

Renal Services (UK) Limited

# Renal Services (UK) Ltd - Sutton

## Inspection report

Copthall House  
Grove Road  
Sutton  
SM1 1DA  
Tel: 02086525270  
[www.renalservices.com](http://www.renalservices.com)

Date of inspection visit: 25 August 2022  
Date of publication: 13/10/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We had not previously rated this location. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. All staff were committed to improving services continually.

However:

- The service did not have an effective shared care practice within the service and patients were not routinely encouraged to participate in shared care; for example, taken their blood pressure and weighting themselves when they arrived for their treatment. This encourages empowerment and partnership in care and treatment.

# Summary of findings

## Our judgements about each of the main services

### Service

### Dialysis services

### Rating

Good



### Summary of each main service

We have not previously inspected and rated the service. We rated it as good. See the overall summary above for details

# Summary of findings

## Contents

### Summary of this inspection

Background to Renal Services (UK) Ltd - Sutton

Page

5

Information about Renal Services (UK) Ltd - Sutton

5

---

### Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

---

# Summary of this inspection

## Background to Renal Services (UK) Ltd - Sutton

Renal Services Ltd (UK) – Sutton Dialysis Unit is operated by Renal Services Ltd (UK). The service is contracted by a local NHS trust for the provision of outpatient renal dialysis to their patients in south London.

The service is situated on a main high street with surrounding shops and offices and was commissioned on behalf of patients who attended a local NHS trust. The service has 24 dialysis stations. Facilities include eight isolation rooms located on the ground floor of the unit; three consulting rooms, a meeting room, and the main dialysis area are located on the first floor of the unit.

The service opened on 8 December 2009 and provides haemodialysis to patients from the local NHS Trust. The NHS trust provides the renal multidisciplinary team with a trust consultant nephrologist visiting the service four times a month. The service is registered for the regulated activity of treatment of disease, disorder or injury.

## How we carried out this inspection

During the inspection, the team visited the clinic and looked at the quality of the environment and observed how staff were caring for patients. The inspection team spoke with members of staff including the clinic manager, director of strategy, regional manager and nursing staff. We spoke with patients who used the service, reviewed care and treatment records. We also reviewed patient's record, looked at a range of policies, procedures and other documents relating to the running of the service.

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

## Areas for improvement

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

- The service should ensure they encourage shared care practice within the service so that patients can participate in their care, for example taking their weight and blood pressure on arrival at the clinic before their treatment.






# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Dialysis services

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

## Are Dialysis services safe?

Good 

We have not previously rated safe at 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.**

Staff received and kept up-to-date with their mandatory training. Mandatory training was undertaken via an online training system. We reviewed mandatory training records following inspection and found staff were up to date.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training modules provided to staff included Basic Life Support (BLS), Safeguarding, Patient Handling, Risk Management, Organisational Values, Fire Safety, and Information Governance.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff stated they were informed when they needed to attend and update their mandatory training.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Records showed 95% of staff had received training in both safeguarding children and adults.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with were familiar with the safeguarding process and stated that they knew how to report an issue. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

# Dialysis services

The service had an up-to-date safeguarding adult policy and safeguarding children policy. Staff knew who to inform if they had concerns and could access support from the services safeguarding lead if needed.

Relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check and professional registration checks.

## Cleanliness, infection control and hygiene

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

Clinical and non-clinical areas were clean and had suitable furnishings which were clean and well-maintained. We inspected communal areas as well as consulting and diagnostic rooms and found them to be visibly clean. Clinical equipment was appropriately cleaned after patient contact and checked daily in line with national guidance. Disposable curtains were labelled with the date they were last changed. This date was within the last six months, in line with the provider's guidelines.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed cleaning logs on site which showed that cleaning of public areas were completed with daily and weekly checklists. The service followed best practice in relation to the disposal of clinical waste. This included disposal of sharps, correct use of colour coded bags for different clinical waste, and policies for waste management. Staff followed infection control principles including the use of personal protective equipment (PPE). All clinical staff on inspection were bare below the elbows and cleaned their hands between patient contacts and wore face masks.

Staff disposed of clinical waste safely. This was disposed of in yellow clinical waste sacks and contaminated sharps were disposed of in appropriate sharps containers. Clinical waste was safely stored in locked clinical waste bins. There was a contract in place for the bins to be emptied by a specialist clinical waste contractor.

## Environment and equipment

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

There was enough space between dialysis stations to prevent the risk of cross-infection and ensure an appropriate degree of privacy. Privacy curtains were available for use when required. There were isolation rooms with viewing windows on the ground floor of the main building.

There were environmental risk assessments in place, including those to minimise the risk associated with fire. Staff carried out daily safety checks of specialist equipment. This included daily checks of the dialysis machines and water system, water testing and flushing of the water system. Water testing included a test of the water quality.

Resuscitation and emergency equipment were checked daily.

The service had enough suitable equipment to help them to safely care for patients. Renal Service UK technicians managed and maintained the dialysis machines, chairs and the water plant. The service had 24 dialysis machines which included two spare machines ready for use. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. Staff reported they received adequate support from the maintenance technicians. Dialysis machines and medical devices were scheduled to be serviced annually. We saw evidence this had been completed.

# Dialysis services

The service had a dialysis replacement plan that was in line with Renal Association guidelines. There were contracted arrangements for the maintenance of certain equipment within the unit by an external provider. This included annual calibration of medical devices. We saw medical devices such as a portable blood pressure monitor, suction machine and scales had been calibrated within the last year. Dialysis chairs and beds were subject to annual maintenance, we saw evidence this had been completed.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration**

Staff undertook regular visual and digital observations and told us that if patients were unwell, they would increase the frequency of these observations and call a doctor to review if they still had concerns. There were guidelines for staff on when to escalate their concerns to ensure that specialist review took place when needed.

Staff completed risk assessments for each patient on admission in line with nationally recognised tools. Risk assessments records included weight, falls, skin integrity and malnutrition assessments.

Shift changes and handovers between staff, included all necessary key information to keep patients safe. Staff met every morning and discussed patients for admission that day. Each patient was discussed in detail, including their psychological needs. All staff had access to electronic and paper patient records.

## Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. Renal Services (UK) Ltd was a nurse led service. Patients remained under the clinical management of the renal consultants at the commissioning NHS trust.

The service was led by the clinic manager, supported by the regional manager for clinical services, and the nominated individual.

The staffing ratio at the clinic was as one staff to four patients on a 70% registered nurses and 30% non-registered healthcare practitioners as per the contract with the NHS. We observed 1 to 5 staff-patient ratios during the inspection. Associate Practitioners and dialysis assistants were being upskilled and competency assessed to undertake extended role to relieve the pressure off the registered nurses. All the clinical staff we spoke with were happy the staffing ratio.

Managers made sure all bank staff had a full induction and understood the service. This included access to mandatory and essential training and competency assessments.

The service had access to appropriate consultants who provided medical support to the clinic. They had access to an on-call renal registrar whenever the clinic was open. Staff told us consultants usually visited the clinic on a monthly basis and aimed to review patients at least every three months. However, patients told us they did not always see their consultant in person. Consultants were available for advice and reviewed patients test results remotely. Staff told us medical support was easily accessible when required and we saw evidence of medical reviews in patient records.

# Dialysis services

## Records

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

Patient notes were comprehensive, and all staff could access them easily. The service used paper and electronic records to document patient information securely. Records could be accessed through the computer system and paper-based record. Bank staff could access the records they required allowing continuity of record keeping. We viewed three patient care records, which contained the patient's consent form, written and computerised dialysis record, including observations and discharge information.

Paper records were stored securely in a locked room when not in use. Staff completed training in information governance and cyber security.

Records we reviewed were appropriately completed. We reviewed six patient records and all of them were fully completed with nurses' signatures. The provider had an up-to-date information governance policy and staff received training on information governance as part of their mandatory training programme.

## Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Medicines were stored securely and were administered by appropriately trained staff using individual prescriptions or patient specific directions (a written instruction from a prescriber to administer a specific medicine). Medicines in use on the clinic included anti-coagulation treatment and intravenous fluids that were routinely used during dialysis. Staff completed administration and intravenous competency assessments. These were reviewed as part of staff annual appraisals.

We reviewed six prescriptions which were appropriately completed by the prescriber in line with legislation. Staff reviewed patients' medicines regularly and provided specific advice to patients about their medicines. Medicines for individual patients were reviewed at the multi-disciplinary meeting following monthly blood checks.

A medicines management policy was in place. The policy highlighted the requirements of nursing staff to follow professional standards for checking a patient's identification before medicines were administered.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Medicines were locked securely in medicine cabinets and in a medicine's fridge within the clean utility room on the unit. All medicines and prescribing documents were stored securely in the unit. Temperatures of fridges where medicines required cold storage were monitored daily and were within the expected range. The medicines management policy detailed actions to be taken if medicines fridges were outside of the required range and staff were aware of the action to take. Temperatures of the clean utility and storage rooms where medicine supplies were stored were monitored daily.

## Incidents

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

## Dialysis services

The service did not report any serious incidents for the 12 months prior to our inspection, however, staff knew what incidents to report and could describe the process for reporting incidents. All staff we spoke with were clear about their duty to report incidents and knew how to do so using the reporting system.

Staff understood the duty of candour regulation. They could give examples of when they were open and transparent and gave patients and families a full explanation when things went wrong. The service had no never events in the last year.

Managers described the process used to investigate incidents thoroughly, including the involvement of patients and their families in these investigations. The service had a clear process for reporting and investigating incidents. When necessary, incident review meetings would be held to examine all actions following an incident.

### Are Dialysis services effective?

Good 

We have not previously rated effective at 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. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service adhered to guidelines from National Institute for Health and Care Excellence (NICE). Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and protocols were based on relevant national guidance including NICE standards and Renal Association Guidelines. Patients were offered dialysis three times a week in line with Renal Association Guidelines and were generally dialysed for four hours. Staff assessed vascular access routinely as part of treatment and used photographs to monitor the condition of the access over time. This was in line with NICE Quality Statement 72.

### Nutrition and hydration

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

Staff provided patients with hot drinks and biscuits during their dialysis treatment. Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff fully and accurately completed patients' fluid and nutrition charts daily. Fluid assessments are done on the daily dialysis treatment charts, every treatment and nutritional charts are maintained by the Trust dietitians.

Specialist support from dietitians was available for patients who needed it. A dietitian visited the clinic as and when required dependent on service need. Each patient was reviewed according to individual requirements. For example, stable patients were seen every three to six months with patients new to dialysis seen two or three times in the first three months. Patients were provided with contact details for the dietitian at their first review to access advice as needed, outside their visits to the clinic.

# Dialysis services

## Pain relief

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

Staff told us that dialysis were not usually painful. Staff said patients were made to feel comfortable during their treatment. Patients were advised to let staff know if they experienced any discomfort during their dialysis and they could ask for assistance at any point.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.**

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The clinic monitored water quality, blood results and clinical variance. Clinical outcomes were monitored against the Renal Association standards and referring trust requirements. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

Staff monitored the effectiveness of care and treatment in line with clinical standards. Blood results were collated and monitored to establish the effectiveness of treatment in line with Renal Association guidelines. Results were shared with the consultant nephrologist at the commissioning trust and clinical discussions took place regarding patient treatments.

The service participated in relevant national clinical audits. Audit results showed improvements in the service's compliance. The clinic manager monitored clinical variance rates to identify where improvements could be made. Variances were reported in areas such as shortened dialysis times, did not attend (DNA) rates, patients who were over their target weight (indicating excessive fluid), and poor flow of the CVC line. The UK Renal Registry collects, analyses and reports data from renal centres to improve the care of patients with kidney disease in the UK. The clinic's dialysis patients were part of the commissioning NHS trust's activity; therefore, clinic specific data was not available.

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Renal nurses had completed dialysis specialist training. All nursing staff were registered with the Nursing and Midwifery Council. Staff had completed competency training as part of their induction to the role.

Managers gave all new staff a full induction tailored to their role before they started work. Staff informed us they completed a corporate induction with the provider, as well as the NHS trust where the service was located. Staff had received training to use the trust electronic systems as part of their induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had regular supervision with their manager as part of their role which included discussions on personal development and learning. Staff we spoke with confirmed that this was a positive process and helped them to develop their skills.

# Dialysis services

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

The clinic was nurse-led, where nurses provided prescribed treatments for patients who were under the management of a named consultant at the commissioning NHS trust. Staff told us there were effective working relationships with staff at the commissioning NHS trust including doctors, specialist nurses and dietitians. Staff reported good working relationships between the doctors and nurses and could seek support from each other when needed. Renal consultants and specialist nurses held clinics at the centre on a weekly basis.

Nursing staff and doctors reported good working relationships and felt well supported and part of a team. There were clear lines of accountability and all staff we spoke with knew what and which patient they were responsible for.

## Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. The service had relevant information promoting healthy lifestyles and support. This included providing reference materials and signposting to other services. Information about healthy eating was available and self-care was promoted within the philosophy of the unit. The aim of the philosophy was to help patients to achieve and maintain a realistic and recognisable state of wellbeing.

The service did not have an effective shared care practice within the service and patients were not routinely encouraged to participate in shared care; for example, taken their blood pressure and weighting themselves when they arrived for their treatment. This encouraged empowerment and partnership in care and treatment.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff said this was a rare occurrence and they explained how they would carry out a capacity assessment if required.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff provided information about the dialysis they were about to do and obtained consent before connecting the patient onto the dialysis machine. Staff recorded consent in all patient records reviewed.

All clinical staff received and kept up to date with training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

# Dialysis services

## Are Dialysis services caring?

Good 

We have not previously rated caring at 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.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed all staff were caring and compassionate in interactions with patients.

Staff treated patients with kindness, dignity, and respect, and interacted in a positive, professional, and informative manner. Patients said staff treated them well and with kindness. We spoke with two patients after inspection who stated staff were very friendly, kind, and considerate throughout their treatment.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients we spoke with felt their individual needs had been well met and that the care they received was person centred.

### Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients we spoke with felt they had been well supported throughout their treatment and felt able to ask questions as and when they needed.

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. We observed staff speaking empathetically with patients on inspection, and patient feedback was reviewed as part of quality and governance meetings.

Staff displayed empathy towards patients who were emotionally challenged when attending regular dialysis sessions. Staff showed sensitivity to patients and understood the emotional impact of them undergoing dialysis. We observed staff regularly checked on the patient's wellbeing to ensure their comfort. Patients were able to telephone the service when they returned home for further help and advice.

### Understanding and involvement of patients and those close to them

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. Patients said staff explained the dialysis procedure in a way they could understand, without jargon, and allowed them plenty of time to ask questions. Patients said staff asked about their understanding of the procedure before commencing treatment.

# Dialysis services

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We observed staff were proactive in engaging with patients about their experiences and frequently asked how they were doing. Staff encouraged each patient to complete a feedback form following their appointment. The service analysed patients' comments and categorised them to find themes and trends.

Staff supported patients to make informed decisions about their care and treatment. Staff explained other relevant terms and conditions in a way the patients could understand.

## Are Dialysis services responsive?

Good 

We have not previously rated responsive at 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.**

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. The service was commissioned on behalf of patients who attended the local NHS trust. Patient numbers were set out in an agreement with the local NHS trust and further patients were not accepted by the service unless staff were available to care for them.

Facilities and premises were appropriate for the services being delivered. The facilities were designed to ensure a seamless patient flow. The nursing station provided good oversight of the unit. Dialysis chairs and beds were adjustable to support patient preference and comfort.

The trust organised transport to and from dialysis sessions. Patients were dropped and collected at the entrance to the building. Those patients driving themselves were able to park within designated parking at the centre. The service did not audit waiting times for transport or any delays, as the transport service was provided by the commissioning trust. Staff reported that, transport delays were minimal and did not affect the running schedule of the service. We observed patients being collected and dropped off within a reasonable time of their treatment.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. Managers told us that if a patient missed an appointment they would speak to the patient and consultant, arrange a new appointment and advise patients if they became unwell to request an urgent ambulance and attend the emergency department at the local NHS Trust.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

# Dialysis services

All staff completed an equality and diversity course as part of their mandatory training. The service had an up-to-date discrimination prevention policy that was compliant with the Equality Act (2010) and ensured staff delivered care without prejudice to protected characteristics. There was a clear care and treatment ethos based on individualised care. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

The service opening hours reflected service demand and patient appointment choice. Dialysis sessions were usually for four hours. Staff discussed patient care with renal clinicians and explored how to provide treatment in collaboration with patients, taking into account patient preferences. This was sometimes to increase or decrease the number or length of dialysis sessions in consultation with the patient and their consultant nephrologist.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to communication aids to help patients become partners in their care and treatment. Patients told us that staff took time to explain their care and treatment. The service could access information and leaflets in other languages and different formats such as large prints, to meet the needs of the community they served. Patients and their family had access to interpreters and signers if needed.

Staff recognised that patients had choice around their treatment and care and had other commitments. Staff were flexible and supported patients to change scheduled treatment times as needed. Patients had a choice in the day and time of their dialysis, with twilight sessions available six days a week.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The service did not have waiting times currently and could provide rapid access to patients needing their services.

Appointments and clinics generally ran to time, and nursing staff advised patients of any delays on arrival. Patients we spoke with said they were seen on time.

Managers and staff worked to make sure patients did not stay longer than they needed to. They identified delays and took action to address them. This included providing feedback on transport issues and ensuring prompt maintenance repairs to systems where necessary.

Managers worked to keep the number of cancelled treatments to a minimum and treatments were rearranged as soon as possible within the service level agreement/contract targets. The service could access bank staff if needed to mitigate staff sickness and keep the number of cancelled appointments to a minimum. Staff told us there had been no unit cancelled treatments in the last year. The service was flexible and communicated with patients to ensure the continuation of treatment. Staff told us that patients were generally able to be rescheduled at short notice, including at the commissioning trust if this was more appropriate.

The dialysis clinic was open six days a week at varying times to meet the needs of patients who attend after daytime commitments. The clinic was operational from 6am until 11:30pm, six days a week. Key services were available to patients through the commissioning NHS trust hosting their care. Staff at the dialysis clinic were in daily contact with the trust and could refer patients for additional support if needed.

# Dialysis services

## 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.**

Patients, relatives and carers knew how to complain or raise concerns. Patients we spoke to stated they were confident they could raise a complaint to the service and that it would be taken seriously.

The service clearly displayed information about how to raise a concern in patient areas. We observed complaints leaflets and information available in the main communal areas. Complaints documents were also available through the website.

Staff understood the policy on complaints and knew how to handle them. The service had a system for handling complaints and concerns and followed the organisation's complaints policy. We reviewed this policy and process and found it to be in date and in line with national guidance.

Managers investigated complaints and identified themes. Service managers led on identifying who would lead on investigating complaints, based on the need for clinical input and the nature of the complaint. We reviewed the governance meeting minutes and found complaints were discussed in these meetings.

Staff knew how to acknowledge complaints. Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Complaints were acknowledged within 48 hours and responded to within a maximum of 20 working days. There were three informal complaints from August 2022 – August 2022. All of them were resolved satisfactorily.

## Are Dialysis services well-led?

Good 

We have not previously rated well-led at this service. We rated it as good.

## Leadership

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

Leaders were visible and had the skills, knowledge, and experience they needed for their roles. They maintained links and good working relationships with the NHS and we saw evidence of the service performance being reviewed and actions taken to mitigate risk. All staff had annual appraisals. Staff were motivated to provide high quality of care and we saw there was a strong emphasis on working as a team. Staff we spoke with were clear about the management structure and who they could contact to raise any issues.

# Dialysis services

The clinic manager was well respected by his staff, and always had the time and space for staff. However, the clinic manager did not have a dedicated management time embedded within their working day to undertake management duties because the manager was rostered as part of the frontline clinical staff providing treatment.

The clinic manager has a minimum of two days per week rostered in as admin for management time.

Staff we spoke with talked positively about the leadership for the service. Staff said the leadership were understanding, supportive and invested in developing their staff. Staff also stated that leaders were visible around the service and were approachable if staff needed anything. There were clear lines of leadership from managers. Staff knew their reporting responsibilities and whose issues needed to be escalated to. Staff stated they felt comfortable bringing issues to managers and felt they would be taken seriously.

## 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.**

Renal Services (UK) Ltd were in the process of integrating with another group. They had a vision to create 'the greatest dialysis healthcare community'. Strategic initiatives included the provision of integrated kidney care to help people better manage their kidney disease; and, developing solutions to transform healthcare for patients with kidney disease.

The vision aligned to local plans within the wider health economy. The corporate provider had engaged with local NHS services to assess the needs of local patients who needed dialysis. The refurbishment of the location had improved facilities by increasing the number of dialysis stations.

There was a focus on caring for each other, including the community, patients and teams. The service had a 'we care' behaviour philosophy - welcome, empathise, connect, actively listen, respect and, encourage. Staff told us they had been involved in discussions about the vision and strategy.

## 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.**

There were opportunities for career development at the clinic. Senior staff had all completed specialist renal modules at university and there were similar opportunities for other staff. There was internal development programme in place which included training staff with little or no experience and providing opportunities for them to develop.

The service had procedures in place for staff to raise 'whistleblowing' concerns outside of their line management arrangements and staff had access to confidential counselling and support services.

Staff worked in a collaborative and cooperative team. The service had a culture which was centred on the needs and experience of people who use services and had robust mechanisms to gain patient feedback and improve services as a result.

# Dialysis services

The services' culture encouraged openness and honesty at all levels within the organisation, including with people who use services, in response to incidents and complaints. Staff were supported to raise concerns and stated that they felt they would be listened to. The service also had a whistleblowing policy which outlined how staff could speak up. Staff felt they could raise concerns without fear. There was a compliance hotline in place, where staff could report concerns without having to go through the management structure. Staff told us they felt confident to use the hotline if necessary and felt able to raise concerns to senior staff and managers.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The service had structures, processes and systems of accountability to support the delivery of good quality service. The service had an effective quality assurance framework and governance structure. Clinical governance and risk performance meetings were held monthly. Data provided showed these meetings had an agenda and minutes recorded actions, discussions and learning. Learning was shared across all staff groups. Nursing governance team meetings were held twice monthly. Data provided showed these meetings included discussions on incidents, safeguarding and complaints. Minutes recorded the learning and actions. Staff were clear about their roles and accountabilities.

Quarterly executive board meetings and integrated governance meetings were held. Senior corporate and operational staff including the registered manager, attended governance meetings. There were processes in place to discuss incidents, complaints, performance and business development. An action log was used to review ongoing governance issues, including actions in response to incidents, policy development and vaccination rates among staff.

Quality assurance audits were carried out on a monthly basis. This included medicines management, infection control, treatment variances and documentation. Actions from audits were completed and implemented in a timely way. Compliance with service protocols was reviewed as part of the audit process and results discussed at relevant meetings and shared with staff.

## Management of risk, issues and performance

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

Corporate and service level risk registers were maintained. Service risks such as electrical failure and loss of water supply were identified, and mitigating actions taken to reduce the level of risk. Business continuity plans were in place to address disruptions in service.

The service had comprehensive assurance systems to monitor safety performance. Where the outcome of performance measures was below expected performance, issues were escalated appropriately through clear structures and processes. The process would be to add this as a risk to the risk register for the relevant department. Risks were regularly discussed and reviewed at team meetings.

# Dialysis services

The service had a systematic programme of clinical and internal audit to monitor quality and compliance with operational processes. For example, the service completed audits on infection prevention and control, environment and documentation. Managers stated that if results fell below expectations the service developed an action plan to address the issues and the learning and actions were shared with the team through operational meetings. The service had robust arrangements for identifying, recording and managing risks.

The commissioning trust reviewed performance against the service contract. Clinical patient outcome results were collated, and performance reviewed by the clinic manager and registered manager. Information about this was shared in the form of reports and discussed at relevant governance meetings.

## Information Management

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

Patient care needs and outcomes were recorded in the electronic patient record system. Information was shared with the hospital team via the shared record facility. Appropriate patient consent for sharing information was recorded. Paper records were held securely, and these could be couriered to the NHS trust in situations where care was transferred. The information systems were integrated and secure. The service had robust arrangements to ensure confidentiality of identifiable data, records and data management systems, in line with data security standards. Staff had access to the electronic patient record system, which was restricted to individuals by their own login and passwords. Patient coordinators and reception staff also had access to patient information and scheduling. Staff completed and were up-to-date with their information governance training.

Data was analysed centrally and reviewed at relevant governance meetings to ensure that staff understood performance and the measures required for improvement. A review of data and evidence of performance discussions was seen in governance meeting minutes. Managers understood requirements for submitting notifications to external bodies.

The service had a holistic understanding of performance. This used people's experiences of care to improve service delivery. This was evidenced through minutes from governance meetings we viewed, responses to complaints, and staff feedback.

The service had an up to date information governance policy. Information governance awareness training was part of the mandatory training programme, and all staff we spoke with said they had completed the training. The service had an up to date General Data Protection Regulation (GDPR) policy and staff also completed Renal Services internal training on information security and privacy, records and information management and general data protection regulation. The service reported no GDPR breaches in the last 12 months.

## Engagement

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



## Dialysis services

Staff provided positive feedback about partnership working with the local NHS and how they engaged and worked collaboratively. Staff told us they felt engaged with the provider and had opportunities to feed back and be involved in improvements. The service had a staff information board in the staff room that included feedback from patients, notices on areas for learning based on reviews of performance, the top risks identified for the service, staff acknowledgements and awards, and other areas of quality.

The senior management team were positively involved in the development of the service through regular contract meetings with the commissioning NHS trust.

The service had procedures in place for staff to raise 'whistleblowing' concerns outside of their line management arrangements and staff had access to confidential counselling and support services.

Staff told us there was good communication with their line manager, however, they were not being listened to by the corporate management and their concerns were not always addressed by the corporate management, for example staff were not allowed to work flexibly when requested. The provider informed us staff had regular meetings with the senior management team and confirmed that they allowed flexible working on staff request, and currently they had one health care assistant and two nurses on a flexible contract working at the clinic.

### Learning, continuous improvement and innovation

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

Staff we spoke with during our inspection demonstrated they were committed to continually learning and making improvements to the service. Staff understood the services performance against key performance indicators and other measures. They could identify where improvements were required were open to challenge poor practice.

The service had mechanisms for providing all staff at every level with the development they needed. For example, staff had appraisals and career development conversations yearly. Where staff had development plans the service encouraged and supported them to achieve them. The service provided a package of additional training to support staff with their continuing professional development. Staff we spoke with were positive regarding the opportunities to develop and learn within post.