DaVita (UK) Limited

DaVita (UK) Ltd - West Byfleet

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?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

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 generally managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff generally provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients well and respected their privacy and dignity, and mostly took account of their individual needs and helped them understand their conditions.
- The service planned care to meet the needs of local people, mostly took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services.

However:

- Staff did not always carry out safe infection prevention and control measure when delivering care
- Medicines were not always administrated safely. Substances covered by the Control of Substances Hazardous for Health legislation were not securely stored.
- Staff were not receiving mandatory training on caring for people with a learning disabilities or living with autism.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to DaVita (UK) Ltd - West Byfleet

DaVita (UK)Limited West Byfleet is a renal dialysis service. The service has 25 dialysis stations which includes four isolation rooms. The unit is built on two levels and is a purpose built facility for the treatment of chronic kidney failure. The unit provides treatment for around 2000 patients per year. Dialysis units offer services which replicate the functions of the kidneys for patients with advanced chronic kidney disease. Haemodialysis is used to provide artificial replacement for lost kidney function. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the unit on 1 March 2023.

The service is registered with the CQC for the treatment of disease, disorder or injury. There is a registered manager in place.

We inspected this location in February 2020 when it was under a different provider. This is the first inspection since being part of DaVita UK Limited.

How we carried out this inspection

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

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure that staff are adhering to infection prevention and control policies and national guidance when providing patient care and the safe use of sharps bins (Reg 12)(2))
- The service must ensure the safe administration of medicines (Reg 12)(1))
- The service must ensure control of substances hazardous to health (COSHH) are securely stored (Reg 15)(1))
- The service must ensure that staff receive mandatory training on learning disability and autism in line with national guidance (Reg 18)(1))

Action the service SHOULD take to improve:

- The service should ensure that staff have a good understanding of their safeguarding policy and processes.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Dialysis services

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

Is the service safe?

Requires Improvement

We rated it as requires improvement.

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. The training compliance target was 85%and staff were 100% compliant with all mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training covered areas such as basic life support, infection prevention and control, safeguarding adults and children and information governance.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers maintained a spreadsheet with mandatory staff training records. When training approached its renewal date, internal staff services teams emailed managers to alert them to any staff training due. Manager would then email staff to advise them and remind to book this on their internal systems.

Clinical staff completed training on recognising and responding to patients with mental health needs and dementia. Staff were up to date and had completed training in mental capacity and Deprivation of Liberty Safeguards (DoLs) and dementia awareness. However, there was no training for learning disabilities or autism recorded. It is now a requirement for CQC registered service providers to ensure their employees receive learning disability and autism training appropriate to their role. This is to ensure the health and social care workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability, as set out in the Health and Care Act 2022.

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. All staff were trained to level 3 in Safeguarding adults and children.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were able to give examples of the different types of abuse and who to report their concerns to.

Most staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could tell us who their safeguarding lead was and where their paper policy was located. However, there appeared to be some differences in the understanding of safeguarding processes. Some staff told us they email the NHS trust and renal social worker and GP's regarding patients who may have missed appointments and other staff told us they complete an online safeguarding form. It was unclear if there was a recorded log of any safeguarding emails sent and if statutory notifications regarding safeguarding referrals were being sent to the CQC. Post inspection this aspect was clarified further. Staff would email concerns to GP's and those involved in the patient's care and these were not safeguarding referrals, but it would appear some staff referred to them as safeguarding concerns. The provider's safeguarding process was to complete referrals online. The provider confirmed they had not made any safeguarding referrals at this service. The service had a safeguarding policy which was detailed and made clear the roles and responsibilities of staff. However, it did not contain relevant contact details or a process flow chart which may aid all staff.

Cleanliness, infection control and hygiene

The service did not always control infection risk well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection. They did keep equipment visibly clean. Clinical areas were visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Chairs were easy clean and gave enough space for distance between patients. Patient areas were all visibly clean and dust free. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Items that had been cleaned had in date "I am clean" stickers on them.

There were 4 isolation areas where any patients requiring isolation due to communicable diseases, could receive their dialysis. These rooms were clean, had hand washing facilities, personal protective equipment (PPE) and clinical and domestic waste bins.

The service had a standard operating process (SOP) for any tests and management of staff and patients with Covid-19.

Cleaning records were not always up-to-date to demonstrate that all areas were cleaned regularly. Cleaning logs were visible on the cleaner's door and completed up to November 2022. Cleaning audits were carried out, achieving 94% for December 2022 and January 2023. The January 2023 cleaning audit picked up bins had visible dirt and spillages on them. The audits were stored electronically. However, the cleaning cupboard and dirty utility facilities were not visibly clean. Management staff told us they were awaiting a refurbishment of the dirty utility area and were aware that the dirty utility sink was visibly dirty.

Staff did not always follow infection control principles including the use of personal protective equipment (PPE). We saw staff wearing personal protective equipment (PPE) including masks, aprons and gloves. Visors were also available for staff to wear.

We saw some staff did not always wash their hands following the World Health Organisation (WHO) 7 steps of hand hygiene, after giving patient care. We observed 5 staff during handwashing. All 5 were bare below the elbow and wore PPE. From the 5 staff we observed, 3 did not wash their hands following the WHO 7 step guidance of hand hygiene. This was not in line with national guidance or the provider's policy. Handwashing facilities met national guidance.

Alcohol hand gels were present throughout the patient area and at all bed spaces. Hand hygiene posters were present throughout the service. Disposable curtains were in use in patient areas and were in date for usage. Clinical waste and domestic bins were present, and waste was segregated and labelled clearly.

Staff did not always demonstrate safe non touch aseptic techniques when carrying out connection and disconnection of Arterio Venus Fistula (AVF) on patients. We observed some staff not opening AVF connectors aseptically or following clean procedures, placing clinical waste bags in such a position that they came into contact with them whilst reaching for sterile equipment, thereby increasing the risk of the spread of infection. Some staff placed clinical waste on the trolleys and not in the clinical waste bags on the trolleys. We saw some staff touch their face, visor, patient fistulas and equipment, thereby increasing the risk of cross contamination and infection.

We saw some sharps bins with needles sticking out and blood spillages on them. Some sharps bins did not have the assembly dates on them. This did not follow the providers policy or national guidance which states that sharps bins should be disposed of every 3 months, even if not full. Without assembly dates, the service could not be assured how long those sharps bins had been in use or when they should be disposed of. There were spill kits located in the service and these were in date.

The service did not routinely screen for Methicillin-resistant *Staphylococcus aureus* (MRSA) and Methicillin-sensitive *Staphylococcus aureus* (MSSA) but told us they had no recorded infections in the past 12 months. There were no posters present with information about these bacteria.

The service did not accept holiday visitors for dialysis.

Water treatment processes were in place for the dialysis unit. Daily and monthly checks were carried out for monitoring water quality and reports on water sample analysis provided by external testing services were seen. Water quality in dialysis is important to prevent any waterborne bacteria affecting patients receiving dialysis. There was a service history for the filtering system in place.

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called. Patients call bells were left within easy reach and were answered in a timely manner.

The design of the environment followed national guidance. Patient areas had enough space for staff to access patients to provide routine care and in any urgent situations. Patient areas were clean and clear of any hazards or clutter. Privacy curtains were in place. Bed rails for any patients that may require them were used and documented in patient records. There were 5 portable oxygen cylinders available for use and were filled to capacity. Flooring in patient area was non slip. Fire exits were signposted and had clear access.

There were clean and dirty utility areas. The clean utility area contained appropriate storage with lockable cupboards. The dirty utility area had some clutter in it. The digital lock was not working so anyone could enter the dirty utility area. The flooring was dirty and in one area was severely damaged, had brown staining and had lifted up. There was severe brown staining on the underside sink pipework from sewerage seepage.

Staff carried out daily safety checks of specialist equipment. We checked 5 different pieces of equipment and saw one portable blood pressure machine had an expired testing date. The remaining machines all had in date testing labels, with their due dates clearly written. Staff calibrated blood glucose machines daily.

Technicians attended the service regularly and on request by staff. Dialysis machines not in use were stored in non clinical areas. The service kept and maintained equipment testing and calibration logs with due dates and certificates documented clearly. A resuscitation trolley was present and was checked daily. We selected a random number of items to check, and they were in date and had intact packaging. Dialysis machines were regularly serviced. We saw the service history records which showed when machines were last serviced and their next service due dates. Staff reported any faulty equipment, and this was documented on a faults log with any completed works clearly dated.

The service had enough suitable equipment to help them to safely care for patients. The service had enough dialysis machine to provide care for patients. The Renal Association Standards guidance advise that dialysis units have 10% spare dialysis machines present for possible use. For this service that would have been 2 spare dialysis machines and we saw that the service had above the recommended available for use with 4 spare machines. All equipment was regularly serviced and a service schedule was maintained.

The service did not have equipment provision for any patients that may be bariatric. There were no commode present for any patients that may require them. Patient waiting areas were clean and tidy. The patient area toilet was clean and had support handrails around the toilet and sink area, for those that may require them. Staff shower facilities were clean and clear of clutter.

The service had a water treatment programme in place with clearly documented service history. The water treatment room was secured by a digital lock, was clear of clutter, had a flood prevention barrier, storage for salt and a fire extinguisher in place which was in date. There had not been any requirements to shut the water treatment plant down in the past 12 months.

Staff were trained in the use of dialysis equipment. We saw evidence their competencies were assessed and signed off by a clinician.

Staff mostly disposed of clinical waste safely. We saw 3 sharps bins in the service had blood spillages on them and one with a sharp poking out. We saw a domestic waste bin in a patient toilet area had clinical waste in it. This was brought to the attention of management during our inspection.

The cupboard were substances covered by the Control of Substances Hazardous for Health were stored was not locked and had no warning sticker displayed on the door. The room in which the COSHH cupboard was located was visibly dirty with detritus on the floor.

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 completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service had an admission criteria for patients. Staff told us they would carry out risk assessments for individual needs such as falls risks, mobility assessments or those requiring pressure relieving equipment. We saw actions had been taken if records had not been updated. We viewed a selection of patient records and saw falls risks were completed and had been reviewed. We saw falls awareness posters were displayed in the service. Malnutrition universal screening tool scores (MUST) were not carried out. Staff could refer to a renal dietitian if they had concerns about a patient.

Staff knew about and dealt with any specific risk issues. Staff knew how to respond promptly to any sudden deterioration in a patient's health Staff demonstrated good practice in recognising and assessing sepsis. Staff we spoke with were aware of the sepsis process and policy. They could tell us what observations should be taken, how to use and interpret the National Early Warning Score (NEWS) data and the escalation process for deteriorating patients. NEWS is a tool which improves the detection and response to clinical deterioration in adult patients.

Staff shared key information to keep patients safe when handing over their care to others. Staff handovers were on a daily basis at shift changes, and handovers included all necessary key information to keep patients safe.

Staff assessed patients before and after each dialysis session. They checked blood pressure before and after dialysis and weighed patients and recorded this in patient notes. However, we did see one member of staff check a patient's blood pressure through their clothing. This may not give an accurate blood pressure reading and could impact on patient care and treatment.

There were no patient "at a glance" boards in the service. The Patient Status at a Glance Board is a clear and consistent way of displaying important patient information within hospital wards so that it can be updated regularly, understood at a glance, and used effectively by all relevant disciplines. Patient information folders were located at the staffing desk. These contained dialysis information for each patient and were easily accessible for staff.

Nurse staffing

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

The service employed registered nurses, dialysis assistants and healthcare assistants. The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses, dialysis assistants and healthcare assistants needed for each shift in accordance with national guidance. We looked at planned staffing numbers versus actual staffing and saw that on only 1 morning shift there were 4 registered nurses instead of 5. The rest of that days shift had the planned number of registered nurses on shift. Dialysis assistant and healthcare assistant (HCA) staffing numbers were the planned amount, with 1 morning shift having 1 more HCA than was planned.

The manager could adjust staffing levels daily according to the needs of patients. Managers told us any gaps in staffing are filled by either staff carrying out overtime or agency staff. Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service.

The service had low vacancy rates. At the time of our inspection there was 1 vacancy for a registered nurse.

The service had low turnover rates. Some staff at the service had been in post for a number of years and management told us staff turnover was low.

Medical staff were not on site but based in the referring NHS trust. The consultants in charge of patients care, visited the unit weekly. In their absence there was an allocated consultant to oversee patient care. The managers told us the NHS trust communicated well with them to notify them of any upcoming consultant absences.

Records

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

Patient notes were comprehensive and all staff could access them easily. We looked at 5 patient records. They were generally well completed, and documented individual patient checks carried out such as blood sugar monitoring pre and post dialysis, mobility requirements and any known allergies. Records were stored securely. Patient records were both paper and electronic. Paper records were stored securely in rooms with digital lock access on doors. Staff had shared access to the NHS patient records electronic system and said they had no problems accessing required patient information. We saw patient paper records did not contain photographs of patients. Whilst this was not a legal requirement, it was seen as good practice as it provided another form of identification and recognition of patients.

When patients transferred to a new team, there were no delays in staff accessing their records. Patient records were easily accessible to all staff providing care and treatment. Staff told us they can see any updates in patient records in real time via the electronic system.

Patient care and dialysis needs were reviewed, and paper and electronic records were updated. Monthly reviews of patient needs, such as mobility and manual handling was carried out and records updated accordingly.

Medicines

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

The service had a medicines management policy which included the use of patient group directives (PGD's) use and process. PGD's provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber such as a doctor or nurse prescriber.

Staff did not always follow systems and processes to prescribe and administer medicines safely. We observed the administration of an anti-coagulant medicine. The dosage was not checked at the point of administration, the drug was left at the patient's bedside and was not checked against their prescription. There were no photo identifications of patients and identification of patients was not checked at point of delivery. This was not in line with national guidance or the provider's policy.

Consultants at the referring trust completed all prescriptions for patients. Staff completed medicines records accurately and kept them up-to-date. We reviewed 5 patient medicine charts. Staff kept accurate and fully completed records. Charts covered areas such as time specific medicines, any allergies recorded, patient weight recorded, any cancellations dated and signed for and if prescriptions had been signed and dated.

Staff stored and managed all medicines and prescribing documents safely. Medicines were securely stored in a locked room and inside locked fridges and cupboards. Keys were kept by the nurse in charge. All medicines we checked intact were and in date. The fridges were securely locked and fridge temperature checking logs were kept. The room was clean, tidy and medicines were neatly stacked.

The service had a clear medicines administration policy, staff showed us they could access this in a folder kept in the clinical area.

Staff learned from safety alerts and incidents to improve practice. The service received any patient safety alerts through the National Patient Safety Alert system, and would cascade this information to staff, via emails and team meetings.

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.

The service is registered to receive alerts from the National Patient Safety Alert system. These go directly to the registered manager, who then cascades them to staff.

The service had reported 186 incidents between March 2022 and February 2023. Staff knew what incidents to report and how to report them. Incident reporting had moved from paper based to now being recorded electronically. Staff raised concerns and reported incidents and near misses in line with the service's policy There was a provider level policy in place to support and encourage incident reporting with clear explanations of what was considered a reportable incident.

The service had no reported never events. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Managers shared learning with their staff about never events that happened elsewhere. Managers met on a monthly basis to discuss learning from incidents. Staff received feedback from investigation of incidents, both internal and external to the service and this was shared both nationally and locally by the provider. Feedback from incidents was emailed to staff, shared at management meetings and team huddle meetings. If management had any concerns with staff and incidents, then a Nursing and midwifery Council (NMC) reflection form to identify any learning or whether reassessment of competencies were required, could be used.

The service had a duty of candour policy which was clear and gave guidance on the responsibilities of staff when things go wrong. Staff we spoke with understood the duty of candour. We did not see any examples of complaints investigations, but managers advised that 3 complaints had been dealt with at clinic level and did not require escalation within their complaints process.

Staff met to discuss the feedback and look at improvements to patient care. Staff had 6 weekly meetings to discuss learning from complaints, incidents and national service issues.

Good

Dialysis services

There was evidence that changes had been made as a result of feedback. Evidence of shared learning from a patient fall was seen. The learning outcomes were clearly documented and shared with staff. The incident involved a patient fall. The outcomes identified the hazards involved in the fall, the actions taken to mitigate any further similar incidents and the assigned actions for any statutory notifications to be completed and by whom.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Evidence showed that of the 186 incidents reported, 173 had been investigated and closed, leaving 13 incidents outstanding. Managers debriefed and supported staff after any serious incident.

Is the service effective?

Good

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.

The service had a range of policies in place. These were all being reviewed as a priority to reflect the new company name and roles of staff.

There were measures in place for continued assessment of a patient's vascular access at each shift. These were documented on a spreadsheet with any absences of patient's recorded. This followed the National Institute for Clinical Excellence (NICE) national guidance on the monitoring of vascular access. The service had protocols in place for the commencing and discontinuing of dialysis. The commencement of dialysis treatment and included pre dialysis assessments, risk assessments, falls risks assessments and manual handling assessments. The discontinuing of treatment involved risk assessments, discussions with patients and their families, discussions with consultants in charge of their care, and the use of disclaimer forms. This followed the National Institute for Clinical Excellence (NICE) national guidance.

The service had policies and protocols in place for patients with different needs such as blood borne viruses, sepsis management, unwell patient escalation process and COVID-19. We saw evidence that 11 patients had been transferred between May 2022 and February 2023, to an acute hospital as they were unwell with issues such as, shortness of breath, an unresponsive patient, patients own request and infections. Each transfer is logged electronically and reviewed by a senior nurse to identify any actions required.

The service had a dedicated holiday coordinator to support any patients receiving their dialysis away from the unit and a standard operating procedure (SOP) to support staff with this. Managers told us the SOP was currently being reviewed in line with the latest COVID-19 guidance.

Staff mostly followed policies to plan and deliver high quality care according to best practice and national guidance. Staff did not always follow the service policies on infection prevention and control and medicines management. Staff performance reviews were carried out yearly with personal goals and tasks documented. These reviews were not to determine clinical skills or competencies. We reviewed 12 staff performance reviews and found that 6 were completed in

almost all areas of discussion and goals, 3 were mostly completed but had a number of incomplete areas and 3 had not been completed in a high number of areas and had very little information in the completed areas. Not all reviews were detailed or completed. The deputy clinical manager would receive feedback from the registered manager for any outstanding issues or reminders to staff, following reports they received, such as missed treatment sessions, suspected infections and patient falls.

The service had a Quality Assessment and Performance Improvement meetings policy. The service monitored its performance with key performance indicators (KPI) and held monthly operational meetings. The service had KPI's such as, staffing levels, staff appraisals, nurse registrations with the Nursing and Midwifery Council (NMC). These were logged electronically and had monitoring timescales clearly documented, along with any actions, outcomes and staff responsible for those actions. The provider logged and compared clinic data in the company against each other to determine internal and national performance across clinics. The clinics were measured against different indicators such as incidents, falls, patients who did not attend treatment sessions and audits.

Nutrition and hydration

Patients could access specialist dietary advice and support.

Staff did not always use a nationally recognised screening tool to monitor patients at risk of malnutrition. Staff did not routinely monitor patient nutrition with a tool such as the Malnutrition Universal Screening Tool. Staff told us if they had concerns, they would raise it with the patients and with their consent, refer to a dietitian service.

Refreshments were available and staff would assist any patients that requested food or drink. Patients consumed minimal foods during dialysis sessions as this would disrupt the blood sugars during the session and may cause a patient to feel unwell.

Specialist support from staff such as dietitians were available for patients who needed it and staff knew how to make a referral for these services. Patients had input from NHS dietitians at multi disciplinary meetings held by the referring NHS trust. All dietetic input was recorded electronically on patient records and these were accessible to the dialysis unit staff.

Pain relief

Staff did not routinely assess or monitor patients regularly to see if they were in pain. Staff could administer pain relief if required.

Staff did not routinely assess patients' pain using a recognised tool. If patients told staff they were in pain, then staff would monitor patient's pain levels using a pain chart. Staff prescribed, administered and recorded pain relief accurately. Staff were able to administer pain relief if a patient was not able to administer it themselves.

Patients received pain relief soon after requesting it and could administer themselves if they required it.

However, staff did not always consider the use of numbing creams when giving care to patients.

Patient outcomes

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time and used the results to improve patients' outcomes. Patients' blood analysis was audited monthly and reviewed by a consultant nephrologist. Haemoglobin, phosphate and central venous catheter (CVC) catheter data was captured. Patient outcomes between April 2022 and January 2023 showed the service achieved target on 6 of those months and was below their target for 5 of those months for haemoglobin, for Phosphate outcomes the service target was 42% and between April 2022 and January 2023, they were above that target, ranging between 50% to 70% and for CVC the service target was 15% and they ranged between 42% to 49%.

Managers used information from the audits to improve care and treatment. Managers met and discussed with other dialysis units in the company to share updates and any learning from audit results. Managers shared and made sure staff understood information from the audits and held meetings on a monthly basis and monitored improvements.

Competent staff

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

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

Staff received training in the use of medical equipment and had been signed as competent to use the machines. Staff received training for

Managers gave all new staff a full induction tailored to their role before they started work. New staff undertook a programme which enabled them to undertake dialysis specific competency training and to work supernumerary for a set period. We reviewed the induction programme and saw that it contained clear guidance for what was expected of staff and gave opportunities to discuss progress. The programme was reviewed at 6 months.

Managers supported staff to develop through yearly, constructive appraisals of their work. Twelve out of 14 staff had received an annual appraisal One staff member was new so had not yet reached their years' service.

The clinical educators supported the learning and development needs of staff.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Meetings were held face to face and minutes were circulated to staff who may not have attended. We reviewed the notes from the two most recent, meetings and saw they followed a clear structured format and there was clear detail of discussion.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. We heard how staff felt they could approach their manager with any training needs and they would be considered.Managers made sure staff received any specialist training for their role. All staff had completed the appropriate competency training for their role and completed additional training in areas such as blood pressure measurement and anaphylaxis. Managers made sure staff received any specialist training for their role.

Good

Dialysis services

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. Staff held regular and effective multidisciplinary team (MDT)meetings to discuss patients and improve their care. Meetings were held on NHS trust premises and would include staff from different disciplines such as renal social workers and dietitians. Staff could access all MDT notes via the electronic systems, so could see and share knowledge of the patients' care and treatment plans.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff were aware of the different specialities that were involved in their patients. They knew how to call or refer to them if required, or raise concerns with their own line managers

Seven-day services

Key services were available to support timely patient care.

Staff could call for support from doctors, dietitians and the satellite co-ordinators at the referring NHS trust at all times the clinic was open. Staff could access the safeguarding leads and clinical support from the provider at any time. The service operated between 6.30am and 11.00pm Monday to Saturday. Most patients attended for appointments three times a week, these sessions were booked in advance and on a recurring basis as per their treatment plan.

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. Posters regarding Influenza and COVID-19 vaccines were in the patient area noticeboard.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. Staff followed national guidance to gain patients' consent. They did not always know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff received training in dementia aware and were able to identify any issues with patients' mental capacity but would refer any mental capacity assessment needs to the consultants in charge of their care. Staff we spoke with said if they had concerns regarding a patient's mental capacity, then they would refer to the patients doctor to carry out a mental capacity assessment. Staff told us they would not carry out any mental capacity assessments themselves. This was not

in line with the providers policy. The provider's policy was not always clear on what may constitute treatment and who may be responsible for that treatment. Consent was sought from patients at the beginning of their block session treatment and reviewed annually. It was not clear from the providers policy about ongoing consent to treatment or what staff may or may not require consent for, in terms of any interim treatments patients may require.

Staff made sure patients consented to commencing treatment based on all the information available. Staff clearly recorded initial consent in the patients' records. Initial consent was audited for the commencement of patients' treatment plans when they were new patients and was reviewed annually.

All 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. We spoke with staff and they were able to give an example of a patient they felt may have dementia and explained the steps they would take to raise this concern. Training records showed all staff were up to date with their Mental Capacity Act training. A folder containing their policies was located at the nurses station and staff could access this easily.

Is the service caring?

Good

We rated it as good.

Compassionate care

Staff mostly 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 and followed policy to keep patient care and treatment confidential. Privacy screens were available and in use should they be required or requested by patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. As patients receiving dialysis treatment were generally long term patients staff had time to get to know their patients. Patients had an allocated staff member during their treatment sessions which gave them a point of contact for their care and maintained continuity. Patients could bring in their own items such as blankets and headphones to watch TV or could watch TV in the unit. We saw one nurse assist a patient in selecting a TV programme for them as they were not able to do it themselves. Provision of any pressure relieving equipment could be provided where required. Toilet facilities were shared and not single sex toilets. There were no commodes in use for any patient that may require them.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. The service provided care for a diverse cultural population and staff received training in equality, diversity and human rights.

Patients said most staff treated them well and with kindness. We spoke with 7 patients during our inspection. Two patients said they had no concerns with the care and treatment they received and were happy with the service. One said they had noticed changes since the provider had new owners but felt that standards had not changed. We observed one patient receiving care and they had cried out in pain and the nurse did not acknowledge or ask the patient about their pain. The use of a numbing cream to reduce the patient's pain was not considered.

Some said all staff treated them well, but they were aware of the differences in staff following the change in provider ownership, with some staff having left. One patient said they didn't feel very well looked after and staff don't always explain things to them. One patient said they didn't feel listened to. One patient said the needles hurt them and they felt the equipment was disgusting.

We reviewed complaints and compliments and saw the service received 3 complaints in the past 12 months and 4 compliments. Patients could complain directly to the service verbally, via email or vis the NHS Patient Advise and Liaison Service (PALS). Patients had the opportunity to participate in the 2022 Patient Reported Experience Measure (PREM) and the service told us they were awaiting the outcome of that survey.

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 spoke with patients about how they were feeling, if staff were concerned this could be raised with the registered manager or patient's consultant.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff were able to refer to other services such as counselling or patients GP's if they had any concerns regarding patients emotional wellbeing.

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. Any new patients to the service were given a brief guide to the service. Patient support packs were also available via the National Kidney Federation, which had details of kidneys, nutritional needs, dialysis treatment choices and a useful information section. Patients, families and carers were involved in updates or changes to treatment plans and could discuss their own personal preferences and choices. Any changes to patient treatment were prescribed by the referring trusts care team, which was then implemented at the satellite service unit.

Staff could refer to other specialist services such as occupational therapist or a renal dietitian regarding the care and treatment of patients and their needs.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Some patients gave positive feedback about the service. Patient feedback forms were removed during the COVID-19 pandemic and have not yet been reinstated. A patient feedback poster was in the patient waiting area and patients could use a QR (quick response) scanning code to enter their feedback online. Information of patient support groups was displayed in the patient waiting area.

Staff liaised with a renal social worker from the referring NHS trust if they had any concerns regarding their patients.

Good

Dialysis services

Is the service responsive?

Good

We rated it as good.

Service delivery to meet the needs of local people

The service 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. Services operated 6 days a week with flexible opening times. Shift patterns were in operation to ensure the service could operate across the desired times.

The service had systems to help care for patients in need of additional support or specialist intervention. The service had an admission criteria and patients that had higher, or specialist needs were not suitable for the service and were referred back to the NHS for their treatment. The service was accessible for those using wheelchairs and for people transporting themselves and had designated disabled parking bays. Staff had access to a language line facility to assist and support patients where language may be a barrier to providing care.

Transport services were operated by the referring NHS trust. Patients arrived in 3 block groups throughout the day, via ambulance to the service. The transport times were displayed in the reception area on the noticeboard. The parking and entrance area was safe for ambulance staff to bring patients safely into the unit. Patients and staff told us that hospital transport was one of the biggest concerns they had as patients could be late for treatment. The service had not been monitoring transport efficiency but had plans to monitor the service and any impact on patients and their treatment.

The referring NHS trust had a patient user group available for patients to join and feedback about services they received.

Managers monitored and took action to minimise missed appointments. The service had a protocol in place to manage any patients who did not attend their appointments. Managers ensured that patients who did not attend appointments were contacted. Patients who did not attend appointments were logged in an electronic system, were given a follow up call by the service staff and then the consultant in charge of their care would be notified. Data showed that the dialysis unit had a total of 171 “did not attend” episodes from January to September 2022.

Meeting people’s individual needs

The service was mostly 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.

The service was supported by patient accessible services through the NHS trust.

The reception area had a patient toilet for any patient who required those facilities before commencing their treatment. The reception area had a noticeboard with patient information leaflets such as support groups, kidney dialysis information, flu vaccine and nutrition needs. However, this noticeboard was very cluttered, and some information leaflets were not always easy to see clearly.

The service had isolation rooms in use and some of their patients preferred to receive their treatment in those, rather than one the general unit. The isolation rooms were also available for returning holiday patients or any patients with communicable diseases.

Wards were not designed to meet the needs of patients living with dementia. The service was not suitable for those living with Dementia who may be affected by visuospatial and orientation difficulties. The service did not support patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. On the day of inspection there were currently no patients with learning disability or living with dementia attending for dialysis treatment.

Staff mostly understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss, although one patient felt some staff did not always take into account their visual needs.

The service did not have information leaflets available in languages spoken by the patients and local community but did have access via the NHS trust, to a language line facility to request support for patients who may require language services.

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.

The service operated 6 days a week from 6.30AM to 11.00PM on 3 days per week and from 6.30AM to 6.30 PM on 3 days per week. All patients were referred from a local NHS trust and the service retained good communication links with the NHS trust.

Managers did not monitor waiting times as this was the responsibility of the referring NHS trust. The service had plans to monitor the transport service and any impact on patients and their treatment. This monitoring was to form part of their safety event monitoring and audits process.

Managers worked to keep the number of cancelled treatments to a minimum. Manager monitored the number of any patients who had not attended for their treatments and had a standard operation procedure in place. This involved daily patient calls, liaison with the clinic manager and consultant in charge of their care, risk assessments and an escalation policy in place to raise concerns with the trust who had responsibility for the patients overall care and treatment.

Learning from complaints and concerns

It was generally 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.

Good

Dialysis services

Patients, relatives and carers knew how to complain or raise concerns. The service had received 3 complaints and had a policy in place that was clear on who dealt with the different stages of the complaints process, timescales and had escalation guidance for patients who may not be happy with the services' response to their complaint.

The service clearly displayed information about how to raise a concern in patient areas. There was a poster on the reception area noticeboard for patients who wanted to raise any concerns. Patient could also raise concerns and complaints with the patient advice and liaison service (PALS) service at their NHS trust.

Managers investigated complaints and identified themes. Managers investigated complaints and monitored them for any themes from which learning may be required. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers told us they shared feedback from complaints with staff and learning was used to improve the service. We requested examples of this but did not receive any.

Is the service well-led?

Good

We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were not always visible but were approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had the skills and abilities to run the service. There was a registered manager in post, but they were not often on site at the dialysis unit as they were required at different dialysis sites within the DaVita UK group. There had not been a clinical manager in post since 2022 but a deputy clinical manager who was being supported by the regional manager, head of nursing and associate director of operations. This had led to a loss of leadership, and we observed some fragmentation of the clinical unit staff which could impact on patient care, development of a closed culture and continuity of service. We brought this to the attention of leaders during our inspection.

The registered manager understood the priorities and the issues faced by the service and worked with other leaders to manage those priorities. There was a was a deputy clinic manager on site daily, who managed the day to day clinical team with support from the registered manager and clinical lead. There were company training programmes in place for the development of clinic managers.

Leaders held face to face meetings with senior staff from all the dialysis units twice yearly and monthly meetings with clinic managers. The service has also introduced a "Voice of the Village" calls - where all staff get the opportunity to discuss any topics with the Managing Director and Senior Management team.

The service had a good working relationship with the local NHS trust and usually met quarterly to discuss the treatment and care they provided. We viewed evidence of discussions surrounding performance and the meeting of key

performance indicators for the service. The NHS trust matron visits the dialysis unit monthly and attends operational meetings monthly. Satellite co-ordinators attended and liaised with the unit regularly and were a first port of call for queries or concerns. We reviewed these meeting minutes and saw they showed open conversation and followed an agenda.

We reviewed 11 staff year end appraisals but did not see any management appraisals. The staff appraisal covered areas such as, service excellence, integrity, teamwork, accountability and fulfilment. Some of the appraisals were not very detailed or completed in full, so some staff may not have received completed feedback or been fully appraised.

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.

The service had a provider level strategy and values for delivering good quality, sustainable care. The core values of the service were; Welcome, Empathise, Connect, Actively Listen, Respect and Encourage.

The service had a number of priorities to implement. One priority was to refurbish the dialysis unit and the service had a plan and strategy in place to achieve this. As the service had been taken over by a new company, the service was in the process of reviewing and updating all of their policies and had a priority list for those. The service recruitment team had ongoing plans to recruit a clinical manager as a priority and had a strategy in place to support this.

Culture

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

Staff told us they felt supported by service leaders and we saw respectful and considerate interaction between them and staff. Staff knew who their leaders were and how to contact them. The service had a compliance lead in place and staff members could raise any concerns they had regarding the service with them. The service had a compliance hotline where staff could call to raise any concerns they had about the service. Posters with the compliance hotline were in staff rooms. Both routes to raise concerns could be utilised by staff anonymously if they wished.

We reviewed a staff survey and saw that overall, the percentages from 2021 to 2022 of staff that felt DaVita UK was a place that had integrity, accountability, worked as a team and was a good place to work had decreased from an overall score of 9.1 down to 6.1.

We observed staff interacting with leaders in a mutually respectful way. We saw staff engage with patients well and assist them with any tasks.

Training in equality and diversity formed a part of mandatory raining, 100% of staff had completed this training.

The company culture and values were referred to as the 'Wisdom' programme in the organisation. Wisdom training on the new company culture and values has been delivered, but not all staff were able to attend.

Training for staff to gain new skills or progress their career, were available and staff said they did not have trouble accessing training they requested.

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 clear organisation structure reflecting the roles and responsibilities of each role. The service held integrated governance meetings attended by regional managers and the director of operations. Quarterly contract meetings were held with the NHS trust.

All staff working in the unit had an induction which covered, introduction to the workplace, health & safety, quality and regulatory areas, policies and procedures and learning and development. The induction included competency assessments for those areas and required sign off by a manager.

All staff had access to patient care records and could see any updates following multidisciplinary meetings held at the NHS trust. NHS staff in charge of patient care attended the dialysis unit weekly to review patient care needs and discuss any concerns they or the dialysis unit staff may have.

The service developed policies in line with national guidance. The policies were currently being reviewed to reflect the change of company name and roles of any new staff. Managers told us guidance had not changed since their policies were last reviewed. Policies were all currently paper and staff knew where to access them.

The service performed a wide range of audits to monitor quality and identify improvement. These included, hand hygiene, consent, cleaning, patient outcomes, vascular access monitoring and aseptic non touch technique (ANTT). The hand hygiene audit between March 2022 and February 2023 ranged from 90% to 100% compliant. The consent audit for

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 a risk strategy structure as follows,

Executive Board meets every 3 months

Senior Management Team met every 3 months

Clinical Governance Committee met every 3 months – Managing Director, Medical Director,

Director of Operations and Clinical Services, Head of Nursing, Head, Regional Managers and

Clinical Services Specialists.

Head of Nursing, Regional Managers, Clinical Services Specialists, Dialysis Clinic Managers &

Sisters met every 4 weeks

Local Dialysis Team meetings every 4 weeks.

Managers told us the risk management strategy was currently being reviewed to reflect changes in the organisational structure, so we have not viewed this. There was a risk register in place which identified risks using a red, amber, green rating system. Roles and responsibilities for any actions were clearly documented on the risk register. Risks were reviewed and updated quarterly following updates from monthly clinical managers meetings.

Contract monitoring meetings were held with the NHS trust and performance was logged on a spreadsheet which was reviewed by clinical and senior leaders. The service had introduced a standard operating procedure during the COVID-19 pandemic, and this was updated regularly to remain inline with guidance changes. Team meetings were held with staff and included discussions and management of risks. Meetings had clear agenda items and meeting minutes were taken and shared with leaders.

The dialysis unit had the provision of emergency equipment in place which contained in date equipment. Staff were trained to basic life support level 2.

The service had a detailed and comprehensive business continuity plan. It gave clear information on roles and responsibilities and the processes and procedures in place to direct staff in the event of dialysis machine failure or loss of water, adverse weather conditions and COVID-19 or Influenza outbreaks and technical and product support in the event of receiving dialysis provisions elsewhere.

We asked senior leaders about their success in recruitment for a clinical manager. They advised that there had been a person appointed, but that did not work well for them. When we enquired the reasons why, it was felt that perhaps some staff may be resistant to change. We highlighted that as a small unit with long serving staff, the service should be aware of the development of a closed culture. Leaders took this on board and would monitor this ongoing with any new appointment.

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 not consistently submitted to external organisations as required.

The service had clear and robust performance measures which were monitored and reported on. Monthly blood tests were conducted on every patient; the purpose of these was to identify treatment effectiveness. Consultants at the referring trust reviewed and reported on blood test results. Staff from the service and staff from the referring trust met monthly to discuss the results and identify patient treatment. This was part of their contract with the referring trust and provider wide standards.

Electronic and paper systems were used to capture data for audits. The service was moving across to capturing all data electronically and away from paper based methods. Audit results were shared with staff and used to drive improvement where necessary. Staff huddle meetings were held and discussed such areas of care as reminding staff to speak with patients who did not attend dialysis sessions, reminding staff about ensuring correct medicines were available and ensuring handovers were carried out daily.

Staff told us they felt they could raise any issues or concerns with leaders. Staff told us they felt they had access to the information they needed to carry out their roles and knew who to ask if they didn't.

On viewing the providers record in CQC systems, we could not see that any statutory notifications regarding any safeguarding concerns had been sent in the past 12 months. When we asked staff about safeguarding, they advised they had sent them via email to NHS staff. Leaders were aware that not all staff followed their safeguarding policy and were monitoring this.

Information management was robust and kept inline with General Data Protection Regulations (GDPR) principles.

Engagement

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

The service had regular senior management team visits to their dialysis unit which included discussions with patients. All patients received a welcome kit, with such items as a blanket and patient guide. Patients were involved in the refurbishment consultation and were able to share their preferences for areas of the refurbishment such as colour. Managers told us patients received birthday cards each birthday and special events such as Easter, Christmas and the 2022 platinum jubilee were celebrated.

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 ensured a programme of phased replacement of dialysis machines according to the number of hours in operation, irrespective of the age of the machine.

We saw evidence of the introduction and monitoring of shared care assessment for patients who may want to carry out some tasks in their own treatment.

Nursing staff were able to access support and training to support continued professional development. Leaders provide courses for renal nurses, and we saw evidence that some staff are hoping to attend this training in the future.

We viewed DaVita UK Limited vision and values document and although it had an aim to reduce its impact on the environment, we did not see a plan or any current initiatives for how this would be implemented or by when.

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	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Staff were not adhering to the Control of Substances Hazardous to Health for the safe and secure storage of these substances.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff were not receiving mandatory training on learning disability and autism in line with national guidance

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose Staff were not adhering to infection prevention and control policies and national guidance when providing patient care and the safe use of sharps bins Staff were not adhering to policies and national guidance for the safe administration of medicines