

Baxter Healthcare Limited

# Baxter Education Centre Northwest

## Inspection report

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Date of inspection visit: 12 December 2022  
Date of publication: 23/01/2023

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 rated it as good because:

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.

Staff 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, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.

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 	

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# Summary of findings

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# Summary of this inspection

## Background to Baxter Education Centre Northwest

Baxter Education Centre Northwest is run by Baxter Healthcare Limited. Baxter Education Centre is a residential training facility where staff teach NHS patients how to manage their peritoneal dialysis. The service delivers training to approximately 140 patients each year. The centre does not see patients under the age of 18 years but does offer training to parents of children who required dialysis. These parents attend the centre for training without the child.

Baxter Education Centre Northwest in Swinton, Manchester opened in June 2018. The registered manager had been in post since the centre opened.

The Baxter Education Centre employed a supervisor, two nurses and a night housekeeper. Patients are referred to the service through their own NHS Trust. The centre was open five days per week and closed at weekends.

The building had a small entrance hall with a secure reception area. On the ground floor there were two adjoining clinical training rooms each with a storeroom, one sluice room, one meeting room, a plant room, two toilets, a cleaning storeroom and an open plan kitchen/living area for patients. Upstairs there were five bedrooms with adjoining ensuite bathrooms, one of the bedrooms was designed for disabled access, one meeting room, one staff kitchen, one staff toilet, a server room, a large storeroom and a cleaning storeroom. There was disabled lift access between the ground and first floor.

The service was inspected in December 2021 and rated inadequate. Due to the concerns we found, we told the registered manager they were failing to comply with the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served 2 warning notices under Section 29 of the Health and Social Care Act 2008. We then carried out a focused inspection in April 2022 and found the service had made significant improvements to be compliant with the warning notices.

## How we carried out this inspection

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We inspected the service using our comprehensive inspection methodology. Two inspectors carried out the inspection on 12 December 2022.

On the day of inspection, we spoke to two members of staff, the registered manager, the domestic staff, three patients and two carers.

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>.






# 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 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. All staff were required to complete a programme of mandatory training each year. The manager told us that protected time was provided for staff to complete this.

Training modules included basic life support, fire safety, customer care, dignity in care, infection prevention and control, information governance, moving and handling and conflict resolution.

At the time of our inspection, all staff were 100% compliant with the mandatory training requirements.

Staff told us that mandatory training was comprehensive and met the needs of patients and staff.

Managers maintained an electronic database of completed mandatory training. Mandatory training was delivered both electronically and face to face, and staff were informed by managers when training was required.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities and for people living with dementia. All staff had completed training on recognising and responding to patients with autism.

### 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.**

## Dialysis services

Staff received level three safeguarding adults and children training on how to recognise and report abuse. The service had a safeguarding lead who had received level four safeguarding training.

The service had policies for safeguarding adults and children. The policies outlined how staff should refer patients who were not from the local area to the relevant local authority safeguarding team, and staff had access to the NHS England safeguarding app.

Staff, including the service safeguarding lead, understood their role in recognising and reporting service users at risk of abuse and how to protect them.

Each staff member had been issued with a safeguarding competency booklet to complete which included reflection and examples for group discussions. Safeguarding was a standard agenda item in governance meetings. If there were no safeguarding cases to discuss staff reviewed examples from the competency booklets.

There had been no safeguarding issues to report in the last 12 months.

### **Cleanliness, infection control and hygiene**

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

The service had a policy for infection prevention and control which had been reviewed and updated in August 2022. The policy included reference to current COVID-19 best practice guidelines.

The policy stated that patients with methicillin-resistant *Staphylococcus aureus* (MRSA) and *clostridium difficile* were not permitted to attend the Baxter Education Centre. The referring service was responsible for screening patients before they attended the education centre, and this was outlined in the service level agreement (SLA) with the referring trust. All patients and visitors were temperature checked on arrival at the service.

The clinical training rooms and bedrooms had flooring compliant with the Department of Health, Health Building Note (HBN) 00-10. The chairs in the training rooms and bedrooms were compliant with the Department of Health, Health Building Note (HBN) 00-09.

The service performed a rolling 12-month infection control audit, that included monthly hand hygiene audits and use of personal protective equipment, clinical waste and sharps management, equipment cleaning and cleanliness of resident's bedrooms. Data from hand hygiene audits for the period January to November 2022 demonstrated a compliance of 100%. The IPC audit was a standing agenda item in the quarterly governance meeting and action plans for any deficiencies were produced and shared. The service also undertook an annual external corporate IPC audit complete with action plans produced as required.

The service had a contracted cleaner who worked from 7am to 10am five days per week. Cleaning schedules were in place for all areas. Items covered under Control of Substances Hazardous to Health (COSHH) regulations were safely secured. A cleaning supervisor attended regularly to monitor cleaning standards and provided the registered manager with a monthly report. The most recent report identified no concerns and no actions were required.



# Dialysis services

We observed staff following infection control principles including the use of personal protective equipment (PPE) and when cleaning equipment before and after patient use. Equipment not in use displayed 'I am clean stickers' and the date they were last cleaned.

All areas of the building were visibly clean and tidy. Patient bedrooms not in use were cleaned daily.

Infection prevention and control training was mandatory for all staff and 100% of staff had completed it. All staff had also completed a one off COVID-19 training module.

## 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.**

All staff received training in the use of specialist equipment. This was recorded in the staff annual competency booklet. Staff performed equipment checks as part of the daily use of equipment.

Blood pressure machines and scales which were used by patients during their stay were calibrated and had a repair or replace by March 2024 sticker attached.

The building was secure and could be accessed by ringing a doorbell. The facility also had lockable external gates which were secured at night and accessed by fob or by pressing a buzzer to which staff would remotely allow access. There was also external CCTV which recorded 24 hours per day seven days per week.

The registered manager told us that dialysis machines were maintained by Baxter repair services. The service also had a building maintenance contract with an independent provider. Staff told us that they always experienced a quick response when they reported equipment or building faults and that replacement equipment was delivered on the same day to meet the needs of the patient in the event of an equipment failure.

The registered manager told us that portable appliance testing (PAT) was completed annually. We saw that electrical items had stickers displaying the date that they were last tested. All electrical items that we saw were within date.

The service had a contract to ensure that clinical waste was disposed of safely. Staff disposed of clinical waste in appropriate bins and waste was stored securely whilst awaiting collection by the contractor. Sharps bins were not overfilled and were labelled correctly.

The service used some single use dialysis equipment. We reviewed a sample of these and found that they were stored safely, in sealed packets and were within their expiration date.

The service had a defibrillator for use in the event of an emergency. We saw that staff checked this equipment regularly. Patients could reach call bells and staff responded quickly when called. Call bells were checked weekly.

The service had enough suitable equipment to help them to safely provide training to patients.

The service had fire extinguishers which were regularly checked by an external provider. They also had evacuation equipment at the top of the stairs and fire blankets in the kitchen.

# Dialysis services

## Assessing and responding to patient risk

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

Staff completed a pre-admission call with patients approximately one week before their arrival. The service had a standard template which included prompts for the pre-admission call and for data collection on arrival.

The service had a service level agreement (SLA) with the referring trusts that required the trust to identify patients with a falls risk, provide a falls risk assessment and include this on the referral form. There was a clear exclusion criterion in the SLA and if a patient was deemed a risk on site they were referred back to the provider or arrangements were made to train them at home or virtually. This was captured in the SLA and preadmission form. We saw this in use in the service user medical records we reviewed.

The requirement for the referring trust to identify patients with a 'do not attempt cardiopulmonary resuscitation' (DNACPR) order was also included in the SLA. The information was captured on the referral form and included the requirement to ensure a copy of the DNACPR was sent with the referral. Guidance on how staff dealt with a DNACPR incident was documented within the services site resuscitation policy.

Patients and relatives could leave the building during their stay. In case of emergencies, there were patient next of kin details clearly documented on the pre-admission form. Next of kin details were also collected and held manually in the event of IT failure.

We reviewed five sets of patient records and found that the next of kin contact details were recorded for each patient.

Allergies and dietary requirements were routinely recorded and confirmed on admission.

All staff had completed an online training module in sepsis awareness.

## Staffing

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

The service employed three nursing staff, one of these was the clinic supervisor. The registered manager told us that staffing was monitored closely and that in the event of unexpected staff absence, patients could be trained at home by the Baxter field training team, or that in extreme circumstances patients would be referred back to their NHS renal team.

Two of the nurses had been working at the centre since it opened. The third had been employed since April 2022. The service did not use agency staff.

Staff told us that they lone worked every day in the clinic at the start and the end of the working day. The building was also staffed by only one non-clinical housekeeper overnight from 7pm to 7am.

# Dialysis services

The service had a lone working policy. Lone working was listed on the service risk register and we saw evidence that a lone working risk assessment had been completed in March 2022 in line with the services lone working policy. Lone workers had access to a lone worker protection device and app.

There were no medical staff at the centre as the medical responsibility for patients remained with the referring hospital.

No patient training had been cancelled in the past 12 months due to staff absences.

## Records

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

The service had a management of patient records policy. The service held a patient record for each patient who attended the service. Records were electronic and stored securely. We observed staff locking computers when not in use.

All staff could access records easily. The business continuity plan for the service outlined how records would be accessed in the event of a power or internet outage.

All five records that we viewed were clear and readily available. Records were stored in a way that prevented them from being edited inappropriately later or by someone else.

Staff shared a training summary to the referring renal team once the patient had completed the training which outlined what training they had received and their level of competence. We reviewed five sets of records and found that these summaries contained relevant information.

The service performed regular audits of documentation and fed the results back to the clinicians involved.

## Medicines

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

The registered manager told us that no medicines were prescribed or administered by staff in the service. Patients brought their own supply of medicines with them and self-administered all medication. Each bedroom had a lockable medicines cupboard in the ensuite bathroom. Patients held the keys to these cupboards along with their room keys.

The service had a medicines management policy. The policy outlined the requirements for confirming what medications patients were bringing with them, storage requirements for medication, and how patients' own controlled drugs must be recorded or stored.

The service user pre-admission form included a requirement for any patient, relative or carer who may stay overnight to inform staff of medicines they brought with them and included how to store medicines safely guidance. We saw these forms had been completed for relatives where appropriate.

## Dialysis services

The service had purchased five individual table top medicines fridges with integrated maximum and minimum temperature monitoring. These were held centrally until required for each patient room. We saw evidence of temperature checks being recorded and evidence of fridge cleaning in place.

We saw that emergency equipment including glucose gel was in a room with key fob access. The management of a patient who suffers a hypoglycaemic episode was included in the locations 'Acute medical emergency' policy ratified March 2022. The service had a 'Risk clinical intervention tracker' which included the ability to record emergency medication use by patient and location and lessons learned were documented on the tracker. Records showed these had been discussed in team meetings.

Dialysis fluid was stored in a temperature-controlled room. Ambient temperatures were recorded. Staff knew how to report any breach of ambient temperature and this was clearly detailed on the temperature monitoring forms.

The service had a lockable medicines fridge which was stored in a locked storeroom. We saw that staff were checking and recording fridge temperatures every day that the clinic was open and there had been no temperature breaches recorded. The registered manager was in the process of having the medicines fridge removed as it was surplus to requirement since the individual tabletop medicines fridges had been purchased.

Medication awareness and management was included in the mandatory training requirements for clinical staff and all staff had completed this. The registered manager had completed an 'Assessing staff competencies to administer medicines' course in November 2022. This will be included in the staff annual competency booklet for 2023.

A list of patient medications was recorded on admission documentation. Patients' own controlled drugs were recorded in a separate log.

Allergies were recorded on the referral documentation by the referring clinician and included in the pre-admission checks that were performed by nurses at the clinic.

The registered manager subscribed to safety alerts and was able to give examples of when they had been acted upon. The Baxter UK nursing lead was also subscribed to cover this role in the event of the registered manager being absent.

### Incidents

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

The service had an incident reporting policy. There were separate sections relating to but not limited to reporting incidents, duty of candour, incident training, incident tracking, a governance flow chart and information for sharing lessons at a local and corporate level.

All staff had completed a two-day face to face incident reporting training course in March 2022 and had completed online duty of candour training.

## Dialysis services

Incidents were captured on the 'Risk clinical intervention tracker' which showed evidence of the Baxter Health corporate governance team allocating report numbers to each incident and showed investigation feedback and lessons learned. We saw incidents were discussed at monthly team and nurse meetings as a standard agenda item. Learning was shared across both Baxter Education Centre sites and peer reviewed by the registered manager of each service.

A slip, trip and falls module was included in the mandatory training requirements, 100% of staff had completed this module.

The service had not reported any incidents or never events in the past 12 months. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

The service proactively completed pharmacovigilance forms for any patient reporting discomfort with their automated peritoneal dialysis drains that had been inserted by the referring trusts.

### Are Dialysis services effective?

Good 

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.**

We reviewed a sample of policies during our inspection and found that all the service policies were comprehensive and in line with up to date best practice guidelines. We saw evidence that policy review and updates were a regular feature of nurse and governance meetings. All policies we reviewed were in date, had policy versions and a date for review included.

The service stored policies electronically so that all staff could access them easily.

The service had engaged with an external provider who notified the registered manager of any changes to national guidance relevant to the service policy so that references could be easily updated.

The service had developed an audit programme in order to monitor service quality against its own policies and national guidelines. The service regularly benchmarked its quality against other Baxter Healthcare Limited services where staff teach NHS patients how to manage their peritoneal dialysis. These results were shared at the corporate governance quarterly meetings.

#### **Nutrition and hydration**

# Dialysis services

**Staff did not monitor dietary and fluid compliance. However, they did give patients enough food and drink to meet their needs. The service made adjustments for patients' individual needs.**

Patients individual nutritional needs were discussed during their pre-admission phone call.

The centre had a fridge and freezer stocked with food which patients would self-serve during their stay using the well-equipped kitchen facilities provided. The service provided a wide variety of meals that were available 24 hours a day.

Patients with specific dietary, religious and cultural needs were also encouraged to bring their own food. Patients could bring food with them in a sealed labelled container.

The service did not have access to support from a dietician and staff informed us that this advice and support would be provided to patients by the referring hospital.

## Patient outcomes

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

Managers and staff carried out a programme of repeated audits to check improvement over time. The service had recently completed a comprehensive audit on patient medical documentation and peritoneal dialysis training delivery.

Staff had completed audit overview training during a two-day face to face training session in March 2022 conducted by the Baxter Health corporate governance team.

The service had a set of key performance indicators (KPIs) that they measured each month. These KPIs were listed as an agenda item at the service clinical governance meetings and included a review against International Society for Peritoneal Dialysis (ISPD) guidelines. Action plans were discussed when KPIs dropped below target figures.

The service monitored how many patients remained on dialysis therapy 90 and 365 days after training. The data for the year to date showed that 93% of patients remained on therapy after 90 days which was above the service target of 90% and up 7% from 2021. The data for the year up to the date of our inspection showed that 80% of patients remained on therapy after 365 days, up 11% from 2021. The service did not have a target for this.

The service monitored patient confidence immediately following their training and again approximately four weeks after training. Confidence was scored on a scale of one to six, six being the most confident. The service had received 67 confidence scores for 2022 up to the day of our inspection. The data collected immediately after training showed that 98.5 % patients scored either five or six, and 1.5 % of patients scored between one and four.

## 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.**

# Dialysis services

On the day of our inspection we reviewed records of employment checks for staff in line with schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager provided us with evidence that checks of professional registration and revalidation dates were monitored. Records held by Baxter Health Limited human resources (HR) managers showed health declarations, curriculum vitae, qualification certificates and employment references were obtained at the time of recruitment or had been retrospectively recorded and filed.

The registered manager collated all this information into a central spreadsheet which the Baxter Health corporate governance team had oversight. These were reviewed and updated on a quarterly basis.

The registered manager provided us with the service's induction booklet which also incorporated an annual competency review. All staff had completed an induction.

Staff were encouraged to attend team meetings. When they were unavailable, minutes were comprehensive enough for staff to know what has been discussed.

The service had a clinical competency workbook that all staff were required to complete on an annual basis. The clinical competency workbook included a section for use of specialist medical equipment.

Staff told us that they received a monthly one to one meeting with a manager. Staff had objectives which were recorded on the HR system and monitored monthly; 100% of staff had received a structured appraisal.

Staff told us that they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

The registered manager told us poor performance would be managed in line with the Baxter discipline policy.

## **Multidisciplinary working**

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

All patients who attended the service were referred by clinicians at NHS hospitals. The service sent a training summary to the referring clinician after the patient had been discharged from the centre.

The registered manager told us that the service worked closely with NHS hospitals. Staff reported good communication and effective working relationships with the NHS referring teams.

Staff told us that they had a good working relationship with their colleagues and that they supported each other well. Staff told us that they also had access to a medical liaison team at Baxter who could support with any clinical queries.

## **Seven-day services**

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

The service was open Monday to Friday. Training sessions took place usually on Monday to Thursday, with patients staying overnight for 1 or 2 nights dependant on their individual training plan.

## Dialysis services

The registered manager told us that although the service was currently only opened five days there had been discussions to open on weekends with additional staff recruitment if there was patient demand.

### Health promotion

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

Staff assessed some health needs on admission and provided support for individual needs. Health promotion material was on display for these topics.

The service had information promoting healthy lifestyles and support in patient areas.

Each patient received an individualised training pack which supported their training and treatment needs.

### 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.**

The service had a patient consent policy. The referring service was responsible for obtaining patient consent for peritoneal dialysis before they attended the education centre, and this was outlined in the service level agreement (SLA) with the referring trust. This was recorded on the patient referral form.

The service also obtained consent from the patient during the pre-admission screening call. We also observed consent being discussed at the start of training whilst we were on site.

The service audited compliance with consent requirements as part of the patient medical record audit. We reviewed five sets of patient records and found that consent was recorded for each patient.

The service recorded if the patient had consented to a follow up phone call after they had been discharged from the centre.

Training in the Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS), the Mental Health Act, learning disabilities and dementia was part of the mandatory training for all staff; 100% of staff were in date with this training.

Staff told us that it would be unlikely that they would have a patient at the centre who was subject to DoLS as most patients who attend the clinic are attending to learn how to manage their dialysis independently.

## Are Dialysis services caring?

### Compassionate care



# Dialysis services

## **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 saw that relationships between people who use the service, those close to them and staff were strong, caring and supportive. We observed that staff were polite and attentive.

Patients said staff treated them well and with kindness and respect. Feedback that we received from patients on the day of inspection was very positive and staff treated them with dignity and respect.

We observed that patients had the opportunity to ask questions during the training and that staff supported patients to understand the training that was being delivered.

Staff understood and respected the individual needs of patients and how they may relate to care needs.

All staff had completed the mandatory dignity in care and customer care training modules.

The service had a policy on the use of chaperones and staff had completed chaperone training. The registered manager told us that patients were entitled to bring someone with them to the training facility if required who could act as chaperones.

## **Emotional support**

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

Staff told us that extra support was available for patients via the referring trusts and this was identified on the referral form.

We observed staff providing reassurance to patients who needed it. We observed a member of staff provide additional support in a side room to a patient who became distressed by the dialysis training.

Staff told us that they identified additional needs during the pre-admission call and that they gave patients and those close to them help, emotional support and advice when they needed it.

The service routinely collected information about religious needs before admission as part of the referral process in order to tailor their care and support them. Information relating to cultural and religious needs was detailed in the service's patient information booklet. Patients were able to request access to a separate meeting room or were able to utilise their bedrooms for spiritual needs or to reflect on training. Staff told us they also accommodated such requests within the training program where possible.

People's emotional and social needs were highly valued by staff and were embedded in their care and treatment.

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

## Dialysis services

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

Patients were actively encouraged to bring a relative or carer to stay with them during the training.

We observed staff welcoming patients and their relatives to the centre. Patients and relatives were given a building tour and information about fire procedures and building hazards.

Both our inspectors observed a group training session during our inspection. Staff used visual aids and demonstrations to help with patient and relative understanding. Staff encouraged patients and relatives to take part in a knowledge quiz before they were discharged.

Patients we spoke with told us staff had given them lots of information and they felt very well informed and were confident about undertaking their dialysis treatment at home. They felt the staff went the extra mile and the training exceeded their expectations.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service had picture guides available for patients who could not read, or whose first language was not English.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service had QR codes around the building encouraging patients and families to provide feedback electronically.

We saw that staff displayed the service's core values and patients and their partners were empowered to take part in informed decision making around their care.

## Are Dialysis services responsive?

We rated it as good.

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

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

Managers planned and organised services, so they met the changing needs of the local population. Training sessions were booked dependant on patient need and staff availability.

Patients could be referred to the service by 17 NHS trusts in the north of the country. Patients could also be referred from the south if needed, but these patients tended to be referred to the other Baxter Education Centre location.

# Dialysis services

Prior to the COVID-19 pandemic, the service delivered training for patients in parenteral nutrition. The registered manager told us that the demand for this service had significantly reduced and that they had not delivered this training for approximately two years. This change to the service had allowed more dialysis training sessions to be held to meet the needs of the referring trusts.

Patients were provided with supporting information which was tailored to their training needs.

Facilities and premises were of a very high standard for the services being delivered.

## 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.**

The service did not have a specific policy which outlined inclusion or exclusion requirements. Staff told us this was due to the nature of the facility and that patients were either required to be self-caring or bring a carer with them. This is because patients were required to be able to manage their dialysis as they would at home without the support of centre staff. This requirement was included on the referral form. The service did exclude any patient with MRSA and clostridium difficile infections.

Whilst the service did not have a specific prayer room information relating to cultural and religious needs was detailed in the service's patient information booklet and the registered manager told us a room would be made available if requested.

The service had training information available in picture format and large print.

Referrers were required to identify if a patient did not speak or understand English. The referring NHS hospital were required to provide an interpreter for patients who required one. This requirement was outlined in the service level agreement.

Training was delivered in small groups of up to 5 patients. This had been reduced to three since the start of the COVID-19 pandemic. Working in small groups enabled staff to tailor the training to meet the needs of the patients.

The centre had facilities for patients with disabilities including car parking, a lift and toilets with disabled access. The centre was also very spacious which made it easy for patients with wheelchairs to move about.

The service had suitable facilities to meet the needs of patients and relatives/carers during their stay. The kitchen had a washing machine, microwave, fridge and freezer. All bedrooms were twin rooms to allow patients to bring a relative or carer. Each bedroom had ensuite bathroom facilities.

## 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.**

## Dialysis services

This centre received referrals from NHS hospitals and dialysis units around the UK for patients who wanted to self-manage their peritoneal dialysis at home.

The registered manager told us that the clinic did not have a waiting list. Patients were booked in at a time which suited their clinical need. If no slots were available, patients could be offered training at home by the Baxter field training team.

Managers worked to keep the number of cancelled sessions to a minimum. In the previous 12 months there had been no cancelled appointments due to non-clinical issues.

### Learning from complaints and concerns

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

The service had an online corporate complaints management system in line with its complaints policy that was updated in March 2022. The new system allowed oversight of all complaints to the registered manager and the Baxter Health corporate governance team in line with the revised policy. The complaints policy detailed actions and timelines for recording and responding to complaints.

The registered manager also maintained a local complaint register for day to day management of complaints. There had been no complaints about the service in the past 12 months. Complaints was an agenda item for the monthly team meeting and the quarterly Baxter Health corporate governance meeting, where lessons learned from complaints across the organisation were discussed.

Patients, relatives and carers knew how to complain or raise concerns. Information about how to make a complaint was included in the welcome pack which was present in each bedroom.

The service did not have a process in place for independent review of complaints. The registered manager told us that they were currently looking to apply to register with the independent sector complaints adjudication service (ISCAS).

## Are Dialysis services well-led?

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.**

There was a clear leadership structure within the service. The clinic had a supervisor who was the registered manager, and they reported to the Baxter UK nursing lead.

# Dialysis services

Staff told us that leaders were visible within the service and face to face contact with members of the leadership team had been reintroduced due to COVID-19 restrictions being lifted.

The registered manager worked as part of the team that delivered patient care and training as well as performing her management role.

Staff reported that they felt well supported and that they had opportunities to develop their skills and knowledge.

The Baxter Health Limited assistant director of medical care was providing management coaching and mentoring to the registered manager.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The registered manager was able to tell us about the Baxter vision and strategy document 'uniting to save and sustain lives'. The document sets out the services commitment to providers and how they aim to empower patients through a commitment to transform renal care and a focus on working to achieve better outcomes for patients as they sequence through their therapy journey. It included the vision and strategy for the UK renal team and Baxter Education Centre Northwest. Uniting to save and sustain lives was accessible to patients on the provider's web page.

Staff were aware of the Baxter vision and they told us that they felt involved in the development of the service. The vision was delivered through the providers core values of respect for individuals, integrity, teamwork, empowerment and dedication to quality.

## Culture

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

The service had a whistleblowing policy which outlined the steps that staff could take to raise any concerns that they might have and how these concerns would be managed.

Staff felt the organisation had a culture of openness and honesty and was open to ideas for improvement.

Staff that we spoke with felt supported and valued by managers and the organisation.

Staff that we spoke with understood duty of candour and their responsibility to be open and honest with service users.

The service had an equality, diversity and inclusion policy. Staff spoke highly of the equality and diversity training that they received and the culture within the service.

# Dialysis services

## 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 an effective quality assurance framework and governance structure in place. Clinical governance and risk performance meetings were held regularly. We saw that these meetings had standing agendas and minutes with recorded discussions, action plans and learning.

Nursing governance meetings were held twice monthly. We saw that these meetings included discussions on safeguarding, complaints and incidents. Minutes recorded learning and action plans.

The registered manager maintained a spreadsheet of the service's policies and when they were due for review. All the services policies had been reviewed in the past 12 months.

Staff that we spoke with were clear about their roles and responsibilities.

There were SLAs in place between the service and the 17 referring NHS hospitals for the provision of training and education to NHS patients learning to self-care on home therapy.

## 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.**

The service had a risk, clinical intervention and incident tracker. The risk register listed 45 risks at the time of our inspection. Risks had been reviewed and updated with clear ownership, and action plans and mitigations in place for each risk.

All staff had access to the risk register and could add a risk at any time. We saw evidence that staff had identified and escalated risks. We saw evidence in team meetings that risks were regularly discussed and reviewed.

We saw staff complete a variety of daily, weekly and monthly checks to monitor the safety of the service.

A fire risk assessment was completed on 25 March 2022. We saw evidence that all issues identified in the fire risk assessment had been rectified.

The provider had an up to date business continuity plan, which outlined how unexpected critical business activities were to be managed to minimise disruption to service delivery.

During our inspection we identified a potential trip hazard in the training room where there was an area of raised flooring. The registered manager addressed this with signage and updated the patient safety brief to include the potential risk.

# Dialysis services

## 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.**

Staff had secure access to the providers intranet site, which gave them secure access to a range of policies, procedures and guidance.

Records were electronic and stored securely to prevent unauthorised access and could be accessed easily, this enabled staff to carry out their day to day roles.

The service had an information governance policy. Information governance awareness was included in the mandatory training requirements. 100% of all staff had completed this training.

The service had contracts in place with NHS trusts to provide training in peritoneal dialysis. The referring trusts provided the prescriptions and treatment plans. Training summaries were shared with the referring trust once the patient had been discharged. These were sent securely by NHS email.

The service had an up to date General Data Protection Regulation (GDPR) policy. The service reported no GDPR breaches in the past 12 months.

## Engagement

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

The service gathered patients' feedback through patient training evaluation. Between January and November 2022, 99% of patients scored the training as good from a total of 76 responses.

The registered manager told us that Baxter carried out a staff survey called the 'best place to work' survey. We saw the 2022 results which were collated for both Baxter Education Centre locations (Manchester and Kew). The results had improved in all areas since the 2021 survey. We saw that the results of this survey had been shared with the registered manager. We saw that an action plan had been created to addresses areas which scored low.

The service regularly met with the Northwest specialist commissioning team to assess and review the training being delivered and provide updates on the service.

The service had engaged with the local authority safeguarding team to review the services safeguarding policies.

The service regularly sought feedback on its service from NHS providers who referred patients to the service; 100% of NHS providers that used the service said they would recommend Baxter Education Centre Northwest to other units.

## Learning, continuous improvement and innovation

## Dialysis services

**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 were undertaking internal quality improvement (QI) training via an eLearning module. At the Baxter Health Limited nurse forum in November 2022 the service identified QI projects that they would undertake in 2023. They included the development of delivering peritoneal dialysis using an online portal and developing additional peritoneal dialysis information for patients whose first language was not English.