

Fresenius Medical Care Renal Services Limited

Stratford Dialysis Unit

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to Stratford Dialysis Unit on 14 March 2023.

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

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service carried out risk assessments for all patients however, not all risk assessments had an associated action plan.
- Although patients were reviewed regularly by consultants, medicines were not transcribed if there were no changes in the review.
- Due to familiarisation with patients and a stable workforce some interventions did not follow the necessary identification checks before procedures.
- The service did not use a recognised pain assessment tool for monitoring pain. Pain was monitored through subjective records kept in the patients notes.

Summary of findings

Our judgements about each of the main services

Service

Dialysis services

Rating

Good



Summary of each main service

We have previously inspected but not rated this service.
We rated this service as good because it was rated good for safe, effective, caring, responsive and well-led.
See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Stratford Dialysis Unit

Stratford Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service has 12 dialysis stations. These facilities include 2 isolation rooms.

The dialysis centre provides chronic haemodialysis and care for established chronic renal failure patients who have already been stabilised on the therapy at their main parent unit.

The location carries out the regulated activity of: Treatment of disease, disorder or injury, which was registered in November 2010. The location has a registered manager.

We have inspected this location in May 2017, but did not rate it.

How we carried out this inspection

During our inspection we spoke with the nurses at the service, 1 healthcare assistant, 1 consultant, the registered manager and area head of operations. We also spoke with 3 patients.

We reviewed 5 patient's notes, feedback forms and online reviews. We also reviewed a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

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

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

- The service should complete the action plan section for each patient's risk assessment if risks are identified (Regulation 12).
- The service should always follow identification checks in accordance with their own policies (Regulation 12).
- The service should consider transcribing medications in all patient reviews even when medication is not changed.
- The service should consider implementing a recognised pain assessment tool to support their assessments of patients.

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 

We have previously inspected but not 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.

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff and was tailored to each professional's needs.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw mandatory training rates for staff met the service's completion target of 85% with an 89% completion rate for all assigned modules.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. The service had a provider level safeguard lead trained at level 4 for adults and children and the location manager was trained at level 3 for adults and children. The remaining staff were trained to at least level 2 for adults and children. This was an improvement in relation to our findings on our previous inspection.

We reviewed the training matrix and rates were 100% for all adult safeguarding modules and 92% for children safeguarding level 2 modules.

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. They worked with other agencies to protect them. The service had an up-to-date safeguarding policy that supported staff to manage safeguarding effectively.

Dialysis services

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Contact information for the provider and partner trust safeguard leads was easily available, as were contacts and pathways for referrals to local safeguarding teams.

Cleanliness, infection control and hygiene

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

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

Cleaning records and audits were up-to-date and demonstrated that all areas were cleaned regularly. A deep clean was carried out every 3 months or when the service had significant infection control concerns. We reviewed a cleaning audit and were able to verify that cleaning rotas were all complete. Audits demonstrated 100% compliance with cleaning rotas. A third-party company undertook routine domestic cleaning.

Staff completed an external disinfection and heat disinfection after each use of the dialysis machines. Staff also performed a weekly degreasing of the dialysis machines.

Staff followed infection control principles including the use of personal protective equipment. We saw staff were bare below the elbow, washed their hands before and after patient contact and used face masks when interacting with patients and in all clinical areas.

When nurses connected and disconnected patients from the dialysis machines, they were required to use a technique known as the 'aseptic non touch technique' (ANTT) to prevent the transmission of infection to patients' access site. We were informed during inspection that new ANTT principals introduced following a revision of the Nephrocare Standards of Good Dialysis, were still in the training phase for staff and competencies were still being signed off. We observed 5 episodes of care where this technique was used. We found staff mostly followed the principles of ANTT which decreased the risk of infection transmission. However, in 2 episodes of care we saw that 1 or 2 stages of the ANTT were not entirely followed. Leaders monitored staff performance in this area with monthly compliance reports and improvement outcomes. Although the service was compliant in the last 3 reports we reviewed, service leaders worked to keep improving staff ANTT practice and told us they were implementing updates to ANTT to fully embed new practice and provider guidance.

Staff worked effectively to prevent, identify and treat dialysis access site infections. There were no records of cross contamination in the year before our inspection. Staff completed assessments for each patient at each dialysis session to assess patients' access points.

Staff monitored and managed potential infectious conditions well. They completed HIV testing, Hepatitis B, Hepatitis C and Methicillin-resistant staphylococcus aureus (MRSA) testing. As an example, if a patient was MRSA positive, testing would be done monthly to assure they could be dialysed safely, and an infection, prevention and control (IPC) plan developed. The service also assessed each patient daily for COVID-19 symptoms and access to the unit was only done following temperature checks.

The service monitored and controlled high risk patients due to holiday returns. The service identified restricted dialysis machines who were only assigned to those patients who were of higher risk.

Dialysis services

Hand hygiene audits demonstrated compliance with all opportunities to use hand hygiene measures. Staff were compliant with hand hygiene in all stages of care and interactions we observed. The service's audits also demonstrated this, with 100% compliance.

Staff cleaned equipment after patient contact and labelled appropriate equipment to show when it was last cleaned.

We saw plentiful supply of antibacterial hand gel in all areas of the unit.

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.

The design of the environment followed national guidance. As an example, the water plant area had flooring designed to prevent or slow down the progress of potential flooding in the event of overflow. This was in line with guidance such as Health Building Note 07-01: Satellite dialysis unit.

The service had enough suitable equipment to help them safely care for patients. The service had 12 dialysis stations, of which 2 could be used as closed isolation areas.

Equipment including the dialysis machines was well maintained, calibrated and serviced in accordance with manufacturer conditions. We reviewed the equipment log and found that all equipment had been serviced and passed their tests.

Staff had immediate access to emergency resuscitation equipment located in the clinical area. All pieces of equipment checked were in date and staff completed daily checks.

Staff used wipe clean privacy screens around patients' stations if requested or as necessary.

Routine disposable stock was managed well. The storerooms were tidy and well organised. We sample checked a variety of stock products and found all were intact and in date.

The fridge used to store medications was temperature monitored daily. Staff were aware of how to escalate concerns such if the temperature fell out of range.

Staff disposed of clinical waste safely. We saw sharps bins were closed and managed in accordance with fill levels. Additionally, all other clinical and non-clinical waste was segregated accordingly. We reviewed the most recent clinical waste audit and found the service was fully compliant with effective monitoring and disposal of their waste.

Assessing and responding to patient risk

Staff identified and quickly acted upon patients at risk of deterioration. Staff completed risk assessments for each patient and removed or minimised risks. However, we identified that not all patients had allocated action plans to their identified risks.

Dialysis services

Staff responded promptly to any sudden deterioration in a patient's health, but they did not use a recognised early warning score tool to help them recognise patients who may be deteriorating. This was not in line with national guidance. The decision to not use a national early warning score tool had been risk assessed. The mitigating actions identified procedures and protocols to support staff, identify sepsis and calling for emergency assistance from ambulance service.

Each patient had a card which was inserted into weighing scales and into the dialysis machine which automatically transferred information such as weight, blood pressure measures, heart rate and kt/V (a measurement of the efficiency of dialysis) into the electronic patient record system. If measurements directly related to dialysis (blood pressure and kt/V) were outside of the parameters set by the consultant and specific to each patient, an alert showed on the live monitoring system which showed an overview of all patients. Staff responded promptly when alerts were highlighted to monitor patients' wellbeing and there were no issues regarding the dialysis such as restricted access by kinked equipment lines.

All patients had a full risk assessment completed at some point in their treatment and we saw all risk assessments were completed for each patient. Risk assessments and medication charts were recorded on paper form. However, it was observed that not all risk assessments had an associated action plan to the identified risk. As an example, we saw 3 records for patients who had a falls risk assessment but there was no action plan on the paper record to identify which actions were put in place to address these risks. We informed the manager of our concerns and were shown the service's patient risk register where high-risk patients were identified. This risk register identified specific areas of risk and was known to all staff who were informed of the risks and discussed actions to address these in the staff team meetings. The manager recognised that outcomes of the risk analysis should be reported in the risk assessment and relevant action plans recorded as well. We were assured this was going to be addressed in the next months.

Staff monitored patients' well-being and any changes that could identify potential risks. When connecting patients to dialysis machines, staff engaged with them and asked relevant questions regarding health, weight and fluid levels.

Staff did not always check the identification of patients before undergoing treatment. We saw 2 examples where patients who were familiar to the service and assigned staff were not asked to confirm their personal details before undergoing treatment.

Staff knew about and dealt with any specific risk issues. Staff had access to specific pathways and guidance including sepsis and adverse treatment incidents, such as low blood pressure. Staff received training in recognising the deterioration in patients, including specific sepsis training.

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

Staff shared key information to keep patients safe. Staff attended a huddle at least twice a day which was led by a senior nurse. Staff discussed patients receiving treatments, any incidents and actions which needed to be completed, such as specific blood tests.

Staff also did a daily handover meeting. We reviewed the notes for the meeting and found these to be useful to monitor patient concerns and wider issues within the unit.

Dialysis services

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 bank, agency and locum staff a full induction.

The service had enough nursing and support staff to keep patients safe. We saw that rotas included 1 nurse to 4 patients care, supported by a health care assistant support.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift.

The number of nurses and healthcare assistants matched the planned numbers. Despite being fully staffed, when necessary, the manager requested bank staff to support the unit. Bank staff, in the main, had substantive posts at other provider dialysis clinics and therefore were familiar with the service's policies and procedures. Where staff were absent at short notice, such as on the day sickness, the unit manager said they worked clinically to make up nurse numbers and supported the team.

Managers and the provider made sure all staff had a full induction and understood the service. This included bank staff who undertook a local orientation and were then assigned to the location's bank pool.

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 access to enough medical staff to keep patients safe. Consultants ran clinics weekly to review patient needs and conduct assessments.

Consultants and renal registrars from the partner NHS trust could be contacted at short notice and where on call to support the delivery of safe care and support clinical decision making.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The service used 2 systems to record patient information. The records were both paper based and electronic. The paper-based records contained risk assessments, medication charts, consent forms, the patient's initial admission form, sepsis risk assessment paperwork and signed disclaimers where patients had signed to end treatment sessions early.

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

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Senior nurses monitored the quality of the patient's records. They undertook audits of patient records every 3 months. The audit included checks for completion of medication charts, suspected sepsis risks, consent and dialysis summary among other measures. We reviewed the most recent audit and saw the service was meeting their standards. The audit was comprehensive with all improvement and action plans well documented and monitored by the assigned leader of the action.

Records were stored securely.

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.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Audits on medication management were completed every 6 months. We reviewed the latest audit which demonstrated high levels of compliance. Where areas for improvement were identified we found associated action plans with signed actions that had been completed to assure full compliance.

Staff stored and managed medicines in line with the provider's policy. Medicines were stored in locked cupboards, which were contained within a locked storeroom. Only staff had access to this area.

We reviewed prescription charts for medicines and found that some charts had not been updated for more than a year. We were explained that this was because the patient had been reviewed but no changes to medication were necessary and therefore, the consultants did not transcribe the medications again.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents.

Incidents

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. We reviewed 2 incidents that had been reported in the last year. These were adequately reviewed and investigated the necessary points linked to the incident.

The service had no reported serious incidents.

The service had no reported never events.

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

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Staff understood the duty of candour. We heard from staff how they would be open and transparent and gave patients and families a full explanation if things went wrong.

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

Is the service effective?

Good 

We have previously inspected but not 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 delivered high quality care according to best practice and national guidance. Staff regularly assessed patients access point using nationally recognised assessment tools, such as the British Renal Society vascular access tool.

The service had standard operating procedures (SOPs) developed to support staff in providing effective and up-to-date care. Examples of these included the service's working instructions – nephrocare standard, the Dialysis away from Base and blood borne viruses SOPs. All SOPs were based on relevant and updated guidance from sources such as the Department for Health and National Kidney Foundation.

Patients were encouraged to undertake 'shared care' training. This meant patients learnt how to do aspects of their care independently, such as taking their own blood pressure or weighing themselves. Staff worked through a training programme with patients who wished to do this to ensure patients were more involved and engaged with their care. Our review of the 'shared care' competency record found there was a clear record of how patient's competencies were achieved, the date they were achieved and if they needed to be reviewed.

During the inspection, we observed staff to display competency when undertaking clinical activities, and to adhere to best practice guidelines. This included 'needling' (inserting a needle into an arteriovenous fistula (AVF) or graft (AVG) to connect the patient to a dialysis machine) and disconnecting patients from dialysis machines.

At quality assurance meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. This meant information was escalated to the referring trust who provided a renal psychological service.

Staff used technology effectively to support care and treatment. For example, all patients had an individual card which contained treatment details on it and uploaded information to the dialysis machine to support accurate treatment.

Nutrition and hydration

Staff gave patients food and drink during their therapy. Patients had access to dietitians.

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Specialist support from dietitians was available for all patients as per national guidance. Dietitians from the referring trust attended the service to see patients, assess dietary needs and provide advice and guidance on renal diets. However, the service had not been able to access the dietitians services in the last months. This was identified as a risk to the service and monitoring and control measures put in place to support patients.

Staff provided patients with water, hot drinks and biscuits whilst dialysing. Patients could bring their own food to treatment sessions if they wished to eat something different.

Pain relief

Staff gave pain relief to ease pain.

Where prescribed, patients received pain relief. If patients chose to, they could request their GP prescribe pain relief such as numbing cream for their access point. This meant the patient would experience less pain when nurses inserted needles during connection to dialysis machines.

The service monitored pain but did not use a recognised pain assessment tool to record the patients' pain. Subjective notes were used to monitor patient's pain in their clinical records.

Patient outcomes

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

The service used a system of individual patient performance screening to monitor clinical performance measures. Outcomes for patients were positive, consistent, and met commissioned expectations.

The service met the balanced scorecard quality targets between February 2022 and November 2022. The balanced scorecard assessed areas such as the improvement of the dialysis process, improvement of dialysis outcomes and support of kidney transplantation. Between the period of December 2022 and February 2023 results from the quality scorecards decreased. However, this was due to a systems interface problem between the NHS trust and the providers electronic databases. The service identified these issues immediately and put in plan actions, such as strengthened quality assurance meetings with the trust consultant to ensure all patient dialysis results were reviewed and meeting the established targets.

Renal Association standards specify patients should receive at least 12 hours of treatment per week to maximise effectiveness. However, data from the service showed some patients were prescribed less than 12 hours of dialysis per week as a clinical decision.

For patients that chose to reduce their time spent dialysing staff asked the patients to read and sign a disclaimer which explained the impact of reducing treatment time. Staff updated the referring NHS trust when patients chose to reduce their treatment time and developed individual patient plans to manage this.

The provider benchmarked clinics against each other to determine internal performance. The clinics were measured against different perspectives including quality, efficiency, growth and people factors. For February 2023 we saw this unit was the 9th best performing of the 32 units in the country.

The British Renal Society sets out a standard that at least 80% of dialysing patients should have definitive access because they last longer than any other dialysis access types, are less prone to infection and clotting. At the time of our

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inspection, the clinic treated 31% of patients with a central venous catheter (CVC), and 3% of patients had treatment via CVC and arteriovenous fistulas (AVF) or arteriovenous grafts (AVG). We explored the reasons behind this and found this was based on clinical decision making from the referring trust. For example, where a patient was unable to have an AVF or AVG. This was recorded as part of the unit's risk register and safety was monitored closely.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included hand hygiene audits and patient record and documentation audits. We saw how managers monitored the outcomes of audits and despite being compliant continued to identify further areas for improvement when outliers were found.

Managers used information from the audits to improve care and treatment. Managers shared information from audits with staff along with learning and actions.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff completed competency training relevant to their role. We saw this was updated within provider timescales to ensure staff maintained their skills.

Managers gave all new staff a full induction tailored to their role before they started work. The induction period included training, working shadow shifts and undertaking competency assessments. Managers made sure staff received any specialist training for their role. Nurses who worked independently had all completed their training competency document, and annual reassessment of clinical competence.

The service had processes in place so that new nursing staff undertook a programme which enabled them to undertake dialysis specific competency training and to work supernumerary to develop their competencies.

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

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

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

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Senior staff at the unit attended a monthly quality assurance meeting which included trust consultants, and other relevant professionals. Patients' care pathways were reviewed by the relevant consultants.

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Staff worked across health care disciplines and with other agencies when required to care for patients. For example, if staff identified patients were experiencing mental ill health, they could raise this with the referring trust who had access to psychological support. Staff at the clinic had direct links with dialysis access specialists at the referring trust, and the renal assessment unit. This meant any concerns or problems could be quickly escalated and resolved.

Staff could access an on-call consultant or registrar from the partner NHS trust at any time for advice and guidance.

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

Seven-day services

Key services were available to support timely patient care.

The service opened Monday to Saturday. Mondays, Wednesdays and Fridays operated an additional twilight shift to support patients' needs.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. We also saw information available regarding airborne isolation precautions and the importance of washing hands.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff had received training and understood how and when to assess whether a patient had the capacity to make decisions about their care. However, we were told the service's referral criteria meant they very rarely treated patients who could not consent to treatment.

Should at any point a patient who was unable to give consent access the service, provider policies were available to support staff. Additionally, a specialised consent form was available to support staff in this process.

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

Is the service caring?

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

Dialysis services

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.

Staff, including the manager, knew all the patients dialysing at the clinic and were able to talk about each patient knowledgeably.

Staff we spoke with told us they loved working with their patients and enjoyed providing care.

Patients said staff treated them well and with kindness. Patients told us they were happy coming to the unit for their dialysis and felt the staff provided a caring service. We heard patients say the service was excellent and kind to them.

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

Emotional support

Staff provided emotional support to patients, 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 spoke with patients about how they were feeling and escalated this to the referring trust as necessary.

We spoke to patients who told us how supportive the staff had been and how they referred them to various charities for additional support.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We saw staff take time to listen to patients. We saw staff clearly explaining at every stage what they were doing and reminding patients what to do if they wanted to alert staff. We saw staff ensured patients could reach their books, snacks and phones during their dialysis sessions.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients told us they felt included in their treatment and decisions about care. Each patient had a named nurse who was their main link with the clinic.

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

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

When discussing day to day issues, staff talked with patients, families and carers in a way they could understand. When patients did not speak English, staff spoke with family members, requested a translator or used adapted communication tools to support communication.

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

The 2022 patient experience survey had a score of 68% of respondents saying the service was better than other services used by the patients, and 26% saying it was the same. The survey had a 44% response rate.

The service used the patient experience survey to identify areas of improvement. As a result of feedback and engaging with patients and their families the service introduced a monthly blood feedback session and fluid and dietary education session with the nursing team.

Is the service responsive?

Good 

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

Service delivery to meet the needs of local people

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

The service worked closely with the referring NHS trust to deliver a service which was suitable for the local population. The service also worked with the local ambulance trust which provided patient transport services for many of their patients.

The facilities and equipment were not suitable for bariatric patients and patients with limited mobility. However, the referral criteria to the service highlighted that bariatric patients and patients requiring high levels of mobility assistance would not be suitable to the service.

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

Staff supported patients who wanted to dialyse elsewhere on holiday. They were also able to support people who were attending the local area and wanted to temporarily dialyse.

Facilities and premises were appropriate for the services being delivered. The service was provided from the ground floor of a health centre. There was parking available for patients and a dedicated waiting area for dialysis patients.

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Meeting people's individual needs

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

Staff made reasonable adjustments to help patients. Patients were referred directly from the commissioning trust and were generally medically stable in line with the arrangements of the commissioning agreement. Although the service had strict referral criteria regarding mobility standards, the service was accessible to patients in a wheelchair who could transfer with use of mobility aids.

Staff made sure patients received the necessary care to meet all their needs. Where staff identified patients' cognitive impairment was declining, they referred the patient for assessments at the referring trust. The service rarely treated patients with dementia or learning disabilities but staff training and processes were in place to support patients who required additional help.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to communication tools to support people's communication needs.

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

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients 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. At the time of our inspection the service was almost operating at full capacity with 54 active patients. The service could go up to 64 patients, but this would only be able for patients who dialysed up to twice a week.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. If the reason for the missed session was due to patient illness, staff referred the patient to either their GP or the referring trust. Staff then re-booked the patient to make up their missed session as soon as possible.

If staff were unable to contact a patient who had not attended, they followed the process of alerting the referring trust and asking police or GPs to conduct a welfare check.

Managers and staff coordinated care to make sure patients did not stay longer than they needed to complete their dialysis.

Managers and staff worked to make sure patients did not stay longer after treatment than they needed to. The manager had regular meetings with the local transport providers to discuss issues and concerns regarding patient transport delays.

When patients had their treatments cancelled or delayed at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Dialysis services

The service did not have a formal waiting list. Available slots were sent to the supporting NHS trust on a weekly basis and the trust would refer the patients according to their suitability.

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. The service included patients in the investigation of their complaint.

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

Staff understood the service's policy on complaints and knew how to handle them. The policy was up-to-date and outlined clear pathways to managing conflict and addressing any complaints.

The service did not have any formal complaints in the last year.

Managers investigated informal complaints and identified themes. Managers were dedicated to providing the best care possible. This included logging and investigating complaints including informal complaints. All logged complaints received an acknowledgement letter and were investigated with outcomes shared with the patient.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The manager sought to resolve complaints quickly and informally where possible.

The service received compliments in the form of formal compliments and thank you letters and cards. Most compliments received were about the caring attitude of everyone at the unit and positive work by staff.

Is the service well-led?

Good 

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

Leadership

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

Local leaders had the skills and abilities to run the service. The unit manager was supported by an appointed area manager. The manager also had support from provider level for any workforce related queries.

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

Unit and provider managers attended and liaised with the referring trust regularly and were a first port of call for queries or concerns. The manager described a good level of communication with all team members.

Dialysis services

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

Clinical leadership was provided by a consultant from the parent NHS trust and a provider level consultant. They visited the unit at least once a week and staff told us they could always access advice and support from the trust consultant or a renal registrar when this was required.

Leaders supported staff to develop and take more senior roles. We heard how staff had regular appraisals and competency training to progress their skills. Staff within the service were also encouraged by leaders to have delegation roles to support their development into more senior roles.

Vision and Strategy

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

The service had a realistic strategy for achieving priorities and delivering good quality, sustainable care.

There was a set of corporate values that included working collaborative, being proactive, reliable and excellent in the provision of dialysis services. The values were displayed in the unit and staff were aware of the vision, strategy and values.

The managers upheld the values of the provider and aims of the service. The unit manager told us of plans for the clinic to improve the service. As an example, these plans included updated aseptic non touch technique training and updates.

Staff knew and understood what the provider vision and values were. Staff told us about the vision of the service, describing key elements as working collaboratively, being effective, caring and providing the best care possible.

Culture

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

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

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

Staff were able to access opportunities for professional development. Most staff we asked told us the provider was a supportive company, who supported them to improve.

Staff told us their focus was on the holistic patient. They focused on knowing the families, and which patients needed additional support at home. Staff told us they focused on providing high quality care for patients and their families. They told us these principles were driven by the clinic manager.

Dialysis services

Governance

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

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

We saw information relating to clinical governance was shared with staff. There were clear processes for information to be cascaded between operational and corporate lines of accountability. Regular meetings were held between clinic leads and the commissioning NHS trust. There were clear processes for monitoring the performance of the service and staff told us they were involved in regular discussions, kept informed and had the opportunity to contribute.

We reviewed minutes and agendas of the staff, integrated governance and contract review meetings. Relevant topics such as clinic performance, incidents, complaints and staffing were discussed in the relevant meetings. Meeting minutes also showed a focus on patient and staff safety and satisfaction.

There were regular audits which included cleaning audits, use of personal protection equipment, hand hygiene compliance and documentation audits. Actions for improvement were highlighted on the audit tool, minutes of staff meetings confirmed audit results and actions were discussed.

There were daily patient safety huddles which included checks to ensure patient safety checks, dialysis efficiency and daily communication tasks. Records showed these huddles were completed every day. Local team meeting minutes showed items such as local audit results and learning from incidents.

Staff at the service worked well with the referring trust and third-party providers to monitor performance and share information.

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 service had comprehensive risk management processes to mitigate the potential harm from risks identified. Risks were categorised into clinical, technical and operational and were rated prior to and post implementation of mitigating actions. We observed action to mitigate specific risks. This included actions relating to water safety, premises, equipment, medicines, infection control, fire safety and dialysis safety. Risks were reviewed regularly through the integrated governance committee.

Potential risks were considered when planning services. The risk register reflected this and contained risks about disruption to staffing, power failures and water supply problems. The service had supporting policies such as the business continuity plan to direct any actions in case of disruption. These were easily accessible and appropriate.

Dialysis services

The unit management team, in line with the provider, had set up actions for staff and patients to take to reduce the risk of infectious disease transmission. This included a triage of every person who entered the building, including temperature checks as per Department of Health guidance. This was recorded and monitored. Additionally, we saw the safe monitoring and use of restricted dialysis machines.

Processes were in place to monitor and manage current and future performance. These were regularly reviewed by the referring trust and the service provider to ensure compliance to national standards. The service performance in terms of treatment efficacy met national key performance indicator targets.

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 service had clear and robust performance measures which were monitored and reported on. Monthly blood tests were conducted on every patient; the purpose of these was to identify treatment effectiveness. Consultants at the referring trust reviewed and reported on blood test results.

Staff from the service and staff from the referring trust met monthly to discuss the results and identify treatment plans and changes. Personalised notes from the quality assurance meetings were uploaded to the patient's electronic record system.

The service had arrangements to securely share information with relevant stakeholders regarding outcomes and changes to care provision for their patients. In addition, the service shared the electronic patient record with the referring trust ensuring that relevant information was shared in a timely and accurate way.

Engagement

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

There was evidence of regular engagement with patients in their treatment plans. We saw a strong focus on patient satisfaction through governance meeting minutes. Patient satisfaction surveys were scrutinised, with specific actions set to improve measures.

Patients were supported in their journey through the dialysis unit. The service had an induction booklet, and several sources of information and support regarding concerns about fistula care, sepsis, shared care and effective medicines management.

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

We saw through meeting minutes and an effective level of communication and engagement with other provider locations. We also saw through patient notes and the use of the quality assurance meetings that the service had open dialogue pathways with the referring NHS trust.

Dialysis services

There was a set agenda for staff meetings, which mirrored the five key questions of the CQC inspection framework. Minutes of meetings confirmed patient safety incidents, dialysis efficiency, audits, patient experience, policies and procedures update, and training were discussed.

Learning, continuous improvement and innovation

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

Staff were able to access support and training to support continued professional development. We heard examples of staff who were supported to upskill their competencies and progress in their careers.

The provider was using the unit, in conjunction with the local referring trust, to train patients who chose to undertake home dialysis. The competencies programme for the “shared care” pathway enabled patients to gain access to this programme if they were interested and suitable for this method of treatment.

The service engaged in innovative practice. As an example, the service was exploring options of exercise on dialysis and nutrition. They were also exploring the use of bivalve cushions to support mobility and maintain local metabolism.