

DaVita (UK) Limited

DaVita (UK) Ltd - Skegness

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

We had previously inspected but not 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, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk 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 and trained to perform well on their roles. 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:

- The service did not always follow aseptic non touch techniques in all patient connection and disconnection activities.
- There were some gaps in daily checks of emergency equipment and medicine fridge temperatures.
- Several of the provider's policies were out of date and still linked to the previous provider, demonstrating they had not been reviewed for at least 3 years.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	We rated this service as good because it was safe, effective, caring, responsive, and well-led.

Summary of findings

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Summary of this inspection

Background to DaVita (UK) Ltd - Skegness

DaVita (UK) Ltd - Skegness is operated by DaVita (UK) Limited. The service has 10 dialysis stations. These facilities include 1 isolation room.

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

The location carries out the regulated activity of: Treatment of disease, disorder or injury, which was registered in May 2011. The location has a registered manager who is also the regional manager.

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

How we carried out this inspection

During our inspection we spoke with two nurses at the service, a healthcare assistant, an associate practitioner, the area manager and the head of nursing for DaVita (UK) Limited. We also spoke with 5 patients.

We reviewed 5 patient records. We also reviewed a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

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

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

- The service should ensure that daily checks of the emergency equipment and fridge temperatures are always carried out. (Regulation 12).
- The service should ensure aseptic non touch techniques are always followed in all patient connection and disconnection activities. (Regulation 12).
- The service should continue to develop the realignment of their former policies with those of their current provider (Regulation 17).

Our findings

Overview of ratings

Our ratings for this location are:

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

Dialysis services

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

Is the service safe?

Good 

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

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff and was tailored to individual staff roles. Modules included areas such as infection control, moving and handling, health and safety and infection control.

Managers monitored mandatory training and alerted staff when they needed to update their training. The mandatory training completion rate for Skegness was 100%.

The service was in the process of introducing a new mandatory training module for learning disability and autism to be completed by all staff.

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. There was an organisational safeguarding lead trained to safeguarding level 4. All clinical staff were trained to child and adult safeguarding level 3. Safeguarding training compliance was at 100%.

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

Dialysis services

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 a clear safeguarding policy with guidance and details of safeguarding contacts.

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. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Schedules included daily cleaning and monthly deep cleaning. Compliance rates were 94%.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff washing their hands before and after patient contact. Hand hygiene compliance rates were 95%.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw the use of 'I am clean' stickers, indicating that equipment was clean and available for use. Dialysis machines were heat cleaned after each treatment and subject to regular disinfection in line with manufacturer requirements.

When staff connected and disconnected patients from the dialysis machines, they were required to use a technique known as the 'aseptic non touch technique' (ANTT) to prevent the transmission of infection to patients' access site. We observed 4 episodes of care where this technique was used. We found staff mostly followed the principles of ANTT which decreased the risk of infection transmission. However, we saw that the connection hubs were touched leading to potential risks of transmission of infection. Additionally, the placement of the clinical waste bag was in front of the preparation trolley, as opposed to the side, increasing the risk of contaminating any clean surface areas by leaning over the sterile field. We raised this with the manager at the time of the inspection and they told us they would review and improve practice.

The management team monitored staff performance in relation to infection rates. We saw the service was compliant in the last 3 reports, and no associated infections were reported. We saw that ANTT theoretical and practical training compliance was at 100%.

Staff monitored and managed potential infectious conditions well. They completed HIV testing, Hepatitis B, Hepatitis C, Methicillin-sensitive staphylococcus aureus (MSSA) and Methicillin-resistant staphylococcus aureus (MRSA) testing. There were clear protocols in place for if a patient tested positive to an infection. Arrangements were in place to prevent the spread of infection, including dialysing them in isolation and making arrangements with the partner trust where necessary.

The service triaged each patient daily for COVID-19 symptoms and did temperature checks to support patient safety. The had appropriate COVID-19 practises if a patient tested positive.

The service monitored and controlled risk of infection in patients who returned from holidays in high risk countries. The service identified restricted dialysis machines who were only assigned to those patients who were of higher risk.

Environment and equipment

Dialysis services

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. This included the design of the water treatment room to prevent flooding. There were 10 dialysis stations, including one isolation room. There was adequate space in between stations to safely care for patients. Privacy screens were available for use at dialysis stations. Clinical areas were accessible using keypad codes and an intercom at the front door so that the unit was secure.

Staff carried out daily safety checks of specialist equipment. This included daily checks of the dialysis machines and water system, water testing and flushing of the water system. Water testing included a test of the water quality, in addition to monthly laboratory tests for microorganisms, bacteria and endotoxins. Resuscitation and emergency equipment were generally checked daily; however, we observed some gaps in checks in the records we reviewed. In addition, emergency medicines were stored in the locked treatment room, rather than in the emergency trolley on the dialysis unit. Staff showed us that a new resuscitation trolley had been purchased so that both emergency equipment and medicines could be stored in a tamper resistant trolley once the equipment and medicines had been transferred.

The service had enough suitable equipment to help them to safely care for patients. This included a dialysis machine for each station and 2 spares. There was an annual maintenance schedule for all dialysis machines and patient chairs for use during treatment. Other equipment such as a suction machine and scales were appropriately maintained and calibrated. Logs were kept demonstrating routine maintenance. Medicines fridges were appropriately temperature controlled and these temperatures were checked daily. Staff understood the action to take if fridge temperatures were out of range.

Staff disposed of clinical waste safely. Waste was appropriately segregated, and sharps bins were labelled, used and disposed of in line with requirements.

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. They used an early warning score to promptly identify changes to health before, during and immediately after treatment. This involved recording physical observations such as blood pressure, heart rate, pulse and temperature where necessary.

Staff were trained in basic life support and had an escalation protocol that included calling 999 if a patient deteriorated to the point of needing emergency care. The unit was equipped to deal with specific incidences of anaphylaxis or low blood sugar as well as providing basic resuscitation in the event of a cardiac arrest.

Staff monitored patients' wellbeing before and during treatment. This included asking questions about their health and wellbeing and monitoring their response to treatment during the session.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. For example, a falls risk assessment and care plan were recorded for each patient. Monitoring activities included lying and standing blood pressure assessments to identify any changes in blood pressure that may contribute to a risk of falls. Other risk assessments included the risk of skin damage and risks associated with diabetes.

Dialysis services

Staff knew about and dealt with any specific risk issues. For example, they had clear sepsis protocols and had received relevant training in the identification and treatment of sepsis. Records showed that training rates in relation to sepsis and obtaining blood cultures was at 100%. Additionally, there was clear guidance and training for staff in relation to other potential risk issues associated with dialysis treatment, such as a drop in blood pressure.

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. In addition, daily huddles were held to discuss any patient concerns and share information.

Staffing

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

The service had enough nursing and support staff to keep patients safe. They operated in a minimum of 3 patient to 1 nursing staff (ratio of 70% registered and 30% unregistered), in compliance with the tender requirements of the commissioning NHS trust. The unit was supported by a healthcare assistant and an assistant practitioner.

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. Rota plans included a review of the number of patients booked in to ensure that appropriate staffing numbers and skill mix were maintained.

The manager could adjust staffing levels daily according to the needs of patients. The number of nurses and healthcare assistants matched the planned numbers. At the time of the inspection there were 2 registered nurse and 1 healthcare assistant vacancies. We were told that these posts had been recruited to. The unit used bank and agency staff to support gaps in rotas. They used regular bank and agency staff who were appropriately qualified, familiar with the unit and had received a full induction. In the event of staff sickness, the unit was supported clinically by nurse managers to ensure patient safety.

The unit was visited by the matron from the commissioning trust's renal unit every 3 to 6 months to provide support and oversight from the trust.

Medical staffing

The service had access to enough medical staff to keep patients safe. Consultants from the commissioning NHS trust provided clinical support and oversight. They ran monthly clinics to review patient needs and conduct assessments which included a review of blood results and the effectiveness of dialysis treatment with subsequent changes to care and treatment plans. Each patient had a face to face consultant review every 3 months as a minimum.

There was an on-call renal registrar from the commissioning NHS trust to provide urgent advice and support where necessary.

Records

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

Dialysis services

Patient notes were comprehensive, and all staff could access them easily. Patient records were both paper based and electronic. Electronic records included patient prescriptions, clinical observations, results and treatment information. These could be accessed by staff within the commissioning trust, enabling remote medical review as needed. Paper records included risk assessments, consent forms and nursing care plans.

Senior staff routinely audited patient records to ensure they were clear and up to date. Audit results showed that the unit scored between 92% and 100% in the 3 months up to the end of April 2023.

Records were stored securely. Electronic records were password protected. Paper records were stored in locked cabinets. There was locked archive storage for paper records on the first floor of the unit.

Medicines

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

Staff generally followed systems and processes to prescribe and administer medicines safely. Monthly medicine preparation and administration audits were carried out by senior staff. Results of these showed 100% compliance in the 3 months prior to our inspection. Staff completed medicines records accurately and kept them up to date. We reviewed 5 medication charts which were signed and dated, and we saw that medicines were administered on time and there were no omissions.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. This was as part of monthly consultant reviews and in terms of responsive reviews based on patient needs at the time of treatment.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored in locked cupboards in a locked treatment room that was only accessible to staff. Medicines storage areas were temperature monitored regularly. This included fridges where medicines were kept. Records showed that temperatures were in range and staff understood the actions to take should they be outside of the required range. However, we noted 3 gaps in daily fridge temperature monitoring in the last 3 months.

Staff learned from safety alerts and incidents to improve practice.

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. They raised concerns and reported incidents and near misses in line with the service's policy. Reports were recorded on the electronic patient record system and were audited by the provider to identify trends and monitor the quality of the service. There had been 45 reported incidents in the 12 months prior to our inspection. This included 3 emergency calls where patients had become unwell during treatment.

Dialysis services

Treatment safety events such as low blood pressure, post dialysis weight above target (due to not enough fluid being removed during treatment), treatment delays and shortened treatment times were all recorded in the form of treatment variance reports. In the 3 months from March 2023, we saw there were 35 such incidents reported. The majority of these related to shortened treatment times at the patient's request. This information was reviewed as part of patients' treatment review at monthly multidisciplinary meetings with the commissioning trust's renal consultant. Variance reports were reviewed as part of governance and staff meetings.

Incidents were investigated and reported to the head of nursing who reviewed patient outcomes and allocated a risk score. These were then reported to the integrated governance committee who reviewed all incidents and made recommendations for improvements.

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

Staff received feedback from investigation of incidents, both internal and external to the service. Incidents were discussed at monthly staff meetings where staff met to discuss the feedback and look at improvements to patient care. Changes were made because of feedback.

The service had no never events and no serious incidents.

Relevant patient safety alerts were discussed at staff meetings and actions implemented and monitored.

Is the service effective?

Good 

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

Evidence-based care and treatment

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

Staff followed policies and protocols to plan and deliver high quality care according to best practice and national guidance. These were based on relevant national guidance including NICE standards 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. Staff assessed vascular access routinely as part of treatment which was in line with NICE Quality Statement 72.

Monitoring of compliance with guidance was through dialysis variance reports and audits of patient records. Staff monitored patients' blood results monthly in line with Renal Association guidelines to measure the effectiveness of treatment.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients. Staff were familiar with patients as they were treated on the unit three times a week. We observed staff supporting patients' psychological and emotional needs and information relating to this was shared between staff at handovers.

Dialysis services

Nutrition and hydration

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

Specialist support from dietitians was available for all patients in line with national guidance. Dietitians from the referring trust attended the service to see patients, assess dietary needs and provide advice and guidance on renal diets. They had access to patient's blood results and provided advice accordingly.

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

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief as prescribed.

Where prescribed, patients received pain relief. Patients were encouraged to take their own medication with them to treatment if they were prescribed regular pain relief by their GP.

The service monitored pain using a recognised pain assessment tool to record the patients' pain.

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 monitored individual patient outcomes through a range of performance measures showing the effectiveness of dialysis treatment received. Outcomes for patients were positive and consistent.

Patient treatment outcomes were monitored monthly and compared to clinics within the same provider. They assessed performance areas that showed the effectiveness of treatment, such as haemoglobin breakdown, interdialytic weight gain, and phosphate and albumin levels. We saw that results were comparable to other services. The clinic was performing well in areas such as haemoglobin breakdown (a measure of the oxygen carrying effectiveness of red blood cells) where 71% of patients had a haemoglobin level between the 10 and 12 target level, which was higher than other provider services. Results also showed that interdialytic weight gain was within target, with 100% target achieved.

The urea reduction (URR) rate is another measure of the quality of dialysis. The most recent figures provided by the service showed the proportion of patients meeting the standard of a URR greater than 65% was over 90%.

The Renal Association Standards guidelines specify patients should receive at least 12 hours of treatment per week to maximise effectiveness. Information from the service showed most patients routinely kept to their time spent dialysing and any changes made at the patient's request were monitored using variance reports which were made available to the patient's consultant as part of routine reviews. Where patients requested reduced dialysis times, staff asked the patients to read and sign a disclaimer which explained the impact of reducing treatment time.

Dialysis services

The British Renal Society sets out a standard that at least 80% of dialysing patients should have access through a graft or a fistula because they last longer than any other dialysis access types such as a central venous catheter (CVC) and are less prone to infection and clotting. At the time of our inspection, the clinic treated 29% of patients with a central venous catheter (CVC). Staff told us that access decisions were made by the commissioning trust in consultation with the patient. The trust had specialist staff who would regularly meet with patients to discuss access requirements.

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. We reviewed induction records and saw that these were comprehensive and included areas such as general health and safety, policies and procedures and an introduction to the workplace. In addition, training in specific clinical areas such as cannulation and dialysis practice were given. Staff completed competency assessments prior to being signed off as competent by senior staff. Staff we spoke with told us the induction programme they had followed was over 3 months and records supported the completion of all aspects of induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. We saw that all staff had received an appraisal in the 12 months prior to our inspection.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Meetings were held monthly for all staff and clinic managers attended leadership meetings. We saw evidence of communication flow from the provider to staff teams in several areas including patient outcomes, performance reports, incidents, complaints and other areas of development and learning.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Nursing staff had access to renal specialist modules, and we saw that two nurses had completed this and one was in the process of completing the course.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

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 meetings to discuss patients and improve their care. Senior staff attended multidisciplinary meetings with trust consultants where patient outcomes and treatment were reviewed, and treatment plans updated.

Patients could see all the health professionals involved in their care at the clinic while receiving treatment to cut down on the number of appointments they attended. Examples included a renal dietician and social work professionals.

Dialysis services

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff had an understanding of referral pathways and carried out comprehensive assessments of patient's needs to understand where support from other healthcare disciplines and agencies would be of benefit. Staff had direct access to trust based specialist and were able to access support and advice as needed. For example, we observed one of the nurses accessing specialist infection prevention and control support from the trust for advice about a specific patient and their needs.

The electronic patient record was shared across the clinic and the NHS trust so that all staff could access up to date clinical information about specific patients as needed.

Seven-day services

Key services were available to support timely patient care.

The service was open Monday to Saturday, providing two dialysis sessions per day, one in the morning and one in the afternoon. In addition, they were able to provide some twilight shifts as needed, for example, if there were increased numbers of patients receiving dialysis away from base (DAFB), such as over the summer months when patients were visiting the local area.

Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. The service had relevant information promoting healthy lifestyles and support. This included providing reference materials and signposting to other services. This included information about 'kidney beam', a National Kidney Federation service providing online support for patients to take care of their physical and mental health, including ways to improve physical activity in their own home.

Information about healthy eating was available and self-care was promoted with 3 patients at the time of the inspection participating in delivering their dialysis as part of the service's self-care programme.

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

Staff had received training in the Mental Capacity Act (2005) and understood how and when to assess whether a patient had the capacity to make decisions about their care. However, we were told the service's referral criteria meant they very rarely treated patients who could not consent to treatment as those patients assessed as lacking mental capacity were treated within the commissioning trust's dialysis unit.

Dialysis services

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care and there were tools available to support this assessment.

Is the service caring?

Good 

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way.

Patients said staff treated them well and with kindness. Comments from patients were positive about the staff, describing them as kind and respectful. Staff knew the patients well and maintained an environment that was open and friendly. Patients described the unit as lovely and told us they couldn't fault the staff.

Staff followed policy to keep patient care and treatment confidential. Discussions about treatment and care were discreet.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. We observed staff checking in with patients and asking them questions about their mood, home life and how they were coping with their condition.

Staff supported patients and helped them maintain their privacy and dignity. They understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff demonstrated empathy when communicating with patients and allowed time to interact when patients had the need for additional time to talk through concerns.

We observed staff spending time explaining things relating to patients' treatment and care, ensuring that they were comfortable and supported as needed.

Dialysis services

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 spent time with patients explaining what they were doing and involving them in their treatment and care.

Staff supported patients to make informed decisions about their care. This included supporting patients to participate in shared / self-care when on the unit. Staff took the opportunity to promote self-care as appropriate and encouraged patients to be active in their dialysis treatment. Involvement in care included enabling patients to participate in monitoring activities including weighing themselves and in some cases training patients in aspects of self-dialysis including needling (inserting and removing their own dialysis needles) and reviewing physical observations as part of treatment evaluation.

As part of the initial assessment when patients first attended the unit, information about their social and home lives was sought as part of a holistic approach to their care. Patients and those close to them were encouraged to give feedback on the service and managers shared compliments with staff when these were sent in by patients or family members.

Patients gave positive feedback about the service. Patient reported experience measures from 2021 were positive and an improvement on the 2020 feedback. Patients told us they felt supported by staff and that the atmosphere in the unit was positive.

Is the service responsive?

Good 

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

Service delivery to meet the needs of local people.

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

Managers planned and organised services, so they met the changing needs of the local population. The service was commissioned on behalf of patients who attended the local NHS trust. Patient numbers were agreed as part of a service level agreement. Patient referrals to the service were organised by and agreed with the commissioning trust. In addition, the service offered dialysis away from base (DAFB) for patients visiting Skegness on holiday. Arrangements for this were agreed through the commissioning NHS trust.

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 facilitating consultant, dietician and social work appointments for patients while receiving their dialysis.

Dialysis services

Facilities and premises were appropriate for the services being delivered. The service was delivered on the ground floor of a two storey building. Patients with mobility issues could access the unit and there were adaptations such as weighing scales that could accommodate a wheelchair if necessary.

Staff could access emergency mental health support during clinic hours for patients with mental health problems, learning disabilities and dementia through the commissioning trust, however, because of the satellite nature of the service they did not generally treat patients with a learning disability or dementia.

The service had systems to help care for patients in need of additional support or specialist intervention. However, because the unit was a satellite service to the main NHS trust renal unit, their referral criteria dictated that patients were generally not in need of additional support or specialist intervention. They worked with the NHS trust to regularly review patients to ensure their needs were met.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. They monitored 'did not attend' (DNA) occurrences and followed up patients on an individual basis. Where patients missed dialysis sessions staff worked to ensure they could be dialysed as needed either within the service at another time or within another provider service as soon as possible.

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 sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff had received training in dementia, learning disabilities and autism so they understood how these conditions impacted on the needs of patients. Staff made reasonable adjustments to care for patients, although the service rarely treated patients with a learning disability or dementia as these patients were mainly treated at the commissioning trust.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. They had access to communication tools if needed and planned patient's care individually to make adaptations to meet their needs.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff could access both telephone and in person interpreters as needed.

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. The service was treating 36 regular patients at the time of the inspection. In addition, they provided dialysis away from base for patients visiting the area on holiday. They had the flexibility to plan additional twilight sessions during busy holiday times to accommodate this.

Dialysis services

Managers worked to keep the number of cancelled treatments to a minimum. They had clear processes in place in the event of disruption to the service, including on call technical staff. Their plans in the event of disruption included working with other local provider dialysis units to accommodate additional sessions to ensure that treatment was delivered in a timely and safe way. Managers monitored disruptions to the service. For example, treatment variance and incident reports showed there had been one incident of a delay of 30 minutes or more for one patient in April 2023. Staff told us that incidents such as this were rare and that patients were always accommodated on the next available treatment session or could receive dialysis at another local location, in line with their business continuity arrangements.

Managers and staff coordinated care to make sure patients did not stay longer than they needed to complete their dialysis. They also worked to make sure patients did not stay longer after treatment than they needed to. They regularly liaised with local transport services to discuss issues and concerns regarding patient transport delays. Feedback from patients was positive about patient transport and that they had not experienced unnecessary delays.

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

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. There was information in patient areas on how to complain and raise concerns.

Staff understood the policy on complaints and knew how to handle them. They were focused on resolving issues as quickly as possible.

Managers investigated complaints and identified themes. There had been two informal complaints in the last year. These were recorded and reported in line with the provider's policy. One complaint related to the temperature on the unit and staff investigated and resolved the issue to ensure comfort.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Information on complaints was shared at governance and leadership meetings. Unit managers then cascaded information at staff meetings so that all staff were involved in discussions about any subsequent improvement actions.

Staff could give examples of how they used patient feedback to improve daily practice.

Is the service well-led?

We have previously inspected but not rated the service for well-led. We rated it as good.

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 unit manager was supported by an area manager. There was additional support available from DaVita (UK) provider level staff including the head of nursing.

Leaders had the necessary skills and abilities to run the service. They were knowledgeable about patient safety and quality. They understood and managed priorities and worked closely with the NHS commissioning trust to ensure the quality of the service provided. They regularly attended commissioning trust and provider level meetings and applied learning and improvements to the service.

Leaders were visible and approachable. Staff we spoke with knew who the local, regional and provider leads were and told us there was a supportive leadership approach.

Clinical leadership was from the commissioning NHS trust and consultants and matrons from the trust regularly visited the unit and supported staff in their decision making. The unit manager and area manager regularly worked on the unit to provide leadership support.

Leaders supported staff to develop and take more senior roles. Staff had regular appraisals and competency based training to progress their skills. Staff also had access to external specialist training, including completing relevant renal modules to develop their skills. There were opportunities for staff to develop their careers and there was management training provided for leadership staff.

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

There was a set of corporate values that included service excellence, integrity, team and continuous improvement in the provision of dialysis services.

The managers upheld the values of the provider and aims of the service. They described the DaVita (UK) approach in terms such as creating a community, with better engagement and an emphasis on caring for each other as well as caring for the patients.

Staff knew and understood the provider vision and values. Staff told us about the vision of the service, describing key elements as working collaboratively, caring and improving health. There was a philosophy displayed on the unit which included a focus on displaying behaviour with an emphasis on welcoming, empathy, connecting, active listening, respect and being encouraging.

Culture

Dialysis services

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. All staff had completed equality and diversity training. Staff we spoke with described a good team atmosphere with appropriate support. They told us they enjoyed working on the unit and felt there was a good focus on the needs of patients and providing good quality patient care. We saw that engagement action plans for the unit included aspects of celebrating different religious festivals. Staff told us these had been a success to date and added an element of fun to the workday.

Staff felt supported, respected and valued. Staff told us they felt they could raise concerns or issues with the unit manager and other area and provider leads. There was a compliance hotline in place, where staff could report concerns without having to go through the management structure.

Staff were able to access opportunities for professional development. They described the provider as a supportive company, with clear opportunities available to develop their skills. Staff had regular supervision and there was a clear focus on patient centred care.

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.

Structures, processes and systems of accountability to support the delivery of good quality services were effective. Staff we spoke with on the unit were clear about their roles and accountabilities. There was an organisational clinical governance and quality assurance strategy in place. This provided a framework for governance processes, responsibilities, quality assurance, clinical outcomes and meeting structures.

Quarterly integrated governance meetings were held. Senior corporate and operational staff attended governance meetings, including the unit manager. There were processes in place to discuss areas such as incidents, complaints, performance and business development. An action log was used to review ongoing governance issues, including actions in response to incidents, complaints, quality improvement and policy development.

Monthly clinic manager meetings were held with the head of nursing. Minutes showed that areas of governance and performance were reviewed. This included incidents, treatment variances, audits, safety alerts, risks, policies, training, health and safety, staff issues and company business. Clinic managers were responsible for sharing information with their teams and we saw evidence of this when we inspected. Staff reported being kept up to date with changes and receiving feedback from managers on areas such as performance, safety issues and learning. Information was shared in meetings on the unit or by email if staff were unable to attend.

Quality assurance audits were carried out monthly. This included for medicines management, infection control, cleanliness, treatment variances, health and safety and documentation. Reports were collated centrally and shared with unit managers, this included training compliance rates, appraisal rates, staffing and professional registration compliance.

Dialysis services

We noted that some policies had not been reviewed and referenced the previous service provider. Leaders told us that these policies were under review, and they shared with us a policy integration plan that included an aim to complete all policy reviews by the end of March 2024. We saw from the plan that progress was being made and that some policies had been reviewed as a result.

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 management processes to mitigate the potential harm from risks identified. The risk register identified both clinical and corporate risks and were rated prior to and post implementation of mitigating actions to reduce the risks. We observed actions to mitigate specific risks. This included actions relating to water safety, premises and equipment, staffing, supply chain issues, infection control, fire safety and dialysis safety. Risks were reviewed regularly in monthly manager and provider governance committee meetings.

There were business continuity plans in place, for example, in relation to alternative dialysis options in the event of incidents that interrupted the provider's ability to run the service. This included working collaboratively with the commissioning trust and other provider dialysis units to ensure minimal delays to patient treatment.

Processes were in place to monitor and manage performance. These were regularly reviewed by the commissioning trust and the service provider to ensure compliance to national standards. Performance data was provided and reviewed at internal governance meetings and at monthly meetings with the commissioning trust.

Information Management

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

The service used a range of performance measures which were monitored and reported on through governance processes. Monthly blood tests were conducted on every patient to identify treatment effectiveness. Blood results were accessible to consultants at the commissioning trust who reviewed treatment on an individual patient basis. In addition, reports were collated by the service to review overall results in terms of treatment effectiveness for the service, identifying issues and improvement actions as a result.

The electronic patient record was accessible to unit staff and clinical staff from the commissioning trust, this enabled remote monitoring and review. Information systems were secure.

Leaders were aware of their responsibilities to submit notifications to external organisations as required.

Engagement

Dialysis services

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.

We observed staff actively engaging with patients about their treatment, before and during dialysis. Each patient had a named nurse and they encouraged patients to share their care and opinions about the service.

The service had an open and active approach to patient engagement. Patient survey data was positive and showed a number of improvement areas since the previous survey in 2020. This included positive results in relation to support, communication and shared decision making in treatment and care.

The services collaborated with partner organisations to review and improve services for patients. This included regular reviews with the commissioning trust. A specific area of improvement related to actively encouraging patients to participate in their dialysis through shared and self-care processes.

The provider engaged with staff through regular meetings and the staff survey. Staff could access monthly meetings with the managing director, as well as governance meetings relevant to their role. Staff we spoke with told us they were happy to work within the service and felt engaged with the running and development of the service.

The survey measured staff satisfaction against the values of the provider, and we saw actions to improve areas of engagement. One such example, included action to improve the way the service valued diversity. Action included a focus on celebrating different holidays where staff were encouraged to take a culturally appropriate dish to work on holiday / festival days to recognise different faiths and beliefs.

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.

Learning, continuous improvement and innovation

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

Staff we spoke with during our inspection demonstrated they were committed to continually learning and making improvements to the service. Staff understood the services performance against key performance indicators and other measures. They could identify where improvements were required and were open to challenge poor practice. Meeting minutes showed that learning from incidents and complaints was given priority and there was evidence of appropriate improvements.

The service used a range of quality improvement methods including clinical audit, surveys and key performance indicators. We saw that methods were appropriately evaluated and that improvements were identified with clear action plans as a result.

Staff were recognised through an internal rewards system for good work. For example, the unit manager had received a service excellence award for their work on the unit and its positive impact.