staff attended team meetings or had access to minutes when they could not attend, through emails and held on a database so staff could access these.

Managers made sure staff received any specialist training for their role such as dialysis safety, renal transplant, and competency for use of specialist equipment which was provided by the equipment company.

Managers explained how they would identify poor staff performance promptly and support staff to improve if this occurred.

Managers had not held staff appraisals at the time of our inspection, however following the feedback from our inspection we were provided with evidence that the service had reached 100% compliance with staff appraisals with a new system introduced.

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. Meetings were held monthly to review patient's response to treatment and any additional concerns or needs required to improve this. Renal consultants, nurses and other allied health professions attended these meetings.

Staff worked across health care disciplines and with other agencies when required to care for patients.

Seven-day services

The service was open six days a week. Key services were available to support timely patient care.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests such as blood tests.

The unit had access to a group of 4 consultants, which provided cover for all 6 days of the service operating and ensured consistent support over periods of sickness or leave.

Health promotion

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

Dialysis services

The service had relevant information promoting healthy lifestyles and support in patient areas such as kidney health information and support organisations in the waiting area.

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

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care and gained consent from patients for their care and treatment in line with legislation and guidance.

Staff clearly recorded consent in the patients' records. We reviewed record audits for the last 3 months that demonstrated 100% compliance in recording consent for treatment.

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The compliance rate for mental capacity training was at 100% at the time of our inspection.

Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

This service had not been inspected before. 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 said staff treated them well and with kindness and were all happy with the care they received at the service.

Staff followed policy to keep patient care and treatment confidential and each dialysis space had curtains to maintain privacy during personal care.

Staff we spoke with 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.

Dialysis services

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. The service had a prayer room for patients who required this.

Emotional support

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

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 and gave examples of how they support patients who may be struggling with their illness and treatment.

Staff gave patients and those close to them help, emotional support and advice when they needed it. The service had access to specialist mental health support from a renal clinical psychologist for patients who needed additional psychological support.

The service held a monthly Kidney Supportive Care MDT Meeting with the renal psychologist to review and discuss any emotional or psychological concerns and how to address these for each individual.

The service also had a pathway to refer patients to a renal social worker for additional support.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients told us that they could ask questions and staff were supportive of them.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service undertook annual patient satisfaction surveys, the most recent taking place October 2022 which showed an average score of 6 out of 10 but had a low engagement rate of only 15% of patients responding. Following the survey in February 2023 managers conducted a "you said, we did" campaign to collect more feedback from patients.

Is the service responsive?

This service had not been inspected before. We rated it as good.

Service delivery to meet the needs of local people

Dialysis services

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

The service organised dialysis sessions throughout the day to ensure that morning and afternoon patients received plenty of time for their sessions, and machines could be cleaned between each patient.

Facilities and premises were appropriate for the services being delivered. Patients had a dedicated parking bay outside the unit. The unit was accessible for people with additional mobility needs.

Managers monitored and took action to minimise missed appointments. These were reported through the incident system to be tracked, and this information was then passed to the commissioning trust and the patients consultant. They had a system in place for educating and supporting patients that missed appointments.

Managers ensured that patients who did not attend appointments were contacted for wellbeing checks and meetings to discuss additional support.

Meeting people's individual needs

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

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed. The commissioning trust would arrange translation services if they were required, and staff knew how to access this.

Dialysis stations were equipped with individual TV screens for patient entertainment during dialysis.

The service had a dedicated nurse for dialysis patients who were going on holiday. The nurse would work with the patients to arrange dialysis sessions at a unit near to their holiday location.

The service had a bay of 6 treatment stations for patients under minimal care training to self-needle and self-dialyse. Managers told us that in the future, patients would be able to access this unit and independently dialyse.

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.

Waiting times for treatment were the responsibility of the commissioning trust.

Dialysis appointment times were allocated to patients and accommodated to individual patient's personal commitments and preferences where possible.

Dialysis services

The service had direct access to the ambulance booking system so they could manage their requests for patient transport in a timely manner.

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 and investigated them, however processes for managing complaints were not consistent.

The service displayed information about how to raise a concern in patient areas. Contact details for senior leaders were displayed in the waiting area for patients so that they had easy access to raise concerns.

Service users could also raise complaints and concerns through the provider website, this stated that you could provide feedback anonymously, and in your own language which tailored to people's needs.

The service had not had any complaints in the last 6 months related to clinic activity.

The service did not have a clear procedure for managing complaints. The service had 3 policies on the internal webpage for staff and managers on complaint handling, each containing different information and 1 past the company's set review date. We were therefore not assured that complaints were always managed consistently.

Is the service well-led?

This service had not been inspected before. 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.

Diaverum UK Limited senior leadership team were based in St Albans, Hertfordshire. The team for Diaverum UK Limited consisted of an area manager (for north, south and midlands), finance director, director of operations, Human resources (HR) director, commercial director, quality and compliance director and nursing director.

Within the unit there was a clinic manager who had been in post since November 2022 who reported to the operations area manager for the North. The clinic manager and operations manager had a clear vision for making the unit as effective as possible and when they had identified areas for improvement, they had escalated these to corporate level and these had been resolved.

The clinic manager reported a strong working relationship with the commissioning trust, meeting the trust representative monthly and having regular contact with them.

Dialysis services

The provider had implemented a succession programme to grow their own staff to develop into leadership roles. The succession programme involved promoting nurses into senior nurse roles with a view to developing them into deputy clinic manager and clinic manager roles.

Staff told us that they felt leaders were visible and approachable and that they felt supported at work.

Vision and Strategy

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

The service had a vision and strategy, and this was visible around the unit, on posters and computer screensavers. Staff were aware of the service's vision and the role they played in achieving this.

The strategic priorities were clear with an overall aim of being “the most trusted and valued independent sector dialysis provider to the NHS.”

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 told us they felt supported and respected at work and that they enjoyed working on the unit. Several staff we spoke with had worked for the company for many years, and at this location since it opened. We also spoke with more recently recruited staff who stated they had a programme of learning they were following.

Staff had opportunities for career progression in the organisation with a programme of development in place for healthcare assistants to work towards either registered nurse training or becoming dialysis assistants, and a management programme was in place for registered nurses.

The service ensured that all staff received annual training in their code of conduct as well as equality, diversity, and human rights. Staff told us that they felt the service promoted equality and diversity and the team was diverse and worked well together.

We observed respectful and supportive working relationships at the unit during our inspection. Staff told us they enjoyed working at the unit and they felt valued by management and colleagues.

The service had a Speak up policy that outlined how staff could raise concerns within the organisation.

Staff views were collected in yearly surveys. We reviewed the most recent survey results from October 2022 that highlighted several issues such as short staffing and lack of managerial support with the absence of a clinic manager at that time. An action plan had been created in response to the issues raised; these had dates to be achieved by and individuals responsible for overseeing these. During our inspection we observed all the actions that had been identified had been actioned, such as a clinic manager in post, mental health support for staff and increased levels of staffing. Staff told us they had seen improvements following the survey.

Dialysis services

Governance

Leaders did not always operate effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities however did not always have regular opportunities to meet, discuss and learn from the performance of the service.

Local level governance arrangements included team meetings every 2 months with plans to increase this to monthly in the future. All meetings followed a set agenda covering topics such as health and safety, risks, and education. Minutes were taken and circulated to all staff so that those who were unable to attend the meeting were still informed.

The organisation held weekly manager meetings across the North to share issues and learning from clinics across the area.

Managers met with the commissioning trust monthly to discuss the findings of the performance report and any issues to do with treatments.

The service had a policy for production, review and approval of clinical policies which outlined who was responsible for ensuring these were up to date with national guidance, and that policies were to be reviewed every 5 years or when changes were made to guidance and legislation.

We reviewed 15 policies covering a range of topics and found 2 of these had not been reviewed within the designated time frame set by the company. The policy for Do Not Attempt Resuscitation (DNAR) had a review due date on of 2016 and no evidence that this had been done. This contained out of date guidance from 2001. This was raised with the managers during the inspection. Staff told us that they had been trained in DNAR and demonstrated good knowledge of managing patients with DNAR orders.

The service did not have a clear process for complaints; with 3 complaints handling policies and procedures, 1 of which had passed its review by date.

The service had not undertaken staff appraisals for several years but were in the process of moving to a new system to undertake these by the end of 2023. Following our inspection, we received evidence that this system had been introduced and the service now had 100% compliance rate with appraisals.

Management of risk, issues and performance

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

The service had a business continuity plan in place which had been reviewed and updated recently. A copy of the plan was kept with the emergency evacuation plan. The service also had more specific continuity plans for loss of water supply and loss of workforce.

The service had an easily identifiable and accessible emergency evacuation plan on the wall of the unit, this included personalised plans for patients according to their mobility needs.

Dialysis services

The service had a local risk register which was reviewed monthly by the unit manager and sent for review to senior leaders for Diaverum. We reviewed the risk register and saw that risks were appropriately scored, and mitigating actions were recorded. However not all risks we identified during our inspection were included, such as out of date policies and staff not having autism and learning disability training.

Information Management

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

The service had clear and robust service performance measures which were reported as key performance indicators and monitored by the provider and commissioning trust.

The service used information technology systems effectively to monitor and improve the quality of care. The Diaverum system enabled staff to view a dashboard of all the units' patients' blood results from the laboratory system to action these appropriately and timely to improve the quality of care.

Engagement

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

Managers told us that they actively encouraged stakeholders, such as dialysis patients, to feedback on their experience. Feedback methods included annual patient surveys, direct access for patients to senior managers, suggestion boxes and feedback cards and engagement with national British Kidney Patient Association advocates.

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.

The service had started delivering patient education in self-dialysis.