Renal Services (UK) Limited

Renal Services (UK) Ltd -Hamilton

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Overall summary

We carried out an inspection of Renal Services (UK) Ltd -Hamilton using our comprehensive inspection methodology on 21 July 2021. The inspection was carried out due to concerns raised during routine engagement carried out with the service. We inspected the five key questions of: safe, effective, caring, responsive and well led. This is the first inspection for this service.

During the inspection we found several areas of concern in relation to Regulation 12. Following this inspection, we wrote to the provider and told them that we required them to provide us with assurance that they would make immediate and ongoing improvements, otherwise we would use our powers under Section 31 of the Health and Social Care Act 2008. Section 31 of the Act allows CQC to impose conditions on a provider's registration. The provider responded to us and provided an action plan that told us what they would do to address our concerns.

In addition, following our inspection and review of evidence we issued a Section 29 Warning Notices for a breach of Regulation 17. We also issued Requirement Notices for a breaches of Regulation 13, Regulation 15 and Regulation 18.

As a result of our inspection findings, this service has been placed into special measures'.

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

- We observed poor practice from staff in relation to infection prevention and control, medicines management and equipment checks. Safeguarding procedures were not comprehensive and did not refer to up to date legislation and guidance. Staff skill mix did not always meet the national standard. Patient records were not always comprehensive or stored in line with guidance. Staff did not report incidents consistently.
- Staff did not demonstrate understanding of the legal requirements or processes to asses a patient's best interest. Staff did not demonstrate competence when observed during our inspection. Health promotion for patient was not comprehensive. Appraisal and supervision had not been completed.
- Resources were not available to meet information and communication needs of patients with a disability or sensory loss. Staff told us they did not have access to information leaflets in languages spoken by the patients and local community. Learning from complaints was not always shared consistently.
- Local leaders did not demonstrate understanding of the priorities and issues the service or the skills to address these. The providers' vision and values were not embedded. Staff did not feel respected, supported and valued and could not raise concerns without fear. Staff were not always focused on the patient's needs or demonstrate good practice in care giving. Staff were not clear about their roles and accountabilities. Staff did not demonstrate understanding of the risks face by the unit or of policies in place to manage significant issues that could affect the service.

However:

- Pain relief was administered in a timely and appropriate way. We were told the multi-disciplinary team worked effectively across the providers.
- Multi-disciplinary teamwork between the service and the NHS provider who commissions the service was effective
- Patient told us staff were caring, kind and maintained their dignity at all times.

Summary of findings

- The service planned and provided care in a way that met the needs of local people and communities served. People could access the service when they needed it and received care promptly Facilities and premises were appropriate for the services being delivered. Managers monitored and took action to minimise missed appointments. Staff made reasonable adjustments to help patients access services.
- The service would actively support research which was undertaken by its partners.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Inadequate 	

Summary of findings

Contents

Summary of this inspection

Background to Renal Services (UK) Ltd -Hamilton

Renal Services (UK) Ltd - Hamilton provide regular dialysis to NHS patients living in Leicester and the surrounding area. Renal Services (UK) Limited, an independent healthcare provider, has operated Renal Services (UK) Ltd – Hamilton dialysis centre since December 2019. This was the first inspection of the service since its registration with the CQC.

The location has a waiting area, two clinic rooms, potential for 36 treatment stations including six side rooms.

It offers each patient three dialysis treatments in each week and can provide up to 180 dialysis session a week. Clinics are undertaken for the patients treated at Renal Services (UK) Ltd - Hamilton and these are managed by the local NHS trust.

The unit is open Monday, Wednesday and Friday from 7am to 11.30 pm and Tuesday, Thursday and Saturday from 7am to 7pm. The local NHS trust commissions the dialysis service for patients who are established on regular dialysis. There are two consultants from the NHS trust attached to the service who lead the care and treatment for their patients using the dialysis service at Renal Services (UK) Ltd – Hamilton. The consultants prescribe treatments and there is a contract of what the trust commissions from the dialysis service.

The service is registered to provide the regulated activity of treatment of disease, disorder and injury.

The service has had a registered manager in place since registration.

This was an unannounced inspection. Before the inspection we reviewed information, we had about the service based on the intelligence we had received.

Concerns were identified during our routine engagement with the service relating to the understanding of the Mental Capacity Act and the best interest process. This prompted an inspection of the service.

How we carried out this inspection

We visited the service on 21 July 2021. We spoke with five staff on the unit, four patients who were receiving dialysis, reviewed two patient care records, reviewed four staff files, audit and observed clinical practice. Over the following two weeks we spoke with six staff from both the provider and the NHS trust who commission the service and reviewed a range of documents including, policy documents and a variety of information about governance.

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

Areas for improvement

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

Summary of this inspection

Action the service MUST take to improve:

We told the service that it must take action to bring services into line with two legal requirements.

- The provider must ensure systems are in place to manage the risk of the spread of infection to provide assurance service users are not put at risk. Regulation 12: Safe Care and Treatment 12 (1).
- The provider must ensure that policies and procedures are embedded in practice. Regulation 12: Safe Care and Treatment 12 (1).
- The service must ensure all staff follow safe practices when administering, checking and storing medicines so patients receive them safely. Regulation 12: Safe Care and Treatment 12 (1).
- The provider must ensure systems in place are effective to monitor all staff who work within the service to provide assurance staff are appropriately competent and skilled to provide safe care. Regulation 12: Safe Care and Treatment 12 (1).
- The provider must ensure effective and consistent systems are used to check equipment used for carrying on a regulated activity, actions required recorded and audits undertaken to ensure compliance with the process. Regulation 12: Safe Care and Treatment 12 (1).
- The service must ensure all incidents are appropriately reported, investigated, actions taken, and timely feedback given to staff involved. Regulation 12: Safe Care and Treatment 12 (1).
- The provider must ensure that staff understand and work within the requirements of the Mental Capacity Act 2005 whenever they work with people who may lack the mental capacity to make some decisions. Regulation 13: Safeguarding service users from abuse and improper treatment 13 (1) & 13 (2).
- The provider must ensure the safeguarding policy and training reflects up to date legislation and all appropriate aspects relating to safeguarding of people using the service. Regulation 13: Safeguarding service users from abuse and improper treatment 13 (1).
- The provider must ensure appropriateness of equipment in use. Equipment checks must be completed to monitor accuracy of results. Regulation 15: Premises and equipment 15 (1).
- The provider must ensure safe systems and processes are followed by staff when managing the disposal of clinical waste; including sharps and linen. Regulation 15: Premises and equipment 15 (1).
- The provider must implement effective systems to ensure all staff receive information, updates and best practice guidance. Staff must be aware of policy content and practices must be embedded within the service. An effective process to monitor performance and improve care must be implemented. Regulation 17: Good governance 17 (1).
- The provider must ensure staff files are organised in a consistent way with consistent information included and documents filed securely in the correct folders. Regulation 17: Good governance 17 (1).
- The provider must ensure patient records are an accurate record, up to date and include all decisions taken in relation to care and treatment. Regulation 17: Good governance 17 (1).
- The provider must ensure medical records are stored and managed in line with current legislation. Regulation 17: Good governance 17 (1).
- The provider must implement a governance structure to ensure local managers and staff have oversight of all aspects of the service, which includes but is not limited to performance, risk, learning from complaints and staff competence. Regulation 17: Good governance 17 (1).
- The service must ensure suitably skilled staff are appropriately deployed and allocated in line with national guidance. Regulation 18: Staffing 18 (1).
- The provider must ensure there are effective systems to support staff with training and development needs through an appraisal process and staff meetings. Regulation 18: Staffing 18 (2).

Action the service SHOULD take to improve:

Summary of this inspection

- The service should consider a review of the audit of the patient deterioration tool in use to include a check for accuracy of completion.
- The provider should ensure there is documented evidence that all staff have a clear Disclosure and Baring Service (DBS) check.
- The service should consider how to support patients lead healthier lives through health promotion.
- The service should consider the need for backup power supply.
- The service should consider how it can support patients with individual specific communication needs.
- The service should consider note taking at meetings with external providers.
- The service should consider how it can ensure all staff are aware of and working towards the providers' vision and values.

Our findings

Overview of ratings

Our ratings for this location are:

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

Inadequate

Dialysis services

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

Are Dialysis services safe?

Inadequate

This was our first inspection of the service. We rated it as inadequate.

Mandatory Training

The service provided mandatory training in key skills for substantive staff and made sure they completed it. However, the service did not provide mandatory training for bank and agency staff, they did monitor completion but did not always make sure bank staff completed it.

Substantive staff received and kept up-to-date with their mandatory training; staff told us they were allocated time to complete mandatory training during work hours. Managers monitored completion of mandatory training using a spreadsheet which identified individual modules such as basic life support, fire safety and infection prevention and control (IP&C).

Bank staff we spoke with told us they had not received mandatory training from the provider. Managers confirmed they relied on bank and agency staff completing the training at other employers. Following our inspection, we reviewed copies of records for completed mandatory training for the six bank and seven agency staff used by the service. The completion of mandatory training was not consistent, of the six bank staff records reviewed only one member of staff had 100% compliance.

Safeguarding

Safeguarding policies did not reflect up-to-date legislation and were not comprehensive. Staff had training on how to recognise and report abuse and they knew how to apply it.

Although the provider had safeguarding policies for both vulnerable adults and vulnerable children in place, the policy was not comprehensive as it did not include details of training levels required, modern day slavery or female genital mutilation. There was no reference within the policies to the intercollegiate guidance Safeguarding Children and Young People: roles and competencies for health care staff intercollegiate document 2019 or Adult Safeguarding: Roles and Competencies for Health Care Staff 2018.They did not include comprehensive information required to keep service users safe.

We were told staff received training specific for their role on how to recognise and report abuse. Safeguarding was included in mandatory training modules. Following our inspection, we asked the provider to confirm the contents of safeguarding training delivered. However, we did not receive sufficient, comprehensive information to provide assurance the contents of the safeguarding training provided were appropriate to ensure safety.

Staff we spoke with told us they knew to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff described occasions they had identified concerns about patient safety and risk of abuse, and appropriately referred patients to the local authority safeguarding team.

The services recruitment policy required all staff to have a clear disclosure and baring service (DBS) checks and references before they started working with the service. During our inspection we reviewed six staff recruitment records, all had references in place. However, confirmation of a clear DBS was not available. We were told DBS certificates were seen by the Human Resource team prior to staff starting work but they did not keep documented evidence of this.

Cleanliness, infection control and hygiene

The service did not always control infection risk well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection.

The provider had an IP&C policy which was due for review in March 2023. The policy covered the core elements required to allow safe control of infection prevention and control. For example, the policy included the World Health Organisation's (WHO) '5 Moments for Hand Hygiene'. These guidelines are for all staff working in health care environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients.

Staff did not always follow infection control principles. During our inspection we observed three separate occasions where staff accessed vascular access devices without using appropriate aseptic non touch techniques (ANNT). ANTT is used to prevent the spreading of germs and infections to a patient. For example, staff touched and contaminated equipment on numerous occasions. This meant patients were at an increased risk of infections and harm. Following our inspection managers told us all staff would be subject to a baseline assessment of their ANTT practice with regular reassessments in place. Individual action plans are to be implemented as required. Staff demonstrated poor awareness in respect of basic principles of isolation and staff we spoke with were unclear what practices they should be undertaking. Isolation room doors were left open despite one patient's infection status being unknown following a hospital admission and other patients in isolation rooms to protect them from infection risks from other patients and staff. We observed poor practice from numerous staff relating to the safe use of personal protective equipment (PPE). This included poor practice in respect of donning and doffing techniques. Following our inspection managers have told us retraining, educational initiatives and increased audits have been put in place to reiterate the correct use of PPE and principles of isolation with an independent audit to be undertaken.

We saw a member of staff who had cleaned a commode which was visibly contaminated with body fluids, after which they removed gloves used antiseptic gel and entered an isolation room with no further hand hygiene or PPE used before undertaking care. Local managers told us the unit had failed the last hand hygiene audit, but no action had been taken and this had not been discussed with staff. They told us the plan was to carry out another audit to confirm practice the following month. Senior managers told us hand hygiene audits were increased to weekly following the failed audit. However, staff on the unit were not aware of this. This led to an increased prolonged infection risk to patients attending the unit. Following our inspection managers told us hand hygiene audits and education initiatives had been increased to monitor and improve compliance. However, we have not seen evidence of this.

A member of staff was observed keeping equipment between patient use and transporting medicine to a patient in their uniform pocket. They told us they did not always clean the equipment after it had been used. Following our inspection managers told us they have implemented one to one meetings which have included discussion and documented evidence to ensure staff are aware of the correct procedures. However, we have not seen evidence of this.

Clinic areas were not clean, and we saw visible dust on equipment and surfaces in a variety of areas within the unit including the treatment areas. Staff told us the cleaning was carried out by an independent company using a service level agreement. The clinic manager (CM) told us the service level agreement was managed by the head office. Audits of cleanliness were undertaken on a monthly basis by staff on the unit and on a random basis by senior managers. During our inspection we reviewed cleaning audits undertaken, the audits identified actions required to improve compliance, but no evidence actions had been undertaken. Since our inspection managers have told us cleaning audits will be increased, formal action plans will be implemented, and an independent auditor will utilised at week four to validate results. However, we have not seen evidence of this.

The provider had cleaning specification which had been agreed with the independent cleaning provider which identified what, where and when cleaning would be undertaken in line with best cleaning practice. Deep cleaning of the unit was undertaken on a rolling schedule. Staff we spoke with described a recent incident when the unit was flooded with pure water from the system in place to ensure water is safe to undertake renal dialysis. Staff told us they cleared up and patients were treated without a deep clean being undertaken. Following our inspection managers told us following a risk assessment regarding the flood a deep clean was not identified as required.

The service did not have measures in place to prevent the risk of cross infection. Staff told us they had implemented a one way system within the unit in response to the COVID-19 pandemic. We saw some doors had notices designating them as no exit. However, we saw patients attempting to exit via a designated no exit door with staff assisting them to do so. During our inspection we did not see any signs indicating how the one way system worked and which way staff and patients should take to maintain safety. Therefore, the provider could not be assured that staff were following appropriate measure to limit the risk of exposure to infection. However, we did see evidence of social distancing in the waiting room and all staff and visitors to the unit were checked for COVID-19 symptoms on arrival. Since our inspection signage has been increased within the unit to support the one way system.

We saw a large quantity of dirty linen bags overflowing from a storage cage with more stored directly on the floor in an unlocked dirty utility room, with the door left open. During our inspection the dirty linen bags were removed from the floor and placed in a second cage. The registered manger confirmed a linen exchange to remove dirty and deliver clean linen occurred twice a week. They were unsure when the next linen exchange was due to take place. They confirmed that the high amount of linen awaiting removal was a regular occurrence, but they had not escalated this to senior managers. Since our inspection an extra storage cage has been put in place and managers have told us linen exchange had been increased to three times a week.

Staff did not always clean equipment after patient contact. We saw a dirty commode stained with what appeared to be faeces. Staff cleaned this once it was brought to their attention. Staff we spoke with were unable to describe the process to ensure cleaning or terminal cleaning of commodes was undertaken. Equipment labels to show when equipment was last cleaned were available but not widely used within the unit. We saw one label used but this was not filled in to indicate time, date or who had cleaned the item. Since our inspection managers have told us that extra training and education initiatives have been implemented and the use of labels to indicate clean equipment has been added to the cleaning audit. We have seen photographic evidence of a label in use indicating a piece of equipment is clean. However, we have not seen evidence that the process is used consistently.

We saw disposable mop heads were in use and information was displayed in the cleaner's cupboard to indicate the appropriate colour of mop and bucket to use in what clinical areas. However, the cleaner's cupboard contained personal clothing items such as staff shoes. The service had undertaken staff testing (FIT) to ensure appropriate face masks were available to protect staff from the risk of infection from airborne virus including COVID-19.

Vehicles used to transport patients to and from treatments were subject to scheduled cleaning by staff which is recorded on a vehicle log sheet. Also, frequent touch points were cleaned with disinfectant after every patient journey.

Environment and equipment

The use and maintenance of equipment did not always keep people safe. Staff were not always trained to use all equipment. However, the design, facilities, premises followed national guidance. Staff did not always manage clinical waste well.

Patients could reach call bells. However, staff did always respond quickly. During our inspection we saw patients having to shout out for help from staff when call bells were not answered. We saw a patient turn off an alarm on their dialysis machine due to staff not responding despite staff being in the area and not involved in critical tasks. A member of staff did attend to the patient after we highlighted what had occurred. Therefore, the provider could not be assured patients requiring assistance were always dealt with in a timely manner. This increased the risk of patient harm.

Not all staff could demonstrate how to safely use the call bell system, a member of staff had to ask a colleague to reset a call bell as they did not know how to do so. Since our inspection managers have told us education and training for staff on how to use the call bell system had been undertaken.

Although the service had systems in place to carry out safety checks on equipment in use for patient care, records we reviewed showed checks were not carried out consistently by staff for identified equipment. We saw evidence of noncompliance with checks for the drugs fridge, unit food fridge, call bell system, resus equipment and anaphylaxis box with no actions identified to improve compliance. The provider could not be assured that equipment used was safe for patient use. The service did not have a system in place to monitor compliance of equipment checks undertaken by staff.

The kitchen fridge check sheet indicated the fridge temperature should be below 5 degrees centigrade. We reviewed data between 4 May 2021 and 21 July 2021 it showed the fridge temperature had been above target temperature on 52 days. It was recorded that the CM was aware. However, the fridge was still in use and over the target temperature during our inspection. Therefore, the provider could not be assured that food stuff kept in the fridge was safe to consume. This potentially put patients at risk of harm. Since our inspection the provider has ensured senior management visited the site more frequently and have told us they are monitoring the compliance of equipment checks whilst on site. However, we have not seen evidence of this.

The service did not always have suitable equipment to help them to safely care for patients. Staff told us they checked thermometers and pulse oximeters worked and changed batteries when indicated. However, they told us these items were not checked for accuracy. This posed a risk to patients who may not receive appropriate safe treatment based on readings from the equipment. Since our inspection managers have told us pulse oximeters and thermometers are changed annually, we saw evidence of orders within the last 12 months and a system will be implemented to monitor and track future replacements to ensure safety.

Processes for equipment checking were not always clear. There were two different forms available for checking resuscitation equipment on the unit, we were told that one form should not have been in use despite it being available. Individual staff had selected which form they wished to use, this meant the information was not consistent and staff were not clear what process to follow.

Staff we spoke with told us there was no backup power supply in place in the event of a power failure. Managers confirmed emergency lighting would be activated, each dialysis machine had an internal backup battery that kept the machine working for 30 minutes and a process was in place to safely remove a patient from a dialysis machine manually if all patients could not be removed within the 30 minute back up battery lifespan. We were told that patients would be disconnected from dialysis and blood tests taken to assess a patient's health. Managers told us this was standard across all the providers' dialysis units and accepted company practice.

Staff did not always dispose clinical waste safely. During our inspection we saw staff taking used, contaminated needles across the unit to dispose of in the nearest sharp's container. This posed a risk to patients and staff within the area. However, we saw correct coloured waste bags in the appropriate bins within all areas on the day of our inspection. Following our inspection, the service has increased the availability of waste bins for sharp objects and staff education initiatives and assessments of staff practices are underway.

The design of the environment followed national guidance. The premises had a refurbishment of the unit which had been completed in September 2020 and had increased the number of dialysis stations available to 36. Facilities were designed to support patients while they were undergoing dialysis.

There was a documented schedule of water testing in the unit. Water was checked daily by staff from the unit who had been trained by the providers' central team. Dialysis machines were serviced annually by the supplier of the machines. Dialysis sets were single use and disposed of once used.

The service had a fleet of cars with dedicated drivers to transport patients to and from the unit for treatment. Vehicles used to transport patients to and from treatments were fit for purpose and safe to use. All vehicles were under three year old so did not require a test for roadworthiness and had appropriate insurance and service records.

Assessing and responding to patient risk

Staff completed and updated risk assessments in use for each patient. However, staff did not consistently complete the tools correctly.

Staff used a nationally recognised tool to identify deteriorating patients. Patients' conditions were monitored before, during and after dialysis, which followed the service's policy. The tool supported staff to identify and manage patients whose condition was deteriorating. However, we reviewed two sets of patient notes and the tool was incorrectly calculated in one set of notes. Staff we spoke with told us completion of the tool was part of the NHS trust documentation audit. However, checks were not in place to review if scores had been calculated correctly. Therefore, the service could not be assured of staff competence when completing the tool. This leads to patients being at risk of deterioration of condition not being assessed and escalated appropriately.

Staff completed risk assessments for each patient on admission. Risk assessments were completed for each patient when they first accessed the service and were updated regularly. These included risks of falling, pressure ulcers, mental health pain, diabetic foot care and a personal evacuation plan.

Inadequate

Dialysis services

Staffing

The service had enough staff with the right qualifications and training. However, not all staff demonstrated the skills to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels.

The service had enough nursing and support staff. During our inspection we reviewed a random selection of off duty alongside the number of patients treated on four separate days. This showed staff levels appropriate to keep patients safe and meet the providers' contractual obligations of one member of staff to three patients. However, the skill mix of staff did not meet the national guidance of 70% to 30% ratio of registered to unregistered staff at all times. Despite the numbers of staff on duty being appropriate to the patients treated staff at all levels told us of concerns they had about shortage of staff and the impact that was having on staff morale.

We reviewed the off duty and allocation of staff on the day of our inspection. Staff told us once managers were made aware of our plan to inspect that day, extra staff were brought in during the morning. Staff numbers were appropriate, but skill mix did not meet national guidance and the allocation of staff did not support consistent standards of care for all patients. The unit is divided into two separate clinical areas, one area of the unit had one registered nurse and one support worker allocated to care for eight patients. This did not meet the national standards required to safely care for patients. Since our inspection managers have told us they are continuing to monitor staff allocation and skill mix.

Following our inspection, we reviewed the providers' induction and competency assessment document to be completed by bank and agency staff within two weeks of commencing work on the unit. The document included orientation to the environment, policy reviews, observational aseptic non-touch technique (ANNT) and hand hygiene assessments. The reviewed document was completed appropriately. However, local staff we spoke with during our inspection told us bank and agency staff did not receive an induction and relied on staff on the shift for support. Therefore, the provider could not be assured that the process was embedded in practice or understood by staff.

The clinical manager could adjust staffing levels daily according to the number of patients attending for dialysis with agreement of their line manager. The CM told us the service relied heavily on bank and agency staff who were familiar with the service.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough medical staff to keep patients safe. Medical staffing was provided by the NHS trust who contracted the service from the provider. Medical cover was provided by two renal consultant teams in normal working hours. Out of hours cover, after 5pm and on Saturdays was provided by the on call renal team from the NHS trust.

Records

Although staff kept records of patients' care and treatment, the records were not up to date, clear or stored securely. However, records were easily available to all staff providing care.

Patient notes were not comprehensive. We reviewed two sets of nursing records, we saw care plans were not updated, capacity not documented, no evidence a consultant review or patient involvement in care decisions. This increased the risk to patients of not receiving safe care.

Records for all patients visiting the unit were easily available to staff providing care. Records were not stored securely. Patient files were stored in a lockable cupboard behind the nurse's station, but this was left open during our inspection. We saw patient files left at the unattended nurse's station repeatedly throughout the inspection. This increased the risk of patient confidential data being accessed inappropriately and was not in line with legislation. Since our inspection managers have told us a data protection officer has been appointed at provider level. Training has been delivered to staff who have been reminded of their responsibilities in relation to the safe storage of records.

Medicines

Staff did not always follow systems and processes to safely administer, and store medicines. They used systems and processes to safely prescribe and record medicines.

The providers' medicine management policy was in date and due review in October 2021. The policy included elements relating to administration, storage, ordering, stock management and errors. Staff from the local NHS trust who had oversight for patient treatments, prescribed medicines in line with the NHS trust practice using a paper system. Pharmacy support was directed as part of the service level agreement with the local NHS trust.

Staff did not always administer or store medicines safely. During our inspection we saw a nurse transport medicine to a patient in their pocket. This was handed to a second nurse who did not check the medicine or the patient's identity prior to administration. This practice was not in line with the services medicines policy and increased the risk of error for patients. Since our inspection managers have told us that further training has been implemented to improve medicine management, this will include observational audits. An independent auditor will be utilised at week four to validate results.

We saw evidence of lack of timely administration. For example, on 21 July 2021 we saw a patient had been on dialysis for 35 minutes and an anti-coagulant had not been administered at that point. This increased the risk of blood clots to the patient and was not in line with the services medicines management policy. Since our inspection managers have told us timely administration of medicines will be part of the training implemented to improve medicine management. However, we have not seen evidence of this.

We saw medicines left unattended on two occasions by two different nurses at treatment chairs. Therefore, there was a risk that the medicines could have been inappropriately used or taken.

Staff we spoke with told us about two incidents relating to the administration of intravenous iron after it had been discontinued by the medical staff. We were told there was no documented evidence of the incidences or incident reports relating to the errors. We saw evidence that a staff member had escalated their concerns including medicine practices within the service in June 2021 to senior management but had not received a formal response. Since our inspection managers have told us the incidents will be reported appropriately and a full review will be undertaken. Incident reporting training to be undertaken for all staff. However, we have not seen evidence of this.

Appropriate actions were not recorded as taken when equipment was recorded as faulty. Temperature checking of the drug fridge was inconsistent and staff had not followed the guidance in the medicines management policy which was included on the checking sheet for if the fridge was out of temperature range. The medicine fridge recorded

temperatures up to 28 degrees centigrade when the services guidance indicated the temperature should be within 2 to 8 degrees. The service could not evidence that any contact had been made with a pharmacist to check if medicines within would have been safe to use. This meant the provider could not be assured that medicines were appropriate for use. Records show that managers were aware of concerns in January 2021 and the fridge was not replaced until June 2021. This meant patients were at prolonged risk of potential avoidable harm. Since our inspection managers have told us medicine fridge monitoring training will be undertaken with all staff with increased audits undertaken to monitor compliance. However, we have not seen evidence of this.

The unit did not have a piped oxygen supply in place and relied on cylinders to provided oxygen if required. Oxygen cylinders were not stored in line with legislation. Empty and full cylinders were stored together and not segregated, meaning an empty cylinder could be selected in error. This increased the risk to patients. Since our inspection we have seen evidence that segregation of full and empty oxygen canisters is now in place.

The service did not have systems in place to ensure staff knew about safety alerts. We reviewed three sets of staff meeting minutes, one set of minutes included information about safety alerts. However, the meetings did not follow a set agenda, and topics discussed were not consistent. Therefore, the provider could not be assured that staff received information on all safety alerts.

Staff followed systems and processes when prescribing and recording medicines. We reviewed two prescriptions which were appropriately completed by the prescriber in line with legislation.

Staff reviewed patients' medicines regularly and provided specific advice to patients about their medicines. Medicines for individual patients were reviewed at the multi-disciplinary meeting following monthly blood checks.

Incidents

Staff recognised incidents and near misses but didn’t report them formally. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them however, staff we spoke with told us they did not fill in incident reports or raise concerns. They told us they did not believe managers would listen or act on concerns and were fearful of repercussions. Since our inspection managers have told us incident report training is being undertaken and supportive measures to improve reporting.

Bank and agency staff did not have access to the electronic system to allow them to report an incident formally. Local managers confirmed they would have to request a permanent staff member reported on their behalf. Bank and agency staff would not be able to report any concerns anonymously and direct feedback would not be possible via the electronic system. After our inspection, the provider told us they had a compliance hot line in place where staff could escalate concerns anonymously. However, staff we spoke with were not aware of the facility.

Local managers told us they raised concerns verbally with the senior management team. They did not complete formal incident reports. Managers told us incident reports were not completed regarding staffing and medicine incidents and concerns. Therefore, the provider cannot be assured incident reporting reflected concerns and incidents within the service.

Staff did not always receive feedback from investigation of incidents. We saw evidence a staff member had escalated their concerns including competency of staff and poor practice within the service by email in June 2021 to senior

management, we were told they had not received a response until they requested feedback. We reviewed three sets of staff meeting minutes, one set of minutes included discussion about incidents. However, the meetings did not follow a set agenda, and this was not consistent. Therefore, the provider could not be assured that staff received feedback and learning from all incidents.

The service did not have systems to ensure staff knew about incidents. We reviewed three sets of staff meeting minutes, one set of minutes included information about incidents. However, the meetings did not follow a set agenda, and topics discussed were not consistent. Therefore, the provider could not be assured that staff received information on all safety alerts.

Staff understood the principles of duty of candour. Staff told us they would explain to patients and families when things went wrong and apologise.

Are Dialysis services effective?

Requires Improvement

This was our first inspection of the service. We rated it as requires improvement.

Evidence-based care and treatment

Medical care provided was mostly based on national guidance and evidence-based practice. Staff did not always protect the rights of patients subject to the Mental Health Act 1983.

Patients care was planned by staff from the NHS trust who commissioned the services who followed up-to-date policies to plan high quality care according to best practice and national guidance. The multi-disciplinary team (MDT) provided care in line with the Renal Association Standards and National Institute for Health and Care Excellence (NICE) guidelines Renal Replacement Therapy and Conservative Management (NG107).

The service had measures in place for a continued assessment of vascular access and monitored arteriovenous fistula and line rates utilising NHS policies, procedures and patient information leaflet provided from the NHS provider who commissioned the service.

Managers reviewed incidences when deviation from prescribed treatments was required. For example, if a patient was hypotensive on arrival and needed to have treatment adjusted and patients that did not attend for planned treatment. This information was collated and reviewed every three months to identify trends.

Staff received training on the rights of patients in relation to the Mental Health Act 1983. However, staff we spoke with, at all levels, were unable to tell us about the Mental Health Act or principles around assessing for and ensuring a patient's best interests were met. Staff told us if they had a concerns about a patient's mental health, they would refer the patient back to the NHS trust.

Nutrition and hydration

Staff made sure patients has access to snacks and drinks.

Staff provided patients with drinks and biscuits.

Specialist support from staff such as dietitians was available for patients who needed it. A dietician visited the unit as required dependent on service need. Each patient was reviewed according to individual requirements. For example, stable patients are seen every three to six months with patients new to dialysis seen two or three times in the first three months. Patients are provided with contact details for the dietitian at their first review to access advice as needed outside their visits to the unit.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. The tool used allowed for nonverbal communication of pain and provided a linked pain score from zero to ten. A monthly pain assessment was undertaken for all patients.

Patients received pain relief soon after requesting it. During our inspection we saw a patient administered pain relief quickly after they had indicated they were in discomfort.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

The NHS trust used audit data from the dialysis unit as part of their contribution to the UK Renal Registry.

The service undertook a range of clinical audits to monitor patient outcomes. Audits included monitoring blood result in line with Renal Association guidelines, breakdown of fistulas and a monthly outcome summary for all patients. Information was shared with the NHS trust who uploaded the appropriate date to the UK Renal Registry (UKRR). The UKRR collates data from renal centres and hospital laboratories to improve the care of patients with kidney disease in the UK.

The service monitored the number of patient variances to assess where improvements could be made. Patient variances are where treatments provided have been altered from the prescribed treatments. Staff monitored the reasons for the variances such as patient did not attend or clinical need, discussed them with the clinicians and took action to reduce any further variances where possible. Between April 2021 and June 2021, total variances were 13.18% per total treatments, this was the second highest nationally. However, the provider had no national target.

Competent Staff

The service had not made sure staff were competent for their roles. Managers had not appraised all staff's work performance to provide support and development. However, they had provided some training for staff.

Managers provided training but did not ensure staff were competent in their roles. Records of the providers' renal dialysis training framework were kept in staff personnel files. These showed detailed modules of training, which staff had completed, observation of practice and assessment of their competence by a senior staff member, annually. However, during our inspection we saw numerous examples of staff not performing tasks in line with the services

policies, these included infection prevention and control and medicines management despite having competency assessment completed within the last year. Therefore, the provider could not be assured of the validity of competency assessment carried out. Since our inspection we have been told all staff are undergoing competency assessments, training and support to improve practice to ensure safe care. However, we have not seen evidence of this.

Managers had not appraised all staffs work performance or held supervision meetings to provide support and development. Staff told us they did not have routine supervision meetings and had not undergone appraisals last year due to the Covid pandemic. During our inspection we reviewed the services appraisal completion data for substantive staff for the 2021. The data showed eight out of 33 staff had undergone appraisals. Therefore, only 24% of staffs work had been appraised. Bank staff did not receive an appraisal by the service and the service did not have assurance staff had undertaken appraisals at their primary place of work. This meant staff development requirements had not been formally identified and appropriate plans put in place to support safe care delivery. Following our inspection managers told us they would schedule annual meetings with bank staff and request details of the last appraisal. However, we have not seen evidence of this.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Multidisciplinary (MDT) meetings which involved medical, nursing, pharmacy and dieticians took place every month for each consultant's patients. The meetings included staff from both the provider and NHS Trust. Discussions regarding patients' treatments were based on individual patient blood results. We spoke with staff who attended the MDT meetings from Renal Service and the NHS trust, and they told us they worked together effectively to ensure management of the individual patient was in line with guidance.

Health Promotion

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

Patients were supported with dietary advice from the dietician. Staff told us they did not have leaflets and information available to give to patients in relation to other aspects of health promotion. This meant patients did not have access to health promotion and support that could help them lead healthier lives.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff did not demonstrate understanding of the principles on how to support patients who lacked capacity to make their own decisions.

Staff received training on the rights of patients in relation to the Mental Health Act 1983 and understanding of a patient living with dementia. Staff described scenarios when patients could make unwise decisions and supported them with being fully aware of consequences while respecting the decision. Staff told us if they had a concerns about a patient's mental health or capacity to consent, they would refer the patient back to the NHS trust. However, staff we spoke with, at all levels, were unable to tell us about the legal principles and processes regarding capacity assessments and ensuring a patient's best interests were appropriately assessed and met. Therefore, the provider could not be assured patients were supported in line with legislation.

Inadequate

Dialysis services

Staff clearly recorded consent in the patients' records. Written consent was gained from patients at the start of their dialysis treatment and updated every six months. Consent was clearly documented in both sets of patient notes reviewed.

Staff made sure patients consented to treatment based on all the information available. During our inspection patients we spoke with told us in depth information relating to their need for dialysis and options for care.

Are Dialysis services caring?

Good

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

Compassionate care

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

Patients said staff treated them well and with kindness. During our inspection three patients told us staff were kind and caring. We saw patients being greeted by staff with respect.

Staff followed policy to keep patient care and treatment confidential. Staff ensured they used private areas of the clinic for confidential conversations.

Staff understood and respected the individual needs of patients and how they may relate to care needs. Patients told us they had been able to change their appointments to suit their working and family life.

Emotional support

Staff provided emotional support to patients to minimise their distress. They understood patients' personal, cultural and religious needs. Staff gave patients help, emotional support and advice when they needed it.

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. We saw staff spending time with patients. Patients who expressed concerns were able to discuss them with staff. We heard how treatments had been adjusted to support patient choice.

Staff displayed empathy towards patients who were emotionally challenged when attending regular dialysis sessions. Psychological support was available from the NHS trust renal service.

Understanding and involvement of patients and those close to them

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

Inadequate

Dialysis services

Staff made sure patients and those close to them understood their care and treatment. Staff recognised when patients were finding it difficult to attend dialysis sessions and supported patients and their relatives to understand treatment options. Some patients decided to reduce or withdraw from treatment. They made these decisions with support from staff who would offer an appointment with their NHS consultant to discuss further.

Staff talked with patients in a way they could understand. We heard staff taking to patients using non-medical terms were appropriate to ensure patients understood what they were being told.

Are Dialysis services responsive?

Good

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

Service delivery to meet the needs of local people

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

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 was commissioned on behalf of patients who attended the local NHS trust. Patient numbers were set out in an agreement with the local NHS trust and further patients were not accepted by the service unless staff where available to care for them. The refurbishment of the unit had increased the number of dialysis stations by 17. Office spaces and clinic rooms were available for trust staff to use and see patients.

Facilities and premises were appropriate for the services being delivered. The design of the unit allowed patients to access the unit through a level entrance with automatically opening doors, maintain social distancing in relation to the COVID-19 pandemic and to use toilet facilities before and after dialysis. Dialysis chairs had enough space between, were adjustable for patient comfort with privacy curtains in place. Rooms were available to be used for confidential conversations.

Managers monitored and took action to minimise missed appointments. We were told that the unit had a high rate of missed appointments. Staff spoke to patients to find out why, if the appointment time or day was a problem this would be rearranged by mutual agreement as soon as possible. If there were emotional or psychological barriers to attending for treatment a referral would be made back to the NHS trust for further support.

Managers ensured that patients who did not attend appointments were contacted. Managers told us that if a patient missed an appointment they would speak to the patient and consultant, arrange a new appointment and advise patients if they became unwell to request an urgent ambulance and attend the emergency department at the local NHS Trust.

Meeting people's individual needs

Inadequate

Dialysis services

The service coordinated care with other providers. Staff made reasonable adjustments to help patients access services and took account of individual preferences. The service did not take into account all of patients' individual needs.

Staff made reasonable adjustments to help patients access services. The service was accessible to people using a wheelchair and could accommodate bariatric patients. They coordinated care with the NHS trust who commissioned their services. Dialysis sessions were usually of four hours duration. Staff discussed patient care with renal clinicians and explored how to provide treatment in collaboration with patients and taking into account patient preferences. This was sometimes to increase or decrease the number or length or dialysis sessions. If patients' needs were complex, they would be discussed with clinicians who oversaw their care and referred to the NHS trust if needed.

Staff supported patients living with dementia and learning disabilities. Staff we spoke with told us they had used specific documents to support patients learning disabilities but did not have patients within the service currently who used these. The provider had a dementia pathway in use for patients suffering from dementia, we saw evidence of these in use during our inspection.

Managers made sure staff and patients could get help from interpreters when needed. Staff had access to an interpreting service for patients whose first language wasn't English. Staff we spoke with told us they could access this when they needed too.

Resources were not available to meet information and communication needs of patients with a disability or sensory loss. Staff we spoke with told us they did not have access to any systems or information that would meet the needs of patients with hearing loss, sight loss, or learning difficulties. There were no resources in large font, braille, pictorial or hearing support systems. This would mean patients with a disability or sensory loss would be at risk of not having appropriate information about their care.

Staff told us they did not have access to information leaflets in languages spoken by the patients and local community. They told us they had them in the unit prior to the COVID-19 pandemic but they had been removed due to increased infection prevention and control measures. However, staff were unaware if the provider had leaflets available online that could have been printed off for individual patients if required. Following our inspection managers told us information leaflets in foreign languages could be requested from the NHS trust who commissioned the service if required.

Access and flow

People could access the service when they needed it and received care promptly.

People could access the service when they needed it and received care promptly. The service did not have any patients waiting for dialysis. During the COVID-19 pandemic, sessions were reorganised to ensure patient needs were managed safely. NHS trust clinicians identified patients who could manage on reduced hours or sessions of dialysis in order that the service could continue and maintain physical distancing of patients. Patients were seen quickly after their arrival at the unit and were greeted by staff in the waiting area before moving to the dialysis station. Staff liaised directly with patients regarding any delays to treatment and reorganised sessions if this was needed.

Patients could reorganise sessions if they needed to, but this had been discouraged due to COVID-19. This was to keep patients in a cohort of patients and minimise contact with other patients.

Inadequate

Dialysis services

The dialysis unit was open six days a week at varying times to meet the needs of patients who attend after daytime commitments. The unit was operational from 7am until 7pm, six days a week and they operated additional evening dialysis for three evenings until 11:30pm. Key services were available to patients through the NHS trust hosting their care. Staff at the dialysis unit were in daily contact with the trust and could refer patients for further support.

Managers and staff worked to make sure patients did not stay longer than they needed to.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received on an informal level but there was a lack of awareness of how to raise a formal complaint. The service treated concerns and complaints seriously and investigated them. Lessons learned were not always shared with all staff.

The provider had a website accessible to the public which described the service, its background, contact details and the ability to send a feedback and concerns directly to the provider. Patients knew how to make a complaint and raise concerns informally. Patients we spoke with told us they would raise concerns with staff on the unit but were not aware of how to raise a formal complaint.

Staff understood the policy on complaints and knew how to handle them. Staff we spoke with told us how they would handle a complaint appropriately if a patient raised concerns while on the unit.

Managers investigated complaints. All complaints or concerns raised were managed by the head of nursing and were documented on the electronic system which identified timings for response to patients and actions needed to manage any improvements. We were told complaints were reviewed at the integrated governance meetings for themes and trends and to share learning across locations at unit meetings. However, we reviewed three sets of staff meeting minutes and there was no documented evidence complaints or concern were discussed. Therefore, the provider could not be assured learning was shared at the unit.

Are Dialysis services well-led?

Inadequate

This was our first inspection of the service. We rated it as inadequate.

Leadership

Local leaders did not demonstrate the skills and abilities to run the service, they did not exhibit understanding and management skills to address the priorities and issues the service faced. Local leaders were visible and approachable in the service for patients and staff.

There was a failure to ensure effective leadership within Renal Services (UK) Ltd - Hamilton. During our inspection the unit was chaotic with leaders failing to direct staff to ensure smooth running of the service and ensure safe patient care delivery. We observed poor clinical practice from staff at all levels which was not identified or challenged by managers on duty. Since our inspection managers have told us a program of support and development has been undertaken for the unit's senior staff. However, we have not seen evidence of the impact of this.

Senior staff on the unit told us they did not challenge junior staff if they were not working to the accepted standard. We were told that they found it easier to do any tasks themselves rather than request assistance. Therefore, the provider could not be assured staff were supported and directed to work effectively to support good patient care.

We were told the clinic manager (CM) worked clinically 100% of the time and had no dedicated time to undertake the managerial aspects of their role. Following our inspection, we reviewed off duty which identified the CM had not been required to work clinically as much as indicated. Senior managers told us that a system had been implemented in June 2021 that allowed the nurse in charge to be able to undertake all the required managerial duties of the day to day running of the shift. However, during our inspection we did not see evidence that the system had been implemented on the unit. Therefore, managerial and leadership tasks were not prioritised to support running of the service.

Local leaders did not demonstrate understanding of the risks affecting the unit or the processes in place to manage and mitigate risk. For example, we were told the refurbishment of the unit and staffing concerns had not been added to the risk register. Following our inspection, we reviewed the risk register and saw evidence that both issues had been placed on the risk register with identified actions to reduce their impact.

Staff we spoke with, including local managers were not aware of business continuity plans in place for significant events which may affect the service. These included loss of power, water and adverse weather conditions and each of the providers' location had an individual risk assessment in place for a major incident. The provider could not be assured that staff would have the skills and knowledge to ensure patients were safe in the event of a significant incident. Since our inspection managers have told us education and training will be delivered to staff to ensure they are aware of policies and procedures with emergency contact details now available at the nurses' station. However, we have not seen evidence of this.

Local clinical leaders were visible and approachable in the service for patients and staff. Staff and patients, we spoke with told us the CM was always clinical so always available and approachable to assist and support with all aspects of clinical care.

Vision and Strategy

The service had a vision and strategy for what it wanted to achieve. The vision was focused on sustainability of services and aligned to local plans within the wider health economy.

The service had a vision which focused on sustainability of the service. The vision was based on excellence, integrity, teamwork, improvement and accountability. The service had a strategy to turn the vision into action. This included staff training sessions. However, staff at all levels were not aware of the vision and could not tell us about the elements included. Therefore, the provider could not be assured staff were working towards the vision.

The vision aligned to local plans within the wider health economy. The corporate provider had engaged with local NHS services to assess the needs of local patients who needed dialysis. The refurbishment of the location had improved facilities by increasing the number of dialysis stations.

Culture

Staff did not feel respected, supported and valued. The service did not have an open culture where staff could raise concerns without fear. Staff were not always focused on the needs of patients receiving care.

Staff did not feel respected, supported and valued. Staff we spoke with at all levels told us they found senior managers unapproachable, unsupportive, difficult to talk to and defensive. They did not raise concerns as they told us, if they did nothing changed and feedback was not provided consistently. Staff also told us they were worried about the consequences of raising concerns and the impact that would have on their working life and employment. The provider had a compliance hot line in place were staff could escalate concerns anonymously. However, staff we spoke with were not aware of the facility.

Staff did not feel positive and proud to work within the service and told us the provider did not have a strong emphasis on the safety and well-being of staff. Staff told us there was no well-being support available to them and were not aware of how to access any support services or counselling.

The provider carried out a company staff survey in 2021. Results showed the majority of staff felt supported, valued, positive and proud to work at Renal Services UK. However, the results were not reported at location level. Therefore, the provider could not be assured the results reflected staff feelings and morale at Renal Services (UK) Ltd - Hamilton.

The provider had a whistleblowing procedure in place which was included in the staff handbook. It provided information on how staff could raise concerns with one of the provider's directors. It promised confidentiality but had no detail on further processes or alternative contacts. However, staff we spoke with were not aware of the whistleblowing procedure.

Staff were not always focused on the patient's needs. During our inspection we saw patients having to shout out for help from staff when call bells were not answered. We saw a patient turn off the alarm on their dialysis machine due to staff not responding, despite staff being in the area and not involved in critical tasks. A member of staff did attend to the patient after we highlighted what had occurred. Therefore, the provider could not be assured patients requiring assistance were always dealt with in an appropriate, timely manner. This increases the risk of patient harm.

Poor practice observed during the inspection were not identified or challenged by staff. Senior nurses told us that they would not ask a junior nurse to complete a task as it was easier to do it themselves. The provider cannot be assured that the culture within the unit supports safe, effective care. This increased the risk of patient receiving substandard care.

Governance

Governance processes were not effective. Staff were not clear about their roles and accountabilities. However, they had regular opportunities to meet and discuss the service.

Structures, processes and systems of accountability to support the delivery of good quality, services were not always in place or effective. Staff we spoke with on the unit were not clear about their roles and accountabilities. Staff did not deliver consistent safe care in line with professional responsibilities and employment contracts with the provider. Senior staff did not challenge junior staff, most staff did not challenge or recognise poor practice relating to clinical care, infection prevention and control, medicines management and equipment checks. Therefore, the provider could not be assured governance processes were appropriate to support safe patient care.

Staff files were poorly organised with minimal information included. We reviewed four staff personal files, all had an index of contents, but information was missing as not all sections had information within. Many items were loose and not filed appropriately leading to a risk of being misplaced. Since our inspection managers have told us managers have been reminded of the requirement to manage staff files appropriately and this will be monitored by the regional manager.

Staff told us no formal induction process was in place for staff when starting on the unit. We were told new starters were assigned a mentor to support them and completed competency based assessments, but this was not formalised. However, following our inspection we saw an evidence a formal process which included an induction checklist, development framework and competency based assessments was in use.

Regular monthly staff meetings were undertaken at the unit. We reviewed three sets of staff meeting minutes. However, the meetings did not follow a set agenda and information discussed was not consistent. Therefore, the provider could not be assured that staff received all information required to deliver and improve care.

Renal Services UK was restricted in the actions and processes they were able to follow in line with their contract. However, Renal Services (UK) Ltd - Hamilton are responsible and accountable as the registered provider to provide the regulated activity to service users. The provider met representative from the local NHS trust who commissioned the service monthly. We reviewed three sets of minutes, a set agenda was in place that included a variety of aspects and included capacity, quality, finance and environment.

We were told regular meetings took place with external providers who delivered regular services and a dedicated contract manager was identified. Managers told us the contract managers were responsive and would attend site if required. However, there were no meeting minutes or notes taken.

Management of risk, issues and performance

Leaders did not use effective systems to manage performance. They did not identify and escalate relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events, but staff were not aware of these.

The provider managed risks using a corporate and clinical risk register. Following our inspection, we reviewed the risk register and saw evidence that some of the identified risks were the responsibility of the managers working on the unit. However, managers at unit were not aware what risks were on the risk register. Risks to the unit were not consistently included in monthly meeting minutes reviewed. Therefore, the provider could not be assured understanding of risks and responsibilities for risk management were embedded within the service. Since our inspection managers have told us the risk register is easily available to all staff to review. However, we have not seen evidence of this.

The provider had business continuity plans in place for significant events that would affect the service. These included loss of power, water and adverse weather conditions and each of the providers' location had an individual risk assessment in place for a major incident. However, staff we spoke with, including local managers were not aware of these. Since our inspection managers have told us education and training will be delivered to staff to ensure they are aware of policies and procedures with emergency contact details now available at the nurses' station. However, we have not seen evidence of this.

The service had systems in place to carry out safety checks on equipment in use for patient care. However, these were not audited to monitor compliance and actions identified to improve. We saw evidence of noncompliance with the audits during our inspection for checking the drugs fridge, unit food fridge, call bell system, resus equipment and anaphylaxis box with no actions identified to improve compliance. The provider could not be assured that equipment used was safe for patient use. Since our inspection the provider has ensured senior management visited the site more frequently and they have told us they are monitoring the compliance of equipment checks whilst on site. However, we have not seen evidence of this.

There was a systematic plan of audits to monitor performance although we did not see evidence actions for improvement and learning were identified. Audits were aligned with key performance indicators agreed with the NHS trust, at the contract commencement. Audit findings were not always acted on. Staff we spoke with told us staff compliance with hand hygiene audit had fallen below the expected standard. This was not highlighted to staff as an issue and no extra education undertaken.

Audit outcomes were reported to the trust and discussed at monthly meetings involving both the parties. We saw evidence of this discussion in meeting minutes.

Information Management

The service collected data to external organisations as required.

Data was shared with clinicians from the NHS trust in addition to the corporate provider. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Engagement

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

We saw staff greeting patients and engaging in conversation during the dialysis session. Concerns had been raised from these conversations to managers who had acted on the information. For example, a patient told us they had been able to move their treatment session for personal reasons.

On the review of patient records there were no documented record of patient's involvement in their care planning. However, patients we spoke with told us they had been involved in the decisions about their care and understood the options available to them for future care.

Patient satisfaction at the unit had not been measured. Following our inspection managers told us the uptake for the 2020 patient satisfaction was poor and results not reported on. A patient satisfaction survey is currently underway at the unit and on-going until August 2021. Preliminary results show a 95% overall satisfaction with the service. Before COVID-19 patients were able to provide feedback using a comment boxes in the waiting area. However, changes to infection prevention and control processes meant these boxes were removed. The matron from the NHS trust visited the unit monthly and gathered verbal feedback from patient receiving care and written feedback left by patients not in attendance during the visit.

Staff from the NHS trust provided positive feedback about partnership working and how the dialysis unit engaged and worked collaboratively with the trust in any changes to the premises or services. The trust was consulted on the design of the refurbishment plans and provision made to accommodate staff employed by the trust on the unit as required.

Learning, continuous improvement and innovation

All staff did not demonstrate they were committed to continually learning and improving services. Leaders encouraged participation in research.

Inadequate

Dialysis services

Staff we spoke with during our inspection did not demonstrate they were committed to continually learning and making improvements to the service. Staff could not tell us about the services performance against key performance indicators. They did not identify where improvements were required or challenges poor practice. Since our inspection, senior leaders have taking action to make improvements identified during our inspection.

Leaders supported research projects. Renal Services (UK) Ltd - Hamilton did not undertake its own research projects but would actively support research which was undertaken by its partners. For example, the unit was currently supporting a research project into dietary supplement underway at the NHS trust.