

Aston Kidney Treatment Centre

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Aston Kidney Treatment Centre is operated by Diaverum Facilities Management Limited. The service has 24 dialysis stations which comprise of two bays with eight stations, one bay with four stations and four side rooms. Facilities include a waiting room with 18 chairs, including seating for patients who required bariatric seating, two private consultation rooms for outpatient appointments, a meeting room, a patient kitchen and patient parking.

The service provides haemodialysis to patients aged 18 and over.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 11 March 2020.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Services we rate

We have not previously rated this service. We rated it as **Good** overall.

We found the following areas of good practice:

- 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 mostly controlled infection risk well. Staff assessed risks to patients and mostly acted on them. They mostly managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However, we also found the following issues that the service provider needs to improve:

- Staff did not always manage clinical waste well; lids on sharps bins were left open.
- Staff did not respond when patients' dialysis machines alarmed.
- Vital sign recording sheets showed that on two instances out of 13 checked, patients did not have their vital signs checked frequently enough.
- Staff did not always check prescriptions when administering one specific medicine.

Summary of findings

- One policy reviewed did not reference all available guidelines and the service did not have access to a policy about the Accessible Information Standard.
- Within the first half of 2019, the patient satisfaction survey results were low compared to other Diaverum clinics. Managers created action plans to address this, and the results improved as a result.
- Most of the written literature available to patients was in English.
- Patient transport delays impacted on patients undertaking their full treatment or being delayed at the clinic. However, we acknowledged that the clinic manager took action to address this where possible.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Midlands)

Summary of findings

Our judgements about each of the main services

Service

Dialysis services

Rating Summary of each main service

Good



Aston Kidney Treatment Centre is operated by Diaverum Facilities Management Limited. The service provides haemodialysis to patients aged 18 and over.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 11 March 2020.

We have not previously rated this service. Following this inspection we rated the service as 'Good' overall. All domains were rated good with the exception of 'Safe' which was rated as 'Requires Improvement'.

Summary of findings

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Good 

Aston Kidney Treatment Centre

Services we looked at

Dialysis services

Summary of this inspection

Background to Aston Kidney Treatment Centre

Aston Kidney Treatment Centre is operated by Diaverum Facilities Management Limited. The service registered with CQC in 2014. It is in Aston which is part of Birmingham in the West Midlands. The service receives referrals from a local Birmingham based NHS foundation trust.

At the time of the inspection, the clinic manager had been appointed eight months previously and was registered with the CQC in October 2019.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected four times, and the most recent inspection took place in June and July 2017. At this inspection several concerns were identified, and the service was issued with two requirement notices. Breaches of the Health and Social Care Act (2014) were found within two regulations: Regulation 13 Safeguarding service users from abuse and improper treatment and Regulation 15 Premises and Equipment.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, a CQC assistant inspector and a specialist advisor with expertise in renal medicine. The inspection team was overseen by an inspection manager.

Information about Aston Kidney Treatment Centre

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury.

The service offers haemodialysis to patients with end-stage renal failure. Haemodialysis is a method for removing waste products and water from the blood in severe kidney failure. Haemodialysis is one of three renal replacement treatments, the other two being kidney transplantation and peritoneal dialysis.

The service accepted patients who had been assessed as suitable for satellite dialysis, and were referred by, the local NHS trust based in Birmingham. The service accepted patients from out of area who wished to dialyse 'away from base', for example, patients visiting the area on holiday.

The service opened six days per week and offered morning, afternoon and twilight sessions. Opening hours were 6.30am to 11.30pm Monday, Wednesday and Friday and 6.30am to 6.30pm on Tuesday, Thursday and Saturday.

During the inspection, we visited the dialysis unit. This was across two floors. The patient areas, such as the treatment area, waiting room and toilet facilities were located on the ground floor. The dirty utility room, store rooms, technician room and water treatment plant were also located on the ground floor. Upstairs on the first floor was a staff only area and had a training room, an office and staff facilities. We spoke with 12 staff including registered nurses, health care assistants, reception staff, and managers. We spoke with 11 patients and three relatives/ carers. During our inspection, we reviewed six sets of patient records.

Activity (January to December 2019)

Summary of this inspection

- In the reporting period January to December 2019, there were 18,416 dialysis sessions held at this service. 9,250 sessions were for patients aged between 18 and 65 and 9,166 were for patients over 65.
- As of December 2019, 120 patients dialysed at the unit. Of those, 62 were aged between 18 and 65, and 58 were over 65.
- The service did not treat patients under 18 years.
- The service employed 16 registered nurses, six health care assistants, three dialysis support workers and one clinic administrator, as well as having access to provider bank staff. The clinic manager (registered manager) was supported by deputy clinic manager (who is counted as one of the 16 nurses).
- Renal consultants, a dietitian, and a dialysis satellite co-ordinator from the referring NHS trust attended the service regularly to provide outpatient services and support to patients. In addition a welfare rights and debt advisor also attended the clinic to provide support.
- A renal social worker and members of the Kidney Patients Association attended the service to provide services to patients.
- No never events
- Clinical incidents included four patient falls
- No healthcare acquired pressure ulcers
- No serious injuries
- No incidents of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA)
- No incidents of healthcare acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidents of healthcare acquired Clostridium difficile (C.diff)
- No incidents of healthcare acquired E. coli
- 12 complaints (three formal complaints, and nine informal complaints)

Services provided at the service under service level agreement:

- Clinical and or non-clinical waste removal
- Domestic cleaning
- Dialysis machine technician services
- Water plant maintenance services
- Domestic waste removal

Track record on safety (January to December 2019)

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated it as **Requires improvement** because:

We found the following issues that the service provider needs to improve:

- Staff did not always manage clinical waste well; lids on sharps bins were left open.
- Staff did not respond when patients' dialysis machines alarmed.
- Vital sign recording sheets showed that on two instances out of 13 checked, patients did not have their vital signs checked frequently enough.
- Staff did not always check prescriptions when administering one specific medicine.

However, we also found the following areas of good practice:

- 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 mostly controlled infection risk well.
- Staff assessed risks to patients and mostly acted on them.
- They mostly managed medicines well.
- The service managed safety incidents well and learned lessons from them.
- Staff collected safety information and used it to improve the service.

Requires improvement



Are services effective?

We found we found the following areas of good practice:

- Staff provided good care and treatment and gave patients pain relief when they needed it.
- Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

However, we also found the following issues that the service provider needs to improve:

- One policy reviewed did not reference all available guidelines and the service did not have access to a policy about the Accessible Information Standard.

Good



Summary of this inspection

Are services caring?

We rated it as **Good** because:

We found we found the following areas of good practice:

- 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.

However, we also found the following issues that the service provider needs to improve:

- Within the first half of 2019, the patient satisfaction survey results were low compared to other Diaverum clinics. Managers created action plans to address this, and the results improved as a result.

Good



Are services responsive?

We rated it as **Good** because:

We found we found the following areas of good practice:

- 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.

However, we also found the following issues that the service provider needs to improve:

- Most of the written literature available to patients was in English.
- Patient transport delays impacted on patients undertaking their full treatment or being delayed at the clinic. However, we acknowledged that the clinic manager took action to address this where possible.

Good



Are services well-led?

We rated it as **Good** because:

We found we found the following areas of good practice:

- 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.

Good



Summary of this inspection

- The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Dialysis services

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

Are dialysis services safe?

Requires improvement 

We rated safe as **requires improvement**.

Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. Staff had time to complete the training and were given protected time if necessary.

Twenty two modules formed the mandatory training package, although some of these modules were for specific staff, such as nurses. Training topics included in the mandatory training programme included basic life support, aseptic non-touch technique, infection prevention and control, safeguarding, manual handling, medicines management, National Early Warning Score (NEWS2), water treatment, blood borne viruses and conflict resolution.

As of December 2019, training compliance across mandatory training topics ranged from 77% (dementia training, 17 out of 22 staff were trained) to 100% (fire safety and anaphylaxis training). Data post inspection showed that as of March 2020, 96% of staff were trained in dementia training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Where training was less than 100% compliant, plans were in place to confirm when staff that were still outstanding would be able to complete the module. For example, all

staff who had not yet completed basic life support as of December 2019 were booked to undertake this in January 2020. As of March 2020, 22 out of 24 staff were up to date with this training (88%). Staff told us that managers gave them reminders to complete mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The training was delivered by e-learning and face to face.

Clinical staff completed training on recognising and responding to patients with dementia. Data from the service showed that additional mental health training or training specifically for conditions, such as autism or leaning disabilities was not yet part of the formal mandatory training process; however, plans were in place to initiate this in 2020. In addition, staff at the service could access support from specialist staff at the referring NHS trust.

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 at the service were expected to complete safeguarding adults' level two and safeguarding children level two as part of their mandatory training package. The clinic manager was trained to level three in each subject. This met with the requirements of the intercollegiate documents for adult safeguarding (2018) and child safeguarding (2019) which set out the national standards for healthcare staff training requirements in safeguarding.

Dialysis services

As of December 2019, 96% of staff were trained in safeguarding adults level two (22 out of 23 staff) and 87% were trained in safeguarding children level two (20 out of 23 staff). Data from the service showed that the compliance for safeguarding children had increased to 100% of staff trained by April 2020.

At least fifteen out of 24 staff had been trained in Prevent as of March 2020. Data from the service reported that due to this training being delivered by a third party company they were unable to confirm the exact number when requested due to the closedown of non-essential businesses as linked to the Coronavirus. Prevent is a national government strategy aimed at stopping people from becoming terrorists or supporting terrorism.

The service used provider policies for safeguarding adults and for child protection policy. These provider wide policies did not reference training requirements as per the relevant intercollegiate documents. In addition, they did not reference female genital mutilation as a safeguarding risk. However, given the nature of the service it was unlikely that staff would directly observe signs of this.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff we spoke with had a very clear understanding of the need to protect patients from abuse. The clinic manager was very knowledgeable about the local area and the specific areas of risk prevalent in the community. Staff and managers provided us with several examples of where they had sought to protect patients and had gone, in some cases, over and above their statutory duty to ensure patients were protected from physical harm and psychological distress.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Although the service did not allow children on site, nor did it treat anyone under the age of 18, staff gave examples of where they had acted to safeguard children. This showed a good understanding that safeguarding children was still important, even if no children were present.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew who the

provider wide safeguarding lead was and were aware of the referring NHS trust's safeguarding lead. Staff had access to details and phone numbers to contact leads for advice.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Each dialysis station was located near to a non-touch handwashing sink. Antibacterial hand gel was located at all dialysis stations and situated at regular points throughout the unit in both patient and staff only areas. One patient told us that the weighing scales did not have an antibacterial hand gel located nearby, and that there was no way of wiping down the handrail attached to the scale for patients to steady themselves. We raised this with the managers who rectified this immediately. Two sources told us that at times the toilets were not clean enough. While we did not observe this to be the case during our inspection, we escalated it to the managers who assured us they would address this.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We checked a sample of dialysis stations and found clear and up to date cleaning records in place which covered the chair or bed and the dialysis machine. We also directly observed dialysis stations being cleaned and found this was in accordance with national standards.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff regularly used antibacterial hand gel, including between patient contact as per the provider policy. We observed less staff to be actively hand washing in between patient contact despite access to non-touch handwashing sinks. However, the provider policy stated that staff should wash hands if visibly dirty, so staff were not working outside of this.

Managers at the service conducted monthly hand hygiene audits. Data from the service showed that despite a result of 100% compliance in December 2019,

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staff hand hygiene had declined. Results in January 2020 showed 55% compliance. However, following this an increase in compliance was noted. In February 2020, compliance was 76% and in March 2020; 88%. Managers investigated the decline in hand hygiene and put in specific measures to address this. These included re-enrolling all staff in hand hygiene training, increasing the frequency of audits and speaking to individual staff who had been identified as non-compliant. This area of concern was added to the service risk register as of February 2020 to ensure oversight and ongoing monitoring.

Data showed that as of December 2019, 96% of staff were trained in hand hygiene (22 out of 23 staff) and 83% were trained in infection control (19 out of 23 staff). We saw that four new starters were booked onto infection control training for January 2020. As of March 2020, one additional staff member had undertaken this training.

Staff wore appropriate PPE including visors to protect their face and eyes from blood spray. The majority of the PPE, such as aprons and gloves were disposable. Visors were reusable; staff were expected to wipe them clean at least once per day. If visors had been contaminated during the shift, staff were expected to clean them at that point.

Staff were expected to encourage patients with access points in their arms to re-wash their own hands and arms prior to being connected to the dialysis machine. During our inspection we noticed that when staff asked patients to wash their hands and arms, patients declined instead choosing for staff to use an antibacterial cleansing wipe. We raised this at the time of inspection as it is good practice for staff to encourage patients to undertake their own arm washing. Following the inspection an action plan was provided; one action was to create a notice board for patients illustrating the importance of self-care and washing their arms. Managers planned to include an article in the next patient newsletter to reinforce this.

Staff asked patients with central venous catheters (CVC) to wear a mask during connection, disconnection and if any access related intervention was required during their treatment.

Staff cleaned equipment after patient contact. We saw re-usable equipment, such as blood pressure cuffs were wiped with antibacterial wipes after each use.

The service had four side rooms. Patients that had a known infection, such as *Clostridium difficile* (C.diff) or at risk of a known infection, were located in the side rooms for their treatment sessions. This included patients who were using this service temporarily for treatment while on holiday or visiting the area, and regular patients who had been away on holiday.

When patients returned from a holiday they were also screened for infections. Staff had access to a policy from the referring NHS trust which outlined how long patients were to be isolated for after returning from holiday, and how often the patient should be screened.

The service was following a provider wide plan to protect patients from contracting the Coronavirus. In addition, the service was liaising with the local referring NHS trust to ensure any infection prevention and control requirements issued by the trust were adhered to.

Trained staff undertook daily checks of the water system to monitor microbes. We saw records showing weekly disinfection from January to up to our inspection in March 2020. We saw a quarterly filter change had been completed in December 2019 and a hard water check was undertaken at the same time. As of December 2019, 86% of staff had undertaken training for water treatment plan (19 out of 22 staff). As of March 2020, this training compliance had risen to 96% (22 out of 23 staff, including a new starter).

Portable privacy screens were made of easy to clean material that was compliant with infection and prevention and control standards.

Staff tested all patients on admission to the service for Hepatitis B, and quarterly thereafter in line with the referring trust policy 'Hepatitis B testing, management of patients and vaccination'. Patients that were 'core positive', were tested monthly. Staff referred patients who tested positive for Hepatitis B to a local clinic run by the same provider who were contracted and equipped to care for this group of patients. As of December 2019, we saw that 95% of staff were trained in blood borne viruses. This had risen to 96% by March 2020.

Environment and equipment

Dialysis services

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff did not always manage clinical waste well; lids on sharps bins were left open.

The design of the environment followed national guidance. The area used to store the dialysis water was in a separate room and had a 'lip' so that if any of the water storage units flooded, this would not flood out into the main treatment area. Appropriate flooring was used within this room, as throughout the rest of the service as per Health Building Note 00-01 'General design guidance for healthcare buildings'. We did notice that some of the floor covering material was coming away from the 'lip' which could pose a higher risk of the floor not being effectively cleaned. This was on the part of the floor away from the water storage containers.

A third-party company undertook repairs and maintenance of the water treatment system. We saw a copy of a maintenance agreement between the service and a third party contractor who undertook this work. We saw that the system was serviced yearly. The last service took place in August 2019.

There was adequate space between dialysis stations for staff to attend in an emergency, and to maintain infection control standards.

Staff had access to separate equipment to take patients' vital signs; there was enough equipment for staff to do this in a timely manner.

Prior to dialysing, it was important for patients to weigh themselves so accurate treatment targets could be set. Staff and patients had access to two sets of weighing scales; therefore, in the event of one set being unusable, patients could still be weighed on site.

During our inspection we saw some equipment was stored in the corridors leading to the fire exit. This included trolleys, wooden pallets and water containers. Despite this we saw that there was enough room for patients and staff to exit either on foot or in a wheelchair in an emergency evacuation. Staff had recently taken part in a fire drill.

The cupboard which contained substances which fell under 'Control of Substances Hazardous to Health' requirements was secured away from patients.

Staff carried out safety checks of specialist equipment. The service tested taps and toilets for legionella disease. At the time of inspection, a staff only toilet and shower room was out of order due to testing positive. Actions were underway to manage this and managers told us subsequent testing showed a reduction in bacteria levels. This was also on the service risk register to ensure oversight and scrutiny.

The service had suitable facilities to meet the needs of patients. There were non touch handwashing sinks available in all areas of the clinic including staff only areas, such as the cleaner's cupboard. We observed patients and visitors were actively encouraged to wash their hands and arms in the reception/waiting room area prior to entering the clinical treatment area.

The service had enough suitable equipment to help them to safely care for patients. The service had 24 dialysis machines and six spares which meant that if one machine needed to be taken out of service for maintenance or repairs, there were enough spare machines to ensure patients still received treatment. Each machine was fully serviced yearly by a third party company technician who worked on site. In addition, the technician was upgrading the software for each machine over 2020. We saw the media panel (a panel on the wall where dialysis machines were attached when being serviced and upgraded) was rusty. We raised this with managers who told us this was on the risk register, and a new panel had been ordered.

We checked a random selection of consumable stock and found this to be in date and well organised.

During our inspection we saw that staff had access to plentiful sharps bins nearby to dialysis stations in which to dispose of needles. We found that a number of lids on these sharps' bins were left open which meant there was a greater risk of a patient, carer or staff member obtaining a needle-stick injury. We discussed this with managers at the time of the inspection. Following the inspection, managers provided an action plan which reported that all staff had now been told to ensure lids were down after use. In addition, managers were monitoring this daily, and reporting on this following a weekly health and safety walkaround.

Staff disposed of clinical waste safely. Clinical waste awaiting collection by a third party provider was kept in a

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locked compound outside the unit. We saw this was secured with a padlock at the time of our inspection. Within the compound, there were six clinical waste bins. Five of these were locked to prevent unauthorised entry. One was unsecured and could be opened without a key.

A fridge which contained patient blood samples was checked daily by staff to ensure it was within the correct temperature range.

The resuscitation trolley was checked daily; and was appropriately stocked. This was located in the main treatment area so was accessible in the event of an emergency.

Assessing and responding to patient risk

Staff did not respond when patients' dialysis machines alarmed. Following vital signs checks, staff identified and quickly acted upon patients at risk of deterioration; however, not all patients had their vital signs checked as per the manager's specification. Staff completed and updated risk assessments for each patient and removed or minimised risks.

Staff responded promptly to any sudden deterioration in a patient's health. Staff had access to resuscitation equipment. In medical emergencies staff would contact the emergency services to request an ambulance. Staff we spoke with clearly knew what to check and assess to identify a deteriorating patient, and how to escalate any concerns. Staff provided a recent example where they responded to clinical concerns about a patient and ensured they were transferred to hospital for review.

As of December 2019, 78% of staff were trained in basic life support (18 out of 23 staff) with plans for the remaining staff to undertake this in January 2020. As of March 2020, this had risen to 88% (22 out of 24 staff). All eligible staff were trained in anaphylaxis, and 94% of staff were trained in NEWS2 which included sepsis training.

Staff used NEWS2 with patients which is a standardised way of monitoring patients' vital signs to identify deterioration including concerns about sepsis development. Staff received training in sepsis recognition. Staff used a standardised tool to assess patients for signs of sepsis and knew how to escalate the patient to a local acute hospital for further investigations and treatment if necessary.

Staff could contact consultants at the referring NHS trust for advice and guidance if they felt a patient was unwell or deteriorating. Where this was out of hours, a protocol was in place which enabled staff to contact the trust based on-call registrar.

Within each patient record a haemodialysis flowsheet was completed for every treatment session. These demonstrated how often staff had undertaken checks on patients, including physiological checks, to monitor any patient deterioration or problems with connection points. The checks included blood pressure, pulse rate, temperature and needle and connection checks. We asked the management team what the expectations for completing these checks were on patients. Managers told us while there was no formal written evidence indicating a minimum number of checks, staff were expected to complete hourly checks which meant that at least four checks would be completed. These comprised a pre-connection check, a check immediately after connection, a check immediately prior to disconnecting a patient from a dialysis machine and a post connection check. Also, a mid-treatment check was expected to be completed. In addition, staff were expected to complete additional checks throughout their treatment if this was deemed appropriate. During our inspection we checked six patient records. Across these records we checked 13 haemodialysis flowsheets. Of these 13, 11 sheets showed between four and six checks to be completed. On two occasions, three checks had been completed. In one case the pre-disconnection check was not undertaken, and on another occasion the post disconnection check was not completed, although treatment efficacy was recorded. We discussed this with clinic managers who assured us that this would be addressed with staff. Data after the inspection confirmed the relevant policy would be updated to reflect minimum requirements; and staff training would be undertaken.

Staff did not respond when dialysis machine alarms went off. When patients' dialysis machines 'alarmed' during treatment, patients silenced these themselves. Staff did not follow up on the alarms to check the patient and dialysis machine were safe. Instead staff looked at patients from where they were in the bay, and made a judgement that patients were safe. This meant that staff were not assuring themselves of the patients' safety by actively checking the reason for the machine alarm. Data provided post inspection showed that managers had

Dialysis services

taken a proactive approach to managing this risk. Actions included for the managers to reinforce with staff and patients that the patients must not reset their own alarms and if a patient has reset their own alarm the nurse must check on that patient immediately. In addition, senior staff nurses allocated to the treatment areas were responsible for observing and monitoring this practice. Managers also planned to include a 'theme of the month' display at the service covering reasons why patients should not stop their own alarms. The same information was to be added to the next local patient newsletter entitled 'Access to Aston'.

Staff completed risk assessments for each patient on both starting treatment at the service, and on arrival to every treatment session. Staff updated them when necessary and used recognised tools. On arrival to each treatment session, staff assessed patients access points to check it was safe to dialyse and that there was no visible infection. Staff used the British Renal Society assessment to score the condition of the arterio-venous access point. This was a nationally used standardised assessment and ensured staff visually assessed and recorded data to improve patient safety. This was consistently completed for all appropriate patients in each record we reviewed.

When patients were due to commence dialysis at the service, and monthly thereafter, staff completed a range of standardised risk assessments to promote harm free care. The risk assessments included a falls risk assessment, the 'waterlow' assessment which assesses for the risk of developing pressure ulcers, a moving and handling risk assessment, and a venous needle dislodgement risk assessment. Staff also undertook an 'essence of care' assessment which assessed a patient's holistic needs, such as mental and social wellbeing. In all six records these assessments were reviewed and updated monthly, and action plans were completed. We did observe that for one patient who was at high risk of developing pressure ulcers, staff did not record all required actions in their record. While some actions, such as using pressure relieving equipment and moving the patient to a bed rather than a chair were annotated, actions relating to re-positioning the patient were not written down. This meant that if the patient's care transferred to a different service or to new staff, any repositioning needs may not be documented. We discussed this with the clinic manager who reported they

would address this in future risk assessments and action plans. An action plan provided post inspection showed that staff would be spoken to and asked to record re-positioning, even where a patient usually repositioned themselves.

Staff knew about and dealt with any specific risk issues. As of March 2020, 100% of staff were trained on pressure ulcer prevention (23 staff). Ninety-one percent of staff were trained in falls prevention (21 out of 23 staff).

We checked eight patient prescriptions to check if allergies had been recorded. We found allergies were accurately recorded, including where none were reported by the patient. This was an improvement from our previous inspection in 2017.

The service had access to specialist mental health support. Staff could refer patients to a renal clinical psychologist at the referring NHS trust if patients exhibited signs or symptoms of their mental health deteriorating or reported deterioration in their mood. Where staff were urgently concerned about a patient's mental health they could liaise with the patient's GP and named consultant at the referring trust to ensure support was identified. Staff shared examples of occasions when patients had expressed thoughts which indicated they may be at risk of psychological deterioration and explained how they supported patients to get additional medical help.

Staff shared key information to keep patients safe when handing over their care to others. Patients wishing to visit the West Midlands from other parts of the UK or abroad could apply to the unit for dialysis away from base (DAFB). Before a patient was accepted to this service for DAFB, the clinic manager and a holiday coordinator gathered a range of information including a transfer letter from the patient's usual consultant and place of dialysis, recent blood test results and what arrangements were in place for the patient to attend the service for treatment. All gathered information was reviewed to ensure that if a patient was accepted on a DAFB basis, they would be safe. In these cases, the referring NHS trust for this service were informed in case the visiting patient fell ill or needed to attend hospital. At the time of the inspection, DAFB for patients wishing to use this service was cancelled due to the heightened risk of infection spread due to the coronavirus.

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Staffing

The service had enough staff with the right qualifications, skills, and training 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 had enough nursing staff and support staff to keep patients safe. Following a period of high turnover in 2019, the clinic was almost fully staffed at the time of inspection. A clinic development manager and a deputy clinic manager who were both renal nurses worked supernumerary to support the clinic manager (the deputy clinic manager did also undertake core shifts part of their working time). In the event of an unexpected staff shortage, such as urgent sickness, these two staff nurses could support by working directly with patients.

As of December 2019, the service employed 14 nurses to cover a whole time equivalent of 12.3. Two of the nurses worked part time, the rest full time. At that time there was one vacancy. Nurses were supported by three dialysis support workers and six healthcare assistants.

Managers accurately calculated and reviewed the number and grade of nurses, dialysis support workers and healthcare assistants needed for each shift in accordance with national guidance. Nursing staff worked on a ratio of one qualified staff member to four patients. This was a requirement as per the contract with the referring NHS trust. Qualified staff members included nurses and dialysis support workers. Staff we spoke to on the day of inspection confirmed this happened in practice.

A senior nurse led each shift. This ensured there was always a nurse with experience and knowledge to support junior staff.

The service had low vacancy rates. As of December 2019, there was one vacancy reported which was for a nurse.

The service had high turnover rates. Throughout 2019, managers reported a high rate of turnover. In 2019, nine nurses had left the service, and seven had joined. Four healthcare assistants had left the service and five had

joined. We discussed this with managers during the inspection. Exit interviews had been held with all staff choosing to leave the service, and no specific themes were identified at this stage.

The service had high sickness rates. For 2019 the sickness rate for nurses was 8.2% and for healthcare assistants was 11.9%. As of February 2020, the sickness rate was 10%, which included 150 hours of long term sickness from January 2020. Staff sickness was managed in line with the provider wide absence management policy. No themes had been identified at the service, however, at a provider wide level mental health conditions had been identified as a causal factor for absences. Therefore, provider wide actions had been implemented, such as external counselling provision and creating internal mental health champion roles.

The service had reducing rates of bank and agency nurses used. From October to December 2019, bank staff covered 172 nursing shifts. Agency staff covered 26 shifts. As of January and February 2020, no shifts were covered by agency staff, and 103 shifts were covered by bank showing a slight reduction.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Bank staff liaised with the clinic manager and nurse in charge to ensure they were aware of any changes since their last shift. Managers made sure all bank and agency staff had a full induction and understood the service. Data from the service showed that agency staff were used from one agency.

We spoke with staff including bank staff during the inspection. The bank nurses were knowledgeable about the service, competent to undertake all nursing tasks and supported the overall staffing numbers. Other staff told us that the bank staff worked regularly at the service and provided safe support to ensure the service was fully staffed.

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. However, areas which required improvement in record keeping were found.

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During the inspection we reviewed six patient records. All records viewed contained relevant information to keep patients safe and to ensure effective treatment. All six records contained an in-date dialysis prescription which had been renewed since January 2020. We did notice that one record was for a patient that undertook self-care (this means the patient connected and disconnected themselves to dialysis machines rather than staff doing this) however, this was not reflected within the patient record. Therefore, if the patient was to transfer elsewhere, this would not be identifiable from their record. We discussed this with the clinic manager who told us they would address this post inspection.

Patient records were both paper and electronic based. The records were comprehensive, and all staff could access them easily. Electronic patient records were shared with the referring NHS trust; and staff at the unit had access to the trust's electronic system for patients using the service. The provider was due to be implementing paperless records at the service within the month following our inspection. The new system involved staff entering all information, such as pre connection assessments and vital sign checks, onto an electronic device which was then saved. This system promoted safety as it prompted staff to enter required information; and prevented staff from progressing unless they had completed all necessary checks.

The paper-based records were well ordered with a table of contents to enable staff to easily and quickly find information, such as risk assessments or consent forms. All records had a patient photo on the inside front cover to help staff visually identify patients. Records contained a range of relevant information including dialysis prescriptions and treatment plans, check sheets of various safety checks, such as fistula monitoring, admission assessments for each patient, a range of risk assessments and various patient consent forms. This was an improvement from the previous inspection in 2017 where it was found that records did not contain risk assessments or updated plans of treatment for patients.

Generally, the records were completed to a high standard, but we found some specific areas for improvement. For example, the waterlow risk assessment (for pressure ulcers) specified that staff sign and print their name, however, not all staff did this. Instead some staff only provided a signature which meant it may be hard to

identify who had made specific entries. This was discussed with the clinic manager who reported that they would address this with staff. Data provided post inspection confirmed the service did have a list of staff signatures so they could identify the signatory if necessary.

We found one patient record did not contain an admission assessment which was completed with all patients prior to them commencing treatment at this service. We spoke to the clinic manager who told us an assessment was due to be re-completed with this patient by the end of March 2020.

We noted some inconsistent practice with the use of a form entitled 'care pathway overview'. This form listed activities and interventions and was completed by staff at every treatment session for every patient. In all six records, this was filled in at each session; for example, staff ticked to say if the patient had received a pre-dialysis assessment, if they had been connected to a dialysis machine, that they had been disconnected from and dialysis machine and so on. We noted one item was named 'mental capacity'. For one patient this box was ticked at times but not at others. We asked the clinic manager to clarify whether this meant the patient did not have capacity on these occasions. After this, it was apparent that some staff ticked the sheet to confirm the patient did have capacity, whereas other staff left the box blank to indicate the patient had capacity. Therefore, staff completed the form differently indicating more training was required on completing this particular form to use it meaningfully to record each patient's treatment session.

Managers audited patient records monthly. Data from the service that audit results from December 2019 to January 2020 ranged between 94.4% and 98.5% compliance. Where areas of improvement were required, managers set specific actions, such as completing an aspect of the care plan the same day or having a discussion with relevant staff members.

Records were stored securely. Records were stored in lockable cabinets kept in each bay. During our inspection, these were consistently locked when not in use. This was an improvement from the previous inspection in 2017 where it was found that records were not securely stored. Archived records were stored in a locked room in a staff only area before being sent to a third party secure storage company.

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Medicines

The service used systems and processes to safely prescribe, record and store medicines. Staff did not always check prescriptions when administering one specific medicine.

Staff mostly followed systems and processes when prescribing, administering, recording and storing medicines. As of December 2019, 92% of relevant staff were trained in medicines management (11 out of 12 staff). One nurse had one third of a module to complete until they were fully compliant.

Managers had recorded medicine errors on the service risk register as of January 2020 following medicine errors being reported via incident reporting and as part of audits. These included missed or incorrect doses, and documentation errors. Actions included increased medicines audits and manager completion of a root cause analysis investigation after any incident. These were also reported to the referring NHS trust. Data from the service showed results of monthly prescription delivery audits from December 2019 to February 2020. Compliance ranged from 97.3% to 98.3%. Managers immediately addressed non-compliance with relevant staff.

The nurse administering medicines during treatment wore a red tabard which clearly showed the task they were undertaking. This alerted other staff, patients and carers to not distract the nurse while they were wearing this. We observed a senior nurse to support junior staff when medicines were prepared and administered.

Staff followed current national practice to check patients had the correct medicines. Staff checked the identification of patients before administering medicines. Staff asked for specific details, such as date of birth, and the patients full name. Where patients spoke no English and there was not a member of staff on shift who spoke the same language, staff used photographs within patient folders to identify the patient visually and checked the patient record to check confirming details, such as date of birth. Staff watched patients take any oral medicines to ensure these had been taken as prescribed and administered.

We saw low molecular weight heparin (blood thinning medicines to prevent blood clots) was prepared in line with the provider procedure which included checking the

patient prescription. Staff ensured they were administering the medicine to the correct patient by confirming the patients' identity; however, did not re-check the patient prescription at this point. We directly observed this on two occasions. The provider procedure entitled 'checking and preparing low molecular weight heparin' states the following is required when administering this medicine: 'Positive patient identification should be used and the 6 rights of safe medication administration should be followed (Right patient, right drug, right dose, right time, right route, and right documentation)'. This procedure reflects best practice; however, during our inspection the element of 'right documentation' was missed. We raised this with the managers during the inspection. Following our inspection, managers told us that due to the use of PPE (gloves) when administering this medicine due to the potential for blood splash, staff completed a visual check of the prescription rather than picking it up to review the documentation. However, during our two observations, neither staff member visually checked the prescription. One prescription was in folded on top of the dialysis machine and the other was on the other side of the patient to the nurse administering the drug.

Consultants from the referring NHS trust reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. When prescriptions were changed following monthly quality assurance meetings, nursing staff communicated this to patients. We reviewed 14 dialysis prescriptions and found these to be up to date, clear and issued by a named consultant from the referring trust. This was an improvement from our previous inspection in 2017 where some prescriptions were found to be out of date.

Staff stored and managed medicines in line with the provider's policy. We saw that staff checked fridges containing medicines daily to ensure they remained at a safe temperature. One fridge was noted to have gone out of range on several occasions for a short period of time. Staff were aware of how to manage this and reset the fridge on each occasion. Post inspection, the clinic manager had requested quotations to replace the fridge.

The service had four oxygen cylinders on site. Two of these were stored in the store room, and two were securely stored in the treatment area. During the inspection we observed one of the cylinders in the

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treatment area was blocked from quick access due to a hoist being placed in front of it. All cylinders checked were in date. We raised the blocked cylinder with managers, who told us that the alternative cylinder was accessible.

The satellite coordinator who regularly visited the service and was employed by the referring NHS trust had undertaken training to prescribe some specific medicines, such as the flu vaccination. This enabled patients to receive some medicines in a timely way.

None of the staff at the service were able to prescribe medicines themselves; however, had access to blank medicine administration records that were kept securely behind nurses' stations. Staff told us they could write out medicine charts out in readiness for consultants to sign when they were on site. We requested further information about this. Data post inspection reported these were to ensure that patients received medicines when required. For example, after a change to a prescription following a review of blood results. However, this information reported that the prescription charts were not filled in by nurses but were kept for completion by a consultant or the satellite coordinator to complete at monthly quality assurance meetings which contrasted with what staff told us on site. Prescriptions were audited monthly and all prescriptions we reviewed during the inspection were signed appropriately by a consultant or the trust satellite coordinator who was a nurse prescriber.

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 provider policy. Staff could record incidents on an electronic system or report directly to a manager. Staff gave us examples of the type of incidents they would report which ranged from clinical concerns, equipment problems and documentation issues.

The service had no never events or serious incidents between January and December 2019. A never event is defined as 'serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic barriers are available at a national level and should have been implicated by all healthcare providers'. Data from the service showed that staff had reported a total of 474 incidents from January to December 2019. Two hundred and nine of these incidents related to patients choosing to shorten their prescribed treatment time for more than 15 mins. Eighty-two incidents related to patients not turning up for their treatment session. Both issues were on the service risk register.

Staff understood the duty of candour. The duty of candour is a statutory (legal) duty to be open and honest with patients or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. The service had not experienced any incidents which required met the legal threshold to initiate the duty of candour. Despite this, staff were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff we spoke with clearly understood the duty of candour and the responsibilities within this. As of December 2019, 96% of staff were trained in the duty of candour (22 out of 23 staff).

All staff could access a policy entitled 'reporting and follow up of clinical incidents' which gave additional guidance about what constituted an incident, and how staff should escalate these.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The local managers reviewed incidents raised and completed further investigations if needed. These were discussed with area management and escalated to the executive management level if required. Managers debriefed and supported staff after any serious incident.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. Staff told us that they received either email or verbal feedback from a manager after they had

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submitted an incident. Any learning from specific incidents was added to team meeting agendas so that managers could share this information. Information was also shared at staff handover times.

Data from the service showed that root cause analysis investigations were completed which included action plans and improvements to practice.

The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.

Are dialysis services effective? (for example, treatment is effective)

Good 

We rated Effective as **good**.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. One policy reviewed did not reference all current guidelines.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to a range of provider policies and procedures which were up to date and referenced best practice. We reviewed a sample of these and found they contained enough detail to enable staff to carry out their work. One area which could be improved was that the safeguarding adults and child protection policies did not reference relevant and up to date national intercollegiate guidance regarding either training expectations for staff, or advice on female genital mutilation. We had already fed this back at a previous inspection; and it is acknowledged that this is a provider wide policy rather than a local policy.

Staff told us they received updates to national guidelines, information about clinical best practice, and changes to provider policies and procedures through emails and at team meetings. Managers were proactive in updating policies to address new information or risk.

During our inspection we directly observed staff working with patients. Staff followed best practice when connecting and disconnecting patients to dialysis machines. Staff used aseptic non touch technique (ANTT) when doing this. ANTT is a standardised approach which has been shown to significantly improve the reduce the numbers of Healthcare Associated Infections. We saw that some staff using this technique did vary how they did this from the provider policy. This meant that the use of the technique was not standardised within the service. We did note, that despite the inconsistency between staff, all staff used ANTT safely to maintain an aseptic working area. Following the inspection, feedback from managers was that all staff who used this technique were up to date with their competency training, however, the area practice development nurse would ensure that staff were provided with additional support to continue to standardise their practice. Particularly as a new provider policy about ANTT was due to be introduced.

Staff at the service used a central venous catheter (CVC) tracking form for all patients who had this access type. CVC is a catheter placed into a large vein. It is a form of venous access which enables patients with this to be connected to the dialysis machine. Through using this form, staff monitored, and recorded access care needed or given.

During our inspection we found that a patient present at the time undertook self-care; they connected and disconnected themselves to a dialysis machine. A carer was also learning to care for their relative. Staff were in the process of training the carer to connect and disconnect this patient to the dialysis machine. Encouraging self-care follows national best practice as per the National Institute for Health and Care Excellence (NICE) chronic kidney disease quality standard 14.

We observed that in the case of the patient whose carer was learning to undertake care (shared care), there was not a named nurse or staff member who was leading on this training; although a trained nurse did observe the process to provide support. This meant that there was a lack of continuity for the carer while learning specific techniques. We acknowledged that there was no formal training pathway to follow for this process within the UK. Data from the service confirmed that all patients or carers undertaking self-care or shared care were provided with a competency and training booklet to enable staff to have a

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clear oversight of learning, and to identify any areas where the patients or carers need additional support. In addition, the service was intending to send a staff representative to self-care training in order to support patients.

Staff knew the importance of protecting the rights of patients' subject to the Mental Health Act and followed the Code of Practice. The service did not have any patients who were detained under the Mental Health Act. Staff routinely referred to the psychological and emotional needs of patients. As part of completing risk assessments with patients, staff completed the 'essence of care' assessment which meant they asked patients about their holistic needs and requirements other than medical treatment.

Nutrition and hydration

Staff gave patients drinks and snacks during their treatment sessions. Patients were referred for specialist dietitian support.

Staff provided hot drinks and biscuits to patients while they dialysed. Patients were able to take their own food in to consume during their treatment session. Staff were aware of how much fluid each patient was permitted to consume.

Where staff organised social events, such as buffets, they ensured the food on offer was suitable for people on dialysis. For example, low in potassium.

Specialist support from dietitians was available for all patients who needed it. A dietitian employed by the referring NHS trust attended the service to see patients on an outpatient basis. We saw that of patients who completed the patient satisfaction survey in June 2019, 86% were pleased with staff understanding of their dietary needs. This was an increase from June 2018 when the service scored 73%.

Pain relief

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

Staff assessed patients' pain prior to starting each treatment sessions. Staff held regular conversations to understand how each patient experienced pain or discomfort, especially when being connected to dialysis machines.

Patients received pain relief soon after requesting it. Staff could provide local anaesthetic injections prior to inserting needles into patients' fistulas or grafts. Staff could also provide paracetamol to those patients who had been prescribed this medicine.

If a patient was experiencing ongoing or unbearable pain, they were referred to either their GP or their named consultant from the referring NHS trust.

Patient outcomes

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

Outcomes for patients were positive, consistent and worked towards national standards.

The service did not directly submit outcome data to The Renal Registry. Instead the submitted they required data to the referring NHS trust, who collated and submitted all relevant data.

The Renal Association Clinical Practice Guidelines (2019) outline expectations of haemodialysis treatment. These include urea reduction ratio (URR), the length of time a patient spends dialysing per week (more than 12 hours per week in total) and a low molecular weight heparin (anti-coagulant medicine) be given to all suitable patients during treatment. We saw the service considered these guidelines when providing treatment; and where required through their contract with the referring NHS trust, monitored and reported on compliance. All suitable patients at the service received anticoagulant in line with these guidelines, and patients were actively encouraged to undertake their prescribed treatment time.

The Renal Association national guidelines and standards specify 80% of all prevalent long term dialysis patients should receive dialysis treatment through a definitive access: arteriovenous fistula (AVF) or arteriovenous graft (AVG) or Tenckhoff catheter (used for peritoneal dialysis whereby the access point for dialysis treatment is through the stomach). AVFs are where an artery and a vein are

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joined together and an AVG is where an artery and vein are joined together by an artificial tube to make a better access for needles used when having dialysis treatment. During our inspection we saw that 76% of patients had permanent access (71.3% had a fistula, 4.6% had a graft). Patients who had a central venous line, which is considered to be a temporary access point made up 24.1%.

The unit reported on treatment adequacy outcome data and produced quarterly monitoring reports. The data was reviewed at quality assurance meetings at the trust, and where necessary prescriptions and treatment plans were amended.

Two of the main functions of kidneys are to regulate the amount of water and salts in the body as well as eliminating waste products, such as urea. Where haemodialysis is used as a treatment for severe kidney failure; one of the ways to measure the treatment's effectiveness is to measure the reduction on urea post treatment.

Reduction of urea was a key performance indicator; specifically, the percentage of haemodialysis programme patients with a urea reduction ratio (URR) of >65% (greater than 65%). Data from the service showed that from January to December 2019, between 92.5% and 99% of patients had a URR greater than 65%. This was inline with other clinics in the West Midlands.

One risk to patient outcomes was that a number of patients were not receiving their prescribed treatment time due to choosing to end their session early. This meant that outcome results for some patients were not compliant with The Renal Association guidelines and patients would not receive the full benefits of the treatment session. Managers had added this to the service risk register and created actions taken to manage this. For example, having conversations and providing written information about the importance of receiving full treatment. We observed an information board display in the patient waiting area about this which clearly outlined the risks of reducing treatment for non-clinical reasons.

Managers also reviewed both shortened treatment times and patients who chose to not attend for their sessions at monthly quality assurance meetings. The satellite coordinator from the referring NHS trust was an invitee to these meetings to ensure information was shared.

The service had 20 unplanned transfers to an acute hospital setting from January to December 2019.

Local and area management oversaw a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment and shared this with staff.

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 qualified and had the right skills and knowledge to meet the needs of patients. Due to a high turnover of staff within 2019, several nurses were newer to dialysis and renal medicine which meant that staff skill mix was varied. Managers supported staff to develop specific renal competencies quickly and safely through a variety of methods. One initiative involved the referring NHS trust. Additionally, local managers had arranged specific training sessions with the access specialists at the referring NHS trust (access here means the access point on a patient's body which enables them to be connected to a dialysis machine) to develop competence and confidence.

In addition to an area practice development nurse, this service also employed a clinic development manager. This role was filled by a registered nurse and was supernumerary to the staff allocated to work directly with patients. This meant this staff member was available to help support and develop staff, especially newer members of the team. During our inspection, this staff member was on site. We observed some effective teaching and up-skilling of staff to support ongoing development and achievement of competencies.

Managers gave all new staff a full induction tailored to their role before they started work. All new staff received a 12 week induction prior to undertaking their role independently, which could be extended where more support needs were identified. As part of this induction, nurses worked supernumerary for at least four to six weeks to support their development. Staff we spoke with confirmed this was the case.

Staff members were required to undertake initial and ongoing competency based training. This included the

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provider wide mandatory training programme for all staff. The area practice development nurse oversaw competency training and took responsibility for signing off new starters. The on site clinic development manager worked to support new starters to complete their induction.

A mentor was allocated to new staff to support them through developing competencies. Mentors were experienced staff nurses who were provided with support and training to undertake this role. Staff spoke positively of the mentorship programme and reported it was useful for development. Senior nurses continued to proactively provide 'on the job' teaching and training to newer nurses as required.

Part way through the induction period for new starters, an interim interview was held to discuss progress and identify objectives. At the end of the induction, a final interview was held to review and sign off the new starter as competent.

Managers supported staff to develop through yearly, constructive appraisals of their work. As of December 2019, 100% of eligible staff had received an appraisal. Staff told us they had yearly appraisals and regular one to one meetings with their line manager. Staff had the opportunity to discuss training needs with their line manager at their appraisals and were supported to develop their skills and knowledge.

The area practice development nurse and clinic development manager supported the learning and development needs of staff. Nursing staff were supported to develop and undertake reflective practice towards their re-validation.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff had access to monthly team meetings. Staff not on shift at that time could attend and managers ensured they were paid for their time. Meeting minutes were kept in a folder in the staff room for any staff who were unable to attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers at the service were

focused on succession planning which involved identifying staff with potential to progress for example, from junior nurse to senior nurse, or from clinic development manager to clinic manager.

Managers made sure staff received any specialist training for their role. Clinical staff had link roles which meant they undertook extra training in order to support the wider staff team with a specific area of knowledge. Link roles included infection prevention and control, blood borne viruses and dialysis access points. Managers at the service organised specialist training through the local referring NHS trust, such as access training and support for newer staff. This meant that staff could get support when working with patients with more complicated access point where they were connected to dialysis machines.

Two nurses had completed a formal renal qualification run through universities. All nurses and dialysis support workers were required to complete a provider e-learning training course entitled the basic dialysis programme which incorporated 14 modules. This was endorsed by the European Dialysis and Transplant Nurses Association. Nursing staff could apply for funding for further university based training.

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. Quality assurance meetings were held monthly to review clinical governance, dialysis and medication prescriptions, care, review patients' monthly blood test results and to discuss any follow-up care. Attendees included the clinic manager plus a named renal consultant, a satellite co-ordinator and a dietitian all from the referring NHS trust. The information from these meetings was recorded and shared with service staff to ensure all staff knew of changes to patient treatment plans.

Staff at the service kept in regular contact with relevant staff from the referring NHS trust. This included named consultants, a dietitian allocated to the service, a renal psychologist and the satellite coordinator who oversaw all referrals.

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Staff worked across health care disciplines and with other agencies when required to care for patients. Staff referred patients for additional support if required. This included support for symptoms of mental health, social support or general support. Staff could make direct referrals to a renal psychologist based at the referring NHS trust, to representatives from the local Patient Kidney Patient Association (a volunteer run association) and to a welfare officer who was employed by a third-party provider.

Patients could see all the health professionals involved in their care at the time of their treatment. Staff at the service made effort to book appointments, such as dietitian and consultant sessions on the same day as patients had their treatment to reduce the amount of time spent at the clinic.

Patients had their care pathways reviewed by the relevant consultants on a monthly basis as part of the quality assurance meetings. Consultants attended the service to have one to one appointments with patients.

Six-day services

Key services were available six days a week to provide patient treatment sessions.

The service opened six days per week and offered morning, afternoon and twilight sessions. Opening hours were 6.30am to 11.30pm Monday, Wednesday and Friday and 6.30am to 6.30pm on Tuesday, Thursday and Saturday.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests during routine working hours. If out of hours advice was needed, such as during a twilight shift or early in the morning, staff could call the on-call renal registrar at the referring NHS trust.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Information leaflets about different aspects of chronic kidney disease were plentiful. Staff had produced wall displays which highlighted various health promotion areas, such as good nutrition and the importance of not cutting treatment time short.

Posters about the importance of washing hands and arms, particularly for patients who had fistulas, were displayed in areas where all patients visited, such as by the weighing scales. Specific posters about the prevention and control of Coronavirus were displayed in high visibility areas. Staff drew patients' attention to these.

Patients had access to a folder containing a range of information about local support and safeguarding services. For example, local domestic violence services.

Staff provided support for any individual needs to live a healthier lifestyle. Staff provided verbal and written advice to patients and carers about the Coronavirus and how to protect themselves.

The service could refer patients to welfare officers who were employed by a third party organisation. The welfare officers offered advice and support about social needs including housing and benefits.

Consent and Mental Capacity Act

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. They used agreed personalised measures that limit patients' liberty.

Staff received and kept up to date with training in the Mental Capacity Act (MCA) and consent. As of March 2020, 96% of staff had undertaken training in MCA, consent and the Deprivation of Liberty Safeguards (DOLS). This numbered 23 out of 24 staff.

Staff would not ever need to use DOLS at this service as the law does not cover outpatient settings but did receive training as above to raise staff awareness.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. A range of consent forms were used. These included patient consent to start dialysis treatment, patient consent to continue with dialysis treatment, patient consent to have photographs taken and to be used, patient consent for screening of blood and consent forms in relation to data

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protection and use of information. We saw these forms were signed by both staff and the patient. Updated consent forms for one patient were countersigned by an interpreter who had been used for this process.

Staff clearly recorded consent in the patients' records. Copies of consent forms were stored in patients' paper records and were easily visible to staff. Where amendments were made to consent given, this was clearly annotated. For example, one patient had consented to having a photograph taken to be placed in their patient record; however, did not consent for the photographs to be used for any other purpose, such as advertising or newsletters.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us about patients who dialysed at the service who were diagnosed with conditions known to affect capacity. Staff were aware to assess the cognitive capacity of patients to give consent to treatment for any patients where this was identified as necessary.

When patients could not give consent, staff referred to the referring NHS trust for support and guidance. It was rare that staff would work with a patient who did not have capacity to consent to treatment as these patients would generally be treated at the acute trust. However, staff understood that patients could have deteriorating or fluctuating capacity which they would need to support. Data from the service showed that at the time of inspection, no patients receiving treatment had a lack of capacity to consent to treatment.

Staff made sure patients consented to treatment based on all the information available. Consent forms contained large amounts of information. The provider policies around consent stipulated that staff read through consent forms with patients to check understanding.

Are dialysis services caring?

Good 

We rated Caring as **good**.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Managers created action plans for low patient survey results.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff gave us examples where they had engaged in conversation with patients who lived alone and appreciated that they were the only people that patient might speak to until their next dialysis treatment session. Staff told us of reminiscing with patients which helped patients remember happy occasions and memories in the past.

Multi- and bi-lingual staff spoke to patients in patients' first language where this was not English to enable caring and supportive social interaction.

Patients said staff treated them well and with kindness. Staff identified when patients were uncomfortable, for example, if a patient was chilly, and made effort to help the patient with their needs.

Staff newer to the service told us how they had worked to build positive and open relationships with patients. This helped patients feel more comfortable for newer staff to work with them, especially when connecting patients to dialysis machines.

In May 2019, the Patient, Carer and Community Council (PCCC) visited the service to assess the environment, and the care and treatment given by staff. The PCCC team that visited comprised a volunteer and a staff member both from the referring NHS trust. During this visit, patients reported that staff were kind and caring. Patients also said that staff worked very hard and treated them with privacy and dignity.

We saw results of the patient satisfaction survey from June 2019 where patients who completed this could leave comments about their care. Sixty-five percent of patients dialysing at the clinic at that time completed the survey. We observed that one patient was very unhappy with the level of care they experienced, although related this to the overall provider rather than the staff at a local level. Another patient reported that staff were kind and treated them with respect. We saw other comments which stated the service had a supportive atmosphere and that generally the staff treated them well. Many

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comments centred around the high turnover of staff, the lack of local clinic management and waiting times. During our inspection we observed the clinic manager, and newer staff actively engaging with patients and encouraging conversation and engagement. During our inspection, patients told us that the current clinic manager took the time to support them and that staff treated them well. Furthermore, we saw other actions had been taken, such as collaborative letters from the service and the referring trust were sent to patients about recruitment, and proactive measures were taken to reduce shortened treatments. Results from a second patient satisfaction survey later in 2019 showed improved scores.

Staff followed policy to keep patient care and treatment confidential. Staff took patients or carers into one of the two private consulting rooms for any private conversations to maintain confidentiality.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff and managers engaged in conversations and undertook assessments which enabled them to have a better understanding of patients' holistic care needs.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff and patients told us how staff had showed positive support when patients presented as upset or in distress. Where appropriate, staff would use physical contact to comfort patients, such as holding the hand of a patient who was distressed.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff were able to place screens around patients if a patient was unable to go to a private

space. Staff told us of examples where they had actively supported patients who were very distressed, or who were having personal problems outside of treatment that was impacting on their emotional wellbeing.

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 gave an example of supporting a patient who had ongoing access problems which meant they were limited to how they received dialysis. Staff told us how they supported this patient to ensure they felt confident to receive their treatment and to ensure a good line of communication.

Understanding and involvement of patients and those close to them

Staff supported and involved 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. Staff updated patients or carers there was any changes to their treatment needs following monthly blood tests.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff took time to explain results. We saw evidence in the patient satisfaction survey, and from when we spoke with patients, that staff explained treatment clearly.

Staff supported family members or carers to be involved in patients care, such as by holding needles in fistulas while they were taped. Where patients or carers wanted to undertake their own care; staff encouraged this and enabled patients or carers to become competent to do so. Following our inspection, data showed that managers and staff were encouraging patients to be involved in their care, such as by washing their own arms if they had a fistula.

During our inspection patients gave positive feedback about the service and presented as open and willing to answer questions.

Are dialysis services responsive to people's needs?
(for example, to feedback?)

Dialysis services

Good 

We rated Responsive as **good**.

Service delivery to meet the needs of local people

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

Facilities and premises were appropriate for the services being delivered. The service was in a business park. Although the service was based across two levels, only the ground floor was accessible for patients. This meant all patients could access the building despite their level of mobility. All areas within the clinic were step free and accessible. Toilet facilities were suitable to patients and carers who used wheelchairs. Ample parking spaces were available to patients who drove themselves to treatment, including two disabled parking bays. The service was convenient for those using public transport. A bus stop was located within a few minutes' walk, and the nearest train station was one mile away.

Approximately 50% of patients used patient transport services provided by the local NHS ambulance trust. There was space outside the entrance of the building for these vehicles to pull up and assist patients in and out of the waiting area.

A large waiting area was available for patients before and after treatment. The waiting area had 18 chairs, and space for patients who used wheelchairs to sit. A receptionist worked in this area was Monday to Friday to greet patients, support patients with queries and provide any assistance needed.

The service had two consultation rooms for appointments with dietitians, consultants or for other sensitive conversations.

The service had 24 dialysis stations. In the main treatment area, there were three bays. Two of these had eight stations each and the third bay had four stations. Additionally, there were four side rooms. Of these 24

stations, six beds were available, two of which were in side rooms. The remaining stations had adjustable chairs for patients to use. The stations with beds were primarily for patients who had a need for a bed.

Managers planned and organised services, so they met the changing needs of the local population. The service was required to work within the requirements of the local NHS referring trust which meant they provided for the local community. The service adhered to a provider policy which set out clear referral criteria for patients who dialysed at the unit.

The service offered a range of availability of sessions. This included twilight sessions three days a week to support patients who worked during the week day.

Managers monitored and acted to minimise missed appointments. Managers ensured that patients who did not attend appointments and did not inform the service were contacted. The set process was to first attempt to contact the patient directly, or their nominated carer if applicable. If this was not successful, staff then contacted the patients' next of kin. Following this, police were called to conduct a welfare check on the patients. Managers reported all missed appointments to the named consultant; and where possible sought to offer an alternative treatment session to the patient.

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. However, most of the written literature was in English.

Staff made sure patients living with mental health problems, a learning disability and dementia, received the necessary care to meet all their needs. Due to the service being a satellite unit away from the referring acute hospital, there were low numbers of patients diagnosed with neurological conditions, such as dementia or learning disability or with mental health conditions. The patients that were diagnosed with such conditions were generally more independent. Staff were aware of patients that had additional needs and were trained and able to support them.

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Staff supported patients living with dementia and learning disability. Staff encouraged carers and relatives to accompany patients with additional needs. Staff were familiar with every patient and able to provide individualised care.

The service did not have a policy on meeting the information and communication needs of patients with a disability or sensory loss which is a legal requirement under the Accessible Information Standards. Staff had access to picture cards to communicate with patients who were unable to communicate verbally.

Managers made sure patients could get help from interpreters when needed. Interpreters could be accessed through the referring trust and were generally arranged for formal conversations, such as consultant appointments or when a consent form was renewed. For day to day interactions, where possible staff who spoke the same language as specific patients were allocated to work in that area to support communication. Family or carers could support with communication also for day to day interactions. Where patients had no carers and did not speak English at all, communication cards were used to ask and answer questions. Alternatively, staff could access a telephone-based interpretation service through the referring NHS trust.

The service did not have many information leaflets available in languages spoken by the patients and local community. At the time of the inspection, managers told us that the provider was in the process of developing literature in languages other than English.

Staff enabled flexibility with treatments where they were able to maximise patients' quality of life. For example, if a patient had an occasion or event to attend that clashed with a treatment session, staff worked to move the treatment session if possible.

Two bariatric chairs were available in the waiting room which patients or carers could use. The service did not have any patients who required a specialist bariatric bed or reclining chair during their treatment. Managers told us if a patient who required this was referred to the unit, then they would discuss equipment needs with the referring NHS trust to ensure the patient's needs were met.

Staff used portable privacy screens when working with patients whose access points were in areas that meant patients bodies would be exposed. This was an improvement from our previous inspection in 2017.

Access and flow

People could access the service when they needed it and received the right care promptly. However, patient transport delays impacted on patients undertaking their full treatment or being delayed at the clinic. We acknowledged that the clinic manager took action to address this where possible.

Managers monitored waiting times. In February 2020, 80% of patients commenced dialysis treatment within 30 minutes of arriving at the clinic.

As of December 2019, 38 patients were on a waiting list to dialyse at the service. While on the waiting list, patients dialysed either at the local referring NHS trust or at an alternative satellite clinic. The service had 100% utilisation from October to December 2019.

Patients often commented upon delays in being collected before and after treatment sessions; we saw this at the time of our inspection. Delays in collecting patients before and after treatment sessions was on the risk register as this had a large impact on the time available for patients to dialyse. Whilst all patients were able to receive their full treatment time if their transport was late to drop them off for their session, this had the subsequent effect of potentially causing the patient to miss their booked transport to go home. As a result, some patients chose to shorten their treatment, rather than be further delayed. Staff at the service actively encouraged patients to not shorten their treatment and supported patients who were eligible to gain funding for private taxis. Another consequence of a patients commencing treatment late, was that the patients arriving for the next treatment slot would also be delayed. This meant the clinic could occasionally stay open for longer than scheduled. Staff remained on site until all patients had been collected or left the building.

The clinic manager liaised with patient transport services regularly to support patients to get to and from their treatment sessions. The clinic manager had a designated contact who they spoke to regularly to resolve concerns and complaints. This contact then escalated concerns up

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through the third party provider. At times the designated contact themselves chose to come and collect patients to ensure patients were able to maximise their treatment. Patient transport delays featured as in governance meetings and was on the service risk register.

Managers worked to keep the number of cancelled treatment sessions to a minimum. From January to December 2019, no sessions were cancelled or delayed due to non-clinical reasons. As reported above, managers followed a standardised process when a patient did not attend for a treatment session.

From January to December 2019, managers reported that 86 treatment sessions were not attended by patients. However, this figure did not include those patients who were offered and attended an alternative session. This figure comprised 0.4% of total treatments for the 12 month period. For the same period, 209 treatment sessions were shortened by more than 15 minutes. This comprised 1.2% of total treatments. All missed and shortened treatment sessions were recorded as an incident. This was monitored and reviewed through the service risk register.

Staff supported patients who wished to go on holiday or visit other parts of the UK or abroad. A designated holiday co-ordinator supported patients to apply for dialysis away from base at other clinics in the areas which the patient wished to visit.

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. Patients we spoke with told us that they felt comfortable to speak with staff or the local managers about any queries or concerns. Patients told us they were aware of how to make a formal complaint if they needed to.

The service clearly displayed information about how to raise a concern in patient areas. Patients could complain

to the service, or to the referring trust through the patient advice and liaison service. Patients could also leave comments or complaints in a patient post box located in reception.

Managers investigated complaints and identified themes. From January to December 2019, managers received 12 complaints. Of these one was partially upheld. We reviewed a response to a patient complaint and found this adequately answered the complaint raised. All complaint responses were completed within 20 working days as required by the provider complaints policy.

Managers kept a log of all complaints and recorded actions taken as a result. We reviewed this data and saw that actions taken were appropriate to the complaint made.

Staff told us how they worked with patients and carers who were unhappy with the service. For example, in 2019, due to a high turnover of staff, patients sometimes had to wait longer to be connected to dialysis machines. Some patients were unhappy about this. Staff told us they explained the reasons for the delay and apologised to patients.

Staff understood the policy on complaints and knew how to acknowledge them. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff we spoke with were aware of themes from complaints and knew how to work on these.

Patients received feedback from managers after the investigation into their complaint. We saw from the patient complaint log that patients were involved in the investigation of their complaint where applicable.

Are dialysis services well-led?

Good 

We rated it as **good**.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the

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

The service was run by a clinic manager (also the CQC registered manager) and supported by a deputy clinic manager who was a registered nurse. A clinic development manager worked alongside the clinic manager at the service to provide clinical oversight and support. An area manager and an area practice development nurse provided support to this clinic and five other locally based locations.

Staff knew to approach the clinic manager for general management concerns or questions, and the deputy clinic manager or clinic development manager for any concerns or questions relating to clinical practice. Staff told us that local managers were visible and approachable. Staff reported feeling supported to develop and to share good practice.

The local management team told us they were supported by senior management including provider wide executive managers. Area managers organised monthly one to one meetings with each clinic manager to ensure ongoing support.

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.

Information about the vision and values of the provider was in staff areas and on the provider intranet. The vision was to “improve quality of life for renal patients”. The provider wide values encouraged staff to be passionate about involving patients in their care, being competent to deliver care and to be inspiring.

During the inspection we observed staff working towards the provider vision; taking time to engage with patients and encourage patients achieve goals. The service displayed the provider strategy for staff to review.

We saw that plans were in place locally to improve the service after managers had received feedback from staff and patients. The unit was almost fully staffed and new and junior nurses were well supported to become competent and experienced in their role to best support patients. The local management was stable at the time of inspection; and as a result plans could be made to support patients, such as social days out and special events.

Culture

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

Since the previous inspection in 2017, there had been several changes of clinic managers. In addition, the service had experienced a high turnover of staff in 2019. Both staff and patients had reported the impact of this. For example, in the patient satisfaction survey (June 2019) and the report following a patient, carer and community council visit (a volunteer and a staff member from the referring trust, May 2019), several patients commented on the impact of having less staff and reported that staff seemed less well supported at that time. We saw at the current inspection in 2020, the clinic manager had been in post for eight months by that point. In addition, the clinic was almost fully staffed following a high turnover rate in 2019. We saw this had a stabilising effect which enabled staff to feel supported.

Staff told us there were opportunities to develop at the service. They told us managers supported them to apply for and obtain specific qualifications, such as the renal qualification for nurses. Staff were also supported to develop towards more senior roles as part of succession planning.

Staff we spoke with told us they felt well supported and listened to by local and area management.

Staff told us they could access the provider whistle-blowing policy and were able to raise concerns.

Monthly team meetings were held at a time most likely to capture as many staff as possible. Those staff not on shift were paid for their time to attend these meetings.

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Provider wide training to a representative of each unit was recently held at Aston Kidney Treatment Centre (in March 2020). This included a member of staff from this service. The purpose of this was to provide training in how to identify colleagues who may be experiencing poor mental health to support them. Local staff feedback from this training were positive about the positive impact this could have upon colleagues' wellbeing. This individual was planning to share the learning at the next local team meeting.

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.

A range of face to face meetings were held to ensure the effective sharing of information. Locally, manager meetings were held where local clinic managers discussed concerns, risks and performance. Area management attended contract meetings with the referring NHS trust on a monthly basis to review patients' clinical needs, incidents, changes to prescriptions and risks to the service. Information from these meetings was escalated up internally through operational meetings and cascaded down to staff through team meetings and updates. We reviewed a range of meeting minutes from six months prior to our inspection which showed that issues, performance and risk were clearly discussed and shared across meetings.

The area manager held meetings with all clinic managers in their area every two months to discuss performance and share best practice. We saw three sets of meeting minutes from November 2019 to March 2020. Areas discussed included clinical risks, shared learning and new procedures and practices.

The area practice development nurse attended medical advisory board meetings on a quarterly basis. These focussed on clinical practice and risk. We saw that the high turnover of staffing including clinic managers was discussed and minuted in June 2019. Also, within this

meeting, the team discussed the formulation of a learning from deaths process. This would enable greater oversight and learning opportunities following patient mortality.

Clinic managers attended national conferences twice yearly to discuss best practice and to share knowledge. Due to Coronavirus, the first conference of 2020 was to be re-scheduled by the provider. In addition, as the provider was an international company, an annual meeting was held to share information from overseas locations.

Staff throughout the service were clear on their roles and responsibilities. Staff knew their objectives, such as professional development and processes and plans were in place to achieve this.

The provider did not have a policy on the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for providers of NHS funded care and treatment to comply with AIS. This was raised at the inspection in 2017, and since this point no formal compliance with the AIS has been introduced. We recognised that this related to the provider as a whole, rather than to individual locations. This service did have picture cards that they could use to communicate with patients who required an alternative communication method; and could also access British Sign Language interpreters for patients who used this as a first language.

Managing risks, 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.

The risk register for the service was up to date and reflected current risks. Actions were set to mitigate risks, and these were shared with staff and at governance meetings. Managers discussed local risks with all staff at team meetings. Minutes from these meetings reflected a collaborative approach where staff could share if they identified a new risk.

Local managers were aware of, and actively identified, risks to the service and actions plans. Risks included

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patients choosing to shorten their treatments for non-clinical reasons, patients missing treatment sessions and arrival and collection times relating to the third party patient transport service used.

The local managers had a direct contact with the patient transport service and worked closely to ensure patients arrived and were collected on time. The contact had come out on occasions to collect patients if they were alerted that there was a problem with a patient being picked up.

A number of initiatives had been put into place to reduce the number of shortened treatments, such as using a visual board explaining the risks to patients in the waiting room, having a collaborative and multidisciplinary approach to supporting patients and reporting each shortened treatment as an incident to be reviewed.

During our inspection we found a proactive approach to risk management. Managers used results from internal audits to monitor performance and safety. Where managers identified improvement, actions were set to achieve this. All staff could access a provider policy about risk management.

At the time of our inspection, we provided feedback to the service which included potential areas for improvement. Following the inspection, the service provided an action plan which showed how they would address any concerns. For example, one issue raised was patients with fistulas not washing their own arms, despite staff encouragement, instead choosing to let staff clean them with an antibacterial wipe. Post inspection, the service converted a notice board to include information about the importance of patients with fistulas washing their arms, partially with the new risk of coronavirus. In addition, managers planned to include an article on self-care including arm washing in the next patient newsletter.

Data from the service showed who was responsible for ensuring specific areas were audited. For example, the water treatment monitoring was audited monthly by the clinic manager whereas mandatory training compliance was overseen by the nurse director at provider level.

Incidents were reported by any staff member and were reviewed by the clinic manager. Incidents which met the required threshold were reviewed by the clinic manager and a provider wide compliance manager using a root

cause analysis approach. All incidents were escalated to the area manager for oversight. Managers identified lessons learnt following incidents and cascaded this information to the wider staff group through team meetings, newsletters and other face to face conversations. The local managers updated staff about incidents and learning from other units nationwide.

Managers at the service oversaw a programme of audit to monitor performance and to identify risks and areas for improvement. Audit areas included infection control, health and safety, water quality, fire safety, equipment, medications management and records.

Staff at the service had access to several plans in place to manage any event that could disrupt services from going ahead. These varied depending on the type of event, such as loss of water supply or loss of workforce. A location specific business continuity information sheet was available which detailed which local units could provide support in the event of the service being stopped.

Managing information

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.

Managers at the service ensured that a range of data was collected through a regular programme of clinical and non-clinical audit. This included internal audits, such as hand hygiene and infection control, and audits of treatment efficacy which was shared with the local referring NHS trust. Managers monitored these and used the data to report to the referring trust with whom the service held the contact.

Managers shared audit results and subsequent action plans with the wider provider management team through governance meetings. This information was also shared locally with team members to ensure learning and actions were embedded.

The service had not had to make any statutory notifications to CQC from January to December 2019. Managers were aware of how to do this and were open to sharing information and discussing performance results.

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The service stored data securely including patient records. Managers sent paper patient records to be archived at a secure third party location.

Engagement

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

Staff asked patients to complete a patient satisfaction survey twice a year. During the inspection, local managers were open about a drop in patient satisfaction scores in June 2019. These results followed on from inconsistent local leadership and a high turnover of staff.

Results from the patient satisfaction survey conducted in June 2019 showed the overall patient satisfaction score was 70%. This score was obtained by asking six main questions, then averaging the overall score. The six questions asked of patients were around 'trust', 'involvement', 'diet understanding', 'waiting time', 'care improvement' and 'recommend' (such as would the patient recommend the service to others). Scores for all 6 questions had reduced since 2018 except for 'diet understanding' where 86% of patients felt this was good. The lowest score was for 'waiting time' which was 53%. The percentage of patients that would recommend the service was 60%, as opposed to 75% the previous year.

Despite the results above, the results showed an improved patient response rate; 65% of patients contributed to the survey compared to only 23.6% from 12 months previously.

The overall score of 70% discussed in the paragraph above was the joint lowest score across the provider's 21 UK clinics.

Managers created an action plan to improve on the patient satisfaction scores and shared this with staff and patients.

Managers told us of improved scores later in 2019 and into 2020 after actions had been taken to address concerns and issues raised. We saw that the overall satisfaction score had risen to 85.5%. Eighty-four percent of respondents stated they would recommend the clinic to a friend or family member.

At the time of our inspection, managers were in the process of setting up a patient advocate group for the service. The planning of this had been placed temporarily on hold due to the patients who had volunteered going into hospital. In the mean time patients could provide written feedback using a patient advocate post box. Patients also raised ideas and concerns directly with the clinic manager or other staff members.

Staff involved patients and carers in fundraising initiatives to pay for events and trips. For example, at the time of our inspection an Easter raffle was underway with funds going towards a buffet to celebrate World Kidney Day and a day trip to Blackpool later in the year.

The service used provider wide newsletters to provide staff, patients and carers with information and updates. 'In touch' was a newsletter created for staff, and 'team touch' was for staff. A newsletter specifically for patients at this service had been created. This was called 'Access to Aston'.

The service provided an example of active engagement to keep patients informed of updates and changes. During 2019, the unit had higher than average staff turnover. Patients displayed concern about this due to losing staff they were familiar with and meeting new staff who were not as experienced. The service communicated with the referring NHS trust about the recruitment and ongoing staffing and collaboratively engaged with patients. A joint letter was sent to all patients explaining the changes and any updates.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services.

During our inspection we saw there was significant improvement from our previous inspection conducted in 2017. For example, all patient records reviewed showed evidence of a suite of risk assessments were completed and reviewed on a monthly basis. At the last inspection, staff were not risk assessing all patients. At this inspection we found patient records were securely stored and locked away at all times. This was not the case in 2017. We observed a good standard of clinical competence during our direct observations of clinical care. This, again, was an improvement since our previous inspection in

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2017. In particular we saw governance was strengthened. At this inspection in 2020, clear lines of governance, risk management and performance monitoring were identified.

Managers at the service were in the process of organising a day trip to Blackpool for patients in response to requests. Staff were fundraising, and managers were liaising with the local Kidney Patient Association to financially support the trip.

The day after our inspection was World Kidney Day (12 March 2020). Staff had organised a dialysis friendly buffet for patients to recognise this.

An electronic patient record and management system was scheduled to be implemented in May 2020. This meant each dialysis station would have a tablet beside in on which staff would input patient assessment results and vital sign checks.

The clinic manager, and staff, had developed ways to encourage patients to stay for their entire treatment time therefore, supporting effective treatment. This included using learning shared from other clinic, such as an information display outlining the risks of shortening treatment for non-clinical reasons.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service should ensure that prescriptions are consistently checked before administering all medicines. (Regulation 12: Safe Care and Treatment 12(2)(g) the proper and safe management of medicines).
- The service should ensure that sharps bin lids are not left up. Regulation 12: Safe Care and Treatment
- The service should ensure that when a dialysis machine alarms, staff attend to investigate the cause. Regulation 12: Safe Care and Treatment
- The service staff should encourage patients with fistulas to wash their own arms and hands prior to treatment.
- The service should ensure all staff undertake Prevent training.
- The service should ensure they clearly record in the patient record when a patient or carer is undertaking self or shared-care.
- The service must ensure that staff undertake and record the required number of checks of patients' vital signs.
- The service should ensure that staff have a consistent approach to the use of aseptic non touch technique in line with the provider policy.
- The service should reference the Intercollegiate Document: Adult Safeguarding: Roles and Competencies for Health Care Staff (2018) and the Intercollegiate Document: 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff' (2019) within relevant policies to ensure they are training to the required standards.
- The provider should include information about female genital mutilation within their safeguarding as per the relevant intercollegiate documents.
- The service should consider training staff in working with patients diagnosed with developmental and/ or neurological conditions.
- The service should have a structured process to ensure they are adhering to the legal requirements outlined in the Accessible Information Standard.
- The service should consider how they can incorporate other commonly used languages into their visual displays and written literature.