

DaVita (UK) Limited

# DaVita (UK) Ltd – Alnwick

## Inspection report

Unit 6G, Greensfield Court  
Greensfield Industrial Estate  
Alnwick  
NE66 2DE  
Tel: 02075813139

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

### Ratings

#### Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff 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:

- Medicines were not always managed well. Some medicines were not securely stored or recorded. Fridge temperatures were not within range and action had not previously been taken when this had been identified. Storage of acid concentrate was found in the service corridor and was not stored securely on the day of our inspection.
- Call bells were not always in reach of patients.

# Summary of findings

## Our judgements about each of the main services

### Service

### Dialysis services

### Rating

Good



### Summary of each main service

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff 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:

# Summary of findings

- Medicines were not always managed well. Some medicines were not securely stored or recorded. Fridge temperatures were not within range and action had not previously been taken when this had been identified. Storage of acid concentrate was found in the service corridor and was not stored securely on the day of our inspection.
- Call bells were not always in reach of patients.

We rated this service as good because it was effective, caring, responsive and well-led, although safety requires improvement.

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# Summary of findings

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# Summary of this inspection

## Background to DaVita (UK) Ltd - Alnwick

DaVita (UK) Ltd - Alnwick was previously known as Renal Services (UK) Ltd – Alnwick and at the time of inspection was operated by Renal Services (UK) Limited. The service opened in February 2015. It is a private clinic in Alnwick. The service is commissioned by a local NHS trust for the provision of outpatient renal dialysis to their patients in the Northumberland area. The service had been inspected in July 2017 but had not received a rating from the previous inspection.

The service had six dialysis stations and offered two appointment slots over six days of the week.

The service had a registered manager in post.

The services registered with Care Quality Commission (CQC) to provide the following regulated activities:

- Treatment of disease, disorder or injury.

## How we carried out this inspection

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

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

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a 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 **MUST** take to improve:

- The service must ensure that call bells are within reach of all patients using the service (Regulation 15).
- The service must ensure that medicines are stored securely and appropriately with a clear log of all medication kept in the Unit (Regulation 12).
- The fridges must be within expected temperature range to ensure safe storage of medication (Regulation 15).
- The service must ensure that all staff including those that are not permanent are up to date with mandatory training (regulation 18).

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

## Summary of this inspection

- The service should consider processes to identify local staff survey results and ensure actions are taken to address these.
- The service should ensure that the hard copy policies stored on site are up to date and current for staff accessing them.

# Our findings






## Overview of ratings

Our ratings for this location are:

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



# Dialysis services

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

## Are Dialysis services safe?

Requires Improvement 

We rated it as requires improvement.

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service used online training to ensure their essential knowledge was current. New staff were required to complete training during their induction which included competencies specific to their role.

The mandatory training was comprehensive and met the needs of patients and staff.

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

Managers monitored mandatory training and alerted staff when they needed to update their training. At the time of our inspection, mandatory training compliance rates for permanent staff at Alnwick site were 100% and 78% overall for all staff working as temporary, bank or staff supporting from other sites.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse.

Staff knew how to raise concerns in relation to safeguarding and who to inform if they had concerns. The service had a safeguarding policy which included relevant guidance to adult safeguarding. The policy also stated how to refer to the local authority and staff were able to describe this when we spoke to them on inspection.

# Dialysis services

New staff were having the appropriate pre-employment checks completed before beginning work within the service, this included disclosure and barring checks.

## Cleanliness, infection control and hygiene

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

Ward areas were clean and had suitable furnishings which were clean and well-maintained. We observed staff cleaning equipment before and after dialysis and observed good standards of cleanliness in the service. A monthly cleaning audit was undertaken by staff at the service and a 'Bug Buster' infection prevention audit was completed quarterly in addition to the monthly audit. The September 2022 audit showed compliance at 94.1% for monthly cleaning audit.

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

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

Hand hygiene audits were carried out on a monthly basis and we observed staff washing hands and using hand gel appropriately. The latest hand hygiene score when we were on inspection was 100% compliance.

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

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

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

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

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

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff were trained to use them. Staff managed clinical waste well.**

## Dialysis services

Patients could not always reach call bells, although staff responded quickly when called. We saw call bells located behind beds and this made them hard to reach by patients. When speaking to patients, two patients told us they did not know they had a call bell and would just shout if they needed staff. Since the inspection, the service has confirmed they have moved the call bells to ensure patients can reach them safely.

The design of the environment followed national guidance. There was enough space between dialysis stations to prevent the risk of cross-infection and ensure appropriate degree of privacy. An isolation room with a viewing window was available and accessible from the main dialysis area.

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

There were environmental risk assessments in place, including those to minimise the risk associated with fire. Actions identified within the fire risk assessment had been acted upon and we saw evidence of this on site and in the action plan.

There was evidence of completed fire and evacuation walk through records completed every six months in line with the service policy.

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

Staff reported they received adequate support from the maintenance technicians.

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

### Assessing and responding to patient risk

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

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

Staff responded promptly to any sudden deterioration in a patient's health.

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

# Dialysis services

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

## Staffing

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

The service had enough nursing and support staff to keep patients safe. The service was entirely nurse-led, and patients remained under the clinical management of the renal consultants at the commissioning NHS trust.

At the time of inspection, there were three permanent staff members for the Alnwick unit. The rest of the staffing was bank staff or staff from other locations that the service employs at nearby units.

The registered manager was based at the location and worked within the staffing numbers each day.

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

The number of nurses matched the planned numbers.

Managers made sure all bank staff had a full induction and understood the service.

## Records

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

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

Records were audited on a monthly basis and actions to ensure compliance to record keeping standard were highlighted and a completion date included once actioned. We reviewed three previous months audits and found compliance at 100%.

When patients transferred to a new team, there were no delays in staff accessing their records. The service had access to electronic prescriptions and biochemistry systems that were used by the commissioning NHS trust. This allowed updates to treatment to be made remotely by the consultants when required. Letters completed following a review by a patient's consultant were sent to the unit and stored in the patient's paper record.

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

# Dialysis services

## Medicines

### **The service did not use systems and processes to safely prescribe, administer, record and store medicines.**

Staff did not follow systems and processes to prescribe and administer medicines safely. We found adrenaline stored in a trolley in the main patient area unlocked and not accounted for in any medicine records. This was addressed on the day of inspection and the provider ensured the adrenaline was then locked away in the medicine cupboard safely and that it was logged and recorded correctly.

Medicines in use on the unit included anti-coagulation treatment and intravenous fluids that were routinely used during dialysis. Staff completed administration and intravenous competency assessments. These were reviewed as part of staff annual appraisals.

Temperatures of fridges where medicines required cold storage were monitored daily but were frequently not within the expected range. The medicines management policy detailed actions to be taken if medicines fridges were outside of the required range and staff were aware of the action to take, but this had not been taken on the day of our inspection. Since our inspection, the provider has escalated the fridge temperature problem and has shared with us they are waiting to receive a replacement fridge.

Temperatures of the storage rooms and clean utility where medicine supplies were stored were monitored daily. There were six occasions out of nine recorded in September 2022 where the temperature of the clean utility room was above the required range. Actions were not recorded on the temperature monitoring sheet to address this. The temperature was recorded as high as 31.3 in the room that should be maintained between 5-25 degrees Celsius.

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

Prescribing documents were not stored safely, and we found the FP10 prescription book was not in a locked cupboard and did not have a record of how many prescriptions had been issued from the book or when. The provider made changes to this on the day of inspection and ensured the book was stored securely in a locked cupboard, and we advised them to maintain a log of prescriptions issued to maintain safety over this.

Staff followed national practice to check patients had the correct medicines. Staff checked patient identities when administering medicines. This included checks of name and date of birth to ensure administration was to the correct patient.

Staff learned from safety alerts and incidents to improve practice.

## Incidents

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

## Dialysis services

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

The service had no never events.

Staff reported serious incidents clearly and in line with the service's policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff told us they were encouraged to acknowledge when things went wrong and explained this to patients and would offer an apology.

Staff received feedback from investigation of incidents, both internal and external to the service. They met to discuss the feedback and look at improvements to patient care. Incidents and treatment variances were investigated and reviewed by senior staff at integrated governance meetings. Issues were discussed with staff both individually and collectively at team meetings. Staff reported that they had the opportunity to discuss when things went wrong and were involved in the identification of learning and improvements.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. For example, as a result of a patient fall, there had been changes made in the environment and staff shared this with us on our inspection visit.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

### Are Dialysis services effective?

Good 

We rated it as good.

#### Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were based on relevant national guidance including NICE standards and Renal Association Guidelines. Dialysis was offered to patients three times a week which is in line with Renal Association Guidelines.

Staff provided advice and arranged dialysis treatment for patients away from base (DAFB) to ensure they could continue their dialysis treatment away from home.

# Dialysis services

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

## Nutrition and hydration

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

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Hot and cold drinks were available and offered to patients during their treatment.

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

## Pain relief

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

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

## Patient outcomes

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

The service participated in relevant national clinical audits. The UK Renal Registry collects, analyses and reports data from renal centres. Reports provide renal centre comparisons of the attainment of the Renal Association audit measures. The unit's dialysis patients were part of the commissioning trust's activity and therefore their outcome data was entered in the Renal Registry by the trust. This meant that clinic specific data was not available.

Staff monitored the effectiveness of care and treatment in line with clinical standards. Blood results were collated and monitored to establish the effectiveness of treatment in line with Renal Association guidelines. Results were shared with the commissioning trust and clinical discussions took place regarding patient treatments.

The urea reduction rate (URR) is one measure of the quality of dialysis. In August 2022 the data we saw from the service showed the proportion of patients meeting the standard of URR greater than 65% was 84%. May 2022 and June 2022 showed these figures to be a higher proportion at 96% of patients meeting the standard.

# Dialysis services

Staff monitored the effectiveness of care and treatment in line with clinical standards. The registered manager monitored clinical variance to identify where improvements could be made. Variances were reported in areas such as shortened dialysis times, did not attend (DNA) rates and poor line flow. Rates were discussed at governance and manager meetings and actions to improve were explored.

## Competent staff

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

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

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff we spoke to said they received an appraisal within the last year and staff files we reviewed confirmed this. Staff were encouraged to develop their competence and complete specialist modules.

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

## Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The clinic was nurse led and nurses provided prescribed treatments for patients who were under the management of a named consultant nephrologist at the commissioning NHS trust.

Monthly multidisciplinary team (MDT) meetings took place with the trust and these were held to review patient outcomes and discuss changes in treatment. Information from these meetings was shared through the electronic record system. Nurses shared information about changes to treatment at their dialysis sessions.

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

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. Referrals were made through the commissioning NHS trust.

## Health promotion

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



## Dialysis services

We saw the service had relevant information promoting healthy lifestyles and support in patient areas.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. This included providing reference materials and signposting to other services. Self-care was promoted in the service to help patients maintain wellbeing.

### 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 made sure that patients consented to treatment based on all the information available. Staff gained consent from patients for their care and treatment in line and with legislation and guidance. Staff completed consent training and there were signed 'consent to treatment' forms held in patient records. These forms also included sharing of information such as patient blood results.

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

Staff were required to complete and keep to up to date with Mental capacity Act 2005 and Mental Health Act 2007 training.

## Are Dialysis services caring?

We rated it as good.

### Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw patients being greeted by staff with respect. Staff listened to patients and allowed them time to prepare for their treatment. We observed staff responding promptly to dialysis alarms. The local NHS trust patient reported experience measures (PREMs) included patients treated at the service. The results were reviewed by managers and reported on internally.

The patient satisfaction survey results within the service showed that 100% of patient responses would recommend the service to other patients and that patients feel that are treated with respect and dignity.

Patients said staff treated them well and with kindness. We spoke with six patients who were positive about the care they received.

# Dialysis services

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

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff told us how they understood individual needs and a patient shared with us they felt respected in their personal care needs.

## Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff told us they got to know patients and developed a good understanding of their psychological and emotional needs. Staff told us they would refer concerns to the commissioning trust where there were support services available.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. A consultation room was available for private consultations, although this room was also used as an additional room for dialysis treatment when needed.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. We saw staff spending time with patients discussing their needs. We observed staff supporting an unwell patient and saw that they did so with kindness and were focused on emotional as well as physical support.

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.

## Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. They spent time with patients explaining what they were doing and involving them in their treatment and care.

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

Staff supported patients to make informed decisions about their care. Staff told us about discussions they have with patients about blood test results and we saw this when we were on inspection.

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

# Dialysis services

## Are Dialysis services responsive?

Good 

We rated it as good.

### Service delivery to meet the needs of local people

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

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

The trust organised transport to and from dialysis sessions. Patients were dropped off and collected at the entrance to the service. Those patients driving themselves were able to park in a bay directly outside of the building. The service did not audit waiting times for transport or any delays. We observed patients being collected and dropped off within a reasonable time of their treatment.

Facilities and premises were appropriate for the services being delivered. The building was wheelchair accessible.

The design of the service enabled patients to access through a level entrance and into a waiting area until their appointment time. Weighing scales were available for those patients in wheelchairs. Toilet facilities were available near the waiting area so that patients could use them before and after dialysis.

The nursing station provided good oversight of the patients receiving dialysis. The dialysis beds were adjustable to support patients' comfort and preference.

Managers monitored and took action to minimise missed appointments.

Managers ensured that patients who did not attend appointments were contacted. This included follow up and encouragement to attend for treatment. Staff were flexible and arranged rescheduled treatment sessions promptly when a session was missed. This included collaboration with the NHS trust to arrange additional dialysis sessions as needed. Missed appointments were recorded as incidents so that they could be monitored for trends and followed up appropriately.

### 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.**

# Dialysis services

Staff made reasonable adjustments to help patients access services. The service was accessible to people using a wheelchair. They coordinated care with the NHS trust who commissioned their services. As a satellite dialysis unit, patients referred were medically stable in line with the agreement with the trust. Decisions on the appropriateness of patients dialysed by the service sat with the consultant.

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

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

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

Staff were trained in understanding dementia. Staff knew how to access support from the commissioning trust's specialist services.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had an accessible information standard procedure in place. Where communication needs were identified, this was recorded in patient records to ensure appropriate support was given.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

## Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had provided an average of 312 dialysis sessions per month in the last year. Patients could access services promptly when needed. Referrals for admission came from the commissioning trust's consultant nephrologist. The service was open Monday to Saturday running two sessions per day.

Managers and staff worked to make sure patients did not stay longer than they needed to. We saw appointments starting promptly when we visited, and patients told us their appointments ran to expected time.

Managers worked to keep the number of cancelled treatments to a minimum.

When patients had their treatments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. There were no reported cancellations of treatment at the service.

## Learning from complaints and concerns

## Dialysis services

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. The service displayed information in patient areas on how to raise a concern. Patient leaflets were available with details on how to complain and timeline for a response.

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

Managers investigated complaints and identified themes. The service had a complaints policy in place and staff told us they would address any concerns straight away. There had been one written complaint made in the 12 months prior to inspection. We saw action had been taken in line with the complaints policy for this.

Managers shared feedback from complaints with staff and learning was used to improve the service. This included verbal complaints as well as formal written complaints

### Are Dialysis services well-led?

Good 

We rated it as good.

#### Leadership

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

The registered manager was also the most senior person on site most days leading the unit and the staff team. The registered manager and staff working at the unit were experienced renal nurses.

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

#### Vision and Strategy

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

Renal Services (UK) Ltd are now part of the DaVita International Group.

# Dialysis services

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

## 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 we spoke with were very positive about working in the service and we could see there was a clear patient focus in the culture for providing care.

Staff had completed equality and diversity training.

Staff felt that they could raise concerns without fear. There was a compliance hotline in place, where staff could report concerns without having to go through the management structure. However, the service did not have a named freedom to speak up guardian. Staff told us they felt confident to use the hotline if necessary and felt able to raise concerns to senior staff and managers.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

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

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

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

Quality assurance audits were carried out on a monthly basis. This included for medicines management, infection control, treatment variances and documentation. Actions from audits were completed in a timely way.

We found some hard copy policies held within on-site files that were available for staff to refer to were past their recommended review date. However, all online policies were up to date and the provider had not updated these in the files.

# Dialysis services

## Management of risk, issues and performance

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

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

The commissioning NHS trust reviewed performance against the service contract.

Health and safety measures were in place to monitor and maintain equipment and premises.

## Information Management

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

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

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

The service used a combination of paper and electronic records. Medicines and monitoring of blood biochemistry was undertaken electronically using the commissioning NHS trust system. Records of individual dialysis sessions were held on paper within the service, these were then added to the trusts renal electronic records system. Paper records we reviewed were completed well. When not in use paper records were stored in a locked cabinet.

## Engagement

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

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

Patient surveys were ordinarily carried out annually towards the end of the year, although this had been impacted by the pandemic. Patients within the service completed the trust's Patient Reported Experience (PREMs) surveys and results were above the national average with 100% patient satisfaction.

## Dialysis services

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

### **Learning, continuous improvement and innovation**

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

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