

Diaverum UK Limited

Aldeburgh Renal Unit

Inspection report

Aldeburgh And District Community Hospital
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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 have not previously rated this service. We rated it as good because:

- The provider 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 provider controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- 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.
- 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 provider 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 felt respected, supported and valued. They were focused on the needs of patients receiving care. The service engaged well with patients.

However:

- Staff did not always complete room temperature monitoring checks in line with provider policy.
- Staff had not disposed of out of date consumables
- Staff did not archive obsolete records.
- Patients did not have access to working televisions during their dialysis sessions.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	See summary section

Summary of findings

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Summary of this inspection

Background to Aldeburgh Renal Unit

Diaverum UK LTD operates and manages Aldeburgh Renal Unit commissioned by a local NHS trust (the hub). Facilities include five renal dialysis stations and a water treatment room. Diaverum UK LTD Aldeburgh provides haemodialysis (dialysis) to adults aged 18 years and over. There are two dialysis sessions per day Monday, Wednesday and Friday, each accommodating up to five patients. The regulated manager has been in post for four years and is the unit and hub manager.

The service is registered for the regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening services

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 13 October 2021. This was the first time we inspected the provider since it was acquired by Diaverum UK LTD.

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.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided was dialysis.

How we carried out this inspection

During our unannounced inspection we spoke with four staff members and five patients. We reviewed six patient records and other policies and documents. After the inspection we carried out a virtual interview with the service managers.

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 provider **SHOULD** take to improve:

- The provider should consider making working televisions available to patients.
- The provider should ensure obsolete records are archived. (Regulation 17 Governance).
- The provider should ensure staff monitor room temperatures in line with provider policy. (Regulation 15 Premises and Equipment).
- The provider should ensure out of date consumables are disposed of appropriately. (Regulation 15 Premises and Equipment).

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 

Are Dialysis services safe?

Good 

We have not previously rated this service. We rated it as good.

Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. Staff training records provided by the provider after the inspection showed 100% of staff had completed training in line with provider policy.

The mandatory training was comprehensive and met the needs of patients and staff. Staff completed E-learning or attended face to face courses. Staff had completed training on recognising and responding to patients living with dementia and basic life support among other topics.

The provider had a policy describing the identification and management of sepsis and a poster was displayed on the notice board as a prompt of the steps to take in sepsis management. Staff had received training in sepsis detection and treatment and were able to describe what steps they would take if they identified it.

Managers monitored mandatory training and alerted staff when they needed to update their training. Two staff told us they received emails to prompt them when their mandatory training was due for renewal.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Nursing staff received training specific for their role on how to recognise and report abuse. Records provided by the provider after the inspection showed 100% of staff had completed safeguarding adults training in line with provider policy. The provider did not treat patients under 18 years old.

Dialysis services

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The provider had a policy “Safeguarding Adults with Care and Support Needs” which was last reviewed May 2019. Two staff we spoke with knew what to do in the event of a safeguarding concern and staff had a flow chart of steps to take in the event of a safeguarding concern displayed on the staff noticeboard to act as a prompt.

Meeting minutes for the South Area, 7 September 2021, evidenced sharing and learning from safeguarding incidents.

Cleanliness, infection control and hygiene

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

Ward areas were clean and had suitable furnishings which were clean and well-maintained. All the areas we visited during the inspection were visibly clean and tidy. Cleaning records provided after the inspection demonstrated staff had completed weekly cleaning tasks for all areas in line with provider policy for June, July, August and September 2021.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed nursing staff using PPE when providing patient care. This was in the form of disposable gloves, disposable aprons and face shields. Nursing staff wore scrubs and had bare arms below the elbow.

Nursing staff had access to a hand washbasin inside the unit. The provider carried out hand hygiene audits monthly. Data provided by the provider after the inspection evidenced compliance for August, September and October 2021 was 100%.

Nursing staff were trained and competent in the use of aseptic non-touch technique (ANTT) to minimise the risk of sepsis when accessing the patients’ fistula or central line. We saw nursing staff using the technique.

A hand gel dispenser was located at the entrance to the unit and a poster on the door encouraged patients to use it before entering.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff wiped down dialysis chairs, tables and dialysis machines with disinfectant wipes between each patient and decontaminated dialysis machines according to provider policy.

Nursing staff monitored water quality and haemodialysis fluids for bacteria monthly. We reviewed the water test results for August and September 2021 and found there were no omissions.

Aldeburgh renal unit did not have an isolation room. The provider did not treat infectious patients at the unit. Any patients who tested positive for MRSA and other blood borne viruses (BBV) received dialysis in isolation at the hub unit.

Nursing staff screened patients for MRSA monthly. Patients identified as MRSA carriers were dialysed at the unit, but nursing staff took extra infection prevention and control precautions during the session and nursing staff carried out a deep clean decontamination of any equipment used. The provider had procedures in place for the screening of patients for blood borne viruses such as Hepatitis B and C. Patient records demonstrated patients received monthly blood tests for BBV in line with the provider policy.

Dialysis services

Staff had a procedure for the screening of patients who had returned from holiday. One patient record showed the action staff had taken to check for travel related BBV for a patient who returned from a foreign holiday. Patients knew to telephone the unit if they felt unwell so that nursing staff could arrange for them to undergo dialysis at the hub where there were isolation facilities.

Staff had introduced additional measures to keep staff and patients safe from COVID-19 which included regular self-testing.

Staff took the temperature of patients as they arrived at the unit. Any patients who were symptomatic were required to telephone the unit so nursing staff could make other arrangements for patients to be dialysed at the hub.

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. A nurse call system was available at each dialysis station. Due to the size and lay out of the unit, patients rarely used their call bell, preferring to call to the nurses by name to attract their attention.

The design of the environment did not follow national guidance. Space between the dialysis chairs was not in line with health building note (HBN) 07-01 – *satellite dialysis unit guidance regarding patient privacy and the risk of the spread of infection*. The service manager had risk assessed this non-compliance and taken mitigating action including; angling the chairs, using mobile screens between dialysis stations if a patient required privacy and unwell patients being dialysed at the hub. The unit manager described how staff had done a test response to a cardiac arrest and not been hindered by the closeness of the dialysis chairs.

Staff had moved dialysis machines to increase the distance between patients during dialysis in response to COVID-19.

Staff had enough suitable equipment to help them to safely care for patients. Nursing staff prepared single use dialysis sets in trays labelled with the patient details before each patient's session. Nursing staff recorded the lot number of the set on the patients' dialysis flow record.

We reviewed a variety of consumable items of stock in the storeroom. We found a batch of out of date consumables. We escalated this at the time of inspection, and these were immediately removed and replaced.

Dialysis machine alarms alerted nursing staff to issues with patient blood pressure or flow rate. We heard alarms sounding. Nursing staff did not override alarms.

Nursing staff monitored daily room temperatures for the water treatment room on a daily basis. Staff had checked the temperature and completed the record in line with trust policy for June and July, however, there were five occasions in August where staff had not recorded the room temperature.

Nursing staff monitored daily room temperatures for the storeroom on a daily basis. Staff had not checked the temperature and completed the record in line with trust policy for three occasions in August and three occasions in September. This meant staff could not be assured that items stored there were stored at the correct temperature on those days.

Dialysis services

Data supplied by the provider after the inspection showed that staff completed quality control checks on the glucometer in line with provider policy.

Service records provided by the provider evidenced equipment such as the sit on patient weigh scales, dialysis chairs and the dialysis machines had been calibrated, tested and serviced in line with provider policy.

Service records provided by the provider showed the water treatment plant had been inspected and serviced in line with national guidance.

Renal Association guidance suggests that machines should be replaced between seven and ten years or when they have completed 25,000 to 40,000 hours of dialysis. Service leads could describe the plan for the replacement of the dialysis machines in line with guidance.

Staff disposed of clinical waste safely. Staff carried out waste segregation, labelled sharps waste bins and did not overfill them, and stored waste securely in line with provider policy until the host provider collected it each day.

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Nursing staff monitored the patient vital signs for deterioration throughout the dialysis session using the national early warning scores 2 (NEWS2) in line with guidance from the UK Renal Association. Nursing staff knew to seek support from the consultant nephrologist, or, if the patient became seriously unwell during dialysis, they would telephone 999.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Nursing staff carried out risk assessments for all patients starting dialysis at the unit. The risk assessments included falls, pressure ulcers and nutrition. Nurses reviewed risk assessments as part of the patient's monthly continuing care pathway.

Nursing staff recorded the patient's weight at the beginning and end of a dialysis session to monitor the amount of fluid removed.

Staff knew about and dealt with any specific risk issues. Two patient records demonstrated patients were at high risk of pressure sores, staff ensured these patients always had access to pressure relieving equipment during dialysis. One patient had been identified as being at high risk of falls, staff ensured this patient was always transferred to and from the unit by wheelchair.

The service had access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health). One patient described how the staff at the unit had arranged for them to receive support from the renal councillor.

Staff shared key information to keep patients safe when handing over their care to others. All the patient records we reviewed contained letters sent from the consultant nephrologist to the patient's GP. This assured us there was appropriate sharing of information.

Dialysis services

Handovers included all necessary key information to keep patients safe. The provider used a hand over book to communicate information about patients to nurse colleagues before each dialysis session. For example, if there had been any concerns around the patient at the last session.

Staffing

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. Staffing was two registered nurses (RN) and one healthcare assistant (HCA) for the morning session (7.30am to 1pm) and two RN for the afternoon session (1pm to 6.30pm). This was better than the Renal Workforce Planning Group guidance of one RN to four patients. Nursing staff worked two days per week at the hub and three days at the unit.

Managers reviewed the number and grade of nurses and healthcare assistants needed for each shift in accordance with national guidance. Senior service leaders told us staffing was reviewed during weekly meetings and this was evidenced in meeting minutes dated 3 August, 15 September and 5 October 2021.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The provider could rotate staff from the hub to the unit if there were staff shortages. All new staff at the unit were subject to a probationary and supervision period and competency review.

The provider employed a dialysis technician who attended the unit on an ad hoc basis to carry out a six-monthly service on the dialysis machines.

Managers made sure all bank staff had a full induction and understood the service. Staff starting at the unit were supernumerary for one week before they were allocated shifts. Experienced nursing staff rotated between the hub and the unit when staffing needs arose.

Medical staffing

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

The service had enough medical staff to keep patients safe. The provider did not directly employ the medical staff, these were employed by the commissioning trust. All the patients attending Aldeburgh Renal Unit were under the care of one NHS consultant nephrologist supported by two senior registrars.

The consultant attended the unit once or twice per month to review patients. Nursing staff said they were able to contact the consultant by telephone or email and received a response within an hour if they had concerns about a patient. Nursing staff could contact the senior registrars if they were unable to contact the consultant.

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. Nursing staff used paper “Dialysis flow” records to record patient observations throughout the dialysis session. Nursing staff uploaded the relevant “flow” data onto the patient electronic record at the end of the patient session and the paper record was stored in the patients care folder in a locked storeroom.

Nursing staff carried out patient care assessments every month. During these assessments nursing staff reviewed the patient’s vascular access, blood protein level, groin and nasal MRSA status and risk assessments for falls, diet and pressure ulcers. We reviewed six continuing care pathways and saw nursing staff completed them thoroughly, clearly and signed and dated them.

We reviewed six patient records. The records contained details of the patient’s next of kin, GP contact details, current medications, allergy status and risk assessments as well as copies of letters between GPs and the consultant nephrologist. Nursing staff completed records thoroughly, signed, and dated them. Records were neat and tidy and in good condition.

Staff completed monthly patient records audits and took action to rectify any gaps identified.

Records were stored securely. Patient records were stored on an electronic patient record system and hard copies of some documents were stored in patient folders in a locked storeroom behind the nurses’ station.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Nursing staff stored medications such as erythropoietin (EPO), iron supplements, vitamins and antibiotics in a locked medicine cabinet and a locked fridge. The unit did not store or administer any controlled drugs. Staff monitored fridge temperatures daily. We reviewed the temperature monitoring records for August, September and October 2021 and saw staff had completed them daily without omissions. The nurse in charge was the key holder for the medicine cabinet.

We reviewed a sample of medicines held at the unit. All medicines were within the manufacturer’s recommended expiry date and stored correctly.

The unit used electronic prescribing for medications and all the registered nurses were able to administer them. Nursing and medical staff could review patients’ prescriptions using the electronic patient record.

Prescriptions were all patient specific. Electronic prescribing was available at the unit and the consultant nephrologist was able to prescribe remotely.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Information taken from the patient satisfaction questionnaire 2021 showed 100% of patients (nine responses) rated the information they had received about their medication positively.

Staff stored and managed medicines and prescribing documents in line with the provider’s policy. Staff stored medications in an orderly and tidy way and there was good stock rotation. We checked a random sample of five medications and saw they were within their expiry date.

Dialysis services

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team.

All staff knew what incidents to report and how to report them. There was a policy for the reporting of adverse patient occurrence (APO). We spoke with two nursing staff and they were able to describe what type of incident they would report and how to do it.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy. Staff reviewed incidents during weekly meetings, and this was evidenced in meeting minutes we reviewed. The provider had not had any never events.

Meeting minutes for the South Area, 7 September 2021, evidenced sharing and learning from incidents.

Are Dialysis services effective?

Good 

We have not previously rated this service. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Nursing staff provided patient care in line with provider wide standard operating procedures (SOPs) developed from professional guidance such as the National Institute for Health and Clinical Excellence (NICE) and the UK Renal Association (RA).

The provider developed the policy for infection prevention and control relating to BBV in line with guidance from the department of health and social care: *Good practice guidelines for renal dialysis /transplant units: prevention and control (2002)*.

The UK Renal Association guidelines recommend a minimum of 80% of patients on long-term dialysis had a functioning arteriovenous fistula (AVF). The unit manager reported approximately only 50% of patients had a functioning AVF, the other 50% had central venous catheter (CVC). It is widely accepted that there is an increased risk of infection with CVC at both the area where the catheter enters the body, and within the bloodstream.

The provider did not have a vascular access team. Vascular surgeons at the local NHS trust were responsible for creating AVFs

Nursing staff checked the condition of the patients' vascular access routinely at each dialysis session and carried out a formal review every month.

Dialysis services

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff provided patients with refreshments and biscuits during their dialysis session.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. Staff recorded the fluid reduction after each session. This was an electronic process between the dialysis machine and the patient record. This reduced the risk of transcription errors.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Staff recorded the patient's weight before and after dialysis to monitor the amount of fluid removed.

Specialist support from staff such as dietitians was available for patients who needed it. Dietary support and advice was available to patients from a dietitian who visited the unit weekly. Nursing staff were able to refer directly to the dietitian if they had any concerns.

Information taken from the patient satisfaction questionnaire 2021 showed 100% of patients (nine responses) rated the information they had received about their diet positively.

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 and gave pain relief in line with individual needs and best practice. Nursing staff provided simple analgesia to patients if they had a prescription for it. Nursing staff could contact the consultant nephrologist to prescribe pain relief electronically if patients required it.

Staff prescribed, administered and recorded pain relief accurately. Patients could use a topical anaesthetic cream before attending their appointment to reduce pain from inserting the needles into the fistula known as "needling".

Patients received pain relief soon after requesting it. Patients could request the use of topical local anaesthetic spray at the time of "needling".

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 participated in the UK Renal Registry audits in line with the Renal Association recommendations that every patient with end-stage chronic renal failure receiving thrice weekly dialysis should have consistently: either urea reduction ratio (URR) > 65% or equilibrated Kt/V of >1.2 calculated from pre- and post dialysis urea values, duration of dialysis and weight loss during dialysis. (Kt/V is a measure of how effective a haemodialysis treatment is.)

Dialysis services

Outcomes for patients were positive, consistent and met expectations, such as national standards. URR and Kt/V Audit data for August, September and October 2021 showed the unit was performing in line with Renal Association recommendations.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance 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 were only employed at the unit if they were experienced and competent due to the isolated location of the unit and distance from medical backup. Staff spent a period of time at the hub developing their knowledge and skills before being transferred to the unit.

The clinical educators were based at the hub but came to the unit to support the learning and development needs of staff. The provider employed a practice development nurse who attended the unit to support staff with training.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The provider had an electronic course library where staff could enrol onto additional dialysis specific training.

Managers made sure staff received any specialist training for their role. Staff competency records evidenced staff dialysis specific competencies were assessed every three years.

Managers identified poor staff performance promptly and supported staff to improve. Senior leaders used a talent matrix at annual appraisal to identify staff who were struggling and helped support them to improve.

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 unit manager attended weekly multidisciplinary team meetings (MDT) at the hub to review each patient's care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Weekly MDT meetings were held at the hub. Meeting minutes from 18 October 2021 evidenced meetings were attended by the consultant nephrologist, the dietitian, the clinical nurse specialist, and the provider registered manager.

The consultant nephrologist (employed by the local NHS trust) worked in partnership with the patients' GPs to provide care.

Staff referred patients for mental health assessments when they showed signs of mental ill health or depression. Staff referred patients to the renal counsellor in response to low mood.

Patients had their care pathway reviewed by relevant consultants. The consultant nephrologist wrote to the patient's GP after each monthly dialysis review. We saw copies of the letter held electronically on the patient's record.

Dialysis services

Seven-day services

Key services were not available seven days a week to support timely patient care.

Dialysis was available Monday, Wednesday and Friday and this was in line with demand from the patients. The provider had capacity to increase the service to six days per week if the need arose.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Staff displayed posters in the unit advising patients of healthy diets and signposted patients to renal dialysis support groups and events.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff gave patients a folder of information and advice when they first started renal dialysis.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Nursing staff training records evidenced staff received training in the Mental Capacity Act. Staff assessed patients' mental capacity when they first started on renal dialysis. Staff recorded the outcome in the patient assessment record. Those patients who were deemed to lack capacity were not dialysed at the unit.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We observed nurses obtain verbal consent before starting patient care asking patients "okay, are you ready?"

Staff clearly recorded consent in the patients' records. All the records we reviewed showed that staff had obtained informed written consent from patients at the beginning of their dialysis treatment.

Are Dialysis services caring?

We have not previously rated this service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Each patient had their own named nurse. This enabled continuity of care and an understanding of the patient holistically.

Dialysis services

Patients said staff treated them well and with kindness. All nine patients (100%) who responded to the patient satisfaction questionnaire were satisfied with the approachability of nursing staff and the professional level of care they provided.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Nursing staff had a deep understanding of patients' holistic needs and family situation.

We observed polite and friendly interactions between patients and staff, nursing staff spoke respectfully and courteously to patients and each other and shared appropriate humour.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff, patients and patients' family could access the renal counsellor. Patients had the use of a private room at the unit if they wished to speak in confidence.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff could use privacy screens between patients when patients required more privacy.

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. Staff signposted patients to patient support groups both locally and nationally. Patients could access a renal social worker.

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. All five patients we spoke with told us they were happy to ask questions if there was anything they did not understand.

Staff talked with patients, families and carers in a way they could understand. Patient satisfaction questionnaire (2021) results showed a response rate of 100% (nine patients). All the patients who responded (100%) reported feeling that staff had time to listen and explain things to them.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The provider gave all patients an annual patient satisfaction survey to complete. The survey had space for patients to leave written anonymous feedback.

Staff supported patients to make informed decisions about their care. Patient satisfaction questionnaire (2021) showed a response rate of 100% (nine patients). All the patients who responded reported feeling involved in planning their care. Two patients we spoke with told us they felt involved in decision making around their care.

Patients gave positive feedback about the service. Patient satisfaction questionnaire (2021) showed a response rate of 100% (nine patients). All the patients who responded were positive about the service.

Dialysis services

Are Dialysis services responsive?

Good 

We have not previously rated this service. We rated it as good.

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services so they met the changing needs of the local population. Patients were referred to the unit by the commissioning trust and accepted in line with the provider's acceptance criteria. The criteria included patients over 18 years of age, had functioning vascular access, were clinically stable for satellite unit treatment, blood-borne virus status was checked, and the patient had medical approval from the commissioning trust's renal team.

Facilities and premises were appropriate for the services being delivered. Patients had access to a toilet. Staff provided pressure relieving equipment and blankets where patients required them.

There was good access to facilities in the unit. The unit was on the ground floor of the hospital building and there was free parking and designated disabled parking spaces outside the front door.

Dialysis stations had individual televisions and headphones for patients to use during dialysis sessions. At the time of inspection, the televisions had been broken for the past two years. Patients described their frustrations in relation to the situation. We spoke with the senior leadership team (SLT) who described actions they had been taking to affect a resolution, unfortunately the issues lay with the host hospital. To mitigate the impact of the broken TVs, staff had supplied handheld electronic tablets and access to the radio.

Managers ensured that patients who did not attend appointments were contacted. Patients came to the unit by transport provided by the commissioning trust or drove themselves. At the time of inspection two of the patients we spoke with complained about the poor service provided by the transport company. The senior leadership team described issues with patient transport and the mitigating action they had taken to ensure patients were kept safe.

Patients who did not attend appointments were contacted by staff to check on their welfare and arrange an alternative treatment session. A process was in place to request a police welfare check if staff were unable to contact the patient.

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.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The provider did not routinely treat patients living with dementia at the unit. However, if a patient already using the service developed dementia, staff took action to continue to accommodate them, for example, making space to enable a carer to stay with them during dialysis.

Dialysis services

The service had information leaflets available in languages spoken by the patients and local community. The provider could provide patient information leaflets in a range of languages if required.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff could access translators and signers for patients who did not speak English as a first language or who were deaf.

Due to patient choice, at the time of inspection, no patients carried out any elements of self-care for example weighing themselves or needling.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. At the time of our inspection there were no patients waiting to start dialysis at Aldeburgh renal unit.

Patients were allocated a dedicated dialysis appointment time which considered the individual patient's social and work commitments; length of journey to the unit; and the number of dialysis hours and sessions prescribed as well as personal preference.

Where possible, staff facilitated treatment session swaps and changes to meet individual patient needs and offer flexibility of treatment sessions to facilitate work, religious practices and social needs.

Staff ensured each dialysis treatment started as soon as possible once patients arrived at the unit by staggering the dialysis start times. Staff informed patients by telephone of any delays or disruption to service and made plans to provide dialysis at the hub if appropriate.

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 knew how to complain or raise concerns. Two patients we spoke with told us they would speak directly with the staff if they had any concerns or complaints.

Managers shared complaints with staff and learning was used to improve the service. Staff discussed any complaints during weekly meetings, and this was evidenced in meeting minutes we reviewed.

Senior leaders gave an example of learning from a complaint and how they used patient feedback to improve. In response to a complaint about an uncomfortable chair the provider had purchased memory foam cushions.

Are Dialysis services well-led?

We have not previously rated this service. We rated it as good.

Dialysis services

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced but they were not always visible in the service for patients and staff.

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

Aldeburgh unit consisted of the south area manager and the unit manager.

The unit manager was also the registered manager and had responsibility for the hub and the unit. Since the COVID-19 pandemic, staff and patients told us the registered manager had attended the unit less often in order to reduce the risk of COVID-19 transmission between locations. This meant that the unit did not have a lead with oversight of the unit on a day to day basis. The SLT were in the process of recruiting a senior dialysis nurse who would be based full time at the unit and report to the registered manager.

The registered manager maintained links with the commissioning NHS trust through quarterly performance review meetings.

Staff spoke positively about the SLT and the registered manager. They described how communication with the unit lead was by daily emails and regular telephone calls and said the registered manager was approachable and supportive.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

Diaverum UK Limited had a clear provider wide vision to be first choice in renal care and provide

“Life enhancing renal care, because everyone deserves a fulfilling life”. Staff told us they strived to deliver the vision in their everyday work.

There was no formal local vision and strategy at the unit, but staff spoke positively about providing the best care.

Senior leaders told us they hoped to offer a holiday dialysis service once the COVID-19 restrictions allowed.

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.

Staff told us they felt supported, respected and valued. They described the culture as “like a family” and told us it was a happy place to have dialysis. At the time of inspection, the provider was supporting a nurse to develop management skills as part of career progression.

Staff and patients told us they felt happy to raise any concerns if they arose.

Dialysis services

The provider wide Workforce Race Equality Standard report (2020) detailed actions the provider would be taking to ensure equality and diversity was promoted within the organisation and all staff, including those with particular protected characteristics under the Equality Act, were treated equitably.

Governance

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

The unit manager led on, and monitored, governance issues and health and safety for the unit, and had responsibility for submitting weekly health and safety reports and monthly governance reports to the provider as well as implementing any improvements within the unit.

The provider had effective structures, processes and systems of accountability to support the delivery of good quality and sustainable services. Meetings included twice weekly COVID-19 related meetings, monthly one to one meeting with the area manager, (meeting minutes August 2021, September 2021, October 2021) fortnightly meeting with the national SLT and unit meetings face to face to cascade all new information to staff when possible.

Patients were referred to the unit by the specialist renal and dialysis services provided at the commissioning NHS trust. As the unit functioned as a satellite of the main service, there was a close working relationship and regular meetings between the unit manager and the commissioning trust service lead for dialysis.

Management of risk, issues and performance

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

The registered manager and the SLT reviewed the risk register and mitigation monthly to ensure risks were being appropriately managed. Risks included staffing, equipment and water treatment failure and all had mitigating actions in place.

The provider had ensured appropriate emergency equipment was available to use in the unit and all staff had received basic life support training.

The provider had business continuity plans in the event of a power failure or disruption to the water supply. Staff knew how to access them and who to inform if this happened. For example, transferring patients to the hub for dialysis.

The provider had a systematic programme of clinical and internal audit to monitor quality and operational processes. Team meeting minutes dated 3 August, 15 September and 5 October 2021 evidenced staff had discussions around audit outcomes as well as risks to patients and the service.

Information Management

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

The provider used information technology systems effectively to monitor and improve the quality of care.

Dialysis services

The Diaverum system was able to pull blood results from the laboratory system and oversee patient blood results as a glance for each clinic and action appropriately and improve the quality of care.

The consultant nephrologists provided the necessary information for the staff on the unit to be able to provide the correct treatment for each patient through their individual prescription. Prescriptions were held electronically and in paper form for reference.

The dialysis unit database uploaded to the trust database daily to ensure the trust had the latest information to support data collection and ensure the consultant nephrologists received the latest dialysis information for every patient.

The laboratory blood test results were uploaded to the unit computer system. The results were accessed by staff which gave an overview of each patient in clinic at a glance.

The provider stored a significant amount of obsolete paper records in the storeroom. This meant that staff may accidentally refer to obsolete information. We escalated this to the registered manager at the time of inspection.

The service submitted statutory notifications to the Care Quality Commission as required.

Engagement

Leaders and staff actively and openly engaged with patients, and staff to plan and manage services.

The provider had recently undertaken the annual patient satisfaction survey 2021. The SLT were in the process of reviewing the results before sharing them with the wider team and developing any improvements that may be required.

Patients told us they were regularly involved in their plan of care and treatment. Staff we spoke with described a good relationship with the unit manager and were confident of being able to raise concerns to the manager as and when they occurred.

Learning, continuous improvement and innovation

Leaders encouraged innovation and sustainability.

The provider had plans in place for the implementation of the treatment guidance system (TGS) for December 2021. The TGS is a hand-held device to record pre, during and post dialysis observations to replace the paper notes.

The provider was developing a senior dialysis nurse who would be full time at the unit and lead on day to day management issues.

The provider was looking forward to welcoming holiday dialysis patients to the unit once the COVID-19 pandemic had subsided.