

Diaverum UK Limited

Havant Renal Unit

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.
- Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Clear governance structures were in place with effective management of risks.
- 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 local trust to plan and manage services and all staff were committed to improving services continually.

However:

- The environment was cluttered which may pose risk of access in an emergency. This was addressed following our feedback.
- Some of the flooring was in poor condition which posed a trip hazard and should be prioritised as part of the refurbishment.
- Staff did not always record daily checks of emergency equipment in line with the service procedures.
- The process to provide support for patients when they needed help with non-dialysis care was not always well managed.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	

Summary of findings

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Summary of this inspection

Background to Havant Renal Unit

Havant Dialysis Unit is operated by Diaverum UK Limited. The service is situated in Havant, Portsmouth and provides a dialysis service under a contract with the local NHS trust. All the patients are NHS funded.

The unit opened in June 2020 as a nurse-led satellite dialysis unit of Queen Alexandra Hospital, Portsmouth. Diaverum operates the service on behalf of the Portsmouth Hospitals University NHS Trust.

There are 28 dialysis stations with two side rooms which can accommodate patients who required isolation if they are suspected of having an infection. The unit does not provide a service for people under 16 years. The dialysis unit operates Monday to Saturday and offers two to three sessions daily.

The provider is registered to provide the following regulated activity.

- Treatment of disease, disorder or injury.

Under these regulated activities the service provided:

Haemodialysis.

The service had a registered manager in post at the time of the inspection.

Our inspection was unannounced (staff did not know we were coming). This is the first time we have inspected this service following their registration in 2020.

How we carried out this inspection

We carried out an unannounced inspection on 30 August 2022 using our comprehensive methodology, we inspected all key lines of enquiry. The inspection team consisted of a CQC lead inspector, and a specialist advisor with expertise in Dialysis.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led.

Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

During the inspection visit, the inspection team:

- Assessed all areas of the dialysis unit including treatment areas and waiting rooms.

Summary of this inspection

- We reviewed the emergency equipment, specialist equipment including dialysis machines and water plants.
- Spoke with seven patients, senior managers and seven staff.
- Reviewed patients' care and treatment records and risk assessments.
- Looked at a range of policies, procedures, data we had received from the service and other documents relating to the running of the service.

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

Areas for improvement

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

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

- The service must ensure screens are provided to always maintain the privacy and dignity of patients. Regulation 10(2).

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

- The service should ensure that the clinical areas are risk assessed and passageways are cleared of all obstruction. This is to facilitate safe emergency exits for patients and staff.
- The service should ensure staff follow safe infection control procedures when discarding clinical waste.
- The service should continue to work with other providers to reduce transport delays.
- The service should ensure that patients records follow a consistent format for easy access of information.
- The service should review the environment and take necessary actions to mitigate trip hazards due to ripped flooring.
- The service should ensure that sink in clinic room is in working order during clinics.

Our findings

Overview of ratings

Our ratings for this location are:

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

Dialysis services

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

Are Dialysis services safe?

Good 

Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. There were policies and procedures which were followed to ensure staff completed the necessary mandated training when they joined the service.

The mandatory training was comprehensive and met the needs of patients and staff. The data received from the service showed staff had achieved 86% compliance with mandatory training.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

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

Nursing staff received training specific for their role on how to recognise and report abuse. The service had developed a safeguarding policy which staff had access to as needed. Staff had access to relevant internal and external contacts to raise a safeguarding concern. They could contact the local contracting trust for advice and support. Staff could also contact the contracting trust for any patient who had been referred to the unit.

Staff knew how to identify adults 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. Staff were confident in raising any safeguarding concerns and told us they had the support of the local managers and would escalate to the provider as appropriate. The nursing director was the lead for safeguarding and managers were responsible for raising any safeguarding concerns in the unit.

Safeguarding training was part of the mandatory training for staff, all clinical staff had achieved safeguarding at level 2. This was in line with the *intercollegiate Adult Safeguarding: Roles and Competencies for Health Care Staff 2018*- Level 2.

Dialysis services

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness. Staff carried out regular handwashing and infection prevention and control (IPC) audits to monitor their performance. This showed the service had achieved 88 to 90% compliance in the last 12 months. Action plan from IPC audits were developed which included refresher training on the 7 steps, 5 moments and hand hygiene discussed at handover. Staff team received emails to remind them of the correct procedure and at daily briefing. World health organisation (WHO) posters prominently displayed in the clinical areas.

Staff followed guidelines such as bare below the elbow procedures were followed in clinical areas. Staff adhered the five moments of hand washing in line with the world health organisation (WHO) protocols to prevent the spread of infection.

Staff adhered to effective infection control procedures when providing care and treatment such as when connecting and disconnecting patients from the dialysis machines. We observed nine episodes of care relating to aseptic non touch technique' (ANTT) that included start and end of dialysis treatment. Good practice guidelines were followed to prevent the transmission of infection to patients' access site and minimising risks to hospital acquired infections. Buttonhole technique adhered to aseptic non touch technique (ANTT) principles and cannulation procedure showed 100% compliance. In the last twelve months prior to the inspection, the service had declared two cases of bacteraemia and no MRSA, MSSA and Clostridioides difficile.

The dialysis machines had built-in decontamination processes that were part of the dialysis cycle. Infection control procedures were followed, and all equipment were effectively cleaned in between patients.

Patients had weekly lateral flow tests prior to treatment. The unit had two isolation rooms which were used when dialysing patients with an infection, or blood borne virus (BBV) and if they were at risk of carrying an infection.

Staff followed their procedures of disinfecting the isolation room and equipment to reduce the risk of cross infection. All the isolation rooms were fitted with handwashing facilities and equipped with adequate PPE to reduce the incidence of cross infection.

Dialysis machines used for patients with BBV were labelled and segregated in line with the Renal Association Clinical Guidelines.

Staff followed infection control principles including the use of personal protective equipment (PPE). There was adequate supply of PPE and staff ensured PPE was changed in between patients and discarded safely. Hand washing processes were followed in line with world health organisation guidelines.

Patients, visitors and staff had their temperature taken on arrival. This was recorded which included a declaration of any symptoms of COVID to minimise the risks of infection.

The provider had developed guidelines and staff followed their pathway for patients who tested positive for COVID 19, and they were dialysed in the isolation rooms. The contracting trust IPC specialist nurse worked with the service in the Infection Prevention and control guidance: Treatment, care and support to be managed in the Covid-19 pathway was followed in line with the trust policy.

Dialysis services

The sink in the clinic room was out of use, although this had been used the previous day for clinics. This was unsafe as there was no hand washing facility to minimise risks of cross infection. This was brought to the attention of managers at the time of the inspection. Following the inspection, managers told us they were waiting to recheck the water quality following treatment.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff cleaned equipment after patient contact and ensured the treatment stations were clean and set up before admitting the next patient. Although there was no process to label equipment to show when it was last cleaned and ready for use.

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. There was mostly social distancing between the treatment stations to maintain adequate infection prevention and control environment. However, the environment appeared cramped with equipment in the corridor. This may impinge on safe and effective exits in an emergency. We raised this with managers and actions were taken. The contracting trust had completed a review of the environment.

Patients could reach call bells and staff responded quickly when called. Staff ensured that call bells were within reach and acted by providing a bell as one of the stations had an issue with the call bell.

Staff carried out daily safety checks of specialist equipment. This included the resuscitation trolley, defibrillator and suction machine. The resuscitation trolley was maintained securely with tamper evident tag. Equipment and trolley content matched the checklist. There were some gaps in the daily checklist which may impact negatively, as the necessary checks had not been completed in line with the service local policy.

The service had enough suitable equipment to help them to safely care for patients. The dialysis machines had alarms to alert staff to any equipment failure. This alerted staff to any variances from pre-set operating parameters, such as trapped lines, dislodged needles or low blood pressure. There were 28 dialysis stations to enable provision of effective service. The service had a detailed programme for servicing of all equipment. The team carried out scheduled safety testing of appliances and completed the register on site. The servicing schedule was monitored and included any equipment which was out of use or awaiting repair, equipment was labelled to prevent accidental use.

The service managed substances that were hazardous to health safely and in line with Control of Substances Hazardous to Health (COSHH) Regulation 2002, with doors to cleaning cupboards locked so cleaning products could not be accessed by unauthorised persons.

The service had suitable facilities to meet the needs of patients' families. Patients and their families had access to two well maintained waiting areas on the ground and first floor. A passenger lift provided access to the first floor. There was restricted access to the unit for the safety of staff and patients. There was an easy access from the waiting area to the patient's treatment area for the convenient arrival and departure of patients and family.

Staff disposed of clinical waste safely. Procedures were followed for the safe disposal of sharps. The sharp bins were on wheels, these were assembled and available next to the dialysis stations and sharps were disposed of safely. Clinical waste was maintained safely in an area outside the unit which was locked to minimise risks of access by unauthorised persons.

Dialysis services

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health.

Staff completed risk assessments for each patient prior to the start of treatment, and reviewed this regularly, including after any incident.

Staff knew about and dealt with any specific risk issues. Assessments including pressure area risks, blood clots, falls, and action were developed in care plans to mitigate this. Patients assessed as high risk of developing tissue damage or pressure ulcers were provided with pressure relieving equipment. Patients' fistulas and dialysis access lines were assessed and recorded at each treatment. Staff engaged well with patients and shared information relating to fluids management, weight and caring for lines and prevent bleeding from access points.

Staff had completed sepsis training which was aligned to recognition and management of sepsis in dialysis patients. This included a risk assessment tool to identify level of risks and actions required. The service used the national early warning score 2 (NEWS2) system to monitor deteriorating patients which incorporated the system, background assessment (SBAR) tool.

The service followed guidance and assessed patients for COVID 19, and other blood borne viruses, strict measures were followed if such a condition was identified.

The multidisciplinary team were involved in completing patient risk assessments, so all aspects of care and treatment were considered.

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.

However, the process for assisting a patient who required an intervention which was not related to dialysis treatment was initially poorly managed. We discussed this with managers during the inspection. Staff took necessary actions including liaising with the patient's GP and consultant and it was resolved.

Staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service mostly had enough nursing and support staff to keep patients safe. Managers calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The manager could adjust staffing levels daily according to the needs of patients.

The number of nurses and healthcare assistants mostly matched the planned numbers. Managers said all efforts were made to cover staff's absence at short notice by offering extra shifts to permanent staff and use of bank staff. The service had reviewed their staffing numbers and recruited three staff who were due to start in September 2022.

Dialysis services

Managers limited their use of bank and agency staff and requested staff familiar with the service. Bank staff from the contracting trust worked regularly at the service which had a positive impact on continuity of care.

Managers made sure all bank and agency staff had a full induction and understood the service and supported them in their roles

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 could access medical staff to keep patients safe.

Consultants ran regular clinics on site to review patients care and treatment. Renal consultants from the contracting NHS trust could be contacted at short notice and were available to support the delivery of safe care and clinical decision making. Staff told us they were responsive and provided support as needed. This included at out of hours and weekends when the unit was open.

Records

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

Patient notes were comprehensive, and all clinical staff could access them easily. The service had a combination of E-records and paper formats. Care records consisted of risk assessments, details of care and observations recorded during dialysis treatment. However, we found records were not easy to follow as these were all mixed up and did not follow a consistent pattern for staff to access them quickly. Good record keeping should be essential part of care provision of safe and effective care.

There were some discrepancies in the way that patients' care was recorded, staff told us there were some duplications of records due to two systems which were currently in use.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff said records were transferred between the contracting trust and new patients' records were delivered to the service before care was provided.

Records were stored securely in line with data protection safeguards. Computers were password protected and locked to minimise risks of unauthorised access to confidential records.

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. Staff completed medicines records accurately and kept them up to date. Staff ensured that medicines which required double checks were carried out and signed the records to evidence this in line with their procedures.

The service carried out regular and detailed audits of medicines which looked at dialyser concentrate, anti-coagulant prescription, administration and signing by two nurses. The service achieved between 90 and 95% compliance, action plans were developed, and outcome of audits were shared with staff for learning and improve compliance.

Dialysis services

Patients' allergy status was clearly recorded on the prescription records and care pathways which alerted staff to the particular risk.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Staff understood medicines which were commonly used, such as anticoagulants and clotting trends. This enabled them to advise and support patients ensuring they received care appropriate to their needs.

Staff ensured medication required when initiating haemodialysis such as anti-coagulants were administered in a timely manner. They followed their internal procedures and carried out double staff checks prior to administration.

Staff learned from safety alerts and incidents to improve practice. Managers regularly shared any medicines errors from the southeast regional meetings for learning.

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 policy.

The service had declared no never events in the past twelve months. Managers shared learning with their staff about never events that happened in the region.

Staff reported serious incidents clearly and in line with the service's policy. Staff received feedback from investigation of incidents, both internal and external to the service. Incidents were investigated and root cause analysis outcomes shared with the staff to promote learning.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Managers investigated incidents thoroughly. Managers told us that patients and their families would be supported and involved in the investigations as needed. Managers were aware of their responsibilities in reporting incidents and actions they needed to take and informing the relevant people including the Care Quality Commission.

Are Dialysis services 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.

Dialysis services

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service had developed protocols and followed up-to-date policies to plan and deliver care according to best practice. This included National Institute for Health and Care Excellence (NICE) and Renal association guidance for monitoring and maintaining vascular access for haemodialysis.

Staff followed guidelines for '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.

The service assessed the lines patency for AVF and AVG which staff completed at the beginning of each session before cannulation. Other guidelines included management of blood- borne viruses, nutrition, anaemia and water treatment facilities and dialysis fluid quality.

Patients with chronic kidney failure who were on established dialysis programmes had a functioning arteriovenous fistula in line with (NICE) Quality Standard 72 statement 4. Continuous monitoring by the dialysis machine meant that nurses were alerted by a machine alarm to any potential issues that could relate to poorly functioning fistula.

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 and provided advice on nutrition and hydration needs. Patients were offered a drink and biscuits during their treatment, and they were encouraged to bring in snacks and drinks of their choice.

Specialist support from staff such as dietitians was available for patients who needed it.

Pain relief

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

Patients had their pain assessed as part of their initial assessment and treatment plan devised as needed with the involvement of the nephrologists to manage any pain. Patients continued to take their own pain medicines when they attended for treatment as needed. Staff assessed patient's pain during needling insertions and local anaesthetic creams/sprays were offered to manage pain. Staff checked that patients were comfortable during their dialysis treatment.

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 contributed patient outcome data to the Renal Registry.

The National Kidney Foundation guidelines specify patients should receive at least 12 hours of treatment per week to maximise dialysis effectiveness. There were two patients who were currently receiving two three hours sessions of haemodialysis per week. This had been agreed with the consultant nephrologist to manage patient's non-compliance.

Dialysis services

The clinic produced monthly reports on patient outcomes for internal review and shared with the contracting trust. The latest data for August 2022 provided by the service showed 42% patients had an arteriovenous fistula (AVF). There were 12% of patients with an arteriovenous graft (AVG). The Renal Association standard for the proportion of patients with an AVF or AVG is 80%. The service had a higher proportion of patients with a CVC at 42%.

The unit reported on data monthly as part of their quality monitoring programme. There was no waiting list for dialysis at the unit as the patients were referred from the contracting trust.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits, these were discussed at team meetings and any action plans were developed to achieve compliance.

The service had developed posters with tips to prevent dialysis infection which included six steps in caring for graft and fistula and this was displayed in patients' areas.

The service had a service level agreement for the transfer of patients. In the past 12 months there were 20 emergency transfers to the local trust. Managers told us the main reasons for transfers were hypotensive (low blood pressure) episodes and line infections.

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.

Managers supported staff to develop through yearly, constructive appraisals of their work. The practice development nurses supported the learning and development needs of staff. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

New staff were allocated a buddy and there was a robust induction process which was followed, and staff had their competency assessed and signed off before providing dialysis care independently.

Managers made sure staff attended team meetings or had access to full notes when they could not attend, and staff confirmed that they received minutes of meetings.

Succession planning was a standard agenda for the Southeast team's monthly meeting. Managers ensured staff had protected time for training and any specialist training for their role.

Multidisciplinary working

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

Dialysis services

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Patients could see all the health professionals involved in their care at one-stop clinics. The consultants' nephrologist held bi-monthly clinics at the service. Staff could contact the medicines team and other senior doctors for advice.

Patients could see other health professionals involved in their care. Consultants from the contracting trust referred patients and they had access to psychological support and other healthcare professionals as needed.

Seven-day services

The service did not provide a seven day service

The service operated Monday to Saturday between 07:00 to 23:30 hrs.

Monday, Wednesday, and Friday from 7am to 11.30pm

Tuesday, Thursday, and Saturday from 7am to 6pm

This information was available on the service website. Patients received dialysis treatment were allocated morning, afternoon slots and twilight slots.

Staff could call for support from consultants and dieticians and they provided advice and support as needed. The patients had clear information about who to contact if they needed help and support out of these hours including emergency numbers.

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. Information leaflet included ready meals which were suitable for a low potassium diet. Patients were advised to choose foods based on pastry, pasta and rice and a list of meals to consider.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Information included food high in iron, coping with fluid restriction, maintaining adequate fluid balance and preventing dehydration.

Patients were given information to live a healthier lifestyle, this included weight management. Staff referred patients to the contracting trust for dietitian support and other relevant allied healthcare professionals.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Staff were aware on how to access advocacy and seeking advice from manager and the contracting trust.

Dialysis services

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Nursing staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards. Data from the service showed staff were 100% compliant with mental capacity training. The service had not made any application for deprivation of liberty safeguards.

Are Dialysis services caring?

Good 

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.

Patients said staff treated them well and with kindness. Patients told us the staff were always respectful and treated them with compassion.

Staff followed policy to keep patient care and treatment confidential. The service had facilities that they used for private conversation if required.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for patients who may refuse treatment for example.

Staff understood and respected the personal, cultural, and religious needs of patients and how they may relate to care needs.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff understood the impact of long-term treatment and breaking bad news and demonstrated empathy when having difficult conversations.

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. Patients had access to counselling with the support of the referring trust.

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.

Dialysis services

Staff made sure patients and those close to them understood their care and treatment.

Staff spoke with patients, families and carers in a way they could understand, using communication aids where necessary. Staff supported patients to make informed decisions about their care. Patients told us the staff were supportive and provided them with good information and involved them in their care.

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. Comments from the most recent patients survey included: “everyone is absolutely brilliant. Can’t thank you enough”. “I am very grateful for the care and attention from Havant clinic. The nurses and attendant staff are superb, know their jobs and superefficient.”

Are Dialysis services responsive?

Good 

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. The service had a service level agreement with the local NHS trust to provide haemodialysis to patients. Haemodialysis is a treatment for end stage renal failure where the function of the kidneys to remove substances from the blood is replaced using a haemodialysis (dialysis) machine.

The service minimised the number of times patients needed to attend the service, by ensuring patients had access to the tests and timely treatment. Patients had routine blood tests which were carried out to coincide with when patients attended for their dialysis treatment.

Staff knew about and understood the standards for mixed sex accommodation. Patients received day care treatment in mixed bays when they attended the service. Patients were comfortable with this arrangement and did not raise any concerns when we spoke to them. However, they told us there were no screens in between the treatment stations to afford them some privacy.

Facilities and premises were appropriate for the services being delivered. The service had arrangements for patients in need of additional support or specialist intervention, they would be transferred to the local contracting trust.

The service had developed a system of ‘shared care’ where patients were supported to manage part or entire dialysis treatment pathway. There were 93 patients who were independently undertaking one or more of the shared care processes and 25 patients doing 5 or more steps of their own dialysis treatment.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted.

Dialysis services

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 understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

The service had access to information leaflets in languages spoken by the patients and the local community. Additional leaflets could be made available on request to ensure patients' communication needs were effectively met.

The unit met the recommended practice for haemodialysis facilities: Health Building Note 07-01: Satellite dialysis unit. The service was located on the ground floor and there was a passenger lift for patients treated on the first floor. Patients were assessed ensuring that those who were independent, and some self-care patients were accommodated on the first floor. The service was easily accessible for patients and their families with limited mobilities and wheelchairs users. There were parking spaces available, including dedicated disabled parking.

Managers were assessing the configuration of the unit and concluded that the corridors were not wide enough for beds and there was no capacity for beds in the downstairs of the unit. There was one bariatric chair to meet the need of a current patient.

The service coordinated patients care with the contracting trust ensuring patients' needs were met. They worked closely with the local ambulance trust and raised patients' concerns regarding delays which affected patients' treatment.

Managers made sure staff, patients, and carers could get help from interpreters or signers when needed. This was available and could be accessed from the contracting trust. Patients were assessed and arrangements would be made in advance to support the patients when they started treatment as needed. NHS England guidance stipulates arrangements should be made to meet patients' communication needs in languages other than English to providing optimal patient care.

The service had effective arrangements to support patients and their families with limited mobility and wheelchair users and made adjustments to help patients access the service.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Between September 2021 and August 2022, the service had provided 18,743 episodes of dialysis treatment. During the same period there were 84 shortened treatment which were reported upon. Treatment times were discussed and reviewed by consultants at multi-disciplinary meetings.

There was a focus on number of treatments provided and reported at monthly governance team meetings. Managers worked to keep the number of missed treatments and offered patients the next available slot as soon as possible. The service had an effective process for monitoring their Did Not Attend (DNA). The most common reasons for DNA were

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patients admitted as inpatient or day cases in hospitals or were too unwell to attend for dialysis treatment to check. Staff checked whether patients were still in hospitals and when they would be discharged to plan treatment. Transport issues were the main reasons for unexpected DNA's. The service was looking at identifying patients who DNA but were dialysed elsewhere.

Patients who failed to attend were followed up and managers made sure they were offered a dialysis session as soon as possible if they had a free space. They also liaised with the contracting trust to try and accommodate the patients. Staff would email the consultants of all DNA to ensure appropriate actions were taken.

Patients told us they did not have to wait long when they arrived at the unit, and their appointment usually ran on time. They said that transport delays were their main concerns as they often waited longer than half an hour for pickups and post treatment travel which can make their days very long and tiring.

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.

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 shared information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Staff ensured that any concerns were dealt in a timely way and would escalate to the manager as needed.

Managers investigated complaints and identified themes. All complaints were reviewed, in depth, at the senior leadership/ governance meetings and reported monthly to the head office. Managers shared feedback from complaints with staff and learning was used to improve the service. Managers actively engaged with patients responding to their concerns. The service provided feedback in the form of 'you said, 'we did' and this was displayed in the patient's areas.

Patients had raised some concerns about the comfort of the chairs compared to beds which the provider was aware of. Staff told us there were some overlay cushions and patients had suggested that more of these were needed.

Staff could give examples of how they used patient feedback to improve daily practice. This included raising the concerns about transport delays with the contracting trust and the transport providers. Alternative transport was provided when delays occurred. The trust's transport managers visited unit more often to support patients and listen to complaints. More regular meetings were undertaken with the transport managers every 3 months. Transport meeting reviews with the Trust were also carried out.

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Are Dialysis services well-led?

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.

There was a clear leadership structure from senior management to unit level. The senior leadership team consisted of the directors, clinical operations managers, executives and chief medical officer. At local level the clinical operation manager had overall responsibility for the local team and other supports included the clinic manager, senior practice development nurse and registered manager. The local management structure comprised a full-time unit manager, who was supported by a director of nursing.

Local leaders had the skills and abilities to run the service. The unit manager was supported by a nurse who acted as deputy manager. The manager also had support of the clinical operations manager and from the provider level human resources department for any workforce related queries.

The senior leadership team met monthly and had a rotating focus for their meetings. Their focus revolved around service development, audits, health and safety and facilities. There was an ongoing action plan that meant that action was decided for each issue raised and the actions were allocated to a designated person. The action plan was then reviewed and updated at each meeting and progress against action plans were assessed.

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 service vision was providing best quality of care for the benefits of patients which was updated in November 2021. The vision was aligned around the sustainability of the service and the provider was looking at developing a nocturnal service. This would have some positive outcomes for patients such as allowing more flexibility in accessing treatment out of hours. Some of the challenges were based around risks to staff and patients, access including transport and engagement with patients to ascertain if there was an appetite for this.

The provider strategy to achieve their vision through being the most trusted and valued independent sector dialysis provider to the NHS.

Key strategic priorities included:

- Development and implementation of systems and processes that deliver safety, medical quality and foster a culture continuous improvement.
- Creating and maintaining a competent, resilient and highly engaged clinical workforce

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- Investing in technology to enhance clinical decision making, patient safety, operational efficiency and patient empowerment.
- Adding new and better quality dialysis facilities to enhance patient experience and quality of life.
- True partnership working with each NHS Trust, to ensure seamless patient care.

The unit business plan contained a review of the environment and reconfiguring the service with the legal advisor involvement in the process.

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.

The service had an open and inclusive culture and managers operated an open door policy, staff were confident in raising any concerns and felt valued and well supported in their roles. There was a diverse team and staff were supported in career development at all levels. The unit had a strong cohesive team who worked well together for the benefit of patients in their care. We saw numerous examples of staff supporting each other in setting up the stations to ensure that treatment was not delayed as they were a team member short on the day.

One of the key aspects of the provider's statement on culture was to lead by example and integrity was part of the core expectation and being accountable for their decisions and actions, setting the tone to inspire others.

Patients felt comfortable in raising any concerns with staff and managers and were confident they would be listened to, and actions would be taken.

Staff understood the Duty of Candour under the Health and Social Care Act (Regulated Activities Regulations) 2014. They said they worked together to be open and honest with patients and their families when things went wrong and were confident in initiating this.

The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify women (or other relevant persons) of "certain notifiable safety incidents" and provide them with reasonable support.

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 well-developed governance structure with processes to support the delivery of a quality service. Their purpose was to monitor and assess the quality of care objectively and comprehensively.

The governance was made up of the chief medical officer, UK chief operations, chief operating officer, director of clinical operations. The local management consisted of the clinical nurse director. They all met quarterly and contributed to the overall governance of the service. The unit manager was supported by the director of nursing and had clear lines of reporting and accountability for the service.

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The senior leadership team met monthly, and they had a rotating focus for their meetings. The meetings included reviews of serious incidents and root cause analysis, safeguarding, health and safety issues, business development, complaint and clinical performance measures. There was an ongoing action plan that meant that action was decided for each issue raised and the actions were allocated to a designated person. The action plan was then reviewed and updated and progress against action plans were assessed.

Arrangements with third party providers were managed effectively to encourage appropriate interaction and promote co-ordinated person-centred care. Staff at the service worked well with the contracting trust and attended regular meetings to monitor performance and share information. Advice and support was available from the links at the trust to ensure patients continue to receive appropriate treatment and meeting needs.

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.

There was a rolling programme of audits and quality assurance processes to manage risks and issues of performance. We discussed the environmental restrictions with the number of treatment stations and the infection control risks during the inspection. The contracting trust had audited the environment and identified with the current number of stations it was not possible to have the dialysis chairs 2 m apart. The clinic was built when the HNB 07-02 guidance was not specific with regards 2m space limit. However, action plan was in place to mitigate the risks which included regular cleaning of the beds/ couches. Patients wore masks throughout their treatment and infection prevention and control monitored.

The service has a local risk register which was regularly reviewed and updated. The risk register followed a traffic light scoring system and risk assessment had been developed to mitigate risks. There was a process of continuous review from monthly, quarterly and yearly. Mitigations included review of capacity and offer of additional session where possible. If unable to accommodate patients in the clinic, staff to liaise with the contracting trust and consultants and complete incident forms.

The service had developed a detailed contingency plan on how to manage a range of potential emergency incidents. These included action plans for loss of workforce where treatment would be prioritised following consultation with the trust matron and consultant nephrologists. The plan also covered prevention loss of utilities, or facilities as a result of fire, flood, acts of terrorism, water supplies. There was a management policy to follow for lack of supplies as each clinic held a stock of general consumables for a few days to reduce the risk of supplies being unavailable.

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.

Managers worked with other providers to ensure that information was managed securely and compliant with general data protection regulation (GDPR) guidance storage of patient information.

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There was an ongoing programme of audits to support staff in collecting reliable data and analysing which staff had access to and worked together to make improvements. Audits results were discussed at handover and team meetings to promote learning.

Staff could access patient records appropriate to their needs and procedures being completed. Computers were password protected and locked when not in use to minimise the risks of unauthorised access to confidential information.

Managers were aware of its responsibilities in submitting data notifications to external bodies, including the CQC as required by law.

The service was registered with ISO 9001 quality management and principles included a strong customer focus and a drive for continual improvement.

Engagement

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

The service actively engaged with the patients to seek their views and to improve the service. Patients had access to an application where they could access information and provide feedback about their care.

The latest patients survey showed patients expressed a high degree of satisfaction regarding their care and treatment. Other feedback included patients' dissatisfaction with transport delays which was a recurring theme. Patients would like more management visibility so they could raise their concerns, privacy and comfort as the unit was cold.

The service had developed a feedback process such as 'You said' - 'We did' which was displayed in patient's areas. With regards to transport delays, this had been raised this with the contracting trust and the ambulance trust trying to resolve this issue. There were more regular meetings with the ambulance trust, and they were also visiting the unit to hear from patients.

Patients were supported in taking part in the quality of life survey. The named nurse reviewed the findings and action plan was developed and this was reflected in patients' care plans.

The provider was planning to undertake patient experience workshops and staff were asked for ideas on how to improve a patient's experience 'by walking in their shoes and seeing it through their eyes'.

The service carried out regular staff surveys and employee assistance was available to all. The summer edition of the provider's newsletter was shared with staff. This contained testimonies from staff, celebrating success, staff personal events and welcoming new staff to the team. There was also a section for team brief, patients experiences and fund raising events in support of kidney care and dementia awareness.

The staff survey which was completed in December 2021 demonstrated that staff were happy with their team and providing good care to patients. There were some recurrent themes which related to staffing shortage and particularly health care assistants and perceived disparity in salary where new staff earn more and had been raised with HR. Other concerns were related to management of the service and lack of skills / knowledge in leading a dialysis unit and at times attitudes. The provider was developing an action plan in response to staff feedback.

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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.

- The service is continuing in developing their 'shared care' project. This empowered patients to manage some aspects of their dialysis care independently such as taking their own blood pressure, connecting and disconnecting from the dialysis machines and self- cannulating. There were 25 patients who were undertaking at least five 'shared care' tasks.
- Treatment guide system developed by Diaverum supports clinicians in following standard clinical workflows, this is aimed at reducing errors. This is accessed at the patient's bedside provides information throughout the dialysis treatment.
- d.Care app developed for patients which they can use to report their daily well-being to their clinic. The application allows patients to organise laboratory results, review treatments and manage their medication.

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 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <ul style="list-style-type: none">The service must ensure screens are provided to always maintain the privacy and dignity of patients. Regulation 10(2)