Renal Services (UK) Limited

Renal Services (UK) Ltd - Boston

Inspection report

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Date of inspection visit: 09 August 2022 and 10 August 2022
Date of publication: 11/10/2022

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

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an inspection of Renal Services (UK) LTD-Boston using our comprehensive methodology on the 9 and 10 of August 2022. The service had not previously been inspected.

We rated it as requires improvement overall because it was requires improvement in responsive and well led.

- Staff were not following control of substances hazardous to health risk assessments (COSHH).
- Effective processes were not in place for identifying, receiving, recording, handling and responding to complaints.
- Security measures aimed to keep people safe were not being followed.
- Some medicines were not in date.
- Shared care was not yet implemented at the service; however leader told us this was driven by the trust and delayed due to the COVID-19 pandemic.
- Staff on the unit were not able to access the most up to date policies; however, these had been reviewed by senior leaders, most with no significant changes.
- There were no communication tools in place for patients with communication difficulties.
- Not all patients had been given their call bells.

However:

- 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. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. 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 and took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. 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 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	Requires Improvement 	We rated it as requires improvement, see summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Renal Services (UK) Ltd - Boston

Renal services (UK) Ltd- Boston is operated by Renal Services UK Limited. Renal Services UK limited is now part of the DaVita International Group Company. The service is nurse led and provides treatment for patients over the age of 18 years.

The service is an independent speciality provider of dialysis treatment. This was the first inspection of the service since its registration with CQC.

The service has 15 stations and was open six days a week, operating three dialysis shifts per day.

The service is registered with the CQC for the regulated activities treatment of disease, disorder or injury and has been registered since July 2020.

How we carried out this inspection

We carried out this inspection using our comprehensive inspection methodology. The inspection team included an inspector and a specialist advisor with expertise in dialysis services. The inspection was overseen by an inspection manager and the Head of Hospital Inspection Sarah Dunnett.

During the inspection we spoke with 16 staff, which included nurses, health care assistants, transport staff, the nominated individual, the registered manager and the head of nursing. We also spoke with eight patients and looked at eight patient records.

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

Areas for improvement

Action the service MUST take to improve:

- The service must ensure that effective processes are in place for identifying, receiving, recording, handling and responding to complaints Regulation (16) (1).
- The service must ensure they assess, monitor and improve quality and safety of the services provided in the carrying on of the regulated activity Regulation (17) (2) (a).

Action the service SHOULD take to improve:

- The service should ensure that control of substances hazardous to health are stored according to policy and risk assessments (COSHH).
- The service should ensure the security of the building at all times.
- The service should ensure staff record all daily checks of the resuscitation trolley.
- The service should ensure all medicines are in date.
- The service should ensure all staff are aware of who the safeguarding lead for the service is.
- The service should ensure staff on the unit have access to the most up to date policies at all times.

Summary of this inspection

- The service should ensure they have tools in place for patients with communication difficulties.
- The service should ensure patients are given their call bells at all times.
- The service should consider having conversations with patients around shared care.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Dialysis services

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

Are Dialysis services safe?

Good

This was the first inspection of the service. We rated safe 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. Most staff were up to date with their mandatory training. Managers discussed training in staff meetings. The service had a people's service department that maintained mandatory staff training records.

The mandatory training was comprehensive and met the needs of patients and staff. There was a comprehensive programme of mandatory training in place. Staff were able to complete their training online and were given the time to do this.

Staff completed basic life support training, we reviewed training records and found 20 out of 22 staff had completed this.

Staff files showed staff completed sepsis assessments which included questions on the sepsis six, clinical signs and mortality rates. There was a managing suspected sepsis policy in place. Staff knew where to find the policies which were kept in an easily accessible area on the unit. Staff training on sepsis was not included in the data mandatory training data provided.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. 90 percent of staff had completed learning disability training. Staff also completed training in understanding dementia which was part of the services mandatory training requirement.

Managers monitored mandatory training and alerted staff when they needed to update their training. Systems were in place to alert staff when their mandatory training was due to be renewed.

Safeguarding

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

Nursing staff received training specific for their role on how to recognise and report abuse. Training records showed staff completed safeguarding children and adults' training at level two and three. The head of nursing was trained to level 3 in safeguarding adults but was planning on completing their level 4 training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff understood what to do if someone raised a safeguarding concern; for example, speaking to the safeguarding lead at the trust, the person in charge or referring to the local authority. However, when we asked staff who the safeguarding lead for the service was, five staff told us different staff names. Safeguarding was not a standard agenda item in staff meetings.

There were safeguarding adults and children policies in place which were due to be reviewed in January 2023. However, the polices contained out of date terminology which was not in line with current guidance. The nominated individual told us leaders were in the process of reviewing the safeguarding policies. Leaders ensured staff had disclosure and barring checks on commencing employment. There was a recruitment policy in place which detailed how all offers of employment were subject to satisfactory checks such as references and DBS checks.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We visited the service unannounced and found it to be visibly clean. The service employed cleaners during the night and the afternoon.

Staff completed a thorough clean of equipment, including patient dialysis chairs and beds between each patient. Managers completed five moments of hand hygiene audits with the latest audits taking place in July and August 2022. The audits included an assessment of hand hygiene before touching the patient, after procedures, after touching a patient and after touching a patient's surroundings. The audit score for July was 88%, this was repeated and improved to 95% in August. If an audit showed the compliance fell between 76% and 89%, the process was to audit fortnightly; below 75% the process was to continue to audit weekly. A score of 90% and above showed low risk and to audit monthly.

Cleaning schedules were in place which included cleaning tasks for the dirty and clean utility room in addition to the waiting areas and clinic room. There was a cleaning sheet for other communal areas such as the staff room in addition to a daily decontamination schedule which staff signed twice daily. Each dialysis station had disposable curtains which were labelled with the date they had been changed.

Protocols were in place to ensure appropriate infection practice such as screening for MRSA and MSSA, swab results were recorded within patients notes; there was a list of bloods for staff to take pre and post dialysis each month. Two isolation rooms available on the unit these were utilised for patients who were infectious, or if returning from holiday or an event in high risk of infection regions. At the time of the inspection there was not any patients who fell into these criteria on the unit.

There was guidelines and standard operating procedures with links to clinical guidelines, such as aseptic non-touch techniques, cannulation and commencement of haemodialysis via arterial venous fistula or arteriovenous graft and a standard operating procedure for discontinuing haemodialysis treatment following completion of dialysis sessions via a central venous catheter.

There was an infection control policy in place which was due for review in March 2023. The policy included information on areas such as hand hygiene, personal protective equipment and patient and dialysis machine isolation. Staff completed infection, prevention and control training up to level two.

Cleaning records were up-to-date and showed that all areas were cleaned regularly. There was a cleaning audit in place which included an audit of the cleanliness in areas such as side rooms, toilets and dialysis stations. Audit results for July 2022 showed a compliance rate of 92%, this met the units target compliance rate of 90%.

Most patients told us that the unit was usually clean and tidy, however one patient told us that at times the patients' toilets were not always as clean as they could be. There were no cleaning check charts in the patient toilets to show patients they had been checked on a regular basis; however, during the inspection the toilets remained visibly clean. We saw cleaning staff cleaning the patient toilets.

Staff used yellow sharps bins to dispose of any sharps, these were closed when not in use, not overfull and signed and dated.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw good use of PPE; staff and patients wore face masks. Staff washed their hands between patients and utilised hand gel which was readily available. Staff used visors when they connected and disconnected patients from dialysis machines. Managers completed a dialysis personal protective equipment (PPE) audit in July 2022. Results showed the target was met at 96%.

All staff were arms bare below the elbow and had long hair tied back. Staff files showed staff had completed hand hygiene competencies. The manager completed PPE audits, the compliance rate for July 2022 was 96%. We noted infection prevention control updates were discussed in staff meetings. Leaders had completed a uniform audit with the latest results showing a compliance rate of 100%.

Patients were swabbed for COVID-19 on a weekly basis. On arrival at their dialysis station patients were screened for any COVID-19 symptoms. There was a standard operating procedure (SOP) in place for the management of COVID-19 in the dialysis unit, this was in date and due for review in December 2022. Patients travelled in two's on patient transport. If a patient tested positive for COVID-19 the process was for single patient transport to be booked. There was a COVID-19 risk register in place.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. However, staff did not follow COSHH risk assessments, ensure the security of the building or make sure all patients had their call bells.

Staff responded quickly to patients when they used their call bells; however not all patients were given them. Each station had access to a call bell, however three patients we spoke with had not been given their call bell. One patient told us they usually shout to the nurse in charge if they needed them as they were always close by.

The design of the environment followed national guidance. The unit had 15 dialysis stations with adequate space between each station if an emergency was to occur. Each station had either a dialysis chair or bed. Each chair and bed had pressure relieving equipment in place. Processes were in place for the decontamination of equipment. The unit had a clean and dirty utility room.

The unit had a small kitchen area where staff could make patients a drink. There were sufficient hand wash basins located around the unit.

Staff carried out daily safety checks of specialist equipment. Staff kept records to show that machines were tested and recalibrated and that these were up to date. Dialysis machines were alarmed if something went wrong; during the inspection we observed staff attended to alarms quickly, patients told us they usually responded quickly when alarms went off.

A resuscitation trolley was in place and located near the nurses' station. Staff carried out and recorded daily checks, however there were some gaps in recording.

At the end of the patients' treatment the dialysis machines played a tune to alert the patient and staff their dialysis session was complete. The machines displayed a countdown timer, so patients and staff knew how long the patient had left on their treatment.

A team of qualified and professionally registered technicians performed maintenance of equipment. The technicians had qualifications in electronic/electrical engineering and a diploma in renal technology. They also completed any manufacturer training and refreshers as required by the equipment manufacturer.

The location had a large car park with disabled parking spaces and ramp entry. There was a fob security system in place and a buzzer system on entry. However, of the first day of the inspection we found staff propped open internal doors, including the main entrance. This meant unauthorised people could enter the building and posed a security and fire risk. We returned the next day and found the issues had been addressed. Following the inspection leaders told us they had spoken to all staff about this and visiting senior managers would be undertaking regular audits of compliance. The location had 24-hour security patrol on site.

The service had enough suitable equipment to help them to safely care for patients. There were enough dialysis machines to meet the needs of the patients. The location had three spare dialysis machines if these were needed.

Leaders told us 100% of staff had received training on haemodialysis machines, the training was provided by the manufactures nurse specialists when the new machines were introduced in July 2020. Following this the unit followed a train the trainer model where existing competent users trained any new starters.

Staff disposed of clinical waste safely. There were clinical waste bins throughout the unit, these were utilised by staff during the inspection and were not over full.

Staff were not following control of substances hazardous to health (COSHH) risk assessments. On the first day of the inspection, we found that there were substances hazardous to health in the unlocked dirty utility room; these were being stored on windowsills, on the floor and in unlocked cupboards. We raised this with the registered manager and senior leaders on the day of the inspection. When we returned the following day, we found all hazardous substances had been locked away safely in cupboards and that the keys had been removed.

There were biohazard spill packs available for staff to use. A flow chart was in place to advise staff on the type of clean required, this was colour coded according to risk, red, amber or green. Staff could contact the helpdesk to request a clean when required.

Dialysis sets were single use and CE marked; by placing the CE marking on a product a manufacturer is declaring conformity with all legal requirements to achieve the marking. Staff told us they did not keep a record of all of the batch numbers of all the dialysis sets used in accordance with local quality systems, however, staff told us they did keep the delivery notes as a record.

There was evidence of bacteriological surveillance of haemodialysis fluids; systems were in place to make regular daily checks of the water treatment systems. The process was that if any readings were out of range staff would escalate to the on call renal technician. The renal technician visited monthly and completed same day visits in an emergency. There were guidelines in place for the disinfection of water plants and dialysis machines.

Staff were trained and competent in an aseptic non-touch technique for the management of dialysis vascular access.

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 attended to machine alarms quickly when alarms sounded on dialysis machines. We reviewed eight patient records and saw staff completed National Early Warning Scores (NEWS2) for each patient. Patient observations were also taken on arrival and immediately after starting treatment.

Staff completed risk assessments for each patient on admission and reviewed this regularly. Staff completed comprehensive risk assessments for people who used the service and care plans were developed accordingly. We observed staff completing good arteriovenous fistula assessments and techniques.

Patient notes contained risk assessments, and these were updated regularly. Examples of patient risk assessments included dialysis falls risk assessments, manual handling assessments, signs of infection scores, risk of needle dislodgement and waterlow pressure ulcer prevention tools. The service did not complete specific nutritional tools; however, patients did not have their meals on the unit.

Care plans were put into place when needed, for example, we saw care plans on infection prevention, diabetes, needle dislodgement and vascular access. Staff took regular pre and post dialysis bloods to screen for certain conditions including hepatitis B and C. Patients were screened for HIV on an annual basis. Leaders told us in the event of a seroconversion all patients would be screened and monitored, and this would be led by the trusts microbiologists; there was a blood borne virus policy in place.

Each patient had a dialysis treatment record. The record had important information such as fluid evaluation and if the patient had signs of fluid overload, arteriovenous fistula (AVF) and arteriovenous graft (AVG) and central venous catheter (CVC). These covered other risks such as if the patient had a haematoma, poor healing, inflammation, exit site redness or oedema.

Patient notes had a photograph of the patient in the front of their records. Staff completed and recorded regular screens of patients' feet. This helped find any issues promptly in diabetic and non-diabetic patients.

Staff knew about and dealt with any specific risk issues. Staff had a good understanding of sepsis, and the importance of early antibiotics and other steps needed such as giving oxygen if required, escalation and monitoring the patient's condition. Staff were able to describe what they would do in an emergency such as escalating to a consultant or telephoning 999.

There was a suspicion of sepsis box on the unit; however, some items within this had expired in April and May 2022.There was a managing suspected sepsis policy in place.

Staff shared key information to keep patients safe when handing over their care to others. Staff held regular huddle meetings in addition to handovers. We reviewed the daily huddle book and noted staff discussed key information to keep people safe including feedback from meetings, teaching sessions on sepsis, learning from incidents and updates on regulation.

Staffing

The dialysis service was nurse led. 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.

The service had enough nursing and support staff to keep patients safe. The unit was a nurse led unit so did not have a doctor on site. There were two consultant nephrologists overseeing the unit. The consultants visited twice per month to cover all shifts of patients. Doctors saw patients at least every three months in line with current guidelines.

At the time of our inspection the unit was fully staffed. Managers ensured there were enough staff for each shift in accordance with national guidance. The staffing ratio and skill mix was as per tender contract this being one staff to every three patients.

Staffing was reviewed daily for the next day to ensure the right amount of staff and skill mix for the number of patients.

Staff communicated changes in patients' prescriptions to the GP through a consultant letter.

The manager could adjust staffing levels daily according to the needs of patients. Managers were able to adjust staffing to meet the needs of the patients. For example, the twilight shift had less patients so did not require as many staff.

The number of nurses and healthcare assistants matched the planned numbers. Leaders told us that all shifts over the last month had been staffed in line with the required ratio and skill mix and that there had been no deviations from the specified requirements. At the time of the inspection the service did not have any nursing vacancies.

Managers limited their use of bank and agency staff. The service used agency staff when required, however during the month prior to the inspection no agency staff were needed.

Managers made sure all bank and agency staff had a full induction and understood the service. There was an induction checklist in place for bank and agency staff which covered specific areas such as infection prevention control, operating dialysis chairs, equipment cleaning and patient assessment.

Records

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

Patient notes were comprehensive, and all staff could access them easily. Patient records were mostly paper; with some information stored electronically. Patients' files were placed on the patients 'dialysis machines for ease of access during their treatment and stored securely when not in use.

We reviewed eight sets of patient records and found them to be up to date, comprehensive and legible; they contained relevant information for each patient. Staff completed training on record keeping as part of their mandatory training.

Systems were in place to enable consultants to be able to access the patients' blood results. Staff were able to access patients NHS clinic letters on the electronic system. Staff were able to access the trusts renal systems.

The manager completed documentation audits. The audits looked at consent forms, pre and post observations, NEWS2 compliance, monthly blood results discussions and if foot checks had taken place with socks off. We reviewed the audits from July and August 2022. Results from July showed a compliance rate of 83%. The audit was repeated in August and showed improvement with a compliance rate of 94%, meeting the target compliance of 90%. If an audit showed compliance fell between 76% and 89%, the process was to audit fortnightly; below 75% the process was to continue to audit weekly. An audit result of 90% and above showed low risk and to audit on a monthly basis.

Medicines

Staff followed systems and processes to safely prescribe and administer medicines, however they did not always ensure medicines stored were within their expiry date.

Staff did not always followed systems to store medicines safely. On the day of the inspection, we found two medicines were not in date, one of the medicines had expired in June 2020 and the other in January 2021. We also found some wound wash for patients who were not in on the day had been left in the patient's area. We raised this with the manager on the day and the medicines and wound wash were removed. Following the inspection leaders told us an additional checklist was being implemented with weekly checks on medication expiry dates.

Staff kept medicine cupboards locked at all times and a drug register record was in place. The unit did not have any controlled drugs. The process was that staff emailed the hospital pharmacist to order any medicines. Advice around discarding of medicines was via speaking to the trust pharmacy. We noted that two nurse's checked medication when this was needed. Staff kept a supply of antibiotics for emergency situations.

Staff checked and recorded medicine fridge temperatures daily, we reviewed these and found medicine fridge temperatures were maintained within the required range.

We reviewed staff files and found they included evidence of competencies such as drug calculation exams, preparing administering a bolus drug, preparing and administering a powder drug and addition of a drug via an infusion/bag.

The service had processes in place to ensure staff knew about any patient safety alerts. Senior leaders told they received these and circulated any relevant information to staff. Medication rule changes were discussed in staff meetings. We saw patient safety alerts were on the agenda in the team meetings.

Staff completed medicines records accurately and kept them up-to-date. We reviewed six medication charts and found staff recorded medicines appropriately and documented any allergies. The registered manager completed a medication administration observation tool, the compliance rate for July 2022 was 100%. They also completed a medication storage audit which included a stock count and stock rotation which also scored 100%.

There was a medicine policy in place, this was due for review in 2023. The policy had links to current guidance and contained information such as the storage, ordering and administration of medicines.

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff were aware of the two incident recording systems in place and how to report an incident. Certain incidents were reported on one system and went to the trust, others were reported on the providers internal incident reporting system.

The service had an incident reporting policy in place, this was reviewed in October 2019. We noted that the trust had completed a root cause analysis for an incident that occurred at the service and had put in an action plan as a result. The service had no recent never events.

Staff had an understanding of the duty of candour; they were aware of the need to be open and transparent and to give patients and families a full explanation if and when things went wrong. Staff received internal duty of candour training and 100% of staff had completed this.

Staff received feedback from investigation of incidents. We reviewed staff meeting minutes from April, June and July 2022 and saw incidents and areas of improvement were discussed. For example, we saw medicines incidents and non-arrival of transport were discussed in June 2022. We saw incidents were discussed and recorded in daily huddles. A staff file we reviewed contained a reflective exercise that had taken place following an incident, learning points were discussed and this was signed by senior staff.

There was evidence that changes had been made as a result of feedback. Staff were able to give examples of when incidents had led to a positive change in practice. For example, one staff member told us how an incident had led to patients being able to be given antibiotics on the unit at an earlier stage following a line infection.

Are Dialysis services effective?

Good

This was the first inspection of the service. We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed policies to plan and deliver high quality care according to best practice and national guidance. However, there was some confusion at clinic level with keeping old policy folders.

Patients were offered dialysis three times a week, this was in line with Renal Association Guidelines, dialysis usually took place over a four-hour period. The unit offered holiday dialysis subject to availability.

Requires Improvement

Dialysis services

We reviewed a copy of the haemodialysis units nursing metrics which were submitted to the trust on a monthly basis. The metrics included access, the condition of the site documented, evidence of vascular access care plan.

Staff carrying out good arteriovenous (AV) fistula assessments and techniques. An arteriovenous (AV) fistula is a connection, of an artery to a vein.

We observed staff assessing central venous catheters (CVC) for any signs of infection. This was in line with National Institute for Health and Care Excellence (NICE) QS72 statement 8: Adults receiving haemodialysis have their vascular access monitored and maintained. Patient notes included arteriovenous graft records (AVF) and evaluations and access grading tools.

We reviewed the units vascular access audit for July 2022 and results showed 100% compliance with 15 observations taking place. The last audits for CVC connection showed a compliance rate of 86% in July and 93% in August 2022.

The provider had protocols in place for managing differing needs of patients. For example, care plans were in place for patients living with diabetes; patients' feet were also screened to identify any concerns.

Staff did not have access to up to date policies. Leaders told us there was some confusion at clinic level with keeping old folders during the transitional period and that this would be addressed.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff provided patients with drinks of tea and biscuits during their time on dialysis. Patients did have any meals on the unit.

Patient dialysis treatment records recorded a target weight and fluid evaluation; for example, recording any signs of fluid overload. We observed staff having conversations with patients around fluid balance, diet and how much fluid they could tolerate.

Specialist support from staff such as dietitians and speech and language therapists was available for patients who needed it. As the unit did not have their own dietitian staff made any referrals through the trust.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff recorded patients' pain scores within the NEWS2 document.

Patient records contained information on the Wong-Baker Face Pain Rating. The scale consisted of six faces that range from no pain at all to the worst pain imaginable.

Patients received pain relief soon after requesting it. Pain relief was written up for patients as required. Patients did not raise any concerns with us in relation to being in pain.

Requires Improvement

Dialysis services

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.

The service participated in relevant national clinical audits. Leaders told us patient outcomes were monitored through the review of monthly blood results together with the consultant nephrologist. The unit did not submit information themselves to the UK renal registry, they told us they submitted date to the trust who analysed and submitted the data. The unit's dialysis patients were part of the commissioning NHS trusts activity; clinic specific data was not available.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers completed various audits at the unit including audits submitted to the trust. Audits completed and available for us to review on site included hand hygiene, personal protective equipment, medicine administration, documentation, vascular access, CVC connection, cleaning.

Managers used information from the audits to improve care and treatment. Whilst on site we were provided with a list of haemodialysis unit nursing metrics submitted monthly to the trust. These included additional audits on patient dignity, patient observations, falls assessment, nutritional assessment and pressure area care. At the time the inspection the service did not take part in any peer reviews, research or trails.

Managers and staff used the results to improve patients' outcomes. The nominated individual told us the main way they monitored patient outcomes was via patient feedback. Results from the patient reported experience measures (PREMS) showed the Boston clinic had improved in all areas with the exception transport which had decreased very slightly and of privacy and dignity which remained the same.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We reviewed staff files and found competency education packs and competency documents for cannulation skills for haemodialysis, assessment of aseptic non-touch technique, vascular access packs for haemodialysis, and intravenous therapy practice assessment documentation.

We observed two complete four-hour dialysis shifts and saw staff were confident and competent in the management of the patient's dialysis, including the management of AV arteriovenous fistula (AVF) and central venous catheter (CVC).

The unit had three nurses with a formal renal qualification and one nurse who was completing a course. Leaders told us that all nurses that had continued in post following a change of provider were renal competent nurses with over five years' experience in the speciality.

Managers gave all new staff a full induction tailored to their role before they started work. We reviewed the file of a staff member who had recently been employed at the unit. We found there was an induction checklist in place which included areas such as the layout of the premises, fire exits and discussion around the staff handbook.

Inductions for new staff consisted of one week to complete training and review policies. The second week staff were introduced to the clinical areas to observe and learn how to use the machines. The third week staff completed any competencies and by week four they would have a small number of patients with guidance from a mentor.

Staff told us they were able to complete any training on the unit during quiet times or at home. Staff felt they were given sufficient opportunities to develop, and some staff had been promoted to more senior roles.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had completed their yearly appraisal, we noted staff files held details of yearly performance appraisal and development plans where areas such as core values, achievements, personal performance and development reviews, objectives, future learning and development and career aspirations were covered.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We reviewed staff team meeting minutes and saw they were well attended by staff on the unit. Paper copies of the meeting minutes were available to staff.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The unit was nurse led with access to consultants from the trust. Consultants visited the unit on a regular basis and completed ward rounds and multidisciplinary team meetings (MDT). We noted that MDT discussions were highlighted when recorded within patient notes.

Leaders had regular contract meetings with the trust. We saw all staff on the unit working well together as a team.

Seven-day services

Key services were available to support timely patient care.

The service was open six days a week Monday to Saturday from 7am to 11.30pm. Patients were able to attend at different times of day including a twilight shift.

Staff could call for support from doctors and other disciplines. Staff could refer patients for other services through the trust. Consultant cover was available during all hours of operation.

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. We saw health information was available for patients in waiting areas. Information included diabetes foot care information and advice, COVID-19 vaccinations for people with chronic kidney disease and information on high potassium levels and kidney disease.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Staff screened patients' feet, this helped to ensure any problems were found early.

Staff spoke with patients about their diet and blood results as well as any alcohol consumption. The manager told us they could refer patients for smoking cessation if appropriate.

Requires Improvement

Dialysis services

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff had a good understanding of the Mental Capacity Act, 2005 and what it meant for a patient to lack capacity to make a decision.

Staff told us that they did not have any patients on the unit who lacked capacity to make decisions around their care and treatment. They told us that any concerns relating to a patient's mental capacity would be identified and assessed by the trust prior to starting dialysis.

Staff completed training around the mental capacity act 2005 and Deprivation of Liberty Safeguards (DoLS). These both met the service target rates of 90%.

Staff gained consent from patients. We reviewed eight patient records and found staff consistently recorded consent for dialysis. Arrangements were in place for patients where there was a language barrier for consent; the unit had access to the hospitals translation services if needed. We observed two dialysis shifts and saw staff asked for verbal consent.

Are Dialysis services caring?

Good

This was the first inspection of the service. 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.

There were provisions in place for patient comfort by way of dialysis chairs, beds and pressure relieving aids. Each dialysis station had a television and headphones so patients could have entertainment whilst undergoing their dialysis treatment. The toilets on the unit were unisex.

Each dialysis station had disposable curtains that could be drawn around the patient in the event of an emergency or to maintain the persons dignity. We observed staff responding to patients in a compassionate and timely way when the alarms sounded on the machines. Staff were discreet and responsive when caring for patients.

Patients said staff treated them well and with kindness. We saw staff taking time to interact with patients who used the service in a respectful, considerate way and supportive way.

Most patients we spoke with were positive about the care they received from the nurses on the unit, patients told us they felt listened to, staff were caring and kind, staff introduced themselves, were polite and that they were usually happy to help.

Leaders sent information on patient dignity to the trust on a monthly basis as part of the haemodialysis unit nursing metrics. Staff reported on if the call bell was in reach, the patients preferred name, if appropriate screening was in place for privacy and dignity and if staff communicated in a compassionate way.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients had a named nurse they could speak with if they had any questions. Many of the patients had been attending the unit for some time so staff knew patients well and had time to build up a relationship.

The unit did not have its own renal social worker. However, the unit were able to link with the trust if patients required additional services. Patients had lots of opportunity to speak to nursing staff if they had concerns. The consultant completed regular ward rounds if a patient wanted a medical opinion.

Staff understood and respected the personal, cultural, social and religious needs of the patient and how they may relate to care needs. We observed staff supporting patients onto their dialysis chair from a wheelchair. Staff told us how if they did have any patients who needed to pray, they would make provisions such as drawing the patients curtains around their bed.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff told us if a patient needed support such as if they had learning disability or dementia, they would be able to bring a carer in with them and told us how they would try to find a corner space or a side room for them to have their dialysis.

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. Staff told us when a patient started dialysis, they would sit with them to reassure them and explain everything and explain their treatment. Patients told us they felt well informed about their treatment and blood results.

Patients were given information about any medication changes; the information was also recorded in the multi-disciplinary team (MDT) notes. MDT records showed communication between the named nurse and the patient. Patients were given opportunities to discuss treatment modality changes.

Overall feedback was positive. We spoke to eight patients and overall feedback about nursing staff, the service and patient transport was positive, however two patients told us they did not like the design of the building for reasons such as having a view of a wall and being unable to see the person next to them to have a chat; another patient told us how they did not feel safe.

There was a message to matron box near the entrance where patients could post any comments. There was also a bimonthly engagement meeting where staff could raise any concerns or suggestions.

Requires Improvement

Dialysis services

Are Dialysis services responsive?

Requires Improvement

This was the first inspection of the service. We rated responsive as requires improvement.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. The service had a contract with the trust, this meant they were able to offer additional dialysis capacity to the local population.

There was a patient transport service in place, who collected patients for dialysis and returned them to their home following treatment. Patients told us they were happy with the transport service provided. Leaders told us that they did not complete any specific transport surveys at the time of the inspection. However, transport experience was monitored via the patient reported experience measures (PREMS). This showed patient satisfaction with transport had decreased very slightly in the last survey.

The service had a large car park with convenient and safe patient access to the dialysis unit, there was disabled parking pays. There was a CCTV camera of the waiting area in the main unit.

Facilities and premises were appropriate for the services being delivered. The building was set over the ground floor with easily accessible entrance. The building had sufficient space for wheelchairs. The nursing station provided staff with a good view of the room.

Managers ensured that patients who did not attend appointments were contacted. There was a up to date standard operating procedure (SOP) in place for patients who did not attend for dialysis treatment. The procedure provided staff with information on what to do if patients did not attend for more than one consecutive treatment. Staff recorded when patients did not attend their dialysis treatment on the locations incident reporting system.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. However, there was no communication tools in place.

There were provisions for patients attending haemodialysis to be able to visit the toilet before dialysis began, there were patient toilets situated in the main waiting area. There was a patient waiting area. Toilets had grabrails and pull cords.

At the time of the inspection patients who needed long term dialysis were not being routinely offered self-care/shared care. However, leaders told us this was driven by the trust and delayed due to the COVID-19 pandemic. We spoke to the nominated individual who told us there was a shared care champion in the organisation and as an organisation they do offer this, but this was not being offered in the Boston unit.

We spoke with three patients around self-dialysis/shared care; one patient told us someone had talked to them about it but this was not something they wanted, two patients told us how they used to do some of their own dialysis and how if they were offered this it would give them more control over their treatment.

We did observe one patient weighing themselves on arrival for dialysis; walk on scales were available for them to do this.

The service had information leaflets available in languages spoken by the patients and local community. Arrangements were in place to provide written relevant and up to date information for those patients whose first language was not English. For example, leaders told us they paid for a service to have leaflets translated. We did not see any printed information in other languages on the unit at the time of the inspection. Leaders told us that a lot of information had been removed due to COVID-19.

There was dialysis chairs and beds with pressure relieving equipment in place to meet the needs of the patients.

Each patient had an accessible information assessment within their patient records, this had information on any communication needs. However, the unit did not have any communication tools in place that could be used for patients who were unable to communicate verbally.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff had access to the trusts interpreter services if needed.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. All patients were given an allocated time of arrival, and this appeared to be working well.

Patient waiting lists for dialysis were managed through the trust. At the time of the inspection the daytime dialysis slots were at capacity with some capacity available on the evening shifts.

Staff made sure each dialysis treatment started as soon as possible once patients arrived on the unit. We observed patients starting their dialysis on time and there were no notable delays. Staff told us when there were any delays it was usually due to issues in the community such as traffic.

Managers worked to keep the number of cancelled treatments to a minimum. Leaders told us how appointments would only be cancelled if it was due to something beyond their control, for example if there was an issue with the water system. In such instances the location would work with other locations to ensure patients could still have their treatment if they consented to this. Staff gave an example of when other patients had attended their unit when there was an issue at their location.

There was a full range of dialysis shifts available to maximise for patients working for example working patients, religious and cultural needs and family responsibilities. The service offered three different shifts a day an early, afternoon and a twilight session. Leaders told us if there was any disruption to the service, they would contact the patients individually.

Learning from complaints and concerns

It was not always easy for people to give feedback and raise concerns about care received.

The complaints procedure was difficult to interpret. This was because it did not clearly differentiate between a formal or an informal complaint. Formal and informal was the way staff logged complaints on the unit. Leaders told us they classed any complaints received in writing as formal, however this was not clear in the procedure.

We reviewed several complaints and responses. Correspondence with patients did not make it clear what they should do if they were not happy with how the complaint had been investigated, for example by contacting the Parliamentary and Health Ombudsman.

The procedure at the service was that if the complaint could not be resolved by the senior sister/charge nurse the head of nursing would investigate. The providers head of nursing who was not based at the location was responsible for investigating complaints when they could not be resolved locally.

Staff did not always follow their own complaints procedures. We reviewed one formal complaint which had been open several months. The complaint had not yet been closed on the electronic reporting system and had been to a senior leader to investigate who had since left the service. Leaders told us the investigation was complete but not closed on their system due to an outstanding meeting that needed to take place. We asked for a copy of the complaint's response sent to the patient and were told an outcome letter had not been sent, as the complaint was still open. Leaders were unable to provide us with copies of any correspondence sent to the patient regarding the delay in the final outcome. The complaints procedure (stage two) stated a full response will be sent to the patient within twenty working days, or if the investigation was still pending a letter sent stating the reasons for the delay. However, leaders told us they had previously met with the patient to explain the outcome of the investigation.

The incident reporting system used to record complaints did not lend itself if the complaint was about a senior staff member. This was because it automatically selected the head of nursing as the person to do the investigation by default and needed to be changed manually.

Two patients we spoke with did not know how to make an official complaint. They told us they did not know how to do this officially and they had not been given any information on how to make a complaint. Complaints was not part of the standard agenda item in staff meetings.

The service did not display information about how to raise a concern in patient areas. We did not see any information on display about how to make a complaint be it formal or informal in-patient areas. However, there was a message to matron box by the front door. Leaders told us that a lot of information had been removed due to COVID-19.

Staff understood the policy on complaints and knew how to handle them. Staff told us they would try to resolve any complaints locally in the first instance; failing this, patients could make an official complaint which would be reviewed by a senior leader.

Leaders told us complaint themes were mostly around staff attitude. We saw the daily huddle book which noted complaints around patient transport. Leaders told us how they had held meetings with patients who had raised complaints and how patients could raise complaints in engagement forums. Complaints were not part of a standard agenda item in staff meetings.

Requires Improvement

Dialysis services

Managers shared feedback from complaints with staff and learning was used to improve the service. We noted staff had discussed and recorded a complaint theme in their daily huddles.

Staff used patient feedback to improve daily practice. There was a you said we did board in the patient waiting area. Patients had raised that engagement minutes from the patient engagement meetings were taking too long to be issued. The unit had responded to this by setting a deadline to issue them

Are Dialysis services well-led?

Requires Improvement

This was the first inspection of the service. We rated well led as requires improvement.

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.

There was a clear leadership structure in place. The senior leadership team consisted of a managing director, a director of strategy and business development who was also the nominated individual as well as a director of finance. The Nominated individual had over twenty years of experience in renal nursing; Renal Services UK Limited also had a board with board members in place.

The CQC registered manager had only been in post since April 2022. The registered manager was being supported with visits from the senior management team and the head of nursing. The registered manager was counted in the staffing numbers but told us they were able to request time to carry out any additional management tasks when required.

We reviewed the registered managers training file and saw they had completed additional competencies in leadership, management and clinical practice.

Staff told us leaders were visible and approachable and how they could telephone the senior managers at any time. The registered manager worked closely alongside staff on the unit. Senior leaders told us how they had held leadership meeting days that staff from the unit had attended

Leaders were able to identify some of the challenges within the service; for example, staffing issues due to COVID-19. There was evidence of regular staff appraisals.

The leadership team-maintained links and a good working relationship with the NHS trust. Staff told us matrons from the trust visited regularly and spent time talking to patients.

Vision and Strategy

The service had a mission and a set of core values in place. There was a clinical governance and quality assurance strategy in place.

Requires Improvement

Dialysis services

There was a set of core values in place which included safety and quality, excellence in patient care, independence and innovation. The mission was to become the provider, partner and employer of choice and a set of core values service excellence, integrity, team, continuous improvement, accountability, fulfilment and fun.

There was a clinical governance and quality assurance strategy in place. The strategy covered key areas such as key performance indicators. Training and development. Systems for reporting on complaints and incidents and staff appraisal.

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.

At the time of the inspection there was no Speak up Guardian in place. Leaders told us the previous speak up guardian had left the service and the head of nursing would take over the role.

Nursing staff told us they felt supported, respected and valued. They felt proud to work for the organisation. Leaders told us they had a compliance hotline that staff could call if they had any issues they wished to discuss with the people's services manager. Staff completed equality, diversity and human rights training.

Patient transport drivers felt improvements could be made around consultation as well as inclusion in part of the team meetings on the unit. However, they felt included by the registered manager and that they could go to them if needed.

The company had a strong emphasis on staff wellbeing. Leaders spoke of arranging team building events, sending food to staff, organising celebration days for example a jubilee celebration and a celebration of nurses' day.

Staff had access to online appreciation tools and leaders had arranged a diversity and belonging week. Additionally, the company held core value awards where staff could be nominated for going out of their way. The nominated individual told us staff could telephone them anytime if they had an emergency.

Governance

Leaders did not always operate effective governance processes, throughout the service. 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.

During the inspection we found a number of issues that governance processes had not identified. Effective processes were not in place for identifying, receiving, recording, handling and responding to complaints. During the inspection we were unable to locate the complaints procedure.

Following the inspection, we were provided with an up to date, ratified complaints policy. The procedure had relevant information such as timescales, type of complaint /stage and details of the Parliamentary and Health Service Ombudsman.

On the first day of the inspection, we found substances hazardous to health (COSHH) were left in an unlocked area, this had not been identified by the management team. Risk assessments were in place however, these were not being followed. However, when we returned the next day, all substances had been safely locked away in cupboards.

We found some medicines were out of date, however this had not been picked up by the local audit systems. Security measures designed to keep people safe were not being followed as staff had propped doors open when patients were having dialysis. Additionally, staff were not aware of who the safeguarding lead at the service was.

Staff did not have access to up to date policies. During the inspection we were brought a file with various policies and procedures; however, these were not all up to update. We raised this with senior leaders who told us they were in the process of revising and sending out policies to be stored electronically.

Leaders told us there was some confusion at clinic level with keeping old folders during the transitional period and that this would be addressed. The provider was also formatting the policy templates to align with DaVita international format. As a result, we asked the provider for an up to date list of policies with expiry dates. This showed that all policies had been reviewed with no significant changes in content with the exception of two which were awaiting ratification.

Processes were in place for staff to have pre employment disclosure and barring checks (DBS). Leaders told us they utilised escalation processes by the police and the Nursing and Midwifery Council (NMC) to alert them if employees received cautions and told us how this had worked in the past.

There were two consultant nephrologists overseeing the unit. The consultants visited twice per month to cover all shifts of patients. Doctors saw patients at least every three months in line with current guidelines.

Doctors reviewed patient outcomes monthly by utilising the patients monthly blood results and making adjustments to the dialysis prescriptions or medicines. The NHS doctors also attended and feedback during clinical governance meetings which were held every two months.

There was a programme of audits in place which leaders told us were based on best practice guidelines as per the UK Renal Association recommendations. Staff submitted date to the trust on a regular basis such as blood results so patient outcomes come be measured by the trust.

Leaders attended quarterly contract meetings with the trust. Meeting minutes for June 2022 showed discussion took place around the contract, key performance indicators, quality and safety, activity, good news and patient reported experience measures.

Renal services UK Limited held a meeting of the integrated governance committee every three months. We reviewed the last three meeting minutes from January 2022 to July 2022 and found staff discussions included risk registers, health and safety, policies and procedures, incidents and infection control.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively, they had plans to cope with unexpected events.

There was a local risk register in place in addition to a COVID-19 risk register. We reviewed this and found the risk register to be colour coded and with risks scored. The register contained information such as actions for mitigation, review dates and recorded the name of the responsible officer. The risks of the register aligned to the risks identified by senior leaders.

Risk management and governance were agenda items in team meetings. The risk register was also discussed in staff meetings with staff being asked to sign the register to show it had been read.

Dialysis machines had back up battery's which could be used in the event of power loss. If there was a disruption to the water supply staff told us the location would work with other locations close by to ensure patients could still have their treatment if they consented to this, this would include staff attending with the patients and utilising additional staff.

The service displayed their certificate of liability insurance in the patient waiting area, the certificate was in date with an expiry date of September 2022.

Leaders displayed a British assessment bureau certificate of condition on maintaining performance standards throughout the certified period of registration in patient waiting areas.

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.

There was a Renal services UK patient privacy notice which was available to read on the company internet site. The notice had information for patients such as how personal information was used, how long it was stored and what rights the patients had.

We noted that all computers were password protected and locked when not in use. Patient records were stored in a lockable cabinet in an office when not in use. Staff completed information governance training.

Prescriptions were sent via the trust information management system. The system was a controlled access system with individual usernames and passwords. The system was a secure network connecting the unit with the trusts data base.

Staff submitted data to their contracted NHS trust including monthly blood results. The service used patient reported outcome measures to evaluate the quality of healthcare patients received.

Engagement

Leaders and staff actively and openly engaged with patients and staff

We saw a board in the staff room where leaders had asked staff to reflect on what they could do to make them feel more engaged and what changes could be made at clinic level to make them feel more positive.

The service held patient engagement meetings every three months, the meetings were attended by patients and the registered manager, the nominated individual attended the meeting in April 2022. The meetings gave patients the opportunity to share any concerns, the minutes showed the conversations within the meetings were patient led.

The unit collected information on patient reported experience measures to assess the quality of healthcare experiences focusing on patients; we saw action logs had been put into place as a result of this. Actions from June 2022 included reintroducing leaflet stands, regular patient meetings and arranging an advocacy officer visit. The survey showed the Boston clinic had improved in all areas with the exception of transport which had decreased very slightly and privacy and dignity which remained the same.

The unit took part in staff engagement surveys. The last survey took place in 2021 which showed a 76% response rate with 16 staff responding out of 21. Seven staff said they would like to stay at least 12 months, 94% said they were committed to ethical business practices and 69% said they felt comfortable reporting. The information supplied did not specify any specific actions on the action plan. The next staff survey was due to take place in October 2022.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff were committed to continually learning and improving services. They were able to discuss learning from incidents and critically reflect on how their practice could be improved.

The patient transport drivers completed additional tasks such as completing water testing and filling patients' baskets between jobs. They also completed fridge temperature checks and took bloods to hospitals in an emergency.

The service had adapted the use of a staff action card and learning bulletins. We reviewed two staff action cards on fluid assessment and prevention of needle dislodgement. The cards had details such as awareness, patient risk factors, and incident data.

We reviewed a staff bulletin named learning from experience completed by the company's head of nursing. The bulletin identified learning outcomes following an incident and updated staff on investigation findings.

Leaders told us to further enhance environmental and sustainability aims of all of the units' staff have attended the green nephrology summits. They also told us that when designing dialysis units their architects will aim to ensure units are energy efficient.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints • Effective processes were not in place for identifying, receiving, recording, handling and responding to complaints.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • Staff were not following control of substances hazardous to health risk assessments (COSHH). • Effective processes were not in place for identifying, receiving, recording, handling and responding to complaints. • Security measures aimed to keep people safe were not being followed. • Some medicines were not in date. • Staff on the unit were not able to access the most up to date policies; however, these had been reviewed by senior leaders, most with no significant changes.