

Fresenius Medical Care Renal Services Limited

Woodgate Dialysis Unit

Inspection report

Unit 54, Kettles Wood Drive
Woodgate Business Park, Woodgate Valley
Birmingham
B32 3DB
Tel: 01214210090
www.fmc-ag.com

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

Ratings

Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was the first time we rated this service. We rated it as good because:


- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- There were inconsistent approaches to managing infection risks. Nursing staff did not always apply the asepsis principles and we observed some staff not washing their hands before or after patient contact.
- Nursing staff did not always check the patient identification at the point of administration of medicines.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	This was the first time we rated this service. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Woodgate Dialysis Unit

Page

5

Information about Woodgate Dialysis Unit

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to Woodgate Dialysis Unit

Woodgate Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service opened in 2009. The service is contracted by a local NHS trust for the provision of outpatient renal dialysis to their patients over 18 years old in the Birmingham area. They had 24 dialysis stations, including four isolation rooms and had provided 12,431 dialysis sessions in the last 12 months.

The clinic manager was the CQC registered manager and had been since 2017.

The service is registered with the CQC to provide the following regulated activities: Treatment of disease, disorder or injury.

How we carried out this inspection

During the inspection visit, the inspection team:

- visited the dialysis unit, looked at the quality of the environment and observed how staff were caring for patients
- spoke with 9 members of staff including the registered manager, deputy manager, nurses, healthcare assistants and a dietician.
- spoke with 6 patients who were using the service
- reviewed 5 patient care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service.

The inspection team consisted of a CQC inspector and a renal nurse specialist adviser.

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

Areas for improvement

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

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

- The service must ensure that staff apply the asepsis principles when connecting and disconnecting patients from dialysis. (Regulation 12).
- The service must ensure that staff wash their hands before and after patient contact. (Regulation 12).
- The service must ensure that patients' identification is checked at the point of administering medicines. (Regulation 12).

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

- The service should consider reviewing how consent to treatment and care is recorded on a regular basis.

Summary of this inspection

- The service should ensure that staff receive training in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability.

Our findings

Overview of ratings

Our ratings for this location are:

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

Dialysis services

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

Is the service safe?

Requires Improvement 

This is the first time we have rated this service. We rated it as requires improvement for safe.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service had a target of 90% completion for mandatory training and at the time of the inspection this was at 98.2%.

The mandatory training was comprehensive and met the needs of patients and staff. Training modules included basic life support, moving and handling, health and safety, conflict management and equality, diversity and human rights.

Clinical staff completed training in dementia. They had not yet completed training in learning disabilities and autism, however, we were told that the training department were in the process of sourcing this training for staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. They maintained a log of training completion and the system alerted managers when specific training was due for individual staff members.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff were trained to level 2 safeguarding for children and vulnerable adults. Senior staff were trained to level 3.

Dialysis services

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. This included recognition of what constituted discrimination and factors that may influence this. Staff gave examples of patients who were vulnerable and at risk of neglect and were able to describe how they worked with other services to address this.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There was clear guidance available, instructing staff on how to escalate concerns, with accompanying contact details. Staff we spoke with had a good understanding of who the safeguarding leads were for the service and how and when to contact them.

Cleanliness, infection control and hygiene

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

Clinical areas had suitable furnishings which were wipeable and easy to maintain. Some areas looked dirty, where there was dust and discarded wrappers on the floor. The manager showed us email communication with the cleaning contractor from the week before where they had alerted them to concerns about cleanliness. The manager carried out regular checks of the environment.

Annual infection control audits were carried out by the regional manager. Monthly hand hygiene audits were undertaken. We saw that where audit results fell below 90% action was taken to improve standards. This included action to improve hand hygiene and cleaning and maintenance of equipment.

We observed staff wearing appropriate personal protective equipment (PPE), including face masks at all times when on the unit. A full range of PPE was easily accessible for use in different situations and aligned with the unit's risk assessments.

Nursing staff did not always apply the asepsis principles. This included contaminating the clean field with wrappers from sterile items, touching the hub of the needle when connecting the venous line to the dialysis needle and placing the clinical waste bin between the nurse and the clean field. We observed 3 members of the clinical team not washing their hands before or after patient contact. The manager told us that the ANTT policy had been updated in January and they were in the process of providing training updates to staff with a view to carrying out competency assessments following this. At the time of the inspection 9 staff had received the training but assessments had not yet been carried out.

The service had assessed risks associated with Covid-19 and action had been taken to minimise the risk, including ensuring that dialysis stations were appropriately spaced apart.

There were protocols in place for regular screening for infections. Patients were routinely screened for blood borne viruses, such as hepatitis or HIV and other infections, in line with national guidance. There were arrangements to dialyse patients who tested positive to infections in isolation using a dedicated dialysis machine.

Dialysis services

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Dialysis machines were cleaned using a heat disinfection cycle at the end of each treatment session and a weekly degreasing disinfection in line with manufacturer guidance. Spare machines not in use were disinfected every 72 hours. There were clear arrangements for labelling and segregating machines. Single use equipment including dialysis lines and needles were regularly checked and within date.

There were clear protocols for checking water safety within the unit. This included daily water chlorine checks and monthly microbiology sampling. Results showed water temperatures were in range and sampling showed no bacteria growth. Daily checks included water outlet flushing.

Environment and equipment

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

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

The design of the environment followed national guidance. There was enough space between dialysis stations to prevent the risk of cross-infection and access in an emergency. Screens were used to ensure patient's privacy when necessary.

Staff carried out regular environmental safety checks. These included checks relating to fire and water safety. Planned maintenance of the water treatment room was carried out and we viewed records that showed an up to date schedule of works and planned servicing.

Staff carried out daily safety checks of specialist equipment. There were daily checks of dialysis machines, resuscitation equipment, water and oxygen safety. Records showed that relevant checks had been carried out, with no gaps in monitoring.

We reviewed responsive and preventative maintenance records for dialysis machines and saw that these were completed by the provider's maintenance team. Annual servicing was carried out and all machines used on the unit had been serviced in the last 12 months. Annual calibration and maintenance were in place for other equipment including dialysis chairs and beds, scales and clinical equipment.

The service had enough suitable equipment to help them to safely care for patients. Staff reported that equipment was well maintained, and they had no issue with accessing equipment that they needed to use. Calibration stickers were seen on medical devices and these were in date. Single use consumable items such as syringes, needles and medicine administration sets were in date.

Staff disposed of clinical waste safely. There were secure arrangements for the disposal of clinical waste, and we observed staff complying with the provider policy. Waste was managed effectively and taken to a central store within the unit. Sharps bins were seen to be used in line with guidance and appropriately labelled and filled.

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

Dialysis services

Staff responded promptly to any sudden deterioration in a patient's health. Staff had received training in basic life support and closely monitored patients for changes to their health during dialysis. Emergency equipment including a defibrillator, oxygen, suction and emergency medicines were available and regularly checked to ensure it was in good working order.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments routinely used included for the risk of falls, mobility and pressure area care. Risk assessments were regularly reviewed and preventative actions recorded.

Staff knew about and dealt with any specific risk issues. Staff had received training in complications, reactions and clinical events and there was a clear policy in place. They recorded patients' baseline clinical observations prior to commencing treatment. There were clear protocols in place which staff followed when risks were identified. These included in relation to events such as seizures, catheter dislodgement, infections, blood pressure concerns, sepsis and cardiac arrest. Patients with 'red flag' symptoms who required urgent consultant review and transfer to an acute hospital setting did so through 999 services. Staff received sepsis training as part of the mandatory and essential training programme.

The service did not have access to mental health liaison and specialist mental health support directly. However, where staff were concerned about a patient's mental health, they were able to contact external services and the patient's medical team for advice and support.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe.

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, operating a 1 in 4 ratio of nursing staff to patients and a 1 in 12 ratio of healthcare assistants to patients. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. We reviewed staffing rotas and saw that the number of nurses and healthcare assistants matched the planned numbers.

The service had two nursing vacancies at the time of the inspection. The manager could adjust staffing levels daily according to the needs of patients, using the flexible bank of staff as required. The service had regular bank staff employed by the provider and there were bank staff available who were familiar with the service. The service rarely used agency staff and used a specific agency with experienced dialysis staff when needed. Information was held centrally about bank and agency staff and clinic managers

Managers made sure all bank staff had a full induction and understood the service. They used regular bank staff and ensured they were up to date with training and relevant checks, including clinical registration and disclosure and barring checks.

Dialysis services

Medical cover was provided by two renal consultants from the contracting NHS trust. Each consultant covered the clinic on specific days of the week and visited to review patients daily as required. Nursing staff reviewed patient blood test results and raised issues with consultants as needed.

A specialist dietician visited the clinic twice weekly and routinely reviewed each patient every 3 to 6 months.

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. There was a combination of electronic and paper records in use. Records were stored securely. We reviewed 5 sets of patient records and found they were legible and included up to date information. Records included a medical history, a clear treatment plan and relevant risk assessments and management plans.

Monthly records audits were carried out by the clinic manager. We saw evidence of these and that where appropriate issues were raised and addressed with staff. The results of an audit carried out in January 2023 were positive and demonstrated good levels of compliance in relation to clear documentation.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Electronic records were password protected and required staff to log on with secure information. Paper records were locked away when not in use.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Medicines were administered by appropriately trained staff using individual patient prescriptions. We saw that prescriptions were appropriately authorised as well as safety information such as allergies. We observed nursing staff administering medicines. We found that patient's identification was not consistently checked at the point of administration. For example, we observed two instances where patients received anticoagulant (for blood clot prevention) without the required checks to identification at the bedside.

Staff reviewed each patient's dialysis medicines regularly and provided advice to patients and carers about their medicines. Prescriptions relating to dialysis treatment were reviewed by the renal consultants in line with changes to requirements, for example blood test results. Consultants visited the clinic daily and reviewed prescriptions as necessary remotely in between visits. Patient's requiring time critical medicines prescribed by their GP were encouraged to bring their medicines with them and administer them themselves while receiving dialysis. These medicines were not provided by the unit, although staff were available to provide support and answer questions. Responsibilities for this were clearly set out in the medicines management policy.

Dialysis services

Staff completed medicines records accurately and kept them up-to-date. Regular records audits were carried out and this included the records relating to medicines administration. In the event of there being gaps in recording, the registered manager addressed this individually with staff to encourage action to improve. Records we reviewed at the time of the inspection were accurate and up to date.

Staff stored and managed all medicines and prescribing documents safely. Medicines and prescription stationery were locked in the clean utility room. All medicines were stored securely. Temperature checks of the storage areas for medicines were carried out daily, including the medicines fridge. Records demonstrated that this was done consistently. Staff understood what to do if the temperatures were out of range and escalated this to the clinic manager. Records showed that temperatures were within range.

The service had a process for receiving and acting on safety alerts. The clinic manager disseminated information as necessary and action was taken as appropriate.

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. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. There had been 44 incidents in the 12 months prior to the inspection, 40 had been closed and 4 were in the process of investigation. Incidents were reviewed at relevant meetings, for example health and safety or infection control meetings. We saw that incidents had been appropriately reviewed and investigated. All incidents resulting in patient harm were escalated internally to the area head of operation or health and safety team, and to the trust renal consultant and senior nursing team. Examples of incidents included patient falls, infections and patients becoming unwell during dialysis.

The service had no never events. Staff reported serious incidents clearly and in line with the service's policy. This included submitting statutory notifications, for example, when a patient sustained a fracture during a fall within the clinic.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. For example, we viewed a letter to a patient who had become unwell during dialysis. They were given information about safety checks of the dialysis machine and blood results as part of an investigation into whether the incident could have been prevented.

Staff received feedback from investigation of incidents, both internal and external to the service. Incidents were discussed at monthly staff meetings and at governance meetings. We saw that at regional governance meetings where the clinic was represented, incidents at other clinics were also discussed. Staff meetings included a regular review of all incidents, including aspects of learning and improvement.

Staff met to discuss the feedback and look at improvements to patient care. This included needling techniques for vascular access.

Dialysis services

Is the service effective?

Good 

This is the first time we have rated this service. We rated it as good for effective.

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 protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and protocols were based on relevant guidance including National Care Excellence (NICE) and Renal Association Guidelines. Patients were offered dialysis three times a week in line with Renal Association guidelines and were generally dialysed for four hours. In line with NICE Quality Statement 72 staff routinely assessed vascular access as part of treatment. Staff monitored patient's bloods every month in line with Renal Association guidelines.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. We observed staff supporting patients psychologically and emotionally.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Patients were encouraged to bring their own food and snacks with them. Refreshments were available and regularly offered to patients receiving dialysis.

Staff fully and accurately assessed patients' fluid and nutrition needs. Specialist support from staff such as dietitians was available for patients who needed it. A dietitian was based at the clinic twice a week and reviewed all patients' needs as required. They participated in reviewing patient's blood results and providing advice on nutrition and dietary adjustments to support patients to maintain their health. The dietitian told us that patients were generally reviewed every 3 to 6 months depending on their needs.

Information about nutrition was available to patients. We viewed patient information that provided information and explanations about the importance of good nutrition for patients with kidney disease who were receiving dialysis.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Dialysis services

Staff assessed patients' pain as part of their assessment processes. Staff could administer simple pain relief such as paracetamol if prescribed. They encouraged patients to take their regular pain relief where relevant.

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 and submitted data against the Renal Association audit standards.

Staff monitored the effectiveness of care and treatment in line with clinical standards. They carried out blood tests in line with Renal Association guidelines to establish the effectiveness of treatment. Results were shared with the patient's consultant nephrologist and multidisciplinary team discussions took place regarding individual patient treatments.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service benchmarked itself against other Fresenius dialysis services within the locality. For example, we saw that the service performed well in relation to treatment time, where patients receiving dialysis did so for four hours three times a week. Their target for effective weekly treatment time was 56% and achievement of this was between 68% and 73% in 2022. The target for vascular access was 69%, this was a measure of the proportion of patients receiving dialysis treatment through a vascular fistula (recognised as the best type of vascular access for haemodialysis). Data showed that Woodgate was between 67% and 69% between October and December 2022.

Monthly performance results were reviewed as part of provider governance and quality reviews. The nurse manager for the region worked closely with the clinic manager to review results and identify areas for improvement. Variances in treatment were recorded on a patient concern register where patients with complex needs were also identified to ensure any issues were discussed at monthly multidisciplinary meetings.

The urea reduction (URR) rate is one measure of the quality of dialysis. The standard for URR is greater than 65%. Monthly figures provided by the service showed the proportion of patients meeting the standard of a URR greater than 65% was between 94% and 100% during the last year.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The clinic monitored areas such as water quality, infection control, blood results and medicines management.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work. New staff attended a 12 week induction period that included training, working shadow shifts and undertaking competency assessments.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had received an appraisal in the last year.

Dialysis services

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We viewed meeting minutes and saw that these were comprehensive and included a range of areas discussed including incidents, complaints, safeguarding, training and changes to practice and information updates.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Two members of the nursing team had completed post graduate renal modules. Post graduate training opportunities were available to all nurses. In house dialysis training was provided to all staff with assessment of competency included.

Managers identified poor staff performance promptly and supported staff 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 team (MDT) meetings to discuss patients and improve their care. Discussions about individual patients, their treatment and blood results were regularly reviewed with input from a consultant nephrologist, dietician and renal nurses. Decisions about treatment and care were clearly recorded on MDT notes

Staff worked across health care disciplines and with other agencies when required to care for patients. This included regular liaison with GPs, district nurses and social workers.

Staff referred patients for mental health assessments when they showed signs of mental ill health, including depression. Staff told us this was generally done in liaison with the consultant nephrologist from the commissioning trust as the responsible clinician for their treatment and care.

Seven-day services

Key services were available to support timely patient care.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests. The service operated 6 days a week, from Monday to Saturday.

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. This included information on nutrition and wellbeing.

Staff assessed each patient's health at every dialysis session and provided support for any individual needs to live a healthier lifestyle. Each dialysis session included a review of treatment and an assessment of patient's needs. Information on health promotion and healthier lifestyles was available to them through the service. We saw records of examples, including where staff discussed optimum treatment times with individual patients.

Dialysis services

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Because of the nature of the service, patients receiving treatment at the unit had the mental capacity to make decisions about their care. However, staff were aware of the need for ongoing assessment and that changes in capacity could occur. They monitored patients for any changes as part of their ongoing assessment processes. Staff made sure patients consented to treatment based on all the information available.

Staff gained consent on admission from patients for their care and treatment. Staff clearly recorded consent and we saw evidence of this in patient care and treatment records. Consent was recorded in relation to treatment and sharing information with other relevant professionals. However, there was no process for recording consent as part of this review on a regular basis. For example, patients had not had their consent reviewed since their admission to the service. In some cases this was several years ago.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act (1983) and Mental Capacity Act (2005) and they knew who to contact for advice. Decisions about the appropriateness of patients continuing to receive treatment and care at the unit were made by the contracting NHS trust.

Is the service caring?

Good 

This is the first time we have rated this service. We rated it as good for caring.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff being kind and attentive.

Patients said staff treated them well and with kindness. They described the care in positive terms. For example, one patient said they were happy to receive dialysis at the clinic, another said that staff made treatment 'bearable'. Staff were described as nice and caring. Patient survey results were largely positive about how staff treated patients. For example, 81% patients stated that staff treated them with respect and 15% had a neutral response to this question. The results showed that 74% of patients stated that their care team delivered compassionate care, the remaining 26% had a neutral response to this question.

Staff followed policy to keep patient care and treatment confidential. Discussions about patients' treatment and care were held discreetly. Records were stored securely and only accessible to staff involved in the patients' care.

Dialysis services

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff had completed equality and diversity training and demonstrated an understanding of and respect for patients' needs and how they might impact care.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. They built rapport with patients to enable a holistic approach to treatment and care.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Screens were available to create more privacy when a patient was receiving treatment. Private rooms were also available where staff could hold private conversations with patients as needed.

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. They identified ways to support patients' personal, cultural and religious needs, including creating a space for a patient who wished to pray following their dialysis treatment.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. They regularly discussed treatment and care with patients. They involved patients in self-care. This included patients weighing themselves before and after treatment, carrying out baseline observations including blood pressure, setting up and programming machines and putting in and removing their dialysis needles.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Regular patient surveys were conducted to gain feedback on the service. The 2022 patient survey showed that 19% of patients did not feel they were sufficiently educated about their condition and better ways to manage it. Positive responses showed that 52% of patients felt they were sufficiently educated and 30% had a neutral response to this. This was an area of improvement identified and the clinic manager had developed an action plan that included ensuring that all patients had a regular discussion with their named nurse about their blood results and treatment.

Staff supported patients to make informed decisions about their care. They explained treatments and options to facilitate this.

Patients gave positive feedback about the service. They told us they were happy with their care and felt supported by the staff within the dialysis centre. We observed staff interacting with patients in a friendly and compassionate manner.

Dialysis services

Is the service responsive?

Good 

This is the first time we have rated this service. We rated it as good for responsive.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. Service leads had a good understanding of the changing needs of the local population and worked closely with the commissioning trust to meet those needs. The service was commissioned on behalf of patients who attended the local NHS trust to ensure flexibility and capacity for dialysis services. Patient referrals were organised by the commissioning trust and followed an agreed referral criteria for patients with lower dependency and less complex needs.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. This included ensuring they had regular blood tests when they were attending for dialysis. They were reviewed by professionals involved in their care on their dialysis days, such as their consultant and a visiting dietician.

Facilities and premises were appropriate for the services being delivered. The service was provided from a single storey purpose build unit. There was free parking available for patients and space for patients to be dropped by the front door. Patients received dialysis in single or shared bays and there was enough space and privacy around each of the bays to appropriately meet their needs. Shared bays were mixed sex, however, staff worked to meet the preferences of patients and we were told of an example where one patient preferred to receive dialysis in a single sex area. Staff took action to accommodate this preference and ensure the patients privacy and preferences.

There was appropriate seating within the waiting area and toilet facilities included those for patients requiring more accessible facilities. There was oversight of the unit from the nurses' station. Patients were cared for using chairs or beds, depending on their manual handling assessment.

The service had systems to help care for patients in need of additional support or specialist intervention. Dialysis treatment was the responsibility of the commissioning NHS trust. Patients were regularly reviewed by their consultant nephrologist and the multidisciplinary team. The referral criteria for the clinic included that patients had less complex needs and in the event of patients becoming less stable they were referred back to the trust where this was more suitable for their needs.

Managers monitored and took action to minimise missed appointments. There was on-call technician support in the event of system failures within the service. The service had access to emergency support for essential utilities such as water, electricity and IT services. There were arrangements with the commissioning trust and other provider run services to ensure the continuity of treatments should there be a disruption to services.

Dialysis services

Managers monitored 'did not attend' rates and ensured that patients who did not attend appointments were contacted. They collated data on missed dialysis treatments as part of monitoring records. Staff contacted the consultant nephrologist and informed them of missed treatments.

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. The service was accessible to patients in a wheelchair and those with additional needs.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. They coordinated with the commissioning trust, the multidisciplinary team and other relevant services to ensure treatment and care was holistic. Staff told us that most patients with additional needs received dialysis at the commissioning trust. Staff at the Woodgate Dialysis Unit had not received training in learning disabilities, autism or dementia.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. This included the use of telephone interpreters.

Staff had access to communication aids to help patients become partners in their care and treatment. In addition, they worked with individual patients to promote self-care. This included involving patients in monitoring their weight and other physical observations that were a routine part of their dialysis treatment. Patients were encouraged to take on self-care activities within the scope of their capabilities and wishes. This included supporting patients to move to self-dialysis at home when this was possible and a goal of their longer term treatment and care. The service were in the process of implementing the use of a 'my companion' app where patients could track their blood results and dialysis progress.

Access and flow

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

Managers made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had 24 dialysis stations including 4 isolation rooms and provided 12,431 dialysis sessions in the last 12 months. The service was open 6 days a week and provided two dialysis sessions for up to 24 patients each day. There was no twilight dialysis service at this clinic so if patients required this they attended dialysis at an alternative site.

There were no patients waiting for treatment at the time of inspection. Referrals to the service were through the commissioning trust. The service monitored waiting times in terms of the time patients waited to receive their treatment

Dialysis services

on the day. Data showed that delays were kept to a minimum. The service was also able to provide dialysis away from base, for example, when patients were on holiday and required dialysis sessions. This was organised by the commissioning trust and relevant checks and information was sought about patients accessing this service, including information on blood results and infections.

Managers worked to keep the number of cancelled appointments/treatments to a minimum. There were business continuity plans in place that included working with other dialysis services to ensure continuity in the event of a disruption. For example, we were told of a burst water main in 2021 that led to cancellation of dialysis sessions. Staff worked with other dialysis units in the region to ensure that patients received their prescribed dialysis.

Potential delays to treatment were identified, for example, in relation to transport. Staff worked closely with the transport provider and patients to address any transport issues quickly and ensure patients were collected for treatment in a timely way. We saw evidence that transport delays were investigated to prevent further issues.

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. The patient guide contained information on how to complain.

Staff understood the policy on complaints and knew how to handle them. Complaints were investigated and corrective action taken. Managers investigated complaints and identified themes, however, no themes were identified at the clinic.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We saw that complaints were handled in line with the service policy, with acknowledgement of complaints and information on investigations shared with patients. The clinic manager also offered to discuss findings with patients to ensure understanding and finalise outcomes and corrective action.

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints were a standing agenda item at clinic and governance meetings.

Staff could give examples of how they used patient feedback to improve daily practice. For example, in relation to transport delays.

Is the service well-led?

This is the first time we rated the service. We rated it as good for well led.

Leadership

Dialysis services

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

The clinic manager was the CQC registered manager and they were supported by a deputy manager. They were knowledgeable and experienced and clear about their responsibilities and reporting requirements. The regional nurse provided support to the clinic manager and the staff team.

Staff told us that service leads were visible and approachable and that they were supported in their roles. Senior clinical staff within the commissioning trust were available to support clinical decision making and issues relating to patient treatment and care needs.

Nurses took charge of the dialysis unit on a shift by shift basis. They were supported by the clinic manager there was central support in relation to the leadership of governance arrangements.

Vision and Strategy

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

The main aim of the service was to provide safe, effective quality care for adults with end stage renal disease (ESRD). They also had objectives to improve the quality of life and life expectancy for people with end stage renal disease, to promote the personal development of staff and to follow safety standards and contribute to the maintenance of the environment.

The provider had commitments to patients, staff, shareholders and the community. They had a clear focus on partnership working with NHS providers to deliver their objectives. They had a clear understanding of issues impacting sustainability and of the priorities within the wider health economy. There were clear governance arrangements in place to monitor progress and performance.

Culture

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

Staff were open, friendly and approachable. There was a good team approach to running the clinic and they were responsive to patient's care and treatment needs. Staff had completed equality and diversity training and understood cultural differences and how they may influence care. The provider had a commitment to promoting diversity, including collecting and analysing equality data and working towards external recognition of becoming an employer of choice.

Staff felt they could easily raise concerns and there were arrangements for support outside of the line management structure in the event that staff wished to raise concerns. Managers were responsive to feedback from patients and families and we saw that they responded appropriately and investigated issues as required.

Dialysis services

Staff had access to opportunities for career development and this was a clear focus of the service's objectives. Staff could complete training modules outside of mandatory training requirements and managers completed management training in areas of their responsibilities.

The service displayed a cultural statement about being open, honest and fair. They identified 4 specific policies in relation to this. These included communication, training and development, teamwork and a commercial focus.

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 provider had a clear governance structure and processes that were visible within this service. There were clear reporting and committee structures including clinical governance, information governance and infection prevention and control. Clinical governance meetings included a review of areas such as incidents, complaints, safeguarding, quality and performance and patient satisfaction. There were monthly meetings of between the clinic and the commissioning NHS trust where key performance indicators were reviewed.

Staff meetings minutes showed that 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. This included information relating to the performance of the service and staff told us they were involved in regular discussions, kept informed and had the opportunity to contribute.

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had comprehensive risk register. 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.

The management of performance included benchmarking the quality of treatment against the provider's other services and renal quality standards. Service leads had a comprehensive understanding of performance and action to improve. Performance was reviewed in monthly meetings with the commissioning NHS trust and we saw that the service's performance was in line with expectations and targets.

The service had a business continuity plan and worked closely with the commissioning trust and other local units within the provider group to ensure the continuity of service. This included cover across units in the event of staffing shortages or specific incidents that may lead to delays in treatment if alternative approaches were not considered.

Information Management

Dialysis services

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 an electronic patient care record and information system and patient care needs and outcomes were recorded. Systems were appropriately security protected and backed up. Staff could access patient information as they needed and records were updated in real time.

Data was analysed and shared with relevant staff and as part of the provider's governance processes. This included performance against dialysis standards. The clinic manager submitted data internally as part of the provider's reporting processes. This allowed for performance to be reviewed and analysed against standards and the performance of other provider clinics. Data was submitted to the commissioning NHS trust as part of monthly meetings about performance and achievement of key performance indicators.

The clinic manager was aware of the requirements for submitting notifications to external organisations and these were undertaken appropriately. Staff had training in information governance.

Engagement

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

Patient surveys were undertaken annually. We saw that 59% of patients would recommend the unit, with 34% neutral responses and 7% as detractors. Patients being treated with respect, compassion and feeling satisfied with the quality of care were the highest rated areas. The service had identified areas for improvement from the results of the survey. They had established an action plan they were working towards. Areas identified included improving patient education, identifying patients who would benefit from visitors during dialysis and raising awareness of this and raising awareness about how to complain.

Staff told us they felt engaged with the provider and had opportunities to feed back and be involved in improvements, including attendance at regular meetings. A staff survey had been completed in 2021 that included questions about management feeling engaged. Overall engagement for the service was 65% which was within a 'moderate' zone when compared with other provider services. Results showed responses were mostly positive. There was an action plan to improve and we saw that action from this was 100% complete at the time of inspection. Specific areas for improvement included areas personal growth, collaboration and recognition. We saw that work had been undertaken to improve staff recognition, with recognition awards for individual staff.

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.

Dialysis services

Staff we spoke with during our inspection demonstrated they were committed to continually learning and making improvements to the service. Staff understood how the service was performing against key performance indicators and in comparison, with other regional Fresenius dialysis clinics. They could identify where improvements were required, and we saw specific examples of this. Learning and improvement from incidents, complaints and audits were discussed at staff meetings so that all staff could contribute to the process.

We saw that incidents that occurred at other Fresenius dialysis clinics were discussed at Woodgate, with a view to identifying related risks and actions within the service. Regional and central provider staff shared opportunities for learning across the provider clinics to ensure incidents were learned from irrespective of where they occurred.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• There were inconsistent approaches to managing infection risks. Nursing staff did not always apply the asepsis principles and we observed some staff not washing their hands before or after patient contact.• Nursing staff did not always check the patient identification at the point of administration of medicines.