Diaverum UK Limited

Lewisham Dialysis Center

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

Overall summary

This was the first inspection of the service. We rated it as outstanding 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 risks 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 and gave patients enough to eat and drink. Managers monitored the effectiveness of the service and made sure staff were competent and developed. 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Outstanding ☆	

Summary of findings

Contents

Summary of this inspection

Background to Lewisham Dialysis Center

Lewisham Dialysis Centre is operated by Diaverum UK Limited in conjunction with a local NHS trust. The service is an independent speciality provider of dialysis treatment and is based within an NHS trust in Lewisham London.

The service is nurse-led, providing chronic haemodialysis, hemodiafiltration treatments and care for chronic renal failure, for patients over 18 years of age, who have already been stabilised on the therapy at their main parent NHS trust. Haemodialysis is a way of replacing some of the functions of your kidney, if your kidneys have failed, by using a machine to filter and clean your blood.

The service has 20 active stations that can accommodate 120 patients at full capacity and is open six days a week from Monday to Saturday.

The service is registered with the CQC for the regulated activities, treatment of disease, disorder or injury and has been registered since April 2019. A registered manager has been in post since the start.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. The team that inspected the service, comprised of a lead inspector and inspection manager.

During the inspection we spoke with a range of staff including the clinic manager who is the registered manager, renal consultant, area operations manager, practice development nurse, renal nurses and healthcare staff. We also spoke with the renal head of nursing at the NHS trust. We spoke with patients who were receiving treatment and, reviewed a range of policies, audit reports, staff files and patient records.

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.

Outstanding practice

We found the following outstanding practice:

- Succession planning was embedded in the service and development opportunities were encouraged and supported.
- The service had developed a mobile app, which was a treatment guidance system for the patient and allowed the patient to keep track of their treatment and care.
- The service was in the process of promoting shared care/self-care to enable patients to empower their knowledge about their treatment and to take control of their diet, blood results and fluid management.
- The service in collaboration with external suppliers found alternative products for those patients who showed an intolerance. They found alternative products such as safe touch catheter needles and this had led to better patient experience and outcomes.
- The service was one of the first to use ultrasound to assist staff when cannulating more challenging renal arteriovenous fistulae (AVF) access and helped prevent damage to the access. The technology allowed for quicker referrals and interventions.

Summary of this inspection

- An individualised patient scoring system was used to monitor treatment adequacy and helped nurses identify areas that required improvement with a score so they could target and monitor the progress.

Our findings

Overview of ratings

Our ratings for this location are:

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

Outstanding

Dialysis services

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

Are Dialysis services safe?

Good

Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. The mandatory training was varied, detailed and met the needs of patients and staff. Training was a combination of online modules and face to face learning.

Managers monitored mandatory training through a dashboard and alerted staff when they needed to update their learning. Currently 92% of staff had completed their mandatory training. Staff were able to show us how they could access the system to check on their mandatory training and how the system alerted them when training was due. Staff told us they were given time by their manager to complete training.

Training included topics such as, infection prevention and control (IPC), safeguarding, manual handling, mental capacity act and consent, health and safety, sepsis core bundle training and protection of personal data. Additional training topics included managing cardiac arrest, accessible information standards, national early warning scores (NEWS) training and care of substances hazardous to health (COSHH).

Staff had received basic life support (BLS) and immediate life support (ILS) training from the NHS trust they were based at.

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 nursing staff were trained to level 2 safeguarding in line with national guidance. The clinic manager was level 3 trained and there was a national level 4 trained manager within the organisation.

Staff provided recent examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act and worked with other agencies to protect them. Staff described a recent safeguarding incident which had been escalated to the social worker attached to the patient and how they had identified, escalated and managed the safeguarding concern.

The service had a safeguarding policy which was version controlled and provided guidance for staff to follow on how to identify and escalate concerns.

All safeguarding incidents were reported to the main NHS trust and went through their internal system in correlation with the services clinic manager.

The contract review meetings with the NHS trust included management of safeguarding. Subsequent governance meeting minutes we reviewed demonstrated safeguarding was discussed at all levels throughout the organisation.

Cleanliness, infection control and hygiene

The service controlled infection risks 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 visibly clean and had suitable furnishings which were clean and well-maintained.

Each dialysis bay was cleaned and prepared in advance of receiving a patient and we observed a thorough clean in between patient treatment. We also observed staff undertaking a deep clean of side rooms once they were vacated. Suitable protective equipment was worn by staff during these processes and safety guidelines were followed.

Cleaning records we reviewed were up-to-date and demonstrated that all areas were cleaned regularly. The service performed well for cleanliness. A weekly audit was undertaken, and the latest findings showed a compliance of 98%. There was an escalation process for the service if they found any areas of concern.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff donned gloves, aprons and protective face visors when undertaking patient facing activities. Face masks were always worn.

We observed staff washing their hands regularly and using hand sanitiser routinely as part of the safety measures taken whilst delivering dialysis. Staff had been trained and were competent in aseptic non-touch techniques for the management of dialysis vascular access.

Monthly IPC audits were undertaken for areas such as, sharps handling, waste disposal, IPC equipment and clinical areas. The clinic manager also conducted a weekly walk around to make sure standards were met. Monthly hand hygiene audits showed compliance was met on a consistent basis from January to March 2022.

The service had standards and processes in line with government advice for Covid-19. Staff routinely tested themselves and patients were isolated in a side room if they were Covid-19 positive. Staff wore the appropriate PPE and used a technique of donning and doffing when treating patients. This is a set of appropriate infection control practices staff take to make sure they are fully protected when treating patients with infectious viruses.

There were processes to screen and assess patients as carriers of blood borne virus (BBV) every three months. For example, if a patient went from a negative to positive Hepatitis C result the whole unit would be screened, and those patients would be isolated. A tracking record was also kept.

We saw evidence of bacteriological surveillance of haemodialysis fluids through test reports. Water from the water plant machine was sent to a laboratory on a monthly basis and results from the past three months showed no concerns from the results.

The service monitored infection rates and we saw outcome results for the first quarter of this year. There had been no reported incidents of service acquired clostridium difficile, MRSA, other exit site infections or other bacterium infections.

Environment and equipment

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

This was a purpose-built unit and had separate entrances, one used for patients who were brought in by ambulance or required isolation, the other for walk-in patients. The reception area had seating with good space between chairs, a reception and access to individual consultation rooms. There were separate toilets with easy access and suitable for individuals who may have had limited mobility.

The design of the clinical environment followed national guidance. There were six single occupancy rooms, used for in-patient dialysis or where patients needed to be isolated due to Covid or other infections.

There were 20 dialysis treatment stations, separated into two halves. Each of the treatment stations had enough space between them, and each had a hand wash basin. Treatment areas were fully equipped with dialysis machines and necessary items required for the procedure. Other item's which may be needed by nursing staff were easily accessed.

There were separate areas identified by signage for specific use. The storage and management of clinical items were kept in a clinical room with secure key code access. This room was temperature controlled and regular checks were recorded of this.

A dirty utility room was provided for the handling and disposal of used items of equipment, clinical items and linen. This was also secure key coded.

Patients could reach the call bells, which were secured to the arm of the dialysis chair in which they were seated. Patients in the isolation rooms were able to call staff and a light outside the door indicated which room had called. Staff responded quickly when called by patients or in response to colleagues.

Temperature checks were carried out on fridges and we saw clear records completed to show this.

Staff told us they had enough suitable equipment to help them to safely care for patients. We saw there was back up of stock and a list of items which needed to be re-ordered was kept up to date.

Staff carried out daily safety checks of specialist equipment and in between patient use. Dialysis machines were subject to several required checks and we saw these being carried out, as wells as cleaning the mechanisms of the machine. History of this cleaning was retained and easy to view. Single use items of equipment were found to be in date and were stored safely. Check lists were completed by staff to indicate when they had checked equipment, this included glucometers and ketones monitors.

Each dialysis machine was equipped to give an error report if something was wrong. Staff had the option of trouble shooting errors. If an error could not be fixed, then the machine was removed, and a replacement put in place. The service had four spare dialysis machines. A technician could always be contacted for repairs. We saw evidence of routine maintenance checks completed.

Electrical equipment was tested for safety and labels attached to indicate when they were serviced or checked. Oxygen cylinders were available and in date.

The resuscitation trolley was well equipped, items were in date and staff kept a record of all checks completed. Other essential items of equipment for dealing with emergencies were readily available. This included a suction machine, ECG machine and a grab bags, which would be used if the area had to be evacuated.

We saw staff disposed of clinical waste safely and used the right colour-coded bins for this. Sharps bins were routinely used, and these were labelled and dated. A specialist waste company the waste.

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 when they arrived for their first dialysis session. Patients' blood pressure, vital signs, checks for shortness of breath, infection screening, recent blood test results and cardiac assessment were completed. Further assessments included an assessment of the patients' sight, mobility, hearing, an assessment of their dialysis access point and signs of fluid overload. If assessments indicated a patient was not safe for treatment, they would be sent the emergency department within the hospital and the registrar from the hospital would be contacted. Inpatients from the hospital were admitted with their assessment and care plans.

On arrival for a dialysis session, patients used an electronic card and recorded their weight. The patient's temperature, pulse, blood pressure, were checked before dialysis started. The card was then inserted into the dialysis machine which prompted staff to confirm the patient's identity. Only after this confirmation would the machine progress to provide the correct treatment for the patient.

Staff responded promptly to any sudden deterioration in a patient's health and used a recognised national early warning score (NEWS) to record observations. For clinical emergencies the onsite registrar was called, or patients were sent to the emergency department within the hospital.

Staff monitored patients during their dialysis treatment and if clinically required additional treatment readings were taken. We observed staff monitoring patients throughout their treatment. Staff recorded assessments of the patients pre and post dialysis's.

There were six side rooms for those patients who needed to be isolated either because of Covid or other blood borne viruses (BVV). There were systems to assess the risk and manage these patients to prevent other patients and staff from the spread of infection. For example, if a patient went on holiday to a country regarded as high risk of infectious BBV, the patient would be allocated a side room for approximately two to three months to ensure the patients and staff were safe.

Staff had received sepsis care bundle training and used the situation, background, assessment, recommendation (SBAR) technique to facilitate and prompt communication. The service had the essential equipment for managing sepsis.

We reviewed five patient risk assessment records and found all patients had been consistently risk assessed and monitored on a routine basis. The assessments included a cognitive and learning difficulties assessment as well as arteriovenous fistula (AVF) and arteriovenous graft (AVF) assessments. AVF and AVG are vascular access assessments.

There was a multi-racial visual inspection catheter tool observation record to guide staff. This was a unique visual tool, which used pictures and a scoring system to assess levels of infection in different skin colours.

The service had policies concerning the deteriorating patient and sepsis which provided advice and guidance for staff to follow.

Staff had received training on conflict resolution to manage those people with challenging behaviours.

Shift changes and handovers included all necessary key information to keep patients safe.

Staffing

The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough nursing and support staff to keep patients safe. 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.

There was a ratio of one registered nurse to every four patients and this was in line with the Renal Workforce Planning Group 2022 guidelines. At the time of our inspection the service was fully staffed and had not had to use bank or agency staff since July 2021. Bank staff were exclusive to Diaverum and had access to training and information on guidance at all levels.

For the morning and afternoon shifts there were six registered nurses (RN), whereby two nurses completed a long shift, two healthcare assistants (HCA) and two dialysis assistants to cater for 18 patients. For the evening shift there were four RN, one HCA and one dialysis assistant to assist with 16 patients.

The service had nursing staff who had completed a qualification in renal training and one nurse was currently undergoing training.

The manager could adjust staffing levels daily according to the needs of patients and the number of nurses and healthcare assistants matched the planned numbers.

This was a nurse-led unit and as such there was no duty doctor on site. There were two medical consultants who split the working week between them and attended to review patients. If a patient required urgent medical attention the staff could use the internal system to summon the response team. Patients could be transferred to the emergency department also if they became unwell. There was a renal registrar who was based at the trust and was therefore on call and accessible. We observed the renal consultant conduct a routine clinical patient round with the deputy clinic manager.

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 detailed, and all staff could access them easily. Electronic and paper based documents were used to assess patient risks, review patients care and monitor treatment.

Each patient had their own medical card, which was used to link with the dialysis machine and their own electronic record. Required treatment was prescribed and directed nursing staff as to what was needed when they linked the treatment card to the patient record. Electronic notes were completed as the treatment progressed, with updates on the patient's physiological results stored, such as blood pressure and heart rate.

Patient notes were detailed and enabled staff to access easily and follow. In addition, patients could also see what was happening as their treatment progressed, as information was displayed on a screen.

We reviewed five patient records and found they were completed at the time of treatment and contained up to date care plans. The consultant was able to access all records including blood results.

Care plan audits reviewed, demonstrated a consistent hight compliance with meeting standards, such as care pathway evaluation and review dates documented and prescription charts being up to date. Audits were conducted on a monthly basis.

Records were stored securely and could not be accessed by anyone without having the authority.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Safe prescribing and review of medicines was conducted on a monthly basis by the consultant after a review of the patient's monthly blood results.

Staff had completed mandatory training in preventing medicine errors and this was annually reviewed with competency checks on medicine management. Renal pharmacist support was provided by the acute trust.

Orders for Erythropoietin, (which is a hormone that increases red blood cell production, and is used by people on dialysis), were placed with the pharmacist who ordered the medicines. The patients GP was sent a letter when there were any changes to this medicine.

We were told but did not see that medicine rounds were conducted on a Thursday and Friday by two nurses in line with national guidance to prevent medicine errors.

Monthly medicine audits showed staff were consistently following the organisations medicine management policy. Stock was in date and had been checked correctly and record audits showed the patients prescription was consistently documented and updated when required.

Medicines we reviewed were within the manufacturer's recommended expiry date and were securely stored.

Staff had received training on the safe administration of intravenous medicines.

The unit did not store or administer any controlled drugs.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff completed an incident form which had set proformas for staff to follow, for example, venous needle dislodgement.

All incidents reported were sent to the respective NHS trust as well as the clinic manager and practice development nurse (PDN). The clinic manager and PDN investigated and dealt with local incidents. More serious incidents were investigated with the support of the area manager as well as the NHS trust. There had been no serious incidents reported in the past 12 months.

We saw evidence of how incidents were investigated by the clinic manager using a root cause analysis tool, actions taken, and lessons learnt shared with staff and a change of practice as a result. This incident resulted in a case study being shared with staff and involvement from the microbiology team. As a result, there was a change of practice and since then there have been no similar incidents reported.

Incident themes and trends were monitored through the incident dashboard and deep dives would be carried out if a theme was identified. We saw evidence of incident data collected from September 2021, for example, there had been 36 incidents of shortened treatment and 17 incidents of admission to hospital.

There was evidence that changes had been made as a result of feedback. For example, there had been three reported incidents of falls this year. The service had ordered a new wheelchair and revisited their falls assessments.

Managers shared learning about never events with their staff and across the service. Managers shared learning with their staff about never events that happened elsewhere. There had been no reported never events in the past year. Actions and lessons were shared with staff through a variety of ways, handover meetings, email and face to face. Comments from incidents reported went back to the person who reported the incident.

We saw evidence incidents were discussed through the different governance systems, which meant there was oversight at a local, regional and corporate level.

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

Every clinic completed a hospital and mortality report, and this was fed into a corporate report.

Are Dialysis services effective?

Outstanding ☆

Dialysis services

Outstanding ☆

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The clinical medical officer was responsible for the implementation of a plan to ensure that existing policies were reviewed at a minimum of every three years. Updated policies we reviewed were in date and version controlled.

Guidance was based on the National Institute for Health and Care Excellence (NICE) guidance and Renal Association Haemodialysis guidelines (2009).

Updated guidance was cascaded by the PDN and quality manager and discussed at clinic manager meetings. Staff verified they had read and understood the updated polices by signing and dating a form.

There were measures for continued assessment of a patient's vascular access, for example arteriovenous fistula and line rates and processes for regular monitoring of vascular access function every three months.

The service followed NICE QS72 statement 5: Adults who need long-term dialysis were offered home-based dialysis. A home dialysis team was available to help these patients.

There was availability of assistance with dialysis away from base through holiday co-ordinators.

The psychological and emotional needs of patients were met. Psychological assessments were completed, and a referral system was available for those patients who required psychological and spiritual support.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.

Specialist support from staff such as dietitians was available for patients who needed it. Potassium levels were monitored, and dietitians gave advice if levels were too high.

Staff fully and accurately completed patients' fluid and nutrition charts where needed.

Pain relief

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

Staff prescribed, administered and recorded pain relief accurately. Prescribed medicines such as paracetamol were given if a patient was in pain. The renal registrar was on call if staff required further assistance.

Outstanding ☆

Dialysis services

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 had been accredited under relevant clinical accreditation schemes.

The service participated in relevant national clinical audits which included the UK Renal Registry. Outcomes for patients were positive, consistent and met expectations, such as national standards.

The service had a quarterly key performance indicator (KPI) meeting held with the NHS trust who monitored clinical performance measures. We received good feedback from the trust that the service was consistently meeting their KPI's.

Data showed the service performed well against the reduction of urea as a key performance indicator. They exceeded the adequacy of treatment, which is the most effective measure of haemodialysis in line with national guidelines with performance consistently above 65%.

Patients fluid control results were consistently high with 97% of patients gaining less than 4% body weight in between dialysis.

The percentage of patients having treatment within 30 minutes of appointment was consistent at 100%.

The organisation had recently developed an individual patient performance score (IPPS) where patients' individual outcomes could be monitored and measured. Patients were given a score out of 100 for indicators such as, haemodialysis adequacy, vascular access, chronic kidney disease, fluid status, arterial hypertension, and nutrition. This was completed on a monthly basis and enabled nursing staff to identify where more input was needed.

As well as clinical performance indicators the service collected patient outcome data on patient access, morbidity and mortality, patient safety and patient experience data. Managers and staff also carried out a comprehensive programme of repeated audits to check improvement over time.

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 setting up and supporting patients throughout the dialysis treatment were suitably trained and experienced. We saw evidence of training and competencies which showed they had the right skills and knowledge to meet the needs of patients. Interactions with patients and the technical equipment showed skill and competencies. Patients told us they had absolute confidence in staff caring for them.

Managers identified any training needs for their staff in conjunction with them and gave them the time and opportunity to develop their skills and knowledge. A practice development lead was available to support staff through induction and specific learning and to undertake competency assessments.

Managers supported staff to develop through yearly, constructive appraisals of their work and regular one to one sessions.

Two nursing staff had completed the advanced renal nursing practice certification and another nurse was in the process of completing this.

Staff understood the principles of the drugs used, such as erythropoietin, intravenous iron infusions and anticoagulants and there was on going competency-based assessments to ensure staff were kept up to date.

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. There was a monthly multidisciplinary team (MDT) meeting held after patients had their monthly blood tests taken which involved the nephrologist from the local NHS trust. There was a holistic approach whereby the patients social and mental health assessments were discussed.

Staff worked across health care disciplines and with other agencies when required to care for patients. Referrals could be made if patients required support for psychological concerns.

There was an escalation policy for patients with sepsis who required immediate review. The renal registrar was on call, staff had received sepsis training and if necessary, patients could be sent to the emergency department within the hospital.

Seven-day services

Key services were available to support timely patient care.

The service was opened six days a week Monday to Saturday from 6am till 11pm.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests.

Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Dieticians were available to provide dietry advice to patients when required.

The service had relevant information promoting healthy lifestyles and support in patient areas. Patients were empowered to manage their health, by weighing themselves at the start of every session and having a smart card where they were able to have access to their dialysis details.

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.

Outstanding ☆

Dialysis services

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. We saw evidence of written consent in the records we reviewed. Verbal consent was asked before patients received any care or treatment for every dialysis episode.

Staff had received training on consent and the Mental Capacity Act (MCA) 2005 and we saw evidence of mental capacity assessments had been completed for five sets of patient records we reviewed. There was a mental capacity algorithm to assist staff in their assessments of care. Mental capacity assessments were also carried out by the NHS trust who referred the patient to the unit.

For those patients where there was a language barrier to informed consent, the service would book translator to assist prior to any treatment starting.

Are Dialysis services caring?

Good

Compassionate care

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

Most patients attended the unit for dialysis several times a week and had done so for several years, as a result they were well known to staff. The staff were friendly, discreet and responsive when caring for patients. We saw staff took time to interact with patients and those close to them in a respectful and considerate way. Where patients wished to sleep during treatment this was respected.

Patients said staff treated them well and with kindness and that staff were friendly and supportive. One patient described staff as 'brilliant' and said they were very well looked after.

We saw that staff followed policy to keep patient care and treatment confidential. Conversation with nursing staff and the doctor were kept as discreet as possible.

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 additional needs.

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

Privacy screens were available in the event of an emergency, so the patient's dignity was respected.

Entertainment systems such as televisions and headphones were available at every station and free WiFi was available. Reading materials were available.

Emotional support

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

Outstanding ☆

Dialysis services

Patients told us staff gave them help, emotional support and advice when they needed it. We heard staff checking if a parent would be in to communicate with regarding their son.

A patient described their treatment as a very positive experience, with 'excellent staff', who were friendly and went out of their way to explain things.

Staff were very aware of the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Patient who spoke with us told us how staff often had to deal with difficult individuals and said how patient staff were in such situations. Staff had received training in conflict resolution.

There was access to a renal social worker, and we were provided with examples of when the renal social worker had become involved in patient care, for example, in a safeguarding incident.

The service made sure patients had access to support groups and charities specific to kidney care. One patient was involved in the patient transport group and participated in meetings.

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. The service offered 'shared care'. This meant patients could perform some or all self care activities if they comfortable to so do. For example, upon arrival at the service each patient had an individual box which contained a smart card. The patient could then weigh themselves and the details would be recorded into the system. Patients were able to clean their station as well if they wanted to do so, even though the station had been cleaned by staff.

Patients we spoke with said they were given up to date information from staff regarding monthly blood results and were involved in their care plans.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Patients were given enough notice of clinic appointments and we observed patients given time to ask questions during the consultant round.

Are Dialysis services responsive?

Good

Service delivery to meet the needs of local people

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

Dialysis services

Managers planned and organised services, so they met the changing needs of the local population. The patient schedule was reviewed and managed on a weekly basis. The service had 104 patients on permanent dialysis and did have a waiting list.

The service offered various sessions to accommodate people's individual preferences, for example if they worked or had family responsibilities. The service offered morning, afternoon and 'twilight' sessions starting from 7am for the morning, 11.30am-12pm for the afternoon and 4.30pm for the 'twilight' sessions. The service could accommodate 18 patients for the morning and afternoon sessions and 16 patients for the 'twilight' sessions. The service reserved two slots for inpatients.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. Patients who did not attend were incident reported and the next of kin was contacted and the consultant was made aware.

Patient transport was the responsibility of the respective NHS trust. There was a regular assessment of patient transport needs and any concerns were fedback to the trust. Transport delays were problematic and at the time of our inspection the service were working closely and providing relevant feedback to the trust to find ways of improving the problems.

Facilities and premises were appropriate for the services being delivered. The service was purpose built and based on the ground floor so there was easy access for patients. The service had suitable designated parking facilities outside the location as well as disabled parking adjacent to the dialysis area.

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 the needs of their patients were met prior to during and after treatment. We noticed staff explained everything, even though patients were familiar with the procedures. The consultant on his rounds in the afternoon was noted to spend time with each patient and answered questions and gave an update where required.

The service was spacious to allow for people with disabilities to move through the unit without complications. Wheelchairs were available at reception.

Pressure cushions were provided to those patients who were more susceptible of pressure ulcers and patients could bring in their own blankets and cushions if they wanted to.

Arrangements and support were provided to those patients who wanted to go on holiday through the organisations holiday programme. The programme along with a holiday co-ordinator supported patients to gain access to dialysis care in another city or country.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Interpreters were available to support those patients who did not speak English. The service had information leaflets available in languages spoken by the patients and local community. Visually impaired patients were accompanied by a nurse and transport staff member when attending sessions.

The service had support from the respective NHS trust and palliative care nurses from the trust to support medical advance care planning and end of life care decisions.

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. There was a waiting list and those patients were still with the NHS trust receiving treatment at other dialysis units.

The service was flexible to slots and were able to stagger appointments. For example, for the afternoon shift patients were able to start between 11.30am and 1.30pm, so there was a steady flow of patients.

There was a standard operating procedure for admissions. Exclusion to the service was on health basis only, such as if the patient was too frail to receive dialysis needs.

Managers worked to keep the number of cancelled appointments to a minimum. We were told there had been no cancelled appointments in the past year.

Learning from complaints and concerns

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

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

Staff understood the policy on complaints and knew how to handle them. Complaints would be dealt with locally if possible, and on a face to face basis. More serious complaints could be escalated through the organisation.

Managers investigated complaints and identified themes. There was a formal complaints policy and processes and these complaints were overseen by the area manager with input from the local team. Common themes of complaints included transport delays. We were told the service was working with the NHS trust to try and resolve these issues. Feedback from complaints were shared with staff during handover and team meetings.

Managers shared feedback from complaints with staff and learning was used to improve the service. We were provided with an example of a formal complaint and the processes the service were currently following and how they had adapted and made changes to improve daily practice.

Outstanding ☆

Dialysis services

Are Dialysis services well-led?

Outstanding ☆

Leadership

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

Leaders had the skills, knowledge, experience and integrity to run a compassionate, inclusive and effective service. The clinic manager was the lead for the service and CQC registered manager. They were supported by a deputy clinic manager and a practice development nurse. During the inspection they demonstrated they had high levels of experience, capacity and capability to manage the service. They understood the challenges to quality and sustainability and took actions needed to address them. There was regular review of the unit's performance through effective leadership meetings and appropriate actions and mitigating risks were taken.

Succession management was evident through the organisation. The previous clinic manager was now the director of nursing and had supported and developed the current clinic manager to their current position. The clinic manager was positive in the support they received from their line manager as well as the NHS trust. There were several nurses who had completed renal dialysis qualifications and the service was currently supporting another nurse through the course. Succession management was a standing agenda item for the area south meetings.

The local management team were supported by the senior team. The clinic manager reported to the area operations manager. The senior management team were visible and visited the location frequently.

We spoke with the head of nursing for transplant, renal and urology for the NHS trust, and they provided positive feedback on the working relationship they had with the clinic manager and leadership team.

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.

There was a clear statement of vision and values, driven by quality and sustainability. This had been translated into a realistic strategy with well-defined achievable objectives. The vision and set of values reflected those of the NHS trust.

The sustainability framework was structured around five pillars, patients, employees and well-being, access to care, operating responsibilities and the environment.

Local plans were continually reviewed and monitored to ensure they supported the strategic objectives.

Staff were aware of the values and their role in achieving them but could not recall being involved with the development of the strategy.

Outstanding ☆

Dialysis services

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.

Leaders encouraged inclusive, supportive and compassionate relationships among staff. There were high levels of satisfaction across the staff we spoke with. Staff told us they enjoyed working at the service and how they felt valued and respected. Whilst there were some patients who at times could be challenging, they felt able to deal with these situations and that senior staff would support them if needed. One nurse told us there was good teamwork and a collaborative approach, with the focus on quality of care. They added that support was available from colleagues, not just related to work but training and emotional support.

Another staff member said they received good support from the manager who ensured they received good rest between different shifts. They mentioned the support for training and development and how this was continuous.

We were told by staff they could speak up without any difficulty and were encouraged to do so. There was strong collaboration, team working with a common focus on improving the quality of the service. Staff enjoyed working at the service. Recent comments from the staff survey supported this with comments such as, 'great teamwork and flexible environment to work' and 'voices and opinions are heard.'

There were several well-being seminars staff could access online, such as, yoga, mental health ambassadors and an employee assist programme with referrals to specialists if required.

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.

There were effective governance systems for the monitoring of quality and management of risks. Staff were clear about their roles and responsibilities within the organisation.

Various meetings were held to consider performance, quality and relevant information about the service. This included monthly clinical governance meetings, a corporate management meeting on a weekly basis and a weekly meeting with the lead trust purchasing services. On a quarterly basis the team held a general meeting on a Sunday, which enabled them to have a social activity afterwards. On a quarterly basis the service held a meeting with the trust to review key performance indicators and dialysis managers held a monthly meeting with the trust to discuss shared learning and themes and trends.

We reviewed a variety of governance meting minutes which included clinical governance meetings, area meetings and meetings with the trust. There was a standardised agenda across the different structures where, safeguarding, incidents and lessons learnt, performance, audits and patient safety as well as experience was consistently reviewed and acted upon. There was good oversight at all levels of patient safety and performance.

Outstanding ☆

Dialysis services

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There were comprehensive assurance systems where performance and risks were escalated appropriately through clear structures and processes with regular reviews and actions taken.

The clinic manager was able to identify, monitor and manage risks through a local risk register. The top risk for the service was IT/internet connection issues. During the inspection we observed the mitigating actions in place when connection issues meant staff could not access the internet. Staff immediately began to use a paper-based system for the recording and monitoring of patient clinical information and there was no disruption to the service as a result. The service was in the process of working with the NHS trust to resolve these issues. Although resolution of the issues involved long term planning and would take time for new systems to be implemented, the current mitigating actions staff were trained in, meant the service still ran smoothly and did not have an impact on patient safety and their clinical requirements.

The local risk register was reviewed monthly and fed into the corporate risk register. Performance was given equal scrutiny through the local, regional and corporate governance systems. Each service could be benchmarked against other locations and the sharing of learning from different regions meant there was a good understanding of themes and trends through the organisation.

Clinical governance meeting minutes we reviewed demonstrated there was a constant review of specific areas of risk, for example, falls. Falls was monitored at each area and governance meeting with continued focus on contributory factors and corrective actions. This included reviewing the patient pathway, training and ensuring all patients had up to date falls assessments. All care plan records we reviewed had up to date falls assessments in place.

There was a systematic programme of clinical audit which received oversight from both the regional area manager and respective managers within the NHS 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.

There was a holistic understanding of performance which covered quality, operational and financial information. Information was usually accurate, valid, reliable, timely and relevant to the location. Staff had access and received data on operational performance.

There were clear service performance measures which were reported to the NHS trust and monitored. Actions were taken when required to improve performance.

There were treatment guidance systems to support nursing staff to standardise clinical workflows via a tablet adjacent to the patient's chair. The tablet collected and provided information throughout the patient's treatment session. There was a fully automated solution for the collection of data within the dialysis monitors and weighing scales. Data was extracted and stored and automatically populated into the tablets.

There was a renal information management system. This contained data related to clinical management, medical reporting and clinic processes and administration. This helped drive clinical workflows and medication management.

Engagement

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

There were good levels of constructive engagement with staff and people who used the service.

Patients were able to provide direct feedback to the service and were able to participate in a short survey twice a year. We saw evidence the service was acting from patient feedback. As a result of patient transport difficulties, patients were now involved in transport meetings.

We reviewed the most recent staff survey results 'My opinion counts' and scores showed (with 5 being the highest score) 4.3 for meeting job expectations, 4.22 for having the tools and resources, 4.19 for sense of achievement and 4.04 for overall satisfaction. The response rate had been 100%.

The service held an event to celebrate world kidney day and invited staff from the NHS trust to visit the unit to raise awareness and provide information on renal and dialysis care.

Learning, continuous improvement and innovation

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

The service had developed a mobile app which was a treatment guidance system for the patient. The app allowed patients to report their daily well-being to the clinic, visualise their current and historic treatment values, keep track of latest laboratory results and remind them about their prescribed medication. The service was seeking approval for use with the NHS trust.

The service was preparing for a project to promote shared care with support from the NHS trust and two dedicated nurses. The project would focus on enabling patients to empower their knowledge about their treatment and to take control of their diet, blood results and fluid management.

The television in the waiting area was in the process of being updated to provide people who were waiting with information about transplant, travelling and patient talks.

The service in collaboration with external suppliers had found alternative products for those patients who showed an intolerance. They found products such as safe touch catheter needles and this had led to better patient experience and outcomes.

Outstanding ☆

Dialysis services

The service was one of the first to use ultrasound to assist staff when cannulating more challenging AVF access which helped prevent damage to the access. The technology allowed for quicker referrals and interventions.

An individualised patient scoring system was used to monitor treatment adequacy and helped nurses identify areas that required improvement with a score so they could target and monitor the progress.