

Diaverum Facilities Management Limited

Hereford Kidney Treatment Centre

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to Hereford Kidney Treatment Centre on 6 March 2023 and short notice announced visit on 12 June 2023.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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 and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. 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.
- 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.
- 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:

- Not all staff had received training in awareness of learning disabilities and autism.
- Patients frequently experienced a delay of more than 30 minutes to start their dialysis treatment and there was no monitoring of time patients waited to be picked up after their treatment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	

Summary of findings

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Summary of this inspection

Background to Hereford Kidney Treatment Centre

Hereford Kidney Treatment Centre is operated by Diaverum Facilities Management Limited. The service opened in November 2014. The service is commissioned by an acute NHS hospital trust to provide a dialysis service primarily serving the communities of Hereford and surrounding areas. It also accepts patient referrals from outside this area. The service has 20 dialysis stations, including four side rooms, for the treatment of adult patients.

The service is a nurse led service with medical support provided through the renal department of an acute hospital trust and a local GP practice.

The service offers "holiday" dialysis to patients out of area.

The service is open Monday to Saturday, Monday, Wednesday, Friday from 7am to 11.30pm and Tuesday, Thursday, Saturday from 7am to 6 pm..

- Hereford Kidney Treatment Centre is registered to provide the following regulated activities: Treatment of disease, disorder or injury.

Under these activities the service provided:

- Haemodialysis

Hereford Kidney Dialysis has had a registered manager in post since 2014.

We previously inspected this location in June and July 2017, but did not rate it. Following our last inspection, we issued requirement notices for regulations 12 and 17, these regulations are now met.

How we carried out this inspection

The inspection team included one inspector and a SPA on the first visit, and an inspector on second visit. During our inspection we spoke with 8 staff including nurses, dialysis support workers and the registered manager. We also spoke with 3 patients.

We reviewed 10 patient's notes and feedback forms. We also reviewed 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.

Summary of this inspection

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

- The provider should consider actions to improve patient access to the dialysis treatment within 30 minutes of the treatment time (Regulation 17(2)).
- The provider should consider audits of waiting time for transport post treatment (Regulation 17(2)).
- The provider should ensure all staff receive training in autism and learning disabilities (Regulation 17(2)).
- The service should ensure all patients who require an interpreter are given access where possible.

Our findings

Overview of ratings

Our ratings for this location are:

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

Dialysis services

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

Is the service safe?

Good 

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Staff had access to mandatory training by a mixture of e-learning modules and face-to-face sessions.

Staff completed training on recognising and responding to patients with dementia. Mandatory training to raise staff awareness of learning disabilities and autism had recently been added to the training requirements with a plan for all staff to complete this training by September 2023.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw mandatory training rates for staff met the service's completion target of 85% with all staff completing all required mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff had completed safeguarding adults' and children level 1 and 2 as part of their mandatory training. The service manager and clinical lead were additionally trained to level 3 safeguarding for adults. The provider had a safeguarding lead trained at level 4 for adults and children. This met national guidance requirements.

Dialysis services

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff had all received training in equality and diversity and understood the need to protect all patients from abuse. The service manager was knowledgeable about the local area and the specific areas of risk and challenges prevalent in the community.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had an up-to-date safeguarding adult and children policy which supported staff to manage safeguarding effectively.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Contact information for the provider and partner trust safeguarding leads was easily available, as were contacts and pathways for referrals to local safeguarding teams. Staff discussed safeguarding referrals they had made, contact with other agencies, and support they had received.

There were appropriate recruitment, selection and employment procedures in place to ensure patients received safe and appropriate care by staff who had appropriate checks undertaken.

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.

Clinical and staff areas were visibly clean, clutter free and had suitable furnishings which were visibly clean and well-maintained.

The service performed well for cleanliness. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. A third-party company undertook routine domestic cleaning. Managers did weekly audits on cleanliness which showed satisfactory levels of cleanliness. If cleanliness failed to meet the required standard an action plan was created, and monthly audits would be undertaken until improvement was identified. We reviewed a cleaning audit and were able to verify that cleaning rotas were all complete. Audits demonstrated 100% compliance with cleaning rotas.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were seen to wash and sanitise their hands appropriately and wore appropriate PPE. Staff hand hygiene audits were undertaken monthly and identified full compliance. Staff had arms 'bare below the elbows' to aid effective handwashing and avoid sleeves becoming contaminated. Antibacterial hand gel was available in all areas of the service.

Staff had all received infection control and hand hygiene training. Clinical staff also received additional training in renal specific infection control including water treatment plant for dialysis. Staff were trained in 'aseptic non touch technique' which prevents the transfer of infection to patients' and blood borne viruses when undertaking clinical tasks where the risk of transmission is higher.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. All equipment cleaning was undertaken by the staff after equipment had been used. Dialysis machines were heat disinfected after each treatment, and staff did a weekly disinfection clean of the water treatment plant. In addition, water sampling was undertaken monthly to make sure there was no bacteria growth in the water system.

Dialysis services

Staff worked effectively to prevent, identify, and treat infections at access points where dialysis machines were connected to the patients. Managers reported no access site infections in the year before our inspection. Staff completed assessments for each patient at each dialysis session to assess patients' access points for dialysis.

Staff monitored and managed potential infectious conditions well. All patients were assessed prior to their treatment for COVID-19 symptoms and access to the unit was only done following temperature checks. Human immunodeficiency virus HIV testing was undertaken annually, and Hepatitis B and Hepatitis C testing was 3 monthly. Methicillin-resistant staphylococcus aureus (MRSA) swab tests were undertaken every 3 months. If a patient tested positive for any of the above infections or viruses, NHS lead consultants developed a plan to manage this safely.

Staff, whenever possible, ensured patients used the same dialysis machines. Staff monitored and controlled high risk patients including when required patients returning from high- risk holiday destinations. The service had dialysis machines which were only assigned to those patients who were of higher risk.

The service had a link infection control nurse who worked closely with staff from other services including the commissioning NHS trust. They were responsible for the completion of infection control audits and reporting results to managers and staff.

Environment and equipment

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

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

The design of the environment followed national guidance. Each dialysis station had enough space around it to allow enough staff to attend to a patient in the event of a medical emergency.

There was space for privacy screens to be positioned if required. The service had enough suitable equipment to help them safely care for patients. The service had 20 dialysis stations, of which 4 could be used as closed isolation areas.

Staff carried out daily safety checks of specialist equipment. Equipment including the dialysis machines were appropriately maintained, calibrated and serviced in accordance with manufacturer requirements. The equipment log and service records confirmed all required maintenance and service checks were up to date. Staff checked the emergency resuscitation equipment daily and this was recorded.

The service had enough suitable equipment to help them to safely care for patients. Staff were trained to use equipment within the centre through a service level agreement with the equipment manufacturers. A record to confirm staff competency in the use of specific equipment was completed. There were no issues regarding the dialysis such as restricted access by kinked equipment lines.

Staff disposed of clinical waste safely. Staff disposed of clinical waste safely including needles in appropriate waste bins. Bins were clearly labelled with what could be put in them. Clinical waste was stored in a locked compound prior to collection.

Assessing and responding to patient risk

Dialysis services

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

Staff responded promptly to any sudden deterioration in a patient's health. Patients had clinical observations recorded prior to commencing treatment, and then at least hourly once treatment had started depending on the patients condition. This included blood pressure, pulse rate, and temperature. Nursing staff discussed the frequency of blood pressure recordings with patients when commencing dialysis. Patients who were unwell on arrival to the unit or during dialysis were referred to the nurse in charge for a review.

Staff followed the protocols to assess and manage patients who may become unwell. Staff said due to the nature of the treatment patient's blood pressure may drop and in which case intravenous fluids would be given. If the patient's blood pressure did not improve staff would complete an early warning score (NEWS2) to ensure timely actions were taken which included contact with a renal clinician or when required a 999 call for emergency transfer to hospital. We looked at 6 patients records which included completion of NEWS2. Where deterioration was identified, staff took appropriate and timely action.

Staff completed risk assessments for each patient at their first treatment and then reviewed the risk assessments at least monthly. Risk assessments included pressure area prevention, falls risk, needle dislodgment, moving and handling and frailty. Staff reviewed these monthly. Staff conducted regular patient checks during dialysis which included checks for dislodged needles with access visible at all times.

Staff knew about and dealt with any specific risk issues. Each patient had a card which was inserted into the dialysis machine which automatically transferred information such as weight, blood pressure, heart rate and kt/V (a measurement of the efficiency of dialysis) into the electronic patient record system. If measurements directly related to dialysis (blood pressure and kt/V) were outside of the parameters set by the consultant, an alert showed on the live monitoring system which gave an overview of all patients. Staff responded promptly when alerts were highlighted to monitor patients' wellbeing.

Staff had access to specific pathways and guidance including sepsis and adverse treatment incidents, such as low blood pressure and displaced needles. Staff received training in recognising patient deterioration, use of early warning scores and sepsis.

Staff placed patients with higher needs, such as a high falls risk, or anxiety, in a bay located next to the main nurses' station to enable higher level of visibility from staff.

Staff were trained in basic life support and anaphylaxis to support patients with urgent needs. The service had an escalation plan which included contacting 999 for support and patient transfer to hospital if needed.

The monthly quality meetings with the trust included discussions about patients' mental health and their psychological and emotional needs. Staff referred patients to the renal psychologist when a need was identified.

Staff shared key information to keep patients safe when handing over their care to others. If a patient moved from one unit of the trust to another, everyone involved in the care of the patient had access to because the information was held within the trust's database. If patients moved between trusts, a handover letter was completed to inform the next care provider about their needs.

Dialysis services

Shift changes and handovers included all necessary key information to keep patients safe. Staff shared key information to keep patients safe. Staff had a daily meeting led by a senior nurse. Staff discussed patients receiving treatments, any incidents and actions which needed to be completed, such as specific blood tests. There was a daily walk around handover to review patients.

Staffing

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

The service had enough nursing and support staff to keep patients safe. The provider policy identified a requirement for one nurse for every 4 patients with support from a health care assistant for every 10 patients. This was in line with national guidance.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed. Managers ensured staffing accommodated patients coming and undertaking their dialysis throughout the day.

The service had low vacancy and staff turnover rates. At the time of the inspection there were 2 vacancies which were being recruited into. Two staff had left in the last 12 months.

The service had low and/or reducing sickness rates. Managers said staff sickness absence had reduced and currently most was short term absence.

The service did not use agency staff and had not used any bank staff since 2022. Any staff absence was covered by existing staff working additional hours. The provider did have a staff bank which enabled Diaverum staff to work at other sites if required, all bank staff were trained in the policies and procedures. Where staff were absent at short notice, the service manager (who was an experienced and qualified renal nurse) said they worked clinically to make up nurse numbers and support the team.

Managers and the provider made sure all 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 staff could access them easily. The service used both paper based and electronic patient records. The paper-based records included risk assessments, medication charts, consent forms and signed disclaimers which patients signed to end treatment sessions early.

The electronic system contained dialysis prescriptions, incidents relating to each patient and clinical observations. Staff from the referring trust were able to view this information remotely. Staff at the unit could access relevant patient information from the referring trust.

Dialysis services

Senior nurses monitored the quality of the patient's records. They undertook audits of patient records every month. The audits included checks for completion of medication charts, suspected sepsis risks, consent and dialysis summary among other measures. The results of the audits indicated consistent and required standards of practice.

Both electronic and paper records were stored securely.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The service had processes in place for the safe management of medicines. Renal consultants at the commissioning NHS trust prescribed the initial medication. Further medicines were then prescribed by a GP who visited the service twice a week and nurse prescribers.

Staff administered prescribed medicines as necessary for patients' dialysis treatment. Medicines were administered by 2 nurses who confirmed the patient identity and completed the medicine check.

Staff administered influenza vaccines under patient group directives (PGD). Staff received annual training to support them to administer medicines provided under PGD.

All patient medicines allergies were checked and recorded on the medication chart.

The service had monthly date checks of all medicine stock, including the emergency trolley and 'hypo' (medicines used to treat hypoglycaemia in diabetic patients) box.

Patient dialysis prescriptions were audited monthly to ensure patients received the correct dialysis treatment. Information provided showed in February, March and April 2023 the service achieved 100% compliance.

Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. Treatments were adjusted to ensure the best results for patients and any changes to prescriptions were discussed with patients.

Staff completed medicines records accurately and kept them up-to-date. The medicine charts detailed two signatures next to each medicine administered or if appropriate the reason the medicine was not given. Staff ensured patients signed consent to complete their dialysis treatment earlier than the prescribed time.

Staff stored and managed all medicines safely. Medicines were securely stored within the clean utility room. Medicines were stored at required temperatures and staff recorded this daily.

Staff followed national practice to check patients had the correct medicines when they commenced treatment, or when they moved between services.

Staff learned from safety alerts and incidents to improve practice.

Incidents

Dialysis services

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. We reviewed 2 incidents that had been reported in the last year. These had been investigated and appropriate actions taken.

The service had no reported never events or other serious incidents. Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Managers shared learning with their staff about never events and serious incidents that happened elsewhere or within the wider provider.

Staff understood the duty of candour. A Duty of candour means that health and care professionals must: tell the person (or, where appropriate, their advocate, carer or family) when something has gone wrong, apologise to the person (or, where appropriate, their advocate, carer or family) offer an appropriate remedy or support to put matters right (if possible). We heard from staff how they would be open and transparent and gave patients and families a full explanation if things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.

Is the service effective?

Good 

This was the first time the service had been rated We rated effective 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. All policies and procedures in place were developed in line with national guidance, standards and legislation. This included guidance from the UK Renal Association, National Service Framework for Renal Services and the National Institute for Health and Care Excellence (NICE). Staff monitored and recorded patients' vascular access status each time the patient attended for treatment. Patients' blood results were recorded monthly and discussed at the Quality Assurance (QA) meeting to identify the efficiency of dialysis and amended treatment to ensure the patients' blood results were optimised. Any changes to treatment were discussed with the patient before implementation.

Nutrition and hydration

Dialysis services

Staff gave patients snacks and drinks when needed. Patients could access specialist dietary advice and support from the referring trust.

Staff ensured patients were seen by dietitians from the referring NHS trust. The dietitians provided specialist support from for all patients as required by national guidance. The dietitians assessed dietary needs and provided advice and guidance on renal diets.

Due to nature of the service, staff were not required to provide meals or specialist nutrition for patients. However, staff provided patients with water, hot drinks and biscuits whilst dialysing. Patients could bring their own food to treatment sessions if they wished to eat something different.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. "Do you have any pain," was one of the questions as part of the renal assessment. Patients received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately. Patients were offered prescribed local anaesthetic for the insertion of their dialysis needles.

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. Outcomes for patients were positive, consistent and met expectations, such as national standards. The National Kidney Foundation guidelines specify patients should receive at least 12 hours of treatment per week to maximise effectiveness. Data from the service showed some patients had chosen to reduce their time spent dialysing. Where this happened, the patient was asked to sign a refusal to dialyze for prescribed treatment time. Staff updated the commissioning NHS trust when patients regularly chose to reduce their treatment time and developed individual patient plans to manage this.

The provider benchmarked clinics against each other to determine internal performance. The clinics were measured for several patient outcomes which included safety and efficiency of dialysis. For February 2023, the service performance was satisfactory (11th best performing of the 26 units in the country) for the Individual patient performance score (IPPS) which looked at anaemia, blood pressure, renal bone disease, fluid status, nutrition, dialysis adequacy and vascular access.

Managers and staff carried out a comprehensive programme of repeated audits and used information from the audits to improve care and treatment. Treatment adequacy was reviewed monthly as part of the quality assurance meetings in accordance with the Renal Association Standards. Patients' outcomes were satisfactory and met expectations. When improvements were needed service managers and staff worked with the NHS provider to scrutinise individual patients records to review reasons for performance and if further improvement could be made for example waiting time for dialysis and incidence of patients with fistulas.

Dialysis services

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. Staff completed competency training relevant to their role. Information provided showed staff training and competency checks were ongoing to ensure staff maintained their skills and were competent.

Managers gave all new staff a full induction tailored to their role before they started work. The induction period included training, working shadow shifts and undertaking competency assessments. New nursing staff undertook a programme which enabled them to undertake dialysis specific competency training and work supernumerary to develop their competencies.

Managers made sure staff received any specialist training for their role. All registered nurses and dialysis support workers completed the basic dialysis training programme accredited by the European Dialysis and Transplant Nurses Association. The manager and deputy clinic manager both had a renal nursing qualification.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The practice development nurse supported the learning and development needs of staff. Managers gave staff the time and opportunity to develop their skills and knowledge.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of our inspection all eligible staff had had an appraisal in the past year.

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

Multidisciplinary working

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

Managers attended monthly quality assurance meeting with the commissioning NHS trust. The trust had identified 2 renal consultants allocated to Hereford Kidney Treatment Centre who along with other relevant professionals and service staff attended the quality assurance meeting. The meetings included a review of individual patient care by all professionals to ensure patients received optimum care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff referred patients onwards if required; for example, to a third-party organisation who supported patients with social and welfare concerns which included signposting them to benefit entitlement. Staff identified patients experiencing mental ill health and raised this with the referring trust who had access to psychological support for the patient.

Staff at the clinic had direct links with dialysis access specialists at the referring trust. This meant any concerns or problems could be quickly escalated and resolved.

Staff at the clinic could share information with staff from the referring trust and vice versa through the electronic patient record systems. This enabled timely review of patient information.

Dialysis services

Seven-day services

Key services were available to support timely patient care.

The service was open from Monday to Saturday. The opening hours on Mondays, Wednesdays and Friday was open 7am until 11pm. On Tuesday, Thursday and Saturday the unit is open from 7am until 6pm to support patients' needs.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. Noticeboards provided information about healthy eating and exercise for people with kidney disease and importance of flu vaccination. Information was available about airborne isolation precautions and the importance of washing hands (including the arm to be dialysed) prior to dialysis.

Staff administered influenza and covid-19 vaccinations with patient consent. This reduced the need for the patient to attend further appointments in the community.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All staff had received Mental Capacity Act and Deprivation of Liberty Safeguards training and understood how and when to assess whether a patient had the capacity to make decisions about their care.

If a patient unable to give consent accessed the service, provider policies were available to support staff. Additionally, a specialised consent form was available to support staff in this process. However, the service's referral criteria meant they rarely treated patients who could not consent to treatment.

Staff made sure patients consented to treatment based on all the information available. Specialist nurses within the commissioning trust provided education and information about dialysis to prepare patients before they commenced their first dialysis session.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. In all records we checked, consent documents were filed. Staff made sure patients consented to treatment based on all the information available.

Is the service caring?

Dialysis services

This was the first time the service had been rated. We rated caring 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 in a respectful and considerate way. Staff, including the manager, knew all the patients dialysing at the clinic and were able to talk about each patient knowledgeably.

Patients said staff treated them well and with kindness. Patients told us they were happy coming to the unit for their dialysis and felt the staff provided a caring service.

Staff followed policy to keep patient care and treatment confidential. Discussions about patients' treatment and care were held discreetly. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff asked patients how they were feeling and escalated this to the referring trust, as necessary.

Staff understood the emotional and social impact renal failure, dialysis and ongoing treatment had on the wellbeing of patients and those close to them. Staff offered advice and supported them to access to different support networks for example to gain advice on financial support and benefits.

Staff took time to listen to patients. We saw staff clearly explaining at every stage what they were doing and reminding patients what to do if they wanted to speak with staff.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients said they felt included in their treatment and decisions about care.

On admission to the clinic, details were taken regarding the patient's family and relatives. This helped support personalised care and was also used to inform staff of the point of contact should the patient become unwell. Staff were familiar with the families of patients, and they discussed them by name with patients.

Dialysis services

Staff gave patients updates and information about their dialysis. The named nurse was responsible for updating patients on their blood test results, prescription changes and any other aspects of the patients' care or treatment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. We saw 'thank you' cards and letters sent in by patients and relatives, highlighting the caring work of the staff.

The 2022 "Patient perception of care" survey identified more than 80% of people who responded would recommend the service. The lowest score (and largest deteriorated score) in the survey was related to transport with patients identifying they were not picked up within 30 minutes of their dialysis. Transport services were not provided by provider. Staff had liaised with the transport provider to see what improvements could be made to ensure timely pick-up following treatment. The transport concerns were discussed with the commissioning NHS trust and transport services fortnightly.

Is the service responsive?

Good 

This was the first time the service had been rated. We rated responsive 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. Managers worked with others in the wider system and local organisations to plan care.

Managers planned and organised the service, so it met the needs of the local population. The service was commissioned by an NHS trust to provide community dialysis to people living in Hereford and local communities to reduce the need to travel to the commissioning trust.

The service had arrangements in place to provide holiday dialysis when required.

Initially during the pandemic COVID-19 positive patients had to have their dialysis in the commissioning trust which required additional travel of at least 3 hours a day. In response to this, managers had changed the use of one of the side bays to an isolation room which enabled covid positive patients to continue to have dialysis within this service, closer to home and avoid a long journey to the NHS hospital.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff referred patients onwards if required; for example, to a third-party organisation who supported patients with social and welfare concerns which included signposting them to benefit entitlement.

Facilities and premises were appropriate for the services being delivered. The centre was purpose built in 2014. The reception area was large enough to provide seating for 20 patients and included some seating appropriate for bariatric patients. The service had beds and wheelchairs which could accommodate bariatric patients when needed.

The service had ramp access for patients who required a stretcher or wheelchair. There was adequate patient parking within a short distance from the main entrance. Patient and disabled parking was clearly signposted.

Dialysis services

All patients were aged over 18 years, with the larger portion being over 65 years. The unit did not provide dialysis for patients under 18 years. The service had been approached to provide transitional care for patients over 18 years who had previously received paediatric dialysis care and discussions were ongoing to provide this service in the future.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. If the reason for the missed session was due to patient illness, staff referred the patient to either their GP or the referring trust. Staff then re-booked the patient to make up their missed session as soon as possible. If staff were unable to contact a patient who had not attended, they alerted the referring trust and asked police or GPs to conduct a welfare check.

Meeting people's individual needs

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

Staff made sure patients received the necessary care to meet their needs. All patients had their needs assessed and agreed by the commissioning trust before agreement they were suitable for dialysis at a community kidney treatment centre. Patients who had cognitive impairment which affected their capacity to consent or comply to treatment or had acute mental health symptoms were dialysed at the referring trust where the patients received a higher level of support from dedicated teams.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports.

Staff made reasonable adjustments to help patients. Patients referred directly from the commissioning trust were medically stable and had agreed arrangements in place.

The service had information leaflets available in languages spoken by the patients and local community. The service was able to access and use information which had been translated into different languages from national organisations which included Kidney Care UK.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff were able to use an interpreting service for patients for whom English was not their first language. Staff said there were rare occasions when staff were used to translate with patients consent and gave us of one example which occurred in an emergency.

Access and flow

People could access the service when a need was identified however there was frequently a delay in patients starting their dialysis.

The service took patients from the commissioning trust when requested. There was no waiting list at the time of the inspection. The service had capacity to provide dialysis for 72 patients.

Not all patients commenced their dialysis treatment on time. The main reason for this was around patient transport picking up patients late. Patients were then late starting their treatment which impacted on the next patient whose

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treatment may also be late waiting for the dialysis machine. Information provided by the service showed the service did not meet the provider target of 90% of patients commencing their treatment within 30 minutes of their appointment (62% for February 2023, 55% March 2023 and 57% April 2023). However the information provided was incomplete and did not detail those patients who had commenced their dialysis before their allocated time.

No information was available to monitor the wait for patients to be collected by patient transport after treatment. Staff told us to improve waiting times after dialysis they rang the taxi company when the patients were within an hour of completion of treatment to give them a time and ensure they were ready for collection. The transport was booked by the NHS commissioning trust who had regularly meetings with the transport provider.

Six patients transferred to other services between February 2023 and April 2023. This was in response to changes in clinical condition.

There were no dialysis sessions cancelled or delayed between February 2023 and April 2023 due to unexpected events such as unavailability of consumables or equipment. The manager confirmed if a treatment had to be rearranged as the patient was unwell, they would ensure they received dialysis the following day to meet their treatment requirements. Staff would also take a blood sample from the patient when they next dialysed to check the patient's condition.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Patients knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Managers investigated complaints and identified themes. Managers logged and investigated all complaints. All logged complaints received an acknowledgement letter and were investigated, with outcomes shared with the patient. Complaints received about the service was part of the information shared with the commissioning trust as part of their monthly contact monitoring meetings.

The service had received one complaint in the last 12 months which related to patient transport. The information had been forwarded to the transport provider. There was no information available about the outcome of this complaint.

Managers acted in response to patient feedback for example surveys. The manager had shared with staff and ensured they proactively contacted taxis to inform them when patients would be ready to ensure minimise their wait for transport post dialysis.

Is the service well-led?

This was the first time the service had been rated. We rated well led as good.

Leadership

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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.

Leaders had the skills and abilities to run the service. The registered manager was supported by an area general manager and a clinical manager. The registered manager also had support from the provider for any workforce related queries.

The registered manager understood the priorities and the issues faced by the service. They knew every patient and member of staff and could talk through any concerns or risks linked to the service.

The registered manager worked alongside staff in the clinical area when required. Staff told us the registered manager was very approachable and supportive.

Clinical leadership was provided by two consultants and satellite coordinators from the commissioning NHS trust. They visited the unit at least once a week and staff told us they could always access advice and support from the trust consultant, GP or a renal registrar when required.

Leaders supported staff to develop and take more senior roles. Staff had regular appraisals and competency training to progress their skills.

Vision and Strategy

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

The service had a shared vision and strategy with the provider. The strategy to achieve the vision was centred around being a trusted and valued independent sector dialysis provider to the NHS.

The service worked closely with its NHS commissioning trust to ensure it provided quality patient care and ensure the commissioners ongoing satisfaction in the service provided.

The managers upheld the values of the provider and aims of the service. The managers told us of improvements to the service which included staffing and additional clinical management oversight.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

The service had an open and inclusive culture. All staff we spoke with stated they were proud of the team and how well they worked together to provide good patient care.

Staff felt supported, respected and valued. Staff and patients told us they felt comfortable to raise concerns or issues with the manager.

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Staff were able to access opportunities for professional development. Staff said the provider was a supportive company, who supported them to further develop their knowledge and clinical expertise to further improve and enhance patient care.

Staff told us their focus was on the holistic patient. Staff told us they focused on providing high quality care for patients and their families.

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 a governance structure which enabled information to be escalated up to provider level and cascaded down to the service. The provider's board had clear reporting and committee structures which included clinical governance, information governance and infection prevention and control. Minutes of the provider monthly clinical governance meetings showed incidents, complaints, safeguarding, policies, quality and performance, audits, safety alerts and patient satisfaction were all reviewed as part of the agenda. Regional staff including the area head of operations attended the clinical governance meetings and cascaded information to the service manager and staff.

Staff worked well with the commissioning trust to monitor performance and share information. There were monthly meetings between clinical leads and the commissioning NHS trust. There were clear processes for monitoring the performance of the service including, numbers of patients receiving dialysis, number of patients who had shortened treatment and reasons for this, effectiveness of treatment, and compliance with best practice (% of patients with a fistula for dialysis), incidents, complaints and compliments were discussed in the relevant meetings. Meeting minutes also showed a focus on patient and staff safety and satisfaction.

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.

Managers had systems in place to monitor and manage performance. These included local monitoring and comparison of service performance against area and national data.

The service and provider collected data on the quality of the service from a variety of sources and used this to improve performance and identify and escalate risks. Regular audit processes checked to ensure performance met the required standards. The service made improvements and shared learning when the results of audits showed data was not up to the expected standards.

Processes were in place to monitor and manage current and future performance. The commissioning trust and the service provider regularly reviewed these to assess and ensure compliance to national standards.

The service had a local risk register, which linked to a provider wide risk register. Risks were rated red, amber and green depending on the level of risk, to identify the highest risks. Measure and controls to manage the risks were recorded and review dates were noted to ensure risks were monitored. Highest risks included staffing. The risk register was updated to reflect actions take for example recruitment of additional staff.

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The national risk register showed risks with named staff.

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. Data or notifications were submitted to external organisations as required.

Staff could access required information to carry out their roles. Most of the information required by staff was available electronically including policies and procedures and was easily accessible to staff.

The service and provider collected data on the quality of the service and analysed it to improve performance and the effectiveness of the patient's treatment. Audit results and information were shared with staff to enable them to be part of any problem solving to improve performance when required.

Staff from the service and the commissioning trust met monthly to discuss the service's performance and patients' treatment plans which were all available electronically. Monthly blood tests were conducted on every patient to identify treatment effectiveness and enable effective decision making about patients' treatment.

Statutory notifications were submitted when required to external organisations when required.

Engagement

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

There was evidence of regular engagement with patients in their treatment plans. Patient satisfaction surveys were ongoing and were discussed both with the service and commissioning trust with actions identified when needed to make improvements.

The provider engaged with staff through the staff survey with a localised action plan to address specific areas of dissatisfaction.

There was a set agenda for staff meetings. Minutes of meetings confirmed patient safety incidents, dialysis efficiency, audits, patient experience, policies and procedures update, and training were discussed.

The service had links with the Kidney Patient Association and the National Kidney Foundation in addition to the commissioning trust who provided information leaflets and advertised support groups and events. The service worked with the provider trust to ensure when needed improvements were made to improve the service for patients.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff were able to access training to support continued professional development. Staff were supported to upskill their competencies and progress in their careers.