

Diaverum UK Limited

# Redditch Kidney Treatment Centre

## Inspection report

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

### Ratings

#### Overall rating for this location

Good 

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

# Summary of findings

## Overall summary

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to Redditch Kidney Treatment Centre on 5 September 2023.

To get to the heart of patients' experiences of care and treatment, we ask the same 5 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 rated it as good

- 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. Staff controlled infection risk well. Staff assessed risks to patients and kept good care records. They managed medicines well. Staff managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and this service was identified as one of the provider's best performing services. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Staff 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	

# Summary of findings

## Contents

### Summary of this inspection

Background to Redditch Kidney Treatment Centre

Page

5

Information about Redditch Kidney Treatment Centre

5

---

### Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

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# Summary of this inspection

## Background to Redditch Kidney Treatment Centre

Redditch Kidney Treatment Centre is operated by Diaverum Facilities Management Limited. The service opened in March 2016. The service is commissioned by an acute NHS hospital trust to provide a dialysis service primarily serving the communities of Redditch and surrounding areas. It also accepts patient referrals from outside this area. The service has 20 dialysis stations, including 4 side rooms, for the treatment of adult patients over 18 years.

The service is a nurse led service with medical support provided through the renal department of an acute hospital trust.

The service offers “holiday” dialysis to patients out of area.

The service is open Monday to Saturday, from 7am to 6.30pm.

Redditch Kidney Treatment Centre is registered to provide the following regulated activity:

- Treatment of disease, disorder or injury.

Under this activity the service provided:

- Haemodialysis

Redditch Kidney Treatment Centre has had a registered manager in post since February 2017.

The last inspection was undertaken in July 2017 and was not rated as we did not have the legal powers to do so at that time. No regulatory breaches were found at the last inspection.

## How we carried out this inspection

The inspection team included one inspector and a specialist advisor in kidney treatment and dialysis. During our inspection we spoke with 5 staff including nurses, dialysis support workers and the registered manager. We also spoke with 3 patients and observed patient treatment procedures.

We reviewed 5 patient's notes and feedback forms. We also reviewed 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>.

## Outstanding practice

### Outstanding practice

- Staff at the service had developed a training and competency booklet to support student nurses on placement.

# Summary of this inspection

- One of the student nurse mentors at the service had received an award from the university for the significant support given to student nurses.
- Staff had developed a communication booklet tailored towards a patient with additional communication needs to support the patient's understanding of the care and treatment they would receive at the unit.
- Staff had developed a communication book for patients who had memory difficulties and who may not remember information which may include changes to treatment or appointments to support the patient.
- The service used a mobile application, which was a treatment guidance system for the patient and allowed the patient to keep track of their treatment and care.
- The service promoted shared care/self-care to enable patients to empower their knowledge about their treatment and to take control of their diet, blood results and fluid management.
- Staff supported patients to work during their dialysis sessions (when required) by allocating them a side ward to enable them to work in private and attend virtual meetings when needed.
- The blood borne viruses training programme used by both the commissioning trust and Diaverum was written by the clinic manager and is part the staff training programme.

## Areas for improvement

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



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

- The provider should ensure medication charts include all required information (Regulation 12).






# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Dialysis services

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

## Is the service safe?

Good 

This was the first time the service had been rated. We rated safe as good.

### Mandatory training

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

Staff mandatory training was comprehensive and covered a range of topics which included fire safety, basic life support, general infection control and hand hygiene, consent, duty of candour, equality diversity and human rights. Mandatory training requirements also included training in dialysis management and was specific to staff roles. Mandatory training met the needs of patients and staff. Staff had access to mandatory training by a mixture of e-learning modules and face-to-face sessions.

All staff (100%) had completed all required mandatory training.

All staff had completed training on recognising and responding to patients with dementia, learning disabilities and autism.

Staff had access to their electronic training record. This enabled staff to review when mandatory training required updating and enabled them to book direct online.

Managers monitored mandatory training and alerted staff when they needed to update their training. The electronic records showed the date when updated training was required.

### Safeguarding

**Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**



# Dialysis services

Staff received training specific for their role on how to recognise and report abuse. All staff had completed safeguarding adults and children level 1 and 2 as part of their mandatory training. The service manager was additionally trained to level 3 safeguarding for adults. The provider had a safeguarding lead trained at level 4 for adults and children. This met national guidance requirements.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff had all received training in equality and diversity and understood the need to protect all patients from abuse. The service manager was knowledgeable about the local area and the specific areas of risk and challenges which were more common in the local community.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had an up-to-date safeguarding adult and children policy which supported staff to manage safeguarding effectively.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Contact information for the provider and partner trust safeguarding leads was available within the service, as were contacts and pathways for referrals to local safeguarding teams. The manager said no safeguarding referrals had been made for some time but was confident staff would raise concerns when needed.

Recruitment was undertaken centrally with the manager having access to all required information about potential employees. We saw staff were recruited safely and had appropriate checks undertaken.

## 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 staff areas were visibly clean, clutter free and had suitable furnishings which were visibly clean and well-maintained.

The service performed well for cleanliness. Cleaning records were up-to-date and demonstrated all areas were cleaned regularly. A third-party company undertook routine domestic cleaning. Managers did monthly audits on cleanliness to check the required levels of cleanliness was met. We reviewed a cleaning audit dated 7 August 2023 and were able to verify cleaning rotas were complete. Audits demonstrated 100% compliance with cleaning rotas. Managers had access to a policy which required action plans to be created where cleanliness failed to meet the required standard. This included further audits to be undertaken until improvement was identified.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were seen to wash and sanitise their hands appropriately and wore appropriate PPE. Hand sanitisers were available at all dialysis stations and were readily accessible throughout the service. Antibacterial wipes were also readily available. All staff had hand hygiene training. Staff hand hygiene audits were undertaken weekly and identified full compliance. Staff had arms 'bare below the elbows' to aid effective handwashing and avoid sleeves becoming contaminated. Posters to demonstrate effective handwashing were available at hand washing sinks.

## Dialysis services

Staff had all received infection control and hand hygiene training. Clinical staff also received additional training in renal specific infection control including water treatment plant for dialysis. Staff were trained in 'aseptic non touch technique' which prevents the transfer of infection to patients' and blood borne viruses when undertaking clinical tasks where the risk of transmission is higher. Observations we made found staff appropriately used the aseptic non touch procedures during our inspection.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff were observed cleaning patient items prior to and after use in line with infection prevention and control and best practice guidelines. Dialysis machines were heat and chemical disinfected after each treatment, and staff did a weekly disinfection clean of the water treatment plant. In addition, water sampling was undertaken monthly to make sure there was no bacteria growth in the water system.

Staff worked effectively to prevent, identify, and treat infections at access points where dialysis machines were connected to the patients. Staff completed assessments for each patient at each dialysis session to assess patients' access points for dialysis. Information received following our inspection identified no fistula access site infections in the last 7 years.

Staff monitored and managed potential infectious conditions well. All patients were assessed prior to their treatment for COVID-19 symptoms. If a patient had been overseas or in hospital since their last treatment, staff checked patients' temperatures asked patients about possible infection symptoms, such as a cough, cold, sore throat, diarrhoea or vomiting for themselves or their families. If a patient stated, they had symptoms of infection or a high temperature they were moved into one of the clinic rooms for further assessment by a nurse who would arrange a safe plan for their dialysis.

Staff regularly tested patients for blood borne viruses (BBVs). Human immunodeficiency virus (HIV) testing was undertaken annually, and Hepatitis B and Hepatitis C testing was 3 monthly. Meticillin-resistant staphylococcus aureus (MRSA) swab tests were undertaken every 3 months. If a patient tested positive for any of the above, NHS lead consultants developed a plan to manage this safely.

Staff, whenever possible, ensured patients used the same dialysis machines. Staff monitored patients for infection. The service did not treat high risk patients, high risk patients would attend another kidney treatment centre.

The service had a link infection control nurse who worked closely with staff from other services including the commissioning NHS trust. They were responsible for the completion of infection control audits and reporting results to managers and staff.

### Environment and equipment

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

Patients could reach call bells and staff responded quickly when called.

The design of the environment followed national guidance. Each dialysis station had enough space around it to allow staff to attend to a patient in the event of a medical emergency.

# Dialysis services

The service had enough suitable equipment to help them safely care for patients. The service had 20 dialysis stations, of which 4 could be used as closed isolation areas.

Staff carried out daily safety checks of specialist equipment. Equipment, including the dialysis machines were appropriately maintained, calibrated and serviced in accordance with manufacturer requirements. The equipment log and service records confirmed all required maintenance and service checks were up to date. Staff checked the emergency resuscitation equipment daily.

Staff were trained to use specialist equipment through a service level agreement with the equipment manufacturers. Managers kept a record to confirm staff competency in the use of specific equipment.

The service had an unannounced health and safety audit in 2022 and scored 96% in 2022 which was the highest score of all Diaverum locations.

Staff disposed of clinical waste safely, including needles, in appropriate waste bins. Bins were clearly labelled with what could be put in them. Clinical waste was stored in a locked compound prior to collection.

## 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 responded promptly to any sudden deterioration in a patient's health. Staff used a nationally approved tool; the National Early Warning Score (NEWS2) to record patients' clinical observations recorded prior to commencing treatment, and then at least hourly once treatment had started depending on the patient's condition. This included blood pressure, pulse rate, and temperature and enabled staff to quickly identify deterioration. Patients who were unwell on arrival to the unit or during dialysis were referred to the nurse in charge for review.

Staff were familiar with and followed protocols to assess and manage patients who may become unwell. For example, due to the nature of the treatment, patients' blood pressure could drop. Nursing staff discussed the frequency of blood pressure recordings with patients when commencing dialysis. Staff followed the protocol to give intravenous fluids where patients showed a reduction in blood pressure. If the patient's blood pressure did not improve staff would complete clinical observations using NEWS2 to monitor patients for further deterioration. These scores were used to ensure timely actions were taken which included contact with a renal clinician or when required a 999 call for emergency transfer to hospital.

Staff completed risk assessments for each patient at their first treatment and then reviewed the risk assessments at least monthly. Risk assessments included pressure area prevention, falls risk, needle dislodgment, moving and handling and frailty. Staff conducted regular patient checks during dialysis, such as checks for dislodged needles.

Staff completed assessments for each patient at each dialysis session to assess patients' access points for dialysis. During our inspection we saw staff highlighted problems with 2 patients; staff followed appropriate procedures and contacted the consultant for advice. The patients were sent to hospital for further review.

Staff knew about, and dealt with, any specific risk issues. The service used a mobile application, which was a treatment guidance system for the patient and allowed the patient to keep track of their treatment and care. Each patient had a card which was inserted into the dialysis machine which automatically transferred information, such as their weight,

# Dialysis services

blood pressure, heart rate and kt/V (a measurement of the efficiency of dialysis) into the electronic patient record system. If measurements directly related to dialysis (blood pressure and kt/V) were outside of the parameters set by the consultant, an alert showed on the live monitoring system which gave an overview of all patients. During our inspection several alarms were observed, we saw staff thoroughly checked the patient and equipment and provided reassurance to the patient. Staff responded promptly when alerts were highlighted to monitor patients' wellbeing.

Staff had access to specific pathways and guidance including sepsis and adverse treatment incidents, such as low blood pressure and displaced needles. Staff received training in recognising patient deterioration, use of early warning scores and sepsis.

Staff placed patients with specific risks or support needs, such as a high falls risk, or anxiety, in a bay located next to the main nurses' station to enable higher level of visibility from staff.

Staff were trained in basic life support and anaphylaxis to support patients with urgent needs. The service had an escalation plan which included contacting 999 for support and patient transfer to hospital if needed.

The monthly quality meetings with the trust included discussions about patients' mental health and their psychological and emotional needs. Staff referred patients to the renal psychologist when a need was identified.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. There was a daily walk around handover to review patients, led by a senior nurse. We observed a handover which was undertaken at the patient's bedside and involved the patient. Staff discussed the dialysis treatment, observations, and results of any blood tests.

## 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.**

The service had enough nursing and support staff to keep patients safe. The provider policy identified a requirement for one nurse for every 4 patients with support from a dialysis support worker for every 10 patients. This was in line with national guidance.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed. Managers ensured staffing accommodated patients coming and undertaking their dialysis throughout the day.

The service had low vacancy and staff turnover rates. At the time of the inspection there were 2 vacancies which were both being recruited into. Two staff had left in the last 12 months.

The service had low sickness rates. Managers said staff sickness absence was minimal and was short term absence.

The service did not use agency staff and used minimal bank staff. Staff absence was covered by existing staff working additional hours. The provider had staff bank which enabled Diaverum staff to work at other sites if required, all bank staff were trained in the policies and procedures. Where staff were absent at short notice, the service manager (who was an experienced and qualified renal nurse) worked clinically to make up nurse numbers and support the team.

# Dialysis services

Managers and the provider made sure all staff had a full induction and understood the service. Staff who worked at other services had both a Diaverum induction and an orientation to the Redditch Kidney Treatment Centre which included location of the resuscitation equipment and fire procedures and actions to be undertaken.

## 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 staff could access them easily. The service used both paper based and electronic patient records. In addition, the clinic used a treatment guidance system, which is an electronic device (tablet) at the patient bedside. This allowed the nurse to record information directly into the electronic device document at the patient bedside which was then transferred to the commissioning NHS trust. Both electronic and paper records were stored securely.

The paper-based records included risk assessments, medication charts, consent forms and signed disclaimers which patients signed to end treatment sessions early.

The electronic system contained information about patient reviews including any changes to patient management, dialysis prescriptions, incidents relating to each patient and clinical observations. Staff from the referring trust were able to view this information remotely. Staff at the unit could access relevant patient information from the referring trust.

Senior nurses monitored the quality of the patients' records. They undertook audits of patient records every month. The audits included checks for correct prescription administered, completion of medication charts, suspected sepsis risks, consent and dialysis summary among other measures. The results of the audits indicated required standards of practice were consistently met.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The service had processes in place for the safe management of medicines. Renal consultants from the referring NHS trust prescribed patients their initial dialysis medicines. Ongoing dialysis medicines were prescribed by nurse practitioners and the patient's NHS consultant; both employed by the commissioning trust. Other medicines, such as pain relief, were prescribed by the patient's own GP.

Staff administered prescribed medicines as necessary for patients' dialysis treatment. Medicines were administered by 2 nurses who confirmed the patient identity and completed the medicine check.

Staff administered influenza and covid 19 vaccines under patient group directives (PGD) which were updated annually. PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber) usually in planned circumstances. Staff received training provided by the commissioning trust which was updated annually to support them to administer medicines provided under PGD.

# Dialysis services

Patient medicine allergies were checked and recorded on the medication chart. We found 1 of the 5 medicine administration records did not include all the patients medicine allergies. This was shared with the manager who confirmed this would be acted upon.

The service had monthly date checks of all medicine stock, including the emergency trolley and 'hypo' (medicines used to treat hypoglycaemia in diabetic patients) box.

Patient dialysis prescriptions were audited monthly to ensure patients received the correct dialysis treatment and all required information and checks were completed. Information provided showed in 2023 the service achieved 100% compliance in all areas.

Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. Treatments were adjusted to ensure the best results for patients and any changes to prescriptions were discussed with patients. Patients' GPs were informed electronically about changes to treatment immediately following regular multidisciplinary reviews.

Staff completed medicines records accurately and kept them up-to-date. The medicine charts detailed 2 signatures next to each medicine administered or if appropriate the reason the medicine was not given. Staff stored and managed medicines safely. Medicines were securely stored within the clean utility room. Medicines were stored at required temperatures and staff recorded this daily.

Staff followed national practice to check patients had the correct medicines when they commenced treatment, or when they moved between services.

Staff learned from safety alerts and incidents to improve practice.

Where patients chose to end their dialysis session early, staff ensured patients signed consent to demonstrate the patient understood the risks of completing their dialysis earlier than the prescribed time.

## 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.**

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. Incidents were reported using an electronic system, which was accessible on every computer within the service.

Staff had reported 218 incidents in the last 12 months which included vascular access problems, missed treatments, shortened treatments, falls, allergic reactions and infections. The highest reported incidents were missed treatments (72 incidents) and shortened treatments (89 incidents). We reviewed 5 incidents that had been reported in the last year. These included a patient fall, an allergic reaction, medicine/ treatment error, infection and needle stick injury. These incidents had been investigated and appropriate actions taken to share the outcome of the findings and minimise risk of recurrence in the future. The investigation report was shared with the trust and discussed during the monthly meetings.

# Dialysis services

Managers shared learning with their staff about serious incidents that happened elsewhere or within the wider provider.

Staff understood the duty of candour. Duty of candour means health and care professionals must: tell the person (or, where appropriate, their advocate, carer, or family) when something has gone wrong. Apologise to the person (or, where appropriate, their advocate, carer, or family) offer an appropriate remedy or support to put matters right (if possible). All staff had completed electronic learning about duty of candour. We heard from staff how they would be open and transparent and gave patients and families a full explanation if things went wrong. Investigation reports confirmed duty of candour requirements had been met.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.

## Is the service effective?

Outstanding



This was the first time the service had been rated. We rated effective as outstanding.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. All policies and procedures in place were developed in line with national guidance, standards and legislation. This included guidance from the UK Renal Association, National Service Framework for Renal Services and the National Institute for Health and Care Excellence (NICE).

Staff monitored and recorded patients' vascular access status each time the patient attended for treatment. The information was recorded on the treatment guidance system. This allowed for review and identification of any themes both for the service and the trust.

Patients' blood results were recorded monthly and discussed at a Quality Assurance (QA) meeting to identify how well the dialysis treatment was working. Where necessary, consultants from the referring trust amended treatment to ensure the patients' blood results were optimised. Any changes to treatment were discussed with the patient before implementation.

### Nutrition and hydration

**Staff gave patients snacks and drinks when needed. Patients could access specialist dietary advice and support from the referring trust.**

Staff ensured all patients were seen monthly within Redditch Kidney Treatment Centre by dieticians from the commissioning NHS trust. The dieticians provided specialist support for patients as required by national guidance, assessing patient's dietary needs and providing advice and guidance on renal diets.

# Dialysis services

Due to nature of the service, staff were not required to provide meals or specialist nutrition for patients. However, staff provided patients with water, hot drinks and biscuits whilst dialysing. Patients could bring their own food to treatment sessions if they wished to eat something different.

## Pain relief

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

Staff assessed patients' pain; Staff asked patients if they were experiencing any pain and asked them to score any pain from 1 to 10. Where patients experienced pain, staff arranged for the patients' GPs to prescribe local anaesthetic cream or other pain relief as required.

## 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 participated in relevant national clinical audits. Outcomes for patients were positive, consistent, and met expectations, such as national standards.

The National Kidney Foundation guidelines currently specify patients should receive at least 12 hours (720 minutes) of treatment per week to maximise effectiveness. Renal consultants had been trialling reducing the number of dialysis sessions/ minutes each week for certain patients at Redditch Kidney Treatment centre. The trial included new patients to dialysis who had a good urine output, frail patients who may benefit from less time dialysing and other patients who were assessed as requiring less dialysing time. These patients received less than 720 minutes each week. Patients were monitored closely to check the effectiveness of this new treatment regime. The pilot had identified positive outcomes for patients who now attended for 2 dialysis sessions a week and without a deterioration in their health and also saved valuable dialysis resources.

The service also recorded data which showed some patients had chosen to reduce their time spent dialysing. Where this happened, the patient was asked to sign a refusal to dialyse for prescribed treatment time. Staff updated the commissioning NHS trust when patients regularly chose to reduce their treatment time and developed individual patient plans to manage this.

The provider benchmarked clinics against each other to determine internal performance. The clinics were measured for several patient outcomes which included safety and efficiency of dialysis. The service performance was identified as one of the highest performing Diavium clinics consistently in the country and was now 5th of 25 dialysis services. Assessment included: Individual patient performance score (IPPS), effectiveness of treatment and positive patient outcomes including treatment effectiveness and vascular access. Please note the trial identified above to reduce dialysis meant certain scores were reduced.

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



# Dialysis services

Managers and staff carried out a comprehensive programme of repeated audits and used information from the audits to improve care and treatment. Treatment adequacy was reviewed monthly as part of the quality assurance meetings in accordance with the Renal Association Standards. Patients' outcomes were good and met expectations. When improvements were needed service managers and staff worked with the NHS provider to review individual patient's records to review reasons for performance and if further improvement could be made to their dialysis treatment plan.

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff setting up and supporting patients throughout the dialysis treatment were suitably trained and experienced. We saw evidence of training and competencies which showed they had the right skills and knowledge to meet the needs of patients. Interactions with patients and the technical equipment showed skill and competencies.

All new staff a full induction tailored to their role. The induction period included training, working shadow shifts and undertaking competency assessments. New nursing staff undertook a programme which enabled them to undertake dialysis specific competency training and work supernumerary to develop their competencies.

Managers made sure staff received any specialist training for their role. All registered nurses and dialysis support workers completed the basic dialysis training programme accredited by the European Dialysis and Transplant Nurses Association. The manager and deputy manager both had a renal nursing qualification and an additional 2 nurses were due to commence this course in April 2024.

The blood borne viruses training programme used by both the commissioning trust and Diaverum was written by the clinic manager and is part the staff training programme.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The manager, deputy manager and clinical lead supported the learning and development needs of staff. Managers gave staff the time and opportunity to develop their skills and knowledge. The manager arranged scenario training with staff. This involved patient event cards which were placed onto an empty chair or bed, the emergency buzzer was pressed for staff to action. Staff gathered around to discuss the event and what actions they would undertake. This training was seen as good practice.

The manager and staff were proud of the induction and training given to student nurses who came to the service on placement as part of their nurse training. Staff had developed a training booklet which included information about the service, renal disease and dialysis and identified a structured plan for each week of their placement. The service had received excellent feedback from the university and student nurses who had come to the service on placement. In addition, one of the student nurse mentors at the service had received an award for the support given to student nurses.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had objectives identified at the beginning of the year, a midyear review to discuss progress with objectives and a discussion at the end of the year to discuss their achievements. At the time of our inspection all eligible staff had had an appraisal in the past year and all staff had received their midyear review.

# Dialysis services

Seven staff had received additional training in 'shared care' which had initially been national and more recently supported by the commissioning to support patients to have greater involvement in their care. The service promoted shared care/self-care to enable patients to empower their knowledge about their treatment and to take control of their diet, blood results and fluid management.

Managers made sure handover information which included changes in patient treatment as well as changes to policies and procedures was shared with all staff.

## 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 regional clinical lead attended monthly quality assurance [KK1] [AH2] meeting with the commissioning NHS trust. The trust had renal consultants allocated to Redditch Kidney Treatment Centre who along with other relevant professionals and service staff attended the quality assurance meeting. The meetings included a review of individual patient care by all professionals to ensure patients received optimum treatment and included supported patient feedback.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff referred patients onwards if required; for example, to a third-party organisation who supported patients with social and welfare concerns which included signposting them to benefit entitlement. Staff identified patients experiencing mental ill health and raised this with the referring trust who had access to psychological support for the patient.

Staff at the clinic had direct links with dialysis access specialists and satellite coordinators at the referring trust. This meant any concerns or problems could be quickly escalated and resolved.

Staff at the clinic could share information with staff from the referring trust and vice versa through the electronic patient record systems. This enabled timely review of patient information.

## Seven-day services

**Key services were available to support patient care.**

The service was open from Monday to Saturday from 7am to 6.30pm to meet patients' needs. Patients could either attend for morning or afternoon dialysis.

## Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. Noticeboards provided information about healthy eating and exercise for people with kidney disease and importance of flu vaccination.

Staff administered influenza and covid-19 vaccinations with patient consent.

## Dialysis services

Staff assessed each patient's health at every appointment and provided support to live a healthier lifestyle. Patients were encouraged by staff to install a mobile application on their smartphone or tablet computer. This allowed patients to check their dialysis notes and blood test results to help them and their families stay informed about their health 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.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All staff had received Mental Capacity Act and Deprivation of Liberty Safeguards training. If a patient who was unable to give consent accessed the service, provider policies were available to support staff. Additionally, a specialised consent form was available to support staff in this process. However, the service's referral criteria meant they rarely treated patients who could not consent to treatment.

Staff made sure patients consented to treatment based on all the information available. Specialist nurses within the commissioning trust provided education and information about dialysis to prepare patients before they commenced their first dialysis session.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. In all records we checked, consent documents were filed. Staff made sure patients consented to treatment based on all the information available.

### Is the service caring?

Good 

This was the first time the service had been rated. We rated caring as good.

### Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. Staff, including the manager, knew all the patients dialysing at the clinic and were able to talk about each patient knowledgeably. Staff celebrated patient's birthdays, anniversaries and other special occasions with balloons and banners and gifts for key birthdays or other special occasions.

Patients said staff treated them well and with kindness. Patients told us they were happy coming to the unit for their dialysis and felt the staff provided a caring service. We saw the receptionist was friendly, welcoming and assisted patients with transport and their bags.

# Dialysis services

Staff followed policy to keep patient care and treatment confidential. Discussions about patients' treatment and care were held discreetly. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. The patient survey results identified patients positively identified their privacy and dignity were respected.

## Emotional support

### **Staff provided emotional support to patients to minimise their distress.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff were able to identify if patients had any concerns and talk to them about their concerns. Any patient concerns were also shared and escalated to the referring trust, as necessary. One patient said, "Because the unit here is small you get to know everyone, and you build up a rapport it feels like family".

Staff understood the emotional and social impact renal failure, dialysis and ongoing treatment had on the wellbeing of patients and those close to them. Staff said a diagnosis of renal disease which required dialysis had an enormous effect on patients who may no longer be able to work. Staff offered advice and supported them to access to different support networks for example to gain advice on financial support and benefits.

Staff took time to listen to patients. We saw staff clearly explaining at every stage what they were doing and reminding patients what to do if they wanted to speak with staff or had any concerns.

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

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

Staff made sure patients and those close to them understood their care and treatment. The service offered 'shared care'. This meant patients could perform some or all self-care activities [KK1] [AH2] if they comfortable to so do. For example, upon arrival at the service each patient had an individual box which contained a smart card. The patient could then weigh themselves and the details would be recorded into the system. Patients were able to clean their station as well if they wanted to do so, even though the station had been cleaned by staff.

Patients said they felt included in their treatment and decisions about care. Staff had developed a communication book for patients who had memory difficulties and may not remember information such as changes to treatment or appointments. The booklet was held by the patient. Staff, relatives or carers could record messages in the book to ensure all were aware of required information.

On admission to the clinic, details were taken regarding the patient's family and relatives. This helped support personalised care and was also used to inform staff of the point of contact should the patient become unwell.

We saw patients were involved in staff handovers and multi-disciplinary reviews and were active partners in their care.

Staff said some relatives had ongoing contact following the death of their loved ones attending events and fund raising for the centre.

## Dialysis services

Staff gave patients updates and information about their dialysis. The named nurse was responsible for updating patients on their blood test results, prescription changes and any other aspects of the patient's care or treatment and we saw this during our inspection.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. We saw 'thank you' cards and letters sent in by patients and relatives, highlighting the caring work of the staff.

The 2022 "Patient perception of care" survey identified more than 88% of people who responded would recommend the service. Redditch Kidney Treatment Centre performed much better than other dialysis services in most questions asked. The lowest score (and largest deteriorated score) in the survey was related to transport, however transport was provided under contract with the commissioning NHS trust.

### Is the service responsive?

Good 

This was the first time the service had been rated. We rated responsive as good.

#### **Service delivery to meet the needs of local people.**

#### **The service planned and provided care in a way that met the needs of local people and the communities served. Managers worked with others to plan care.**

Managers planned and organised the service, so it met the needs of the local population. The service was commissioned by an NHS trust to provide community dialysis to people living in Redditch and local communities to reduce the need to travel to the commissioning trust.

The service had arrangements in place to provide holiday dialysis (patients who needed dialysis but lived outside the area and were either on holiday or visiting friends or family) when required.

The service was open Monday to Saturday from 7am to 6.30pm. One patient continued to work remotely during their dialysis sessions. They had their dialysis in a side ward to enable them to continue to work in private and attend virtual meetings when needed.

There was space for privacy screens to be positioned if required. The service had systems to help care for patients in need of additional support or intervention. Staff referred patients onwards if required; for example, to a third-party organisation who supported patients with social and welfare concerns which included signposting them for benefit entitlement.

Facilities and premises were appropriate for the services being delivered. The centre was purpose built in 2016. The reception area was spacious with sufficient seating, with a television and information leaflets available whilst patients waited to be called through to start their dialysis. The service had beds and wheelchairs which could accommodate bariatric patients when needed.

# Dialysis services

The service had ramp access for patients who required a stretcher or wheelchair. There was adequate patient parking within a short distance from the main entrance. Patient and disabled parking was clearly signposted.

All patients were aged over 18 years, with the larger portion being over 65 years. The unit did not provide dialysis for patients under 18 years.

Managers monitored and took action to minimise missed appointments. Managers ensured patients who did not attend appointments were contacted. If the reason for the missed session was due to patient illness, staff referred the patient to either their GP or the referring trust. Staff then re-booked the patient to make up their missed session as soon as possible. If staff were unable to contact a patient who had not attended, they alerted the referring trust and asked police or GPs to conduct a welfare check.

## Meeting people's individual needs

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

Staff made sure patients received the necessary care to meet their needs. All patients had their needs assessed and agreed by the commissioning trust before agreement they were suitable for dialysis at a community kidney treatment centre. Patients who had cognitive impairment which affected their capacity to consent or comply to treatment or had acute mental health symptoms were dialysed at the referring trust where the patients received support from dedicated teams.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports.

The service demonstrated compliance with the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand. The manager was clear should they have a patient referred for potential treatment with additional needs they would ensure appropriate information or equipment was available. For example, staff at the treatment centre had provided additional information for a specific patient due to commence treatment. Staff had created an individual booklet with photographs of the centre which detailed the patient's pathway for treatment, we identified this as good practice. The patient and family had attended the centre to meet staff and explain procedures in readiness for their first attendance for treatment. Picture cards for people who struggled to communicate verbally had been made by the manager to assist communication. Staff made reasonable adjustments to help patients. Patients referred directly from the commissioning trust were medically stable and had agreed arrangements in place.

The service was able to access and use information which had been translated into different languages from national organisations which included Kidney Care UK.

Managers made sure staff, patients, their loved ones and carers could get help from interpreters including British Sign Language where required. The service had access to a translation service through the commissioning trust.

## Access and flow

**People could access the service when a need was identified and received timely treatment.**

## Dialysis services

The service took patients from the commissioning trust when requested. There was no waiting list at the time of the inspection and the service had vacant slots. The service had capacity to provide dialysis for around 74 patients [KK1] [AH2] .

Patients accessed their treatment quickly on arrival to the unit. The national standard states 90% of patients should commence dialysis within 30 minutes of their appointment time. The service performance exceeded this target with 100% of patients attending Redditch Kidney Treatment Centre starting their dialysis session within 30 minutes of their appointment time in the last 3 months.

No information was available to monitor the wait for patients to be collected by patient transport after treatment. The transport was booked by the NHS commissioning trust who had regular meetings with the transport provider.

Two patients transferred to other services between June and August 2023. This was in response to changes in clinical condition.

There were no dialysis sessions cancelled or delayed between June and August 2023 due to unexpected events, such as unavailability of consumables or equipment. The manager confirmed if a treatment had to be rearranged as the patient was unwell, they would ensure they received dialysis the following day to meet their treatment requirements. Staff would also take a blood sample from the patient when they next dialysed to check the patient's condition.

### Learning from complaints and concerns

#### **It was easy for people to give feedback and raise concerns about care received.**

Patients knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. In addition, there was a “suggestion box” for people to share their experience of the service in the waiting area. Patients and their representatives were able to raise concerns and complaints direct with the service or through their acute hospital team at the commissioning trust or their transport provider.

Managers investigated complaints and identified themes. Managers logged and investigated all complaints. All logged complaints received an acknowledgement letter and were investigated, with outcomes shared with the patient. The service had received 5 complaints in the last 12 months and all related to patient transport. This service was not responsible for patient transport as this was commissioned by an NHS trust. The information had been forwarded to the transport provider for investigation. Complaints received about the patient transport service was shared with the NHS trust which referred patients to the unit as part of a monthly contract monitoring meetings so these transport concerns could be followed up by the commissioning trust.

The manager of the service worked to acknowledge concerns around patient transport despite not having control over this. The manager explained what actions they would take, such as sharing the information with the referring trust; and provided feedback where possible.

### Is the service well-led?

This was the first time the service had been rated. We rated well led as good.

# Dialysis services

## Leadership

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

Leaders had the skills and abilities to run the service. The registered manager was supported by an area general manager and a clinical manager. The provider had a leadership programme with all clinic managers and then deputy clinical managers to undertake this training. The registered manager had support from the provider for any workforce related queries.

The registered manager understood the priorities and the issues faced by the service. They knew every patient and member of staff and could talk through any concerns or risks linked to the service.

The registered manager worked alongside staff in the clinical area when required. Staff told us the registered manager was very approachable and supportive and they valued her support and knowledge.

Clinical leadership was provided by consultants and satellite coordinators from the commissioning NHS trust. They visited the unit at least once a week and staff told us they could always access advice and support from the trust consultant or a renal registrar when required.

Leaders supported staff to develop and take more senior roles. Staff had regular appraisals and competency training to progress their skills.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.**

The service had a shared vision and strategy with the provider. The vision of the organisation was “To be the first choice in renal care”. The strategy to achieve the vision was centred around being a trusted and valued independent sector dialysis provider to the NHS.

The service worked closely with its NHS commissioning trust to ensure it provided quality patient care and ensure the commissioners ongoing satisfaction in the service provided.

The managers upheld the values of the provider and aims of the service. The manager told us of improvements to the service which included training opportunities and patients’ information and additional clinical management oversight.

## Culture

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



# Dialysis services

The service had an open and inclusive culture. Staff said they were proud of the team and how well they worked together to provide excellent patient care.

Staff felt supported, respected and valued. Staff and patients told us they felt comfortable to raise concerns or issues with the manager.

Posters were available throughout the service supporting staff to “Speak up” to highlight standards which were not conducive to high quality patient care and professional standards. Staff could report any concerns to their line manager, human resources, any manager they felt comfortable to speak to or by the electronic system. Staff were given reassurance of their anonymity and they would be protected from retaliation or abuse as identified within the “Speak up policy”.

Staff were able to access opportunities for professional development. Staff said the provider was a supportive company, who supported them to further develop their knowledge and clinical expertise to further improve and enhance patient care.

Staff told us their focus was on the holistic patient and providing high quality care for patients and their families.

Diaverum had annual staff nomination awards. The service and service manager had recently been nominated for an award in the category of passion. In addition, the clinic manager and senior staff nurse were nominated for their work in the covid vaccination programme, including attending training and administering vaccinations across Diaverum services in the “For Life” category.

## Governance

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

The service had a governance structure which enabled information to be escalated up to provider level and cascaded down to the service. The provider’s board had clear reporting and committee structures which included clinical governance, information governance and infection prevention and control. Minutes of the provider monthly clinical governance meetings showed incidents, complaints, safeguarding, policies, quality and performance, audits, safety alerts and patient satisfaction were all reviewed as part of the agenda. Regional staff including the area head of operations attended the clinical governance meetings and cascaded information to the service manager and staff.

Staff had a daily handover. The handover included comprehensive information about patients and their treatment and identified general handover points. The general handover information included changes to or reinforcing existing policies, sharing incidents and identified learning, staffing and a summary of patient hospital admissions and discharges and patients who had not attended for treatment or had shortened treatment.

Staff worked well with the commissioning trust to monitor performance and share information. There were monthly meetings between clinical leads and the commissioning NHS trust. There were clear processes for monitoring the performance of the service including, numbers of patients receiving dialysis, number of patients who had shortened treatment and reasons for this, effectiveness of treatment, and compliance with best practice, incidents, complaints and compliments were discussed in the meetings. Meeting minutes showed a focus on patient and staff safety and satisfaction.

# Dialysis services

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.**

Managers had systems in place to monitor and manage performance. These included local monitoring and comparison of service performance against area and national data.

The service and provider collected data on the quality of the service from a variety of sources and used this to improve performance and identify and escalate risks. Regular audit processes checked to ensure performance met the required standards. The service was identified as one of the highest performing Diaverum dialysis services. The service made improvements and shared learning when the results of audits showed data was not up to the expected standards. Managers also identified how the new practice around reduction in dialysis sessions being trialled had affected the services overall score, however there had been no adverse patient outcomes.

Processes were in place to monitor and manage current and future performance. The commissioning trust and the service provider regularly reviewed these to assess and ensure compliance to national standards.

The service had a business continuity plan which included actions to be undertaken in the event of a power failure, disruption to water supply, extreme staffing challenges and IT failure. Information was available to staff and identified actions and included key people to contact with contact numbers. The plan did not detail business continuity due to inclement weather preventing patients being able to attend the unit. However, a plan was in place outside of this to manage patients who could not attend due to weather.

The service had a local risk register, which linked to a provider wide risk register. Risks were rated red, amber and green depending on the level of risk, to identify the highest risks. Actions and controls to manage the risks were recorded and review dates were noted to ensure risks were monitored. The risk register was updated to reflect actions taken, for example escalation of inner door malfunction.

## 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. Data or notifications were submitted as required.**

Staff could access required information to carry out their roles. Most of the information required by staff was available electronically including policies and procedures and was easily accessible to staff.

The service and provider collected data on the quality of the service and analysed it to improve performance and the effectiveness of the patient's treatment. Audit results and information were shared with staff to enable them to be part of any problem solving to improve performance when required.

Staff from the service and the commissioning trust met monthly to discuss the service's performance and patients' treatment plans which were all available electronically. Monthly blood tests were conducted on every patient to identify treatment effectiveness and enable effective decision making about patients' treatment.

Statutory notifications were submitted when required to external organisations.

# Dialysis services

## Engagement

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

There was evidence of regular engagement with patients. Patient satisfaction surveys were ongoing and identified a 'promoter score', to identify whether patients would promote or recommend the service. The promoter score identified more than 88% of patients would recommend the service. The results of the survey were discussed both within the service and commissioning trust with actions identified when needed to make improvements.

The provider engaged with staff through the annual staff survey called the "My Opinion Counts" with "You said, we did response" which identified actions identified to address areas of dissatisfaction, this included a review of salaries which have benchmarked across staff roles with other health providers.

There were daily staff meetings/ handovers which provided staff about information about the service all staff could refer to previous handovers notes with additional key information detailed for the last 14 days with the date the information was shared.

The service had links with the Kidney Patient Association and the National Kidney Foundation in addition to the commissioning trust who provided information leaflets and advertised support groups and events. The service worked with the provider trust to ensure when needed improvements were made to improve the service for patients.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.**

Staff were able to access training to support continued professional development. Staff were supported to upskill their and other competencies and progress in their careers with a range of training opportunities.

Staff were keen to develop practice and were positive about recent changes to dialysis therapy regimes which had been positively received by patients and had not had an adverse impact on patients' health whilst also providing cost effective care.