

Clatterbridge NHS Dialysis Unit

Quality Report

Clatterbridge Hospital
Clatterbridge Road
Wirral, Merseyside
CH63 4JY

Tel: 0151 346 2950

Website: <http://www.freseniusmedicalcare.co.uk/>

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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?	Good	
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.

Overall summary

Clatterbridge NHS Dialysis Unit is operated by Fresenius Medical Care Renal Services Ltd. The unit has 10 dialysis stations in the main ward and two stations in side rooms.

The service provides dialysis services for people over the age of 18; it does not provide treatment for children.

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.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 29 May 2019. We provided short-notice of the inspection as we needed to be sure that key people would be available during our inspection.

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.

- 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 unit controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided effective care and treatment, supported patients with dietary advice on food and drink and assessed and monitored patients regularly throughout their dialysis treatment. The unit manager monitored the effectiveness of the service and made sure staff were competent in their roles. Multidisciplinary team

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. People could access the service when they needed it and did not have to wait for treatment. Complaints were investigated and responded to effectively.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood their roles in meeting 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 accountabilities. The service engaged with patients and its commissioning trust to plan and manage the service. Staff were committed to continually improving the service.

We found areas of practice that require improvement:

- At the time of the inspection, the sluice room was unlocked, and there was no lock on the bin store. Although these were in staff only areas and therefore low risk, the provider should consider how it can prevent unauthorised access into the sluice room and bin store.
- Patients told us they sometimes experienced difficulty with the tuning of the television sets at their dialysis stations.

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

Ann Ford

Summary of findings

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service

Dialysis services

Rating

Summary of each main service

Good



We rated the services delivered by Clatterbridge NHS Dialysis Unit as good. This was because services were delivered in a safe and effective way that protected patients from harm. Patients were involved in the care and treatment which was delivered with kindness and compassion. The services delivered by the unit were designed to meet and be responsive to the needs of the people it served, and as individuals. The service was led by a passionate unit manager who promoted a positive culture of success throughout the service.

Summary of findings

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Good



Clatterbridge NHS Dialysis Unit

Services we looked at

Dialysis services

Summary of this inspection

Background to Clatterbridge NHS Dialysis Unit

Clatterbridge NHS Dialysis Unit is operated by Fresenius Medical Care Renal Services Ltd. The Clatterbridge dialysis unit opened in June 2008 and primarily serves the Wirral area population, with occasional access to services for people who are referred for holiday dialysis. The service provides haemodialysis treatment to adults.

The service's registered manager has been in post since January 2011. The registered manager (clinic manager) was available for the announced inspections. Fresenius Medical Care Renal Services Ltd has a registered manager for this location who has been in post since October 2010.

The unit is registered for the following regulated activities:

- Treatment of disease disorder or injury.

CQC previously inspected the unit in June 2017; we did not rate the service in that inspection. Our May 2019 inspection confirmed that previous requirement notices from that inspection had been addressed by the provider.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and one other CQC inspector. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Why we carried out this inspection

We carried out the inspection of Clatterbridge NHS Dialysis Unit as part of our routine inspection programme.

Information about Clatterbridge NHS Dialysis Unit

Clatterbridge dialysis unit is operated by Fresenius Medical Care Renal Services Ltd. The unit opened in 2008 and primarily serves the Wirral area.

The Clatterbridge dialysis unit is located within the Clatterbridge hospital in Bebington. It provides treatment and care to adults only and the service runs over six days, Monday to Saturday. There are no overnight facilities. There are three treatment sessions on Mondays, Wednesdays and Fridays starting at 7am, 1pm and 6pm respectively. There are two treatment sessions on Tuesdays, Thursdays and Saturdays.

The clinic has 10 stations in the main treatment area and two side rooms that were accessed from the main ward

area. Access to the service was through the hospital main entrance. There was no allocated parking for the unit, but patients had access to free hospital parking, with a pass provided by the unit. A security system was in place to access the unit.

Patients were referred to the unit by a local NHS Foundation Trust (the commissioning trust). The referring trust provided the unit with three consultant nephrologists, a dietician, a pharmacist, a specialist vascular access nurse and a specialist anaemia nurse.

The service employed seven staff members. There were five registered nursing staff in addition to the clinic manager, one dialysis assistant and a clinic secretary.

Summary of this inspection

We spoke with a range of staff including, registered nurses, dialysis assistants, reception staff and senior managers. We spoke with four patients. We also received 10 'tell us about your care' comment cards which patients had completed prior to our inspection. We reviewed five sets of patient records.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. This is the fifth inspection of this service by CQC. The most recent previous inspection took place in June 2017.

Activity

In the last 12 months there have been two statutory notifications submitted by the service to CQC.

The unit had capacity to provide treatment to 54 patients. There were 50 people using the unit's services at the time of the inspection.

The unit provided, on average 550 treatment sessions per month. Between May 2018 and April 2019, the unit had provided 3380 treatment sessions to adults aged between 18 and 65, and 4524 treatment sessions to adults over 65 years of age. Of these 100% were NHS-funded.

No services were offered to people under the age of 18.

The unit did not provide any dialysis at home treatment services.

Track record on safety.

In the 12 months prior to the inspection:

- There were no reported never events.
- One in-patient death occurred on the unit. The death was classed as unexpected and reported to the CQC.
- There were four incidents that were classed as moderate or above that triggered a duty of candour process.
- There were three patient falls on the unit reported in the past 12 months.
- There was one incidence of healthcare acquired methicillin-resistant staphylococcus aureus (MRSA).
- There were no incidences of healthcare acquired methicillin-sensitive staphylococcus aureus (MSSA).
- There were no incidences of healthcare acquired clostridium difficile (C. Diff) but there were two incidences of other bacteraemia.
- There were no complaints received.

Services accredited by a national body:

The clinic is accredited against ISO 9001 quality management system.

Services provided at the unit under service level agreement:

- Water supply
- Hospital 2222 service
- Fire safety
- Building maintenance
- Waste management (domestic and clinical waste)
- Cleaning services

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

Good



- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The unit was supported by enough medical staff from the commissioning trust with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- 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.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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.

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

Summary of this inspection

- The sluice room was unlocked during our visit, and the bin store was not lockable. This meant there was a very small but potential risk of unauthorised persons being able to access these areas.

Are services effective?

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

Good



- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.
- Staff gave patients enough food and drink to meet their needs and provided dietary advice improve their health. The service made adjustments for patients' religious, cultural and other needs.
- Staff monitored patients to see if they were in pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service audited its quality standards against the Renal Association Guidelines. Managers used information from the audits to improve care and treatment. Managers carried out a comprehensive audit programme.
- 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.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available six days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- The service had relevant information promoting healthy lifestyles and support on the unit.
- 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. Nursing staff completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records.

Summary of this inspection

Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients said staff treated them well and with kindness. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff were discreet and responsive when caring for patients. Staff followed policy to keep patient care and treatment confidential.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. 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 supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff talked with patients, families and carers in a way they could understand. Staff supported patients to make informed decisions about their care.

Good



Are services responsive?

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. Managers planned and organised services so they met the changing needs of the local population. Facilities and premises were appropriate for the services being delivered. Managers ensured that patients who did not attend appointments were contacted.
- 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. Managers made sure staff, and patients, relatives and carers could get help from interpreters or signers when needed. The unit could access information leaflets available in languages spoken by the patients and local community.
- People could access the service when they needed it and received the right care promptly. The service monitored

Good



Summary of this inspection

utilisation of the unit's capacity and made sure patients could access services when needed and received treatment within agreed timeframes. The unit manager worked to keep the number of cancelled treatment sessions to a minimum.

- 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.

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

- Patients told us they sometimes experienced difficulty with the tuning of the television sets at each dialysis station.

Are services well-led?

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The 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.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders 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.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Good



Summary of this inspection

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.
- The service engaged well with patients and staff to plan and manage appropriate services. All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in improvements.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Dialysis services

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

Are dialysis services safe?

Good 

We have not previously rated the safe domain for this service. We rated it as **good**.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included a range of statutory, clinical and health and safety training modules such as, but not limited to, safeguarding vulnerable children and adults, prevention of healthcare associated infections, medicines management, reporting of incidents practical moving and handling skills, slips trips and falls, and fire safety. Additionally, staff undertook training in the provider's NephroCare Hygiene Plan and NephroCare Standard Good Dialysis Guide.
- Training was delivered to all staff in a blended approach which included e-learning and classroom sessions. E-learning sessions could be undertaken around work commitments, at a time to suit the staff.
- Managers monitored mandatory training and alerted staff when they needed to update their training. The service used a live training and education monitoring tool to track training completion. The matrix was colour coded in a red, amber, green system which highlighted if staff were up to date with their training (green), approaching renewal (amber) or overdue (red). We reviewed the matrix during the inspection.

- Nursing and dialysis assistant staff received and kept up to date with their mandatory training. At the time of the inspection, all staff had completed the mandatory training modules relevant to their roles. Future training dates had been scheduled for staff approaching individual training module renewal dates.

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.**
- The service had a detailed safeguarding adults and children manual (UK-CI-09-47) that clearly set out accountability and responsibility for identifying and reporting safeguarding concerns. This included information relating to female genital mutilation, child abuse and radicalisation.
- The clinic manager was the safeguarding lead for the unit. The area head nurse had been trained to safeguarding vulnerable adults level three and plans were in place for undertaking safeguarding level four training.
- Nursing and dialysis assistant staff received training specific for their role on how to recognise and report abuse. This included training on the safeguarding vulnerable adults and children to level two, and in recognising radicalisation. At the time of the inspection staff had completed, or were scheduled to complete, the annual e-learning safeguarding level two training. There were no staff in the unit with level three training; however, support was available from the area head nurse if required.

Dialysis services

- There were no services delivered for persons under the age of 18 years. However, staff received this training as the provider recognised that staff may come in to contact with children, parents and carers in the course of their work.
- Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding contact numbers were displayed on the unit.
- Staff received training on equality, diversity and human rights as part of their induction. All staff had completed this training.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**
- The provider had a hygiene, infection prevention and control policy (UK-CI-09-22). The policy which was effective from December 2018, aimed to “ensure implementation and maintenance of effective and consistent hygiene, infection prevention and control measures in line with best practice guidance and relevant regulation/legislation”.
- The policy was reinforced by the NephroCare Standard for Hygiene and Infection Control (C-UK-CI-09-04) standard operating procedures. The procedures, which were effective from July 2016, aimed to “establish and maintain a common approach to safe hygiene practices in NephroCare clinics”.
- The policy and procedures were supported by the provider’s NephroCare Hygiene Plan, which was effective from July 2016.
- The service had an infection control link nurse who undertook the additional infection, prevention and control duties alongside their substantive nursing role.
- All areas in the unit were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up to date and demonstrated that all areas were cleaned regularly.
- The service had a contract with an external cleaning contractor to provide cleaning services. Cleaning equipment was colour coded and kept in a locked cleaning cupboard. Regular audits were undertaken by the cleaning supervisor to ensure standards were maintained; these were discussed with the unit manager.
- Staff followed infection control principles including the use of personal protective equipment. We observed staff on the unit complying with the arms ‘bare below the elbow’ guidance. Staff used appropriate personal protective equipment such as visors, colour coded aprons, masks, goggles and gloves in line with the provider’s infection prevention and control policy (UK-CI-09-22).
- All staff were trained and used an aseptic non-touch technique when accessing patients’ fistulas (a fistula provides easy and reliable access to a patient’s bloodstream for dialysis) and dialysis lines. This minimised infection transmission between patients. Staff washed their hands between patients; handwashing sinks were located by each dialysis station and throughout the unit.
- The service completed hand hygiene audits on a monthly basis. Between January 2019 and May 2019, the audits showed an average compliance rate of 89%. Monthly environment hygiene audits showed a 95% compliance rate over the same period. Hand hygiene and infection prevention and control audits were a standing agenda item at the monthly team meeting.
- All dialysis lines were pre-packed and were single use only. Once dialysis treatment was completed, we saw that all used lines were disposed of in clinical waste bags and any needles placed in sharps bins.
- Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We observed staff cleaning dialysis machines, ancillary medical devices, beds, trays and trolleys between patients to ensure good levels of hygiene and minimise the risk of cross contamination. Staff ensured the dialysis machines underwent a heat disinfection procedure after every use. We saw competencies in staff files to show that staff were trained in cleaning procedures for the dialysis machines.
- Staff worked effectively to prevent, identify and treat central line site infections. A multi-racial visual inspection catheter tool (Mr Victor) was used. This guide provided nursing staff with a consistent and recognised description of the condition of the catheter site using a score of zero to four. The tool provided nurses with pictures and guidance on the assessment and monitoring of central venous catheters to quickly highlight signs of infection.
- Patients used the same dialysis machine on each visit to the unit. The dialysis machines were numbered, and

Dialysis services

patients were allocated a specific dialysis machine and the number recorded in their records. This reduced any associated infection prevention and control risks if patients were to use different machines for their treatment.

- The service had a blood borne virus policy (UK-CI-09-31). The service screened patients quarterly for blood borne viruses such as Hepatitis B, C and HIV.
- Patients identified as having a blood borne virus were dialysed in a side room using a dedicated dialysis machine and vital signs monitoring equipment to avoid cross contamination. Patients who went on holiday to areas at higher risk of blood borne virus transmission were dialysed in isolation for three months on their return to the unit. There had been no incidents of blood borne virus transmission on the unit in the 12 months prior to the inspection.
- The service used the local NHS trust's policy for methicillin-resistant staphylococcus aureus (MRSA) and methicillin-sensitive staphylococcus aureus (MSSA) screening. MRSA and MSSA are infections that have the capability of causing harm to patients. MRSA is a type of bacterial infection and is resistant to many antibiotics. MSSA is a type of bacteria in the same family as MRSA but is more easily treated.
- MRSA screening was undertaken for all patients on a monthly basis, and MSSA screening was carried out when a patient was transferred to the unit. In the 12 months prior to the inspection, the service reported one case of MRSA and two cases of other bacteraemia loads. There service reported no cases of methicillin-sensitive staphylococcus aureus (MSSA).
- All cases were reported as clinical incidents. We reviewed the incident reports for all three cases which indicated that staff had taken appropriate action to transfer patients to appropriate secondary healthcare providers, to seek advice from the renal consultants, and to commence antibiotics where appropriate.
- Water used for the preparation of dialysis fluid was monitored for contaminants and microbiology issues. Chlorine levels in water were tested daily and other contaminants such as nitrates tested monthly to ensure the quality of the water used. This was in-line with the Renal Association guideline 3.3 – HD: Chemical contaminants in water used for the preparation of

dialysis fluid. We viewed the daily water plant records, which were fully completed. Similarly, the water was tested for endotoxins, fungal contaminants and total viable count for microbiological contaminants.

- A two-yearly legionella risk assessment was carried out on 16 March 2017. The overall risk score indicated the unit was at high risk and a remedial action plan was recommended. However, the report recognised this reflected the susceptibility of the patients in the unit, and that the overall risk would reduce to medium risk if the remedial action plan was completed in full. All actions were shown as complete on the reassessment in August 2018.
- Daily flushing of all taps in the unit was carried out. This reduced the risk of development of bacterial infections in water supplying sinks in the unit. We saw evidence this had been fully completed between September 2018 and March 2019.

Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.**
- The unit appeared clean and tidy and areas were kept free of clutter. All doors were unobstructed and fire escapes were clear. All corridors were wide and provided ample access to the main ward treatment area and were suitable for wheelchair use.
- All areas of the unit flooring were easy clean surfaces in case of spillages and appeared free of dirt and staining.
- Access to the unit was controlled. Patients and visitors were required to press a call bell to gain access.
- The design of the environment followed national guidance. With two isolation rooms, the unit met the requirements of the health building note 04-01 supplement A – isolation facilities in acute settings.
- There was adequate space between dialysis chairs to allow for privacy, but also space for staff to be able to attend to patients. This met the recommendation of a preferred minimum of 900mm between stations is set out in Health Building Note 07-01 – Satellite dialysis unit.
- The nurses' station was located centrally to the ward area, so that staff were able to maintain visual contact with patients. The side rooms were behind the nurses' station so viewing these rooms was not as easy. A

Dialysis services

separate alarm system was used in the side rooms that sounded different to the alarms on the machine. We observed this system being used to alert staff to any issues within the side rooms.

- Staff carried out daily safety checks of specialist equipment. Two spare dialysis machines were kept on site in case a fault developed on any of the machines on the main unit. The spare machines appeared clean and ready for use. Electrical safety testing was carried out for all portable electrical appliances in the unit. We reviewed a sample of equipment throughout the unit which clearly indicated that testing had been carried out.
- The service had enough suitable equipment to help them to safely care for patients. A rolling annual maintenance and calibration programme for the dialysis machines, chairs and other clinical equipment was in place. This ensured that all equipment was checked and tested annually. Maintenance was undertaken by the provider's dedicated facilities management technicians. The programme calendar for 2018 showed completion of all scheduled maintenance works. Staff told us the maintenance technicians were very responsive to request for repair of equipment.
- All storage areas were well organised and tidy. Stock was placed on shelving and there was an appropriate stock rotation system in place to ensure the oldest equipment was used first.
- Equipment stock in the storage areas was CE marked. For example, dialysis needles and accessory kits. This ensured that all dialysis equipment was approved and compliant with relevant safety standards and met the Renal Association guidelines. Guideline 2.2 - HD: Haemodialysis equipment and disposables. We saw that all dialysate was CE marked in accordance with the Renal Association guidelines. Guideline 3.1 - HD: Concentrates for haemodialysis. This ensured that the dialysates used met the required standards for safe patient treatment.
- The water treatment plant was organised and appeared clean and tidy.
- Staff disposed of clinical waste safely. Clinical waste was appropriately segregated. We observed that sharps bins were part closed when not in use. Sealed waste bags and sharps boxes were stored in a bin room within a staff only area of the unit until collection by the third party contractor. We noted that neither the bin room, nor the industrial bins were locked. At the time of the

inspection a dividing door between the staff only area and another unit of the hospital, which normally remains secure, was unlocked as a result of the fire test. This meant there was a very minimal but potential risk of unauthorised persons being able to access the bin room. We raised this with the provider at the time of our inspection. The clinic staff took remedial action and contacted the fire officer who then attended the unit; the dividing door locking mechanism was reset.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**
- The provider had a complications, reactions and other clinical event pathways policy. This included flowchart pathways for staff to follow in the event of a range of complications; such as, but not limited to, anaphylaxis, catheter dislodgement, cardiac arrest, high venous pressure, needle dislodgement, and seizures; blood leak and clotted circuit or dialyser; and, slips, trips or falls. This policy was supported by the provider's resuscitation policy.
- Staff followed processes for patient identification, which met the NMC standards for medicine management. Staff routinely asked patients for their names and date of birth, prior to commencing dialysis and issuing medication.
- Confirmation of identification was required by the dialysis machines. Patients used an electronic card, picked up on arrival in the waiting area, to record their weight; this card was then inserted into the machine which subsequently prompted staff to confirm the patient identity. This ensured patients received the correct treatment, as the machine would not progress until the patient's identity had been confirmed on the dialysis machine.
- Staff completed risk assessments for each patient on arrival and updated them when necessary and used recognised tools. We reviewed five patient records, all of which indicated that the patient had been assessed for falls risk. Patient risk of venous thromboembolism was assessed at the commissioning trust prior to transfer of care to the unit and was reassessed every three months by the vascular access nurse.

Dialysis services

- Patients had their vascular access sites assessed by staff prior to treatment. Fistulas or central venous catheters were assessed pre and post dialysis for infection, with any variances recorded via the electronic system.
 - Prior to dialysis needle insertion; the registered nurses primed the needles using a syringe with saline. This is considered best practice, and commonly known as 'wet needling'. Wet needling minimises the risks of an air embolism. This process was outlined in the NephroCare standard for good dialysis care procedures for the staff to follow.
 - All staff, including the dialysis assistant were trained and able to undertake wet needling technique. This was an improvement since the last inspection.
 - Staff knew about and dealt with any specific risk issues. Sepsis is a life-threatening illness caused by the body's response to an infection. Information about recognising sepsis were displayed in the waiting room to help raise awareness among patients. All staff had received sepsis awareness training and had a good understanding of sepsis.
 - Staff identified deteriorating patients and escalated them appropriately. Since the last inspection, the unit had implemented the provider's suspected sepsis risk assessment pathway (UK-CR-09-145). The pathway detailed the steps staff should take to detect and manage a patient suspected of developing sepsis. This was in line with the NICE guideline (NG51) for recognition, diagnosis, or early management of sepsis. Awareness information about sepsis, including the pathway flowchart, was clearly displayed throughout the clinical area, and an awareness poster was displayed in the patient waiting area.
 - Staff shared key information to keep patients safe when handing over their care to others. We saw an example of an incident relating to a patient who became unwell during dialysis and was displaying signs of sepsis. Staff took appropriate action and transferred the patient via emergency ambulance to a local emergency department where the patient was commenced on intravenous antibiotics. The incident report indicated good sharing of information between the unit and the other healthcare provider.
 - Patients' weight, temperature, pulse, and blood pressure were checked before dialysis commenced, after the patient had been connected to the dialysis machine, and after dialysis ended. Although no formal early warning score system in place, patients were monitored throughout their dialysis treatment and additional mid-treatment readings were taken during dialysis if clinically required. The frequency of readings could be increased for patients who were feeling, or looked visibly, unwell and were deteriorating or patients who were at higher risk due to other health conditions. The readings were automatically transferred to the patient's electronic record. We observed patients and staff undertaking these observations.
 - Staff responded to alarms on the dialysis machines and patients did not override the alarms when they sounded. This meant that significant risks such as detection of a dislodged needle could be identified to prevent significant blood loss.
 - Emergency equipment was checked daily, with items appropriately packaged, stored and ready for use. The resuscitation trolley was provided by the trust. We reviewed a random selection of equipment on the trolley; all were within the manufacturer's recommended expiry date.
 - Staff were aware of the process to transfer deteriorating patients to the nearest emergency department via the emergency services. The transfer protocol was included in the provider's Complications, reactions and other clinical event pathways policy (UK-CI-09-15).
 - All staff had completed basic life support (BLS) and immediate life support training (ILS). This training provided staff with the knowledge and skills to be able to respond to patients requiring resuscitation.
 - In the 12 months prior to the inspection 21 patients had been transferred from the unit to another health care provider.
 - A personal emergency evacuation plan (PEEP) was in place for every patient.
 - Patients used nominated dialysis machines to aid tracking and traceability.
- ## Nurse staffing
- **The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.**
 - The service had enough staff of all grades to keep patients safe. At the time of the inspection, the unit

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employed seven registered nurses, one dialysis assistant, and a clinic secretary. The registered nursing staff included the unit manager, deputy manager and a team leader.

- Daily staffing levels were planned eight weeks in advance using a bespoke e-rostering system. The unit worked to a predetermined staff level and skill mix as contractually agreed with its commissioning NHS Trust. This meant the unit provided a ratio of one staff member to every four patients per shift, with a minimum of two registered nurses per shift. The skill mix for each shift was set at 67% qualified nursing staff and 33% unqualified (dialysis assistant) staff.
- The unit manager reviewed daily staffing levels and adjusted them according to the actual number of patients attending for dialysis. The number of nurses and dialysis assistants on all shifts matched the planned numbers. Where unexpected staff shortages were identified, action was taken to rearrange shifts with staff cooperation, or fill the shift with a bank or agency member of staff.
- Managers limited their use of bank and agency staff and requested staff familiar with the service. The unit used the provider's in-house nurse bank, Renal Flexibank.
- Managers made sure all bank and agency staff had a full induction and understood the service. All bank staff undertook a corporate and short local induction programme with a training shift and competency assessment with the same standards and procedures as full-time staff. Job functions mirrored those of full time employed staff. Mandatory training records were monitored by the Flexibank administrators, to ensure training was up to date. If training lapsed, staff were suspended from shift allocation until evidence of completion was received.
- In the event that Flexibank staff were not available to cover shifts, the unit used a regular external nursing agency. External staff were required to have renal experience and, where possible, have a renal qualification. They were required to undertake a temporary worker induction checklist, which included emergency equipment, before commencing their shifts. The unit sought to use external agency staff who were already familiar with the unit and the service.

- The service had low sickness rates, and low rates of bank and agency nurse's usage. In the three months prior to the inspection the unit reported a 2% sickness rate for registered staff; two shifts were covered by bank staff and one shift by agency staff.
- In the 12 months prior to the inspection, three registered nurses left the unit, while four registered nurses joined the unit. In the same period one dialysis assistant left the unit but had not yet been replaced.
- The service had one nursing vacancy. At the time of the inspection, the vacant dialysis assistant post had been replaced by a registered nursing post.

Medical staffing

- **The service did not directly employ the medical staff; however, the unit was supported by enough medical staff from the commissioning trust with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**
- The unit was supported by enough medical staff to keep patients safe. The unit was nurse led; however, three consultant nephrologists from the commissioning trust were responsible for, and managed, the medical care and treatment of patients attending the unit. Each consultant was responsible for a cohort of patients. One consultant was responsible for the twilight patients; one was responsible for the daytime patients on Monday, Wednesdays and Fridays; and, the remaining consultant was responsible for the daytime patients on Tuesdays, Thursdays, and Saturdays.
- Staff and managers told us they could access the nephrologists through the trust if they needed advice and support, and they were contactable via phone or email.
- The service always had a consultant on call during evenings and weekends. A consultant nephrologist was available as 'nephrologist of the week' on an on-call 24-hour basis.

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.**
- The dialysis unit used a combination of electronic and paper records. Data was uploaded daily from the

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electronic record to the commissioning trust's patient records system. This ensured that the consultant nephrologists had access to their patients' records at all times, including when not on the unit.

- Staff were competent in the electronic record system and all had received mandatory training in order to effectively use it.
- We reviewed five sets of patient records. These were of good quality and contained patient demographics including height, weight as well as the patient prescription and blood results. All patients had a care plan and risk assessments in order to provide staff with the necessary information to provide safe care and treatment.
- In line with the provider's record keeping policy, any variances to treatment required staff to complete a treatment variance record. This included if the patient wished to terminate dialysis prior to the required treatment time. We saw that the patient also signed an early termination report. This was also recorded in the electronic record to inform the nephrologist.
- Prior to treatment, any variances from the previous treatment session needed to be acknowledged by staff prior to commencement of a new session. This ensured that staff were aware of any specific issues relating to care and treatment.
- A post-treatment patient report was shared electronically with the nephrologist after each treatment session to highlight any problems encountered in treatment and to request further advice and support as needed.
- When patients transferred to the unit, there were no delays in staff accessing their records. The transfer process required a mandatory data quality confirmation check to be completed. This was to ensure that data provided in the transfer accurately reflected the patient's information and was cross-checked between the commissioning trust's and the unit's records.
- Personal emergency evacuation plans had been developed for all patients attending the unit.

Medicines

- **Staff followed systems and processes to safely prescribe, administer, record and store medicines.**
- The service had a corporate medicines management policy (UK-C-09-05). Staff were aware of where to find it on the intranet.

- All staff completed mandatory training in preventing medication errors and completed annual competency declarations that included medicine management competencies.
- The unit manager was the clinic lead with responsibility for the safe and secure handling and control of medicines. The nurse in charge, which varied dependent on shift patterns, was the key holder for the medicines cabinet on a day to day basis.
- We observed two staff members carrying out the medicines round; each patient's identity (name and date of birth) was checked before administering any medicines. This was in line with the provider's NephroCare standard for good dialysis care (C-UK-CI-09-03).
- The unit did not store or administer any controlled drugs.
- We reviewed a sample of medicines held by the unit. All medicines we reviewed were within the manufacturer's recommended expiry date.
- The service stored medicines which needed to be refrigerated in a locked fridge. Records indicated that staff completed daily fridge and room temperature checks, in line with their corporate policy, to ensure that medicines were kept at the correct temperature, so they were still effective.
- Staff stored and managed all medicines and prescribing documents in line with the provider's policy. Staff reviewed patient's medicines regularly. Every patient had an individualised treatment prescription. The consultant nephrologists completed all medicines prescriptions. We saw that the prescriptions were kept on the unit's electronic patient record system and dialysis prescriptions were printed out into the paper patient records.
- Any requests to change prescriptions, where the consultant nephrologist was not available, were made to the senior house officer at the local trust via the on call bleep system. The requested change was made electronically.
- The unit manager faxed information about medicines changes to each patient's GP. Some GPs had access to the commissioning trust's electronic patient database, which enabled them to review information about their patients.

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- Staff followed current national practice to check patients had the correct medicines. We observed that nursing staff administered medication following best practice. Staff checked identity of the patient against the prescription.
- A renal pharmacist from the commissioning trust provided support to the clinic and advice relating to dialysis medicines. Additional advice could be sought by staff from the lead pharmacist based at the provider's head office.

Incidents

- **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**
- The service had a clinical incident reporting policy (UK-CI-14-01) that clearly set out: definitions of clinical incidents, corporate reporting requirements and timescales, external notification processes and escalation processes for different incidents. The accountability and responsibilities of staff were clearly defined in the policy.
- Staff knew what incidents to report and how to report them. An electronic incident reporting system captured details regarding clinical, non-clinical and treatment variance incidents.
- Staff reported serious incidents clearly and in line with trust policy. Managers debriefed and supported staff after any serious incident. There were four serious incidents in the 12 months prior to the inspection. Three of the incidents related to death of a patient away from the unit, and one patient death on the unit. We reviewed the incident reports for each case which detailed the relevant actions taken by staff. All of these deaths appeared to be due to causes not related to the treatment provided by the clinic.
- All clinical and non-clinical incidents reported, and learning from them, were discussed in staff meetings, and recorded in the minutes of the meetings.
- Managers investigated incidents thoroughly. The unit manager, area head nurse and regional business manager had oversight of any incidents that occurred within the unit. Once the incident form had been completed, the clinical incident forms were sent to the clinical incident team for triage. This team screened the incident to ensure the detail and quality of the incident report was sufficient. If required, a safety bulletin could be produced to share across the organisation to aid learning.
- Non-clinical incidents were reported to the health and safety team.
- Patients and their families were involved in these investigations. Staff understood the duty of candour. Staff were open and transparent and gave patients and families a full explanation if and when things went wrong. The duty of candour is a regulatory that, as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred, a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.
- The unit manager reviewed safety alerts and bulletins when received. We saw evidence that safety alerts and bulletins were shared with staff who were encouraged to read and sign to confirm they had understood the changes.
- Treatment variances, such as when a patient decided they did not want to receive the full dialysis session as detailed on their prescription, were recorded using the electronic patient record system. Patients were required to sign a document to consent to not receiving the full treatment; this was also documented on the electronic patient record.
- There were no never events reports by the unit in the 12 months prior to the inspection. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- The unit had an emergency preparedness plan. The plan defined roles and responsibilities; provided emergency contact details for key emergency services, public services and utilities, and headquarter personnel.

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This ensured continuity and recovery of business during and following a major incident affecting the operation of the unit. Staff received awareness training in the plan as part of their mandatory training.

Safety Thermometer

- The NHS Safety Thermometer allows teams to measure harm and the proportion of patients that are 'harm free' during their working day. Although the unit did not utilise the safety thermometer, it monitored the number of falls of patients and staff on, and off, the unit. In the 12 months prior to the inspection the unit recorded 11 falls; of these, one was a staff member fall, three were patient falls on the unit, and seven were patient falls off-site (e.g. at home).

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

Good 

We have not previously rated the effective domain for this service. We rated it as **good**.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**
- The provider developed a NephroCare Standard Good Dialysis Care that took into account professional standards and guidance from the Renal Association, the National Institute for Health and Care Excellence (NICE), best practice and research literature from a range of sources. The standard addressed the processes to follow immediately before, at the beginning, during and at the end of haemodialysis treatment, and provided a guide for all staff to follow to ensure safe care and treatment for patients receiving treatment at the unit.
- Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The NephroCare standard provided a framework against which the provider's other policies and procedures were linked. We reviewed a range of policy documents which clearly referenced sources of guidance and research relied upon in the development of each policy.
- Treatment to patients was provided by staff in line with their individual treatment prescriptions, which were based on the Renal Association Haemodialysis guidelines (2009) and the National Institute for Health and Care Excellence (NICE, Quality standard QS72, 2015). Prescriptions were reviewed and amended by the multidisciplinary team following monthly monitoring of patient's individual blood results. This enabled the medical team to review the effectiveness of treatment and to make improvements or changes to a patient's care plan.
- Patient treatment data was recorded by an electronic information management system. The live data was available for review by the clinic manager and the consultant nephrologists, and the system was able to produce customised analysis and reports. This meant that opportunities to improve individual patient outcomes were easily identifiable, and performance against the provider's national standards could be assessed.
- NICE Quality Statement (QS72, 2015) was followed with regard to how staff monitored and maintained each patient's vascular access (for treatment). All patients receiving treatment had their vascular access site monitored and maintained prior to dialysis. Nurses monitored the vascular access site and recorded this on the electronic patient record system. A patient concerns record was also used to raise any issues with the consultant nephrologist. This was in line with the National Institute for Health and Care Excellence (NICE) QS72 statement 8.
- Assessment of patients' vascular access was carried out before and during treatment. Continuous monitoring by the dialysis machine meant that nurses were alerted by a machine alarm to any potential issues that could relate to poorly functioning fistula.
- Patient's weight, temperature, pulse, and blood pressure were checked before dialysis commenced, after the patient had been connected to the dialysis machine, and after dialysis ended. Additional readings were taken during dialysis if clinically required and if the patient requested this. The readings were automatically transferred to the patient's electronic record. We observed patients and staff undertaking these observations.
- The centre met the national recommendations outlined in the Renal Association Haemodialysis Guidelines

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(2011); for example, Guideline 2.3: 'Haemodialysis equipment and disposables' and Guideline 6.2: 'Monthly monitoring of biochemical and haematological parameter (blood tests)'.

Nutrition and hydration

- **Staff gave patients enough food and drink to meet their needs and provided dietary advice to improve their health. The service made adjustments for patients' religious, cultural and other needs.**
- Patients were given a choice of food and drink that were compatible with their cultural and religious preferences. Sandwiches, biscuits and drinks were offered to patients during each dialysis session. Options for halal or kosher compliant foods were restricted to vegetarian sandwiches; however, similarly, the demographics of patients attending the unit meant there were few requests for alternatives.
- The unit was supported by a renal dietician who attended the unit twice a week. The dietician promoted education on food and diet and weight management. The dietitian kept their own records. We were unable to review these during the inspection.
- Ninety-four per cent of respondents to the patient survey said that staff "discussed what to eat and drink now that they are on dialysis".
- An information notice board within the waiting area included helpful dietary information for patients on foods with high potassium levels. Dietetic information booklets and leaflets were also available in the clinic waiting area.

Pain relief

- **Staff monitored patients to see if they were in pain.**
- If patients were experiencing severe pain, they would be transferred to the referring hospital.
- Paracetamol was stocked as a first line measure to manage generalised pain.
- There were topical anaesthetic sprays held in the medicine cabinet that could be applied prior to the patient being cannulated for dialysis, if requested.

Patient outcomes

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

- The unit was nurse-led; however, overall responsibility for patient care lay with the consultant nephrologists from the commissioning trust. Patient treatment prescriptions and care plans were individualised to achieve effective patient outcomes in line with the UK Renal Association Standards.
- The service audited its quality standards against the Renal Association Guidelines. Managers used information from the audits to improve care and treatment. Information about the outcomes of patients' care and treatment was collected and monitored by the service to ensure good quality care outcomes were achieved for each patient. The unit measured and reported to the commissioning trust on its effectiveness against the quality standards of the Renal Association Guidelines. Electronic treatment data collected by the dialysis machines was submitted to, and combined with data from, the commissioning trust for inclusion in its overall submission to the UK Renal Registry.
- The registry collects, analyses and reports on data from the UK adult and paediatric renal centres. The data submitted included patients under the direct care and supervision of staff; it did not include information on patients undergoing dialysis elsewhere during holiday periods. As the unit's data was combined with the trust's data, the unit was unable to benchmark its outcomes against other providers' clinics.
- The service used standard methods of measuring dialysis dose. Urea Reduction Ratio (URR) is the most widely used index of dialysis dose used in the UK. URR is the percentage fall in blood urea achieved by a dialysis session and studies have shown the URR should be at least, or greater than, 65%. Data showed that between January 2019 and May 2019, an average of 90% of patients achieved the Renal Association target of more than 65% reduction, with individual monthly performance varying from 86% to 95%.
- In the same period, an average of 80% of patients achieved the equilibrated urea reduction value of Kt/V greater than 1.2 calculated from pre-and post-dialysis urea values with individual monthly performance varying from 76% to 85%. This was in-line with Renal Association Guideline 5.3 - HD: Minimum dose of thrice weekly haemodialysis.
- Patient blood was tested for potassium, phosphate, calcium aluminium concentrations in-line with the renal association guidelines. Pre dialysis serum potassium in

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patients' blood was monitored on a monthly basis.

Renal Association guidance suggests that pre-dialysis serum potassium should be between 4.0 and 6.0 mmol/l in HD patients.

- Between January 2019 and May 2019, an average of 84% of patients maintained their potassium levels within this range with individual monthly performance varying between 72% and 89%.
- Patient haemoglobin levels were measured to ensure that they remained within 100 to 120 g/l target range. In the same period, an average of 69% of patients remained within the recommended range with monthly performance varying between 65% and 78%.
- Patients' blood results were monitored and available within the commissioning trust's electronic system for review each month by the consultant nephrologists. This enabled consultants to review the effectiveness of treatment and implement changes to patient's prescriptions and care plans to improve outcomes. Patients' latest blood results were also held for discussion in the monthly multidisciplinary team meeting.
- Managers carried out a comprehensive audit programme. The unit audited a range of other measures which were benchmarked against the provider's other units nationally. These included effective weekly treatment time, infusion blood volume score, single pool Kt/V score, vascular access score, albumin score, haemoglobin score, phosphate score, and URR score.
- For March 2019, in all but two measures the unit performed within the top 50% of the provider's clinics. For effective weekly treatment time, 76% of patients at the unit achieved the effective weekly treatment time; this benchmarked the unit in the top four units in the country on this measure. For the haemoglobin score 83% of patients were within target, which benchmarked the unit in the top three units in the country.
- Between January 2019 and May 2019, all patients were treated by online haemodiafiltration. This used ultrapure dialysate that allowed the exchange of large amounts of fluid during treatment which more closely resembles natural kidney function and reduces the risk of cardiovascular complications. In the same period an average of 88% of treatment included hi flux haemodialysis which removes higher rates of small and middle molecules, again reducing the risk of complications. This was in-line with Renal Association Guideline 4.3 - HD: High flux HD and haemodiafiltration.

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.**
- Three of the registered nursing staff had a renal qualification. This training supported nurses to enhance their knowledge and practice in order to lead and deliver care and treatment to patients with a range of renal conditions.
- Managers gave all new staff a full induction tailored to their role before they started work. New staff completed training and education progression plan, which included a 12-week induction and first year progression overview. Induction included a wide range of essential training such as vascular access techniques, management of intravenous cannulas and dialysis machine use and decontamination. Following the supernumerary period staff commenced a probationary and supervised period that was individually tailored to them.
- A mentor was assigned to each new member of staff to support their learning and induction process, and development of their competencies. New staff were given a minimal patient caseload which was gradually increased as they progressed through their training.
- Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of the inspection, all but two staff had completed their yearly appraisal. Appraisals for the remaining two members of staff had been scheduled by the unit manager.
- The unit manager tracked completion of staff training using an electronic training monitoring tool which reflected the organisation's training matrix. The tool included dates that training needed to be completed and highlighted any training that had lapsed. The unit manager had a process in place to remind staff of outstanding training that needed to be completed.
- Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.
- We reviewed three staff files. All the files included copies of the staff member's job description, completed training course certificates and integrated competency

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documents with dates and signatures of competencies completed. Competencies included medical devices, cannulation, infection control and medicines management.

- Each nursing staff member had a link role within the unit. These link roles, which had defined job descriptions, included infection prevention and control, health and safety, training and education, and information management systems. A new vascular access link role, working closely with the commissioning trust's vascular access team, had been introduced to the unit in response to an incident.
- Bank staff were provided by the provider's in-house agency: Renal Flexibank. All bank staff underwent an induction programme, which included competency assessment to the same standards as permanent staff. Bank staff were provided with key clinical policies and work instructions as part of their induction training. Bank staff whose training or competency assessments had lapsed were not used by the bank service until these had been refreshed. This meant the unit manager could be assured that any bank staff attending the unit were appropriately trained and competent.
- The provider's specification for agency staff required staff to have renal experience and, where possible, a renal qualification. The provider worked closely with the agency to use nurses who had previously covered shifts at the unit. Any concerns about the competency of new bank or agency staff were fed back to, or checked with, the relevant organisations.
- The unit manager was notified of any updated policies and procedures by the corporate training team. The clinic manager reviewed each new policy and, using the training matrix, identified which staff members were required to read the updated document. Staff signed to confirm when they had done so. We saw evidence of completed sign-off sheets for a range of policies include the NephroCare hygiene plan, resuscitation policy, and retention of records policy.
- Bank and agency staff were informed of any updates through a different system where the corporate training team notified the relevant organisations.
- Checks of the Nursing and Midwifery Council nursing validation registration PIN numbers for all nursing staff at the unit were carried out annually. Staff were

expected to declare any criminal convictions annually. Existing staff were supported in maintaining their professional development and in revalidation with their professional body.

Multidisciplinary working

- **Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**
- The consultant nephrologists had overall responsibility for the care and treatment of their patients on the unit and visited once a month to review their care. Electronic access to blood results and treatment data meant that consultants were able to review patient progress remotely.
- Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Multidisciplinary meetings were held monthly and included the consultants, the clinic manager, dietician, renal pharmacist, anaemia nurse, and specialist vascular access nurse.
- The multidisciplinary meeting reviewed each patient's treatment records and care plan, including any treatment variances (such as patient's ending their treatment session early) since the last review. Any changes to a patient's care and prescription were recorded. Outcomes and changes were discussed and implemented with all patients by the named nurses.
- Patients' GPs were updated by faxed letter or telephone, depending on the urgency, with any changes to patients' treatment or medicines.
- The specialist vascular access nurse attended the unit once a month to review patients' vascular access and to undertake venous thromboembolism risk assessments.
- The dietician attended the unit twice a week and patients reported they were able to see the dietician when they required.
- A communication diary was used to ensure all members of the team were updated on any issues occurring between meetings.
- Staff told us there was a good relationship between the unit and all members of the multidisciplinary team.

Seven-day services

- **Key services were available six days a week to support timely patient care.**

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- The unit opened six days a week from Monday to Saturday with patients attending three times a week on alternative days. The unit operated three treatment sessions on a Monday, Wednesday and Friday with two treatment sessions on the other days.
- Twelve patients could be accommodated during each morning and afternoon dialysis session.
- Six patients were accommodated in the twilight evening sessions. There was sufficient capacity to extend this should the need arise.
- The unit did not have a waiting list as there was sufficient capacity available to manage and meet the needs of the unit's cohort of patients.

Health promotion

- **Staff gave patients practical support and advice to lead healthier lives.**
- The dietitian discussed nutrition with patients, their diet and types of foods to avoid such as those with high salt, potassium or phosphate content.
- The service had relevant information promoting healthy lifestyles and support on the unit. Information leaflets and posters were displayed in the waiting area. These included information about sepsis, dietary advice, dialysis while on holiday and information for patients awaiting transplants. A range of leaflets and contact details for support groups such as the renal social worker and the Kidney Care organisation were available.

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.**
- Nursing staff completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff completed mandatory training in the Mental Capacity Act 2005, the Guide to the Deprivation of Liberty Safeguards (DoLS), and an Introduction to Dementia for Health and Care Professionals on a three-yearly training cycle. All staff had completed the training. The training matrix indicated that all nursing staff were required to undertake training in the provider's consent policy.
- The provider had a policy for consent to examination or treatment (UK-C-09-02). The policy provided guidance to

staff on seeking consent to treatment and was available to staff on the intranet. The policy included seeking advice from or assessment by, the commissioning unit when a patient lacked capacity to consent to treatment.

- Staff were able to demonstrate their knowledge of consent and mental capacity. If there were concerns over a patient's capacity to consent, they would seek further advice and assistance from the unit manager and the renal social worker. Existing patients who developed capacity issues were discussed with the consultants at the commissioning trust so that a suitable plan for future care could be made.
- Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. Signed patient consent forms were required in order to start treatment at the dialysis unit. Consent forms were held within all five paper records we reviewed. We observed staff obtaining verbal consent from patients before carrying out any interventions.

Are dialysis services caring?

Good 

We have not previously rated the caring domain for this service. We rated it as **good**.

Compassionate care

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- Patients had a named nurse to provide their care and treatment. This approach encouraged good relationships and communication between patients and staff, and ensured individualised care plans, pathways and dialysis prescriptions were communicated effectively with patients
- Patients said staff treated them well and with kindness. Staff took time to interact with patients and those close to them in a respectful and considerate way. We spoke with four patients during the inspection, and we observed interactions between staff and patients. Patients were treated with kindness and compassion,

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which was reflected in the 2018 patient satisfaction survey where 97% of respondents said that staff “unit staff were caring”, and 94% said that “nurses spent sufficient time with [them] during their treatment”.

- Staff were discreet and responsive when caring for patients. Staff followed policy to keep patient care and treatment confidential. Eighty-three per cent of survey respondents said that “patient privacy is respected in the dialysis treatment area”; while 81% said “patient privacy is respected while discussing their treatment with the nurse”. However, the unit had a quiet room where patients were able to have confidential discussions about their care with any members of the multidisciplinary team.
- Each dialysis station had a disposable privacy curtain. On the day of inspection, none of the curtains were drawn, which added to the open, airy feel to the unit. However, staff told us privacy curtains would be drawn in the event that intimate or emergency care was needed. Additional mobile privacy screens were available if needed.

Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients’ personal, cultural and religious needs.**
- 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. The named nurse approach enhanced continuity of care, and enabled staff to build a close working relationship with their patients. This meant that staff had a clear understanding of, and were able to identify, the impact that chronic kidney disease had on their patient’s emotional, social, cultural, spiritual, psychological and physical wellbeing.
- Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff were able to refer patients for additional support, available to patients through the commissioning trust, including access to a renal social worker and psychological services.
- Patients we spoke with felt supported by the nursing staff and they could speak to them about concerns or worries if they felt they needed to.
- One patient told us staff had worked to ‘sort out transport issues’ as the patient had previously had a fall;

this resulted in the provision of two transport staff members to assist the patient and reduce the likelihood of a similar situation occurring. The patient told us they had received treatment elsewhere and came back to this unit as the “staff are excellent, very caring”.

- The unit had a small inner courtyard garden with shrubs, flowers and seating. Patients were able to sit outside to wait for treatment, weather permitting, or if they wanted some quiet time for reflective contemplation, they could make use of the space.

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. The patient satisfaction survey indicated that 92% of respondents felt “the information [they] receive about dialysis is good”; 82% said staff had “discussed how dialysis works”; 88% said staff had “discussed how to know if they are getting enough dialysis”; and all respondents said that staff had “discussed the dangers of not following their treatment plan”.
- Staff talked with patients, families and carers in a way they could understand. Ninety-four per cent of respondents said that “Nurses explain things in a way patients can understand”.
- Staff supported patients to make informed decisions about their care. Staff in the unit encouraged and supported patients to be involved in their own care. The unit participated in the provider’s patient and carer self/shared care training programme. This involved staff demonstrating various tasks to patients and their carers followed by three observations of each task being undertaken by the patient or carer before sign-off.
- At the end of March 2019, the unit reported that 100% of its patients were involved in shared care, with all patients undertaking between one and four shared care tasks. Shared care tasks included, but were not limited to: self-weighing before and after treatment; washing hands and the arteriofistula site; taking blood pressure and temperature readings; and, programming, lining and priming the dialysis machine.
- Patients and their families could give feedback on the service and their treatment and staff supported them to

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do this. The unit participated in the provider's 'Tell us what you think' leaflet system which allowed patients to comment anonymously on the service direct to the provider's head office.

- A high proportion of patients gave positive feedback about the unit in the patient satisfaction survey. The patient satisfaction survey indicated that 86% of patients felt that complaints were taken seriously, and 92% of respondents were "satisfied with the opportunities for discussing their care".

Are dialysis services responsive to people's needs?

(for example, to feedback?)

Good 

We have not previously rated the responsive domain for this service. We rated it as **good**.

Service delivery to meet the needs of local people

- **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**
- Managers planned and organised services so they met the changing needs of the local population. The service provided by the unit was designed to meet the service specification defined by the commissioning trust's renal team, and in line with the provider's contract. The service did not currently support dialysis at home.
- Patients were referred to the unit by the commissioning trust and accepted in line with the provider's acceptance criteria and policy (UK-CI-09-26). The defined criteria included that patients were 18 years or over, had functioning haemodialysis vascular access, were clinically stable for satellite unit treatment, their blood-borne virus status, and had medical approval from the commissioning trust's renal team.
- Prior to acceptance, staff requested and reviewed comprehensive patient information details to ensure the service was able to meet each patient's needs in a safe way.
- A full range of dialysis sessions were available for patients. Treatment sessions were provided six days a

week with morning, afternoon, and twilight sessions available. The twilight sessions had recently been introduced to meet the needs of people who work, had family responsibilities, or were unavailable for other reasons including cultural needs.

- Facilities and premises were appropriate for the services being delivered. There was good access to facilities in the unit. The unit was on the ground floor of the hospital building and was spacious and bright. Access to the unit was secured through the use of an electronic doorbell system operated from within the unit.
- There was no dedicated parking at the dialysis unit. A free hospital parking pass could be issued by the clinic secretary, to patients who chose to drive to their sessions. There was disabled parking available close to the service for patients with a blue badge.
- Each dialysis station had a ceiling mounted patient controlled television. Patients told us they sometimes experienced problems with the tuning of televisions. We raised this with the clinic manager who was already aware of the issue. Bariatric equipment was available if required, and the unit had two manually operated dialysis chairs.
- Managers ensured that patients who did not attend appointments were contacted. Between May 2018 and June 2019, patients did not attend a total of 29 treatment sessions. Staff contacted patients who did not attend their planned treatment session to check on their welfare and to arrange an alternative treatment session. A process was in place to request a police welfare check if staff were unable to contact the patient.
- Patients were able to bring in their own reading material if required or could borrow books and DVDs from the waiting area.
- Dialysis chairs were electronically controlled by the patient, for comfort. Pressure relieving mattresses were available if patients were identified as needing them.
- Patient transport was delivered by another provider, contracted by the commissioning trust. Transport and journey times were not routinely recorded or audited by the service; however, specific individual transport problems were recorded and discussed in contract meetings with the commissioning trust.

Meeting people's individual needs

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- **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.**

- Corridors and doorways were wide enough for wheelchair access. Antibacterial hand gel dispensers were mounted at a suitable level for access from a wheelchair.
- Staff supported visits to the unit for new patients; this allowed patients to familiarise themselves with the facilities, staff and the dialysis routine in the unit.
- Patients were allocated a dedicated dialysis appointment time which took into account the individual patient's social and work commitments; length of journey to the unit; and the number of dialysis hours and sessions prescribed. Daytime sessions were made available for any elderly or vulnerable patients, or those with more complex care needs. Where possible, staff facilitated treatment session swaps and changes to meet individual patient needs.
- Haemodialysis treatment was individualised for each patient in accordance with their dialysis prescription. Dialysis prescriptions were reviewed, and changed if necessary, following discussion at multidisciplinary meetings.
- There were two patient toilets available. They were located on a corridor just off the waiting area and offered disabled access for patients with mobility issues. Treatment could be suspended and subsequently restarted for any patient that required to use the toilet.
- Seven members of staff had completed training in equality, diversity and human rights. Staff knew the patients well and respected their religious and cultural beliefs.
- The referring trust was responsible for arranging outgoing holiday dialysis for patients, the service arranged incoming patients. There was a poster displayed in the waiting area with the contact details of the local trust's holiday dialysis coordinator.
- Incoming holiday patients could be accommodated if there was capacity and agreement had been given from the commissioning trust's medical staff. Prospective patients made contact directly with the unit to see if there was space. To enable relevant patient information to be entered into the electronic patient database, incoming holiday patient forms (UK-CR-03-40) were used to ensure all relevant information was gathered

relating to the incoming patient. This ensured that the unit could meet the treatment prescription of any holiday patients, and that they did not pose a risk to the resident patient cohort dialysing with individual needs (e.g. isolation requirements).

- The unit could order in a 'holiday' dialysis machine for any incoming patients that may be at higher risk; for example, a patient with a blood-borne virus.
- Staff encouraged patients to participate in their care with a view to moving towards self-care. The unit had a 'patient and carer shared/self-care training checklist for AVF/AVG' (UK-CR-09-54) which was a competency document to be signed off by nursing staff to say a patient was trained and competent at providing self-care.
- The unit tracked the number of patients who undertook tasks as part of 'shared care'. All patients in the unit undertook at least one and up to four tasks; these could include tasks such as, but were not limited to, self-weighing; self-needling; taking blood pressure and temperature readings; and, lining, priming and programming the dialysis machine.
- Managers made sure staff, and patients, relatives and carers could get help from interpreters or signers when needed. The unit could access information leaflets available in languages spoken by the patients and local community. Access to interpreter services was available through the commissioning trust to those patients whose first language was not English, and staff were able to access information leaflets in other languages. However, this was rarely required due to the general demographics of patients attending the unit.
- There were no patient representative groups that visited the unit on a regular basis. However, there was literature for patients in the waiting area for if they wished to contact them.
- Posters were displayed in the waiting area with diet specific information, such as a phosphate additives list and lowering salt intake. Leaflets were available for patients on arranging holiday dialysis in the UK and abroad, and how to access support grants and benefits.
- From 1 August 2016 onwards, all organisations that provide NHS care were legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability,

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impairment, or sensory loss are provided with information that they can easily read, understand or with support can communicate effectively with health and social care services.

- The service's risk register highlighted the actions the provider had taken to address this, which included a control measure of "Patient agreement to treatment and data protection consent – statement of utilising an interpreter when appropriate". The signage on the doors throughout the service included braille translations for patients who were blind or suffered sight loss, and the service could access, but had not yet needed, a British sign language interpretation service. We did not see any evidence of patient information or advice available in other formats such as large print or easy read.

Access and flow

- **People could access the service when they needed it and received the right care promptly.**
- The unit opened six days a week Monday to Saturday and had capacity to provide three dialysis treatment sessions (two daylight and one twilight session) for each treatment station per day. Where possible, staff took into account patients' lifestyle, social commitments, and preferences when allocating dialysis sessions.
- Responsibility for the management, referral and prioritisation of new patients requiring dialysis was held by the commissioning trust. However, the criteria for referral and acceptance of new patients were set out in the Patient Referral and Acceptance for Treatment policy. Patients were assessed for suitability prior to acceptance to the unit.
- The acceptance criteria included, although were not limited to, patients being stable with established and functioning vascular access, independently mobile, and no recent cardiac, cerebrovascular or psychiatric history, no ongoing medicines through infusion pumps, no wound dressings required, and copies of last blood results.
- The service did not have a waiting list. There were no patients waiting to commence treatment at the unit.
- The service monitored utilisation of the unit's capacity and made sure patients could access services when needed and received treatment within agreed timeframes. For the reporting period from January to

March 2019, the utilisation capacity ranged from 96% in January and February to 94% in March. Capacity and demand on the service was reviewed at monthly contract meetings with the commissioning trust.

- The unit manager worked to keep the number of cancelled treatment sessions to a minimum. The service reported no cancellations for non-clinical reasons in the 12 months prior to the inspection and no cancellations due to machine breakdown in the 12 months prior to the inspection. However, processes were in place to ensure that patients continued to receive dialysis in the event of an unexpected cancellation. This was achieved through making temporarily use of available treatment sessions at the commissioning trust, at the provider's other clinics in the region or through re-arranging a patient's sessions to another day, or to longer sessions in the same week.

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.**
- The service received no complaints in the 12 months prior to our inspection, and only one complaint before that in 2018.
- The provider's feedback policy (referred to as the 4C's - compliments, comments, concerns and complaints) set out the process and staff responsibilities for handling compliments, comments, concerns and complaints. Feedback from patients was received verbally, in writing, through the patient satisfaction survey, or through the unit's "Tell us what you think" leaflet.
- The policy set out a 20 working day timescale for complaints and concerns to be responded to, and included a risk assessment to determine the severity of the concern. The assessment level identified which staff needed to be made aware of, investigate, and subsequently approve the response to the complaint.
- The unit had a robust system for the review and investigation of complaints. The unit manager, and deputy unit manager, had lead responsibility for the initial response and investigation of any complaints received.

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- Managers shared feedback from complaints with staff and learning was used to improve the service. Information and learning from complaints was shared with staff in handovers and at staff meetings.
- The service clearly displayed information about how to raise a concern in patient areas. Information on how to complaint, the provider's feedback policy, the unit's statement of purpose and "Tell us what you think" leaflets were displayed in the reception area to highlight the various methods patients could use to provide feedback.
- A range of thank you cards were displayed on the unit. One card said "each and every one of you are so professional and dedicated to your patients, and I will never forget you". Another card said "thank you so much for making my 70th birthday so special".

Are dialysis services well-led?

Good 

We have not previously rated the well-led domain for this service. We rated it as **good**.

Leadership

- **Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**
- There was a clear staffing, reporting and escalation structure to support staff delivering care in the unit. The clinic manager, who had been in post for eight years, was responsible for delivering effective leadership, governance and quality management across the unit.
- The unit manager reported to the regional business manager and was supported by the area head nurse. The business manager had overall responsibility for the unit's performance and contract management, while the area head nurse had responsibility for the clinical performance. Within the clinic, the manager was supported by a deputy clinic manager, nurse team leaders, and the clinic secretary.
- The unit manager was the registered manager. A registered manager is the person appointed by the

provider to manage the regulated activity on their behalf. This is a requirement under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 7.

- The unit manager split their time between managerial and clinical duties. The manager was visible, accessible and approachable to staff and patients on the unit. As part of the nursing team on the unit, the manager knew the patients well and included them in discussions about the service.
- Throughout the inspection, the management team demonstrated they were knowledgeable on all aspects of the unit's performance, staff development, risks and challenges.

Vision and strategy

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**
- The provider's vision for the service was set out in the corporate code of ethics and conduct document and within the employee handbook. The vision set out the business commitments, core values and objectives and was reflected in the provider's statement of purpose. It put the health and wellbeing of patients at its core with. The provider's "main aim is to provide safe, effective quality care for adults with End Stage Renal Disease (ESRD) [which was to] be realised by combining cost effective dialysis care with the BioAdequacy approach as a global strategy."
- The provider's mission and values were posted on the wall of the unit to remind all staff of the core values, which included quality, honesty and integrity, innovation and improvement and respect and dignity. The provider had four objectives focused on patients, employees, shareholders and the community: to improve life expectancy and quality of life for patients; to promote staff professional development; to ensure continuous development of the company; and to reflect social responsibilities, legal and safety standards and contribute to maintaining the environment.

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- Managers were able to describe clearly that they were focused on providing high quality sustainable care for all patients and strived for continual improvement through auditing of patient outcomes, development and retention of staff, infection prevention, and environmental savings.
- In the reception area, there was a clear corporate statement of purpose that set out the core values and what patients could expect during a visit to the unit. These included the aims and objectives for the patients, staff, shareholders and the community.
- Staff understood their roles and responsibilities in meeting the core values of the service.

Culture

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- The provider's quality policy focused on "the health and welfare of the human being" and linked to the providers four objectives around patients, shareholders, the community, and the employees. This was clearly demonstrated by the close and supportive culture we observed within the unit, which was promoted by the unit manager. We observed friendly, positive and professional interactions between staff, and with patients.
- Staff felt able to raise issues and concerns with their leaders and learning from incidents or complaints was shared in a supportive manner.
- The provider's employee handbook detailed the provider's approach to equality and diversity, which focused any recruitment, promotion or dismissal decisions on the needs of the business without discrimination on the grounds of any protected characteristic. This was reflected in the equality, diversity and human rights mandatory training at staff induction.
- The unit reported on the Workforce Race Equality Standard (WRES). This is a requirement for organisations, which provide care to NHS patients. This is to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the

workplace. WRES has been part of the NHS standard contract, since 2015. NHS England indicates independent healthcare locations whose annual income for the year is at least £200,000 should produce and publish WRES report.

- The unit's first WRES report in June 2019 indicated that, at the time of the inspection, the service did not employ any staff from a black and minority ethnic background. The report acknowledged that the unit had not historically collected WRES data; however, since the last inspection, information and reporting systems had been updated to capture relevant data in the future.
- The 2018 patient satisfaction survey indicated a high-level of patient engagement on the unit. Of those patients that responded, all said that it was "a happy unit with a friendly atmosphere"; while 94% of respondents said they had "complete confidence in the nurses"; and, 97% felt "safe during their dialysis".

Governance

- **Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**
- The provider had a clinical governance review and reporting policy (UK-CI-02.01), which was effective from April 2018.
- Staff at all levels in the unit were clear about their roles and what they were accountable for in providing care and treatment for patients, and in supporting the unit in additional lead roles such as arranging holiday dialysis for patients.
- The unit manager lead on, and monitored, governance issues for the unit, and had responsibility for submitting monthly governance reports implementing governance improvements within the unit. A consultant nephrologist from the commissioning NHS trust led on the clinical governance issues for the unit.
- Patients were referred to the unit by the specialist renal and dialysis services provided at the commissioning NHS trust. As the unit functioned as a satellite of the main service, there was a close working relationship between the unit and the commissioning trust.
- Monitoring meetings took place with the trust to review the unit's performance against the service's contract. The meetings were held monthly, and included review

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of performance against all the contracted renal performance standards and risks, new or updated policies, review of staffing and capacity of the unit, incidents, patient issues including fistula bleeds, complaints and transport issues.

- Contract review meetings were held at least quarterly with the relevant providers to monitor performance against the service level agreements that were in place; more frequent meetings could be arranged if required. These included, although were not limited to, water quality, building maintenance, cleaning and waste disposal.
- The service used a clinic communication matrix which showed where information from the unit, such as incident reports, audits and managerial paperwork, was to be reported to, how often, and by when. This ensured a clear line of communication within the provider's corporate structure and with the commissioning trust.

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**
- The provider had a clinical risk management policy (UK-CI-22-01), which was effective from January 2018. The policy defined the principles of risk management; identification of health and safety risks and process risks; reporting, review and monitoring of incidents, near misses and complaints; and, the responsibilities of staff.
- Environmental, hygiene and control of substances hazardous to health (COSHH) risk assessments had been carried out. We reviewed a sample of documented risk assessments that were held on the unit, which identified any actions or control measures that were in place to mitigate risks.
- The unit and senior managers were able to describe the main risks affecting the unit, which included loss of facilities, financial and contract risks, and staffing.
- A risk register had been developed to provide an oversight of risks associated in renal dialysis practice and the dialysis environment.
- The register was split to contain operational risks, clinical risks and technical risks. Risks were rated red, amber or green with current controls detailed to

support the rating. At the time of the inspection, 31 clinical risks, 24 operational risks, and 23 technical risks were identified on the register. The risks included those CQC would expect to see and included, although were not limited to, staffing risks, loss of essential utilities, infection and biological control, and factors affecting and impacting on patients. Where additional control measures and actions had been identified to mitigate risks, the register identified action owners and target dates.

- The unit had developed an action plan to mitigate and track risks identified on the register and in our last inspection report. We saw evidence to confirm that all actions had been appropriately completed by July 2018.
- The service had clinical work instructions to ensure that staff carried out their duties in line with corporate policy and legislation. The work instructions provided staff with flow diagrams to follow. Staff signed to confirm they had read and understood the work instructions; this was monitored by the unit manager, who highlighted information that had been recently updated and required staff to read.
- Key performance indicators (KPIs) relating to the effectiveness of patient treatment, based upon the renal association guidelines for improving dialysis process and outcomes, were in place. For example, the KPI measures included, although were not limited to, effective weekly dialysis time; urea reduction rates; phosphate, albumin and haemoglobin levels; and, percentage of patients undertaking shared care. The performance indicators were monitored and reported through a quarterly clinic review report and benchmarked on a balanced scorecard against the provider's other units.
- The unit had a clinical assurance tool that tracked audit activity in the unit on a monthly basis. This included a range of individual audits and checks grouped in clinical, operational and technical elements covering patient outcomes, patient care and patient concerns, hygiene and safety alerts; staff welfare, continual improvement and performance monitoring; and water treatment place and medical devices check.

Managing information

- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance,**

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make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

- The unit had achieved ISO 9001 quality management system and OHSAS 18001 health and safety system accreditations.
- Staff had access to policies and standard operating procedures held securely in the provider's electronic system.
- Patient records were easily accessible via the computer terminals. All staff had secure, personal log-in details and had access to e-mail and hospital systems.
- Patient treatment, observations, and monitoring data was recorded by the dialysis machines and automatically uploaded to the provider's electronic patient record system. Patient blood results were recorded electronically and fed in to the commissioning trust's database.
- The consultant nephrologists provided the necessary information for the staff on the unit to be able to provide the correct treatment for each patient through their individual prescription. Prescriptions were held electronically and in paper form for reference.
- The dialysis unit database uploaded to the trust database daily to ensure the trust had the latest information to support data collection and ensure the consultant nephrologists received the latest dialysis information for every patient. The server tapes were backed up daily as part of the 'daily jobs list', to ensure that patient information was saved regularly.
- Incoming holiday patient forms (UK-CR-03-40) were used to capture all relevant information and data for patients temporarily attending the unit. Staff entered the data into the electronic patient record system in line with the provider's policy; this information was then reviewed by the unit manager before requesting medical acceptance of the patient.

Engagement

- **Leaders and staff actively and openly engaged with patients and staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**
- The provider operated a patient satisfaction survey. We reviewed the results of the 2018 survey which indicated

overall improvement in scores compared with the 2016 survey. Results showed that 89% would recommend the service to family and friends, 89% felt the clinic was well run and 94% thought patients were treated with dignity, and 92% felt nurses kept them well informed about decisions taken about their treatment.

- The unit developed a "You said, we did" action plan to address the areas identified by patients as requiring improvement. These included providing information on what to do in the event of an emergency in the clinic; patients being given an introductory session to dialysis; commencement of treatment on time; and lack of mattresses on some of the beds.
- All but one of the actions arising from the survey had been completed by August 2018. The remaining action relating to mattresses was ongoing as it was noted that some patients preferred not to have a mattress.
- The provider operated an annual staff satisfaction survey; however, in 2018, none of the staff in the unit took part in the survey. The unit manager explained this was because staff felt the small size of the team could lead to individuals being identified by the feedback given.
- Staff we spoke with indicated they had a good relationship with the unit manager and senior team and were confident of being able to raise concerns to their managers as and when they occurred.
- The provider had a whistleblowing procedure in place.
- Staff meetings were held monthly and were supported by a standard agenda and were minuted. The agenda included review of any emergency transfers, incidents, safeguarding issues, and statutory notifications; review of performance standards, treatment variances, and audit outcomes; identification of new patients, and review of the patient concerns register; updates from professional and statutory bodies; and training and learning updates.
- We reviewed minutes from the staff meetings; these were comprehensive, appropriately detailed and of a very high quality, and were an effective communication tool for staff who may have been unable to attend the meetings.

Learning, continuous improvement and innovation

- **All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in improvements.**

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- The unit manager and deputy manager participated in the Managing Access by Generating Improvements in Cannulation (MAGIC) project. The project, implemented by the British Renal Society and the Vascular Access Society of Britain and Ireland, was designed to improve vascular access rates through improving the lifespan of existing vascular access sites, improving patient experience of needling and promoting quality improvement in vascular access.
- The unit supported student nurse placements from the local NHS hospital.
- The provider supported dialysis assistants to access registered nurse training.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should consider how it can prevent unauthorised access into the sluice room and bin store.
- The provider should consider how it can resolve the intermittent tuning problems with televisions at the dialysis stations.