

Diaverum UK Limited

Walsall Kidney Treatment Centre

Inspection report

34 Green Lane
Walsall
WS2 8HB
Tel:

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

The service has not been previously rated. 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. Staff assessed risks to patients, acted on them and kept good care records. Risks associated with infections and medicines were effectively managed. 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 partners to plan and manage services and all staff were committed to improving services continually.

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 Walsall Kidney Treatment Centre

Walsall Kidney Treatment Centre is operated by Diaverum UK Limited. The service is a nurse-led satellite dialysis centre, providing haemodialysis services for adult patients living with chronic kidney failure as part of a 10-year contract from 2017 to 2027 with a nearby NHS trust. The service also accepts holiday patient referrals from outside the local area. The service operates Monday to Saturday and can provide treatment to up to 32 patients per shift over 2 shifts per day.

The service opened on 26 June 2017, and our last inspection was undertaken in July 2017. We did not rate the service as we did not have the legal powers to do so at that time.

Walsall Kidney Treatment Centre is registered to provide the treatment of disease, disorder or injury regulated activity, and the registered manager has been in post since the service opened.

How we carried out this inspection

We carried out a 1-day onsite inspection of the premises. During this inspection we spoke with 9 members staff including registered nurses, a healthcare assistant, and the deputy clinic manager. We reviewed 8 staff files. We spoke with 5 patients and reviewed 5 patient records. We conducted an interview with the clinic manager, the registered manager, off-site via videoconferencing the day after the onsite inspection.

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

Outstanding practice

We found the following outstanding practice:

- Patients received vaccinations for Hepatitis B and influenza whilst receiving treatment, preventing patients having to make additional visits to healthcare providers.

Our findings

Overview of ratings

Our ratings for this location are:

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

Dialysis services

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

Is the service safe?

Good 

The service has not been previously rated. We rated safe as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. At the time of our inspection, all staff were 100% compliant with mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. All staff received online training which included modules on infection prevention and control, hand hygiene, moving and handling, water treatment in dialysis, equality and diversity, conflict resolution, and duty of candour. All registered nurses received additional training including medicines management, fistula care and aseptic non touch technique. A package of training on care of the frail person was completed by registered nurses and healthcare assistants including falls and pressure ulcer prevention, with additional diabetes awareness training for registered nurses. All staff attended practical training in moving and handling people and basic life support.

Staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. All staff completed training on mental capacity, and clinical staff received training in dementia awareness as part of the care of the frail person package.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers had access to an electronic training dashboard where they checked if any modules were nearing expiration. They alerted staff members who needed to update their training via a staff communications book which was read out each morning in the staff 'huddle'.

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.

Dialysis services

Staff received training specific for their role on how to recognise and report abuse. All staff received safeguarding adults and safeguarding children training to levels 1 and 2. The clinic manager, as well as the regional clinical lead and practice development nurse completed training to level 3.

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

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff could give examples of signs of potential abuse and neglect, such as physical injuries and the development of pressure sores, and signs of financial abuse that would lead them to raise a safeguarding concern.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with said they would refer concerns to the clinic manager who was the clinic's safeguarding lead, or the nurse in charge if the manager was not available. Contact details for the provider's level 4 safeguarding lead, the nursing director, were available to staff.

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 areas were clean and had suitable furnishings which were clean and well-maintained. The clinical area was spacious and clutter-free.

The service performed well in its audits for cleanliness. The clinic manager carried out a monthly infection prevention and control audit of the clinic to assess cleanliness. Compliance rates between January and April 2023 ranged from 96 to 99%. The clinic manager shared feedback from the audit with staff in team meetings, and escalated any concerns to the cleaning team supervisor.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. In addition to cleaning carried out by an external company, healthcare assistants (HCAs) recorded weekly cleaning of equipment, such as trolleys, wheelchairs, moving aids, and patient and staff fridges. Staff also recorded monthly cleans of areas, such as the drugs fridge, resuscitation trolley with all contents removed and the patient records cabinet.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore surgical masks in clinical areas and wore bare below the knee as per provider policy. We observed staff using hand gel before patient contact and washing their hands before and after undertaking procedures such as connection and disconnection from dialysis machines. Aseptic non touch technique was appropriately performed. Managers carried out weekly hand hygiene audits. Averages for the months of March, April and May 2023, ranged from 92 to 100%. Where best practice had not been followed, this was addressed with the staff member at the time. Managers told us that if results fell below 90%, daily hand hygiene audits were performed until the compliance rate increased. PPE stations were located next to each patient's dialysis station and were well-stocked with nitrile gloves and aprons. Staff had their own visors which were stored on labelled hooks outside the doors to the clinical area when not in use. Staff used PPE consistently and appropriately.

Spill kits were available and accessible to staff to manage blood and other bodily fluid spills.

Dialysis services

Staff screened patients for COVID-19 symptoms and checked their temperature on arrival at the unit and documented this on electronic patient records. Managers told us that patients who were suspected to be positive for COVID-19 were isolated in consulting rooms until additional assessment and an appropriate dialysis location was arranged. Staff also screened visitors and this was documented. Visitors who were suspected to be COVID-19 positive were not permitted into the clinic. Patients underwent annual screening for *human immunodeficiency virus* (HIV), and screening for Hepatitis B and C, MRSA and MSSA every 3 months. Hepatitis B core positive patients were screened monthly due to the risk of these patients seroconverting. This is when antibodies of the virus become present in the blood. A policy was in place for the management of patients who had received dialysis on holiday with clear guidelines for risk assessing patients based on the country they had returned from. Patients returning from high-risk countries were dialysed in an isolation room on a dedicated machine for over a 12 week period. Staff carried out blood tests during the first treatment session back at the clinic, and at the end of the isolation period before returning the patient to the main clinic.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We observed staff thoroughly cleaning equipment and the patient environment between shifts. We saw 'I am clean' stickers on other equipment such as wheelchairs and a hoist with the previous working day's date on.

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called. All of the patients we spoke with said that staff quickly responded to their call bells. Staff tested call buzzers on a weekly basis. Managers told us that the dialysis machines could be programmed with a call buzzer should the main buzzer be out of use.

The design of the environment followed national guidance. The centre had facilities to cater for 32 patients, including 4 side rooms which could be used to treat patients with confirmed infections or under precautionary isolation after returning from overseas.

Patient toilets were wheelchair accessible and had an emergency pull cord system in place.

Staff carried out daily safety checks of specialist equipment. We saw evidence that staff carried out daily checks on the defibrillator, suction unit and 2 oxygen cylinders in the clinical area. One of the oxygen cylinders was one-quarter full, with the pressure gauge just inside the 'red zone'. This was escalated to the clinic manager and immediately replaced. The section of the resuscitation trolley containing emergency drugs was security tagged, and staff checked that the tag was intact daily.

Staff carried out daily checks on the water treatment system, including checks of filters, water hardness and chlorine levels. The log for these checks had been consistently completed. Filters were changed every 3 months, and we saw evidence that this had been completed going back to February 2022. Although changing filters was not a mandatory task for staff, a list of staff who were trained to change filters as a precautionary measure was included with the log. We inspected stocks of new water filters and found them to be within their expiration dates.

Staff performed daily quality control checks on the service's glucometers, and weekly checks on ketone monitors, and we saw that checks were consistently recorded.

Dialysis services

Staff performed a full stock check of the resuscitation trolley monthly, and we saw evidence that this had been consistently completed. All consumable items listed in the trolley inventory were present and in date. The 2 cardiac arrest drug boxes on the trolley were sealed and in date. All consumable items and adrenaline inside the unit's anaphylaxis box were in date.

The service held 3 emergency bags for use in a situation, such as a fire, where patients would need to be evacuated. The bags contained clinical consumable items, such as saline, disconnect caps, syringes and gloves, as well as emergency equipment, such as foil blankets and torches. The bags were sealed with a security tag. We saw records going back to April 2022 that showed staff checked the contents of the bags monthly and resealed the bag with a new tag. We inspected 1 of the bags and found all the equipment listed in the inventory to be present and in date.

Dialysis machines were serviced in line with manufacturer guidelines. We inspected a number of medical devices, such as weighing scales, patient monitors and ear thermometers and found that they were all within their service dates. We saw evidence of monthly bacteriological water sampling. Chemical analysis was performed every 3 months and machine water was sampled annually.

We checked 2 fire extinguishers in the clinic and found them to be within their service dates.

The service had enough suitable equipment to help them to safely care for patients. All the patients we spoke with felt the service had suitable equipment to meet their needs. The service had 11 backup dialysis machines, which ensured patients receiving dialysis away from base could be dialysed on a dedicated machine at the clinic instead of returning to the trust for the 12-week isolation period.

Staff disposed of clinical waste safely. We saw evidence that clinical and domestic waste were appropriately segregated. Waste awaiting collection was securely stored in bins inside a padlocked area outside of the premises. Staff safely disposed of sharps.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. The service had a comprehensive policy in place for the early detection and management of the deteriorating patient. Staff used the National Early Warning Score 2 to assess any deterioration in patients and told us that they would call 999 should a patient require emergency intervention. We saw evidence that this process was followed in the incident reports that we viewed.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed them monthly, and after any incident, hospitalisation or change in condition. We reviewed 5 sets of patient records and saw that staff completed risk assessments for falls, moving and handling, frailty, central venous catheter and venous needle dislodgement. Risk assessments for pressure ulcers using the Waterlow system were also completed. Staff consistently updated risk assessments each month.

Staff knew about and dealt with any specific risk issues. We saw evidence in the patient records reviewed that staff completed appropriate care plans for patients identified as having an elevated risk of developing a pressure ulcer. Records were audited monthly to ensure risk assessments had been updated.

Dialysis services

Shift changes and handovers included all necessary key information to keep patients safe. Staff read from a communications book each morning to hand over key information.

Staffing

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

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

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The provider policy identified a requirement for 1 nurse for every 4 patients, with support from 1 health care assistant for every 10 patients.

The manager could adjust staffing levels daily according to the needs of patients.

The number of nurses and healthcare assistants matched the planned numbers. On the day of the inspection, the service had 8 registered nurses on shift, meeting the planned numbers in addition to 1 new registered nurse who was supernumerary. There were 4 healthcare assistants on shift.

The service had low vacancy rates. As of May 2023, the service was overstaffed by 1 registered nurse as 2 new starters had been accepted to cover maternity leave and any sickness.

The service had low turnover rates. There were no staff leavers between March and May 2023.

The service had reducing sickness rates. In March 2023, the service recorded 222 sick hours, 162 of which were attributed to COVID-19. This was 9% of total operational hours. Sickness reduced in April and May 2023 to 90 hours and 54 hours, respectively..

The service had stable rates of bank staff. Between March and May 2023, bank staff use was stable, with a range of 9.6 to 9.7% of operational hours covered by bank staff. The service did not use agency staff at the time of the inspection.

Managers limited their use of bank staff and requested staff familiar with the service. The service only used bank staff who regularly worked in the clinic.

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.

Dialysis services

Patient notes were comprehensive and all staff could access them easily. Patient notes were a mixture of paper and electronic records and were easily accessible to staff in the clinical area. Each dialysis machine had an attached tablet computer where staff could access patient prescriptions and document treatment information. The paper notes we reviewed were comprehensive and easy to read.

Managers carried out a monthly audit of patient records. We reviewed the audit for the months of March, April and May 2023. Where it was observed in the May 2023 that checks of patients' at home medications were not always recorded in patient records, this was noted as a point for discussion in the next team meeting.

Records were stored securely. Folders containing paper records were stored in a keypad protected cabinet next to the nurses' station.

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.

In the 5 patient records reviewed, drug charts were consistently signed and dated by the prescriber, and patient allergies were documented.

We observed 3 instances of anticoagulant medication administration. Medicines were checked and signed for by 2 registered nurses, and patients were asked to confirm their name and date of birth before the medication was given. Photographic identification was placed on the front of patient records to help avoid confusion between patients with similar names. Consent for this identification process was provided by patients.

Managers carried out a monthly audit of prescription delivery. This included checks that parameters, such as dialyser type, acid concentrate, sodium level and fluid temperature matched the prescription, as well as ensuring that patient weight, blood pressure and temperature were recorded before and after treatment. Results for March, April and May 2023 ranged from 98% to 100%.

Staff completed medicines records accurately and kept them up-to-date. Paper copies of dialysis prescriptions had not been reprinted for several months for 2 of the patients, however, we were assured that the prescriptions were still valid, and that staff could check for prescription updates electronically.

Staff stored and managed all medicines safely. Medicines were securely stored in a clean utility room with keypad entry. The medicines fridge and cupboards inside the room were also locked, and the keys were stored in a locked combination safe in the clean utility room. We saw evidence that staff recorded room temperature, humidity and fridge temperature daily. Parameters had been within the outlined acceptable ranges since the document began in January 2023. The escalation procedure for when parameters were out of range was clearly displayed on the front of the document folder.

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 could give examples of scenarios where they had or would submit an incident report. They told us that incident reporting tools were easily accessible.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had no never events.

Staff generally understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Most of the staff we spoke with understood the principle of duty of candour. Managers understood duty of candour and could give examples of situations in which they had applied it. The incident investigation report proforma used by the service included a section on duty of candour to ensure consideration.

Staff received feedback from investigation of incidents. Staff told us that copies of investigation reports were circulated to them by managers during morning huddles to provide feedback on incidents, and they were required to sign a sheet to say that they had read and understood the contents.

Staff met to discuss the feedback and look at improvements to patient care. We reviewed minutes of the last 3 staff meetings, and saw that clinical incidents were discussed.

There was evidence that changes had been made as a result of feedback. Managers provided recommendations in incident investigation reports. We saw that for 1 incident, where a patient's blood pressure had reduced, changes were made to prevent this from reoccurring.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We reviewed investigation reports for the last 5 incidents that had occurred in the service. We saw evidence that they had all been thoroughly investigated by the clinic manager, and actions recommended where appropriate.

Is the service effective?

Good 

The service has not been previously 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.

Dialysis services

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and procedures were comprehensive, up to date and generally fell in line with best practice. Unannounced annual clinical audits, as well as patient record audits, vascular access audits and prescription audits ensured staff followed guidance.

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. Staff routinely provided tea and biscuits to patients during treatment. We noted a sign in the patient kitchen for staff to also offer squash during periods of hot weather. A water dispenser was available in the reception area for patient use. Patients could bring their own food into the clinic if they so wished.

Specialist support from a dietitian was available for patients who needed it. All of the patients we spoke with received support from a dietitian employed by the trust who regularly visited the clinic.

Pain relief

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

Patients were asked as part of the pre-dialysis assessment if they were experiencing any pain.

Patients received pain relief soon after requesting it. Although some of the patients we spoke with said that they had never needed any pain relief during their treatment, the ones that had requested pain relief said that they had received paracetamol in a timely manner. One patient also said that staff used anaesthetic cream on their arm when asked to help with the pain of needling.

Staff prescribed pain relief accurately. Paracetamol had been prescribed PRN, that is as and when required, in all the patient records we reviewed. We did not see the administration of pain relief on the inspection day.

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 provider benchmarked services around the country via Individual Patient Performance Scores (IPPS). Parameters contributing to IPPSs included vascular access type, haemodialysis adequacy and treatment time and calcium, phosphate and anaemia levels.

Outcomes for patients were positive, consistent and met expectations, such as national standards. At the time of the inspection, the service had achieved the 3rd highest overall score out of 25 of Daavrum UK's clinics nationwide. The clinic had a high proportion of patients provided with an arteriovenous fistula (AVF), recognised as best practice for vascular access in dialysis. Managers told us staff perform monthly surveillance on AVFs to assess performance and can refer patients for intervention before the AVF fails. Furthermore, the clinic had access to far infrared therapy, which is a non-invasive procedure for improving access flow and patency of the AVF.

Dialysis services

Managers and staff used the results to improve patients' outcomes. Staff told us that data around calcium and phosphate levels in particular could be fed back to the trust dietitian to help inform their practice and outcomes for patients.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. In addition to audits on hand hygiene, infection prevention and control, prescription and patient records, staff audited patient vascular access. Staff told us that this had originally been carried out monthly, but since a number of needle dislodgement incidents elsewhere in the country, this audit was carried out weekly. Staff carried out checks that needles were securely fixed with a chevron taping method, that blood lines were looped and taped to the patient, that the vascular access site was visible to staff, and that there was evidence of hourly staff checks on the access site. Risk assessments were documented for patients whose access was not kept visible.

The provider carried out annual unannounced clinical audits and health and safety audits. The most recent result, from 2022, was 91.8%.

Managers used information from the audits to improve care and treatment.

On reviewing the last 3 vascular access audits, we saw evidence that staff educated patients on the importance of ensuring their vascular access site was not covered.

Managers and staff investigated outliers and implemented local changes to improve care and monitored the improvement over time. We saw evidence of 1 area of non-compliance from the service's November 2021 annual clinical audit. The service was re-audited 3 months later and was found to have resolved the area of non-compliance and embedded the change into practice, scoring 97.6%. This was also evident in the October 2022 audit, which showed full compliance and an overall audit score of 97.2%.

Managers shared and made sure staff understood information from the audits.

Competent staff

The service made sure staff were competent for their roles. Managers mostly 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 qualifications were checked at the point of recruitment by the provider's human resources department. The clinic manager kept a spreadsheet of Nursing and Midwifery Council PIN numbers and expiry dates for registered nurses in the service to ensure that their registrations remained up-to-date.

Managers gave all new staff a full induction tailored to their role before they started work. We viewed the files of 8 staff including registered nurses, healthcare assistants (HCAs) and the Deputy Clinic Manager. We saw evidence of a comprehensive induction programme for new staff. New staff were assigned a mentor to sign off their orientation and competencies and were supernumerary for 12 weeks whilst going through the induction process.

Managers generally supported staff to develop through yearly, constructive appraisals of their work. In 2022, 79% of staff received an annual appraisal. A new appraisal process had been introduced by the provider for 2023 with new targets for staff based on their role. At the time of the inspection, 100% of staff had been invited to attend an appraisal meeting in June and July 2023.

Dialysis services

Clinical educators supported the learning and development needs of staff. Staff told us that the clinical practice educator visited the clinic regularly and provided face-to-face life support sessions.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff were asked to read and sign the minutes once they were made available in the staff room to say that they had read and understood the contents.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were generally able to complete required training within working hours. Staff told us that they could complete some training via a mobile application (app) which gave them more flexibility to develop their skills. The app also gave staff access to a 'digital library' and HR information.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. All of the staff we spoke with felt their manager and the provider supported their development and gave examples of training opportunities they had been given. One member of staff told us that they were about to start university modules in renal nursing, which was funded by the provider, another member of staff told us they had just received training in completing root cause analysis investigations and was on track to start rotating as a nurse in charge.

Managers made sure staff received any specialist training for their role. We saw evidence in the staff files reviewed that all registered nurses completed competency documents for the administration of medications vital to the provision of dialysis. Some staff also received training in the management of the water system. Registered nurses who were due to be rotated into the nurse in charge role were given additional training which included how to carry out handovers, admission and discharge procedures and incident management.

Managers knew how to identify poor staff performance promptly and would support staff to improve. The clinic manager told us they would refer to the provider policy to manage poor staff performance. They told us that they actively encouraged staff to address problems and disagreements as they arose to avoid escalation.

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 service had contract review meetings every 3 months which involved the renal nurse consultant and medical consultant from the local NHS trust contracting the services, and included discussions about individual patients' treatment. The clinic manager said that any issues or concerns were often raised in between meetings informally.

Patients could see all the health professionals involved in their care at one-stop clinics. This included seeing their consultant and dietitian from the trust at the clinic while receiving treatment. Monthly quality assurance meetings were held in clinic, attended by the renal consultant, nurse consultant, dietitian and transplant nurse from the trust and senior staff nurses from the clinic. Blood results were reviewed and changes to treatment prescriptions actioned.

Seven-day services

Key services were available to support timely patient care.

Dialysis services

Staff could call for support from doctors and other disciplines. The service was open 6 days a week, providing 2 shifts of dialysis treatment from 7.30am until 7pm, or until the last patient had been collected by transport services if delayed. Managers assigned 2 staff members to stay after hours each day to wait with the last patient if required. Staff were paid overtime to do so.

Staff told us that they could easily access advice and support from the renal consultants and nurse consultant at the trust via telephone.

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. We saw several information leaflets in the reception area on subjects such as staying fit with kidney disease, potassium intake, pain control and foot care. There was also a wall display with advice on diet and fluid intake, as well as information on a local kidney patient and carer support group.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Staff were encouraged by managers to help patients install a mobile application on their smartphone or tablet computer. This allowed patients to check their dialysis notes and blood test results to help them and their families stay informed about their health and treatment. Staff told us that they could refer patients to a renal social worker for support when required, particularly around any financial concerns. Managers encouraged staff to have open conversations around finances with patients given the current cost of living crisis.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The staff we spoke with understood the need to obtain verbal consent for less invasive procedures, such as taking a patient's blood pressure or temperature, and the requirement for formal written consent to dialysis treatment.

Staff made sure patients consented to treatment based on all the information available. The patient's named consultant explained the treatment process to patients while completing the formal consent process.

Staff clearly recorded consent in the patients' records. We saw evidence of consent to treatment in all 5 of the patient records reviewed. This was redone on an annual basis.

All staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. All training was at 100% completion at the time of the inspection.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005.

Dialysis services

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

Is the service caring?

Good 

The service has not been previously 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 and those close to them in a respectful and considerate way. We observed patient care being carried out in a respectful and considerate manner. Patients said that staff introduced themselves and wore name badges.

Patients told us staff treated them well and with kindness. All of the patients we spoke with spoke positively of the staff, describing them as caring and kind, with 1 patient describing the staff as “like family” to them. The clinic manager shared an email from a patient with us which had been received 2 days before the inspection which described the staff looking after them during their last treatment as “delightful, attentive... it was a pure pleasure to have (them) looking after me”.

Staff followed policy to keep patient care and treatment confidential. All of the patients we spoke with said that staff maintained their privacy, dignity and confidentiality throughout their treatment.

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, 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. One patient stated that staff helped them a lot and appreciated that they saw the same staff regularly.

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. Managers told us they accommodated patients wanting to complete treatment early allowing them to celebrate religious festivals such as Eid with their family. The clinic opened on the Sunday before Christmas Day and New Year's Day allowing patients and staff to spend these days out of clinic.

Understanding and involvement of patients and those close to them

Dialysis services

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.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff produced laminated language cards in patients' first language to help them communicate their needs to staff.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients were invited to complete an annual patient survey to give feedback on the service. We also saw a patient suggestion box in the reception area and a 'You said, we did' display based on suggestions made by patients with managers comments on how they were addressed. Patients could also give feedback on treatment using the service's app

Staff supported patients to make informed decisions about their care.

Patients gave positive feedback about the service. We reviewed comments made in the 2022 patient survey for the service. Patient feedback was largely positive, with many commenting on the friendliness and approachability of the staff. We saw an action plan was developed from suggested areas for improvement in the survey, for example changes to the air conditioning system as some patients complained of feeling cold, and having senior/experienced registered nurses needle new or difficult fistulas as there was an increase in the amount of patients reporting pain when having their fistula sites needled compared to the survey in 2021. Staff produced a 'You said, we did' poster based on the survey which we saw was displayed in the reception area.

Is the service responsive?

Good 

The service has not been previously 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. 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 trust provided a transportation service to bring patients to the clinic and take them home after treatment. Managers told us that should a patient prefer to book their own taxi, they would be refunded the cost of a day bus ticket towards the cost of the taxi. Staff told us that the service had previously only had chairs for patients to receive treatment in, but now had beds to fully meet the needs of the patients they receive. One of the patients we spoke with was complimentary about the way that the service arranged for them to receive dialysis when overseas.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. Patients saw their consultants and the dietitian from the trust in clinic, as well as having all their screening tests carried out whilst attending for treatment.

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Facilities and premises were appropriate for the services being delivered. The clinic was spacious, step-free and facilities, such as patient toilets were wheelchair accessible. Patients had a television with headphones provided free of charge, as well as complimentary Wi-Fi access.

Managers monitored and took action to minimise missed appointments and shortened treatments. Staff informed the referring NHS trust of any missed appointments or shortened treatments. They also sent letters to the GPs of patients who had missed appointments at the end of each month to assist the GP with diagnosis of other issues. Patients who wanted to end their treatment early were advised of the potential consequences of doing so and were asked to sign an early termination form. Risk assessments were put in place for patients who missed appointments on a regular basis.

Managers ensured that patients who did not attend appointments were contacted. The clinic manager told us that patients who unexpectedly did not attend their appointments were contacted with a view to reschedule as soon as possible. If the patient was uncontactable, staff would attempt to contact the patient's listed next of kin. If unable to achieve contact with the next of kin, staff would request a police welfare check.

The service relieved pressure on other services when they could treat patients in a day. Staff told us that they had been able to provide Hepatitis B and influenza vaccinations to patients receiving treatment which prevented a visit to another service. Patients who were positive for COVID-19 were able to receive their regular treatment at the clinic instead of having to go to the NHS trust.

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 generally made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. All staff completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards and clinical staff on dementia. Managers told us that they were in the process of developing a policy to support patients with a learning disability.

Staff understood and generally applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Managers told us that they recorded patient disabilities and sensory losses on Personal Emergency Evacuation Plans, or 'PEEPs' forms, and these were updated monthly. There was braille on doors to assist those living with sight loss.

The service had information leaflets available in languages spoken by the patients and local community. Although the health promotion leaflets on display in reception were all in English, staff told us that they could obtain leaflets in additional languages from the trust. Handwashing posters were displayed in both English and Urdu.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff told us that they could book face to face interpreters and signers when required via the trust. Managers discussed a case where a patient whose first language was not English was regularly missing treatments. The service arranged for an interpreter to the patient's next appointment to discuss concerns with them and their family, and the patient has attended regularly since.

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Staff had access to communication aids to help patients become partners in their care and treatment. Staff produced laminated sheets with common phrases translated into patients' first languages for use during treatment such as "I am dizzy", "I am in pain" and "I have a headache" to help patients quickly communicate their needs to staff. The sheets were stored in patients' own records.

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.

Managers worked to keep the number of cancelled appointments to a minimum. Patients said that the service was flexible in amending appointments for patients when required to avoid cancellation of treatment.

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. Managers told us that they rarely had to cancel appointments but explained how they had recently had a power cut due to workmen cutting through power cables and had to cancel patient treatments before they had started or part way through. All affected patients received a blood test for urea and electrolytes, and 2 patients who displayed an elevated level of potassium in their blood were given appointments the next day, 1 at the clinic and 1 at the trust, to complete their treatment. Where this had previously occurred, managers told us staff dialysed affected patients on a Sunday, when the clinic would usually be closed, to ensure they safely received their treatment.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers generally knew how to complain or raise concerns. All of the patients we spoke with said that they would raise any concerns that they had with the nurses looking after them or the nurse in charge. One patient was not sure of the complaints process beyond this. The complaints procedure was displayed in the reception area.

Staff understood the policy on complaints and knew how to handle them. The provider had a complaints policy in place. Staff we spoke with said that they would try to solve complaints to the best of their ability at the time but would escalate them to the nurse in charge or clinic manager if they were unable to do this.

Managers investigated complaints and identified themes. We reviewed recent complaints received by the service which concerned transportation services. The manager escalated the complaints to the transport provider and also completed incident reports for the trust who held the contract with the transport provider to ensure that the complaints were investigated. Staff told us that complaints about transportation were a common theme. The clinic manager told us they displayed a notice about patient transport in the reception area so that patients were aware ahead of time that they could be waiting for up to 90 minutes for collection after treatment in line with the contract between the trust and transport provider.

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Staff could give examples of how they used patient feedback to improve daily practice. Staff told us that a common patient complaint concerned appointment times and not knowing when they were going to have their treatment started. Staff told us that since the service has introduced 15-minute appointment slots, this has improved.

Is the service well-led?

Good 

The service has not been previously rated. We rated well-led 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 clinic manager was an experienced clinician with a degree-level qualification in renal nursing and 19 years dialysis experience. They had previously worked as a team leader before becoming deputy clinic manager, and have been clinic manager for the last 11 years. They had received management training in the past and was at the time of the inspection undertaking a further leadership programme with the provider comprising of online and face-to-face modules. Staff we spoke with said the clinic manager was approachable and supportive, and felt able to go to them with both professional and personal concerns. The clinic manager had received a provider 'Extra Mile' award for their dedication to the service. The clinic manager encouraged registered nurses to become part of a nurse in charge rota after around 2 years in post to gain experience and build confidence. The clinic manager was supported by a deputy and 3 team leaders, all of whom had worked at the clinic between 10 and 20 years, and had previously worked as staff nurses.

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 provider, Diaverum UK Limited had a vision and strategy statement of;

- Our mission – To provide life enhancing renal care, because every deserves a fulfilling life.
- Our vision – To be the first choice in renal care.
- Our strategy – To achieve our vision through being the most trusted and valued independent sector dialysis provider to the NHS.
- Our culture – We strive to a culture of True Care.
- Our values – Competent. Inspiring. Passionate.

The clinic manager explained that the new appraisal process would include the vision and strategy and provide staff with objectives tailored to their role under themes, such as Patient Experience: Delivering the optimal and safest patient experience, Safe Environment: Ensuring our clinic are safe for our patients and team and Financial Performance: Optimising how my clinic is run.

Culture

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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.

All of the staff we spoke with felt supported and valued by the service and gave examples of opportunities they had been given for career development. The clinic manager shared with us that they had nominated their team for a provider award for their hard work and dedication throughout the COVID-19 pandemic. All staff had access to an app for wellbeing support, and we saw that this could be accessed through a QR code in the staff room. This included advice and support on topics such as menopause and fertility. Staff could also access a benefits and rewards platform offering discounts from a wide variety of retailers.

All staff received training in equality and diversity. One staff member shared with us that they felt the diversity of the team was an asset, being made up of both male and female staff with a mixture of skills from diverse backgrounds.

The provider had a Speak Up policy in place which encouraged staff to report any concerns they had to their line manager, senior management within the provider or anonymously via an online portal if they wished to do so. All of the patients and staff we spoke with felt that they could raise concerns in the service without fear of reprisal.

The clinic manager told us that they celebrated patient birthdays by sending them a card and spoke of how they had recently celebrated a patient's special birthday by providing cake and decorating the patient's dialysis station with balloons.

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 service level agreements in place with partner organisations including the referring trust, clinical and domestic waste management companies, medical equipment servicing company, fire safety company and water management company.

Staff were clear about their roles in the company and had the opportunity to meet with staff from other clinics. The clinic manager met monthly with other clinic managers from around the country, and the deputy clinic manager (DCM) also spoke of the benefits of having a monthly call with other DCMs, and an annual face to face forum to discuss and share practice.

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.

A comprehensive programme of audits ensured that safety and quality were monitored, and actions were taken when performance fell below expectations.

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The service held a clinic risk register, with associated risk assessments in place to reduce the impact of risks such as missed and shortened appointments, staffing levels, and poor vascular access as far as possible. The clinic manager could identify what the top risks on the register were during our interview, and reviewed risk assessments regularly.

The service had a business continuity plans in place, including in cases of power supply failure, water supply failure, IT failure, loss of heating and staffing shortages. The plans were comprehensive, with escalation procedures and staff responsibilities in each situation outlined by role. We saw that the business continuity plan had been followed during the recent power outage.

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 service had electronic dashboards which displayed information, such as Individual Patient Performance Scores, broken down by each parameter, and staff training 'at a glance' to help managers monitor performance. Staff could easily access paper and electronic patient record to help them make decisions about patient care.

Engagement

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

The provider undertook an annual staff survey to gain feedback on the service. We reviewed comments made on the 2022 staff survey and saw that issues raised, such as concerns about remuneration, staffing and paperwork were addressed by managers on a 'You said, we did' document.

Managers engaged with partner organisations to ensure service delivery for patients. We reviewed the minutes of the last 3 contract review meetings which took place between the service and the trust. Items such as key performance indicators, audits, staffing and any operational issues were discussed, and clear action plans with timescales for the completion of actions were produced. Managers also engaged with the cleaning contractor for the service monthly.

The service worked with a local university to provide student nurse placements. The provider produced a student workbook to help students make the most of their time in the service.

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.

Some of the staff we spoke to commented that leaders were open to staff suggestions about how the service could be improved. The clinic manager said that they had been able to make any changes and improvements to the service with support from the provider.