

DaVita (UK) Limited

DaVita (UK) Ltd - Grantham

Inspection report

Unit 2
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Date of inspection visit: 17 April 2023
Date of publication: 14/06/2023

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 inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to DaVita (UK) Ltd on 17 April 2023.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to patients' needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

We rated it as good 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 appropriately. The service controlled infection risk well. Staff assessed risks to patients and kept good care records. They managed medicines safely. The service managed safety incidents 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.
- 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 patients, took account of patients' individual needs, and made it easy for patients to give feedback. Patients could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always follow aseptic non touch techniques in all patient connection and disconnection activities.
- Several of the provider's policies were out of date and still linked to the previous provider, demonstrating they had not been reviewed for at least 3 years.

Summary of findings

Our judgements about each of the main services

Service

Dialysis services

Rating

Good



Summary of each main service

We have previously inspected but not rated this service.
We rated this service as good because it was rated good for safe, effective, caring, responsive and well-led.
See the summary above for details.

Summary of findings

Contents

Summary of this inspection

| | |
|--|---|
| Background to DaVita (UK) Ltd - Grantham | 5 |
| Information about DaVita (UK) Ltd - Grantham | 5 |

Our findings from this inspection

| | |
|------------------------------|---|
| Overview of ratings | 6 |
| Our findings by main service | 7 |

Summary of this inspection

Background to DaVita (UK) Ltd - Grantham

DaVita (UK) Ltd - Grantham is operated by DaVita (UK) Limited. The service has 9 dialysis stations. These facilities include 2 isolation rooms.

The dialysis centre provides chronic haemodialysis and care for established chronic renal failure patients who have already been stabilised on the therapy at their main NHS parent unit.

The location carries out the regulated activity of: Treatment of disease, disorder or injury, which was registered in October 2015. The location has a registered manager who is also the clinic manager.

We inspected this location in August 2017, but did not rate it.

How we carried out this inspection

During our inspection we spoke with the nurses at the service, 1 healthcare assistant, the area manager and the head of nursing for DaVita (UK) Limited. We also spoke with 3 patients.

We reviewed 5 patient's notes, feedback forms and online reviews for the service. We also reviewed a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

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

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

- The service should ensure aseptic non touch techniques are always followed in all patient connection and disconnection activities. (Regulation 12).
- The service should continue to develop the realignment of their former policies with those of their current provider.

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  |

Is the service safe?

Good 

We have previously inspected but not rated this service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff and was tailored to each professional's needs.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw mandatory training rates for staff met the service's completion target, with a 100% completion rate for all assigned modules.

The service was introducing a new mandatory training module for special needs and autism for all staff to undertake. We saw evidence arrangements to have this completed in the near future.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. The service had a provider level safeguarding lead trained at level 4 for adults and children and the clinic manager and nurses were trained at level 3 for adults and children. The remaining staff were trained to at least level 2 for adults and children.

We reviewed the training matrix and rates were 100% for all safeguarding modules.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Dialysis services

Staff knew how to identify adults and children at risk of or suffering significant harm. They worked with other agencies to protect them. The service had a safeguarding policy that supported staff to manage safeguarding effectively and contact information was available for staff to ensure rapid referrals were made when required.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

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

Clinical and staff areas were clean, clutter free and had furnishings which were clean and well-maintained.

Cleaning records and audits were up-to-date and demonstrated that all areas were cleaned regularly. A deep clean was carried out every month or when the service had significant infection control concerns. A third-party company undertook the routine domestic cleaning of the location. The service regularly scored 94% compliance with their cleaning standards in the last 3 months.

Staff completed a deep clean of every dialysis machine on a fortnightly cycle. The deep clean protocol also included the cleaning of the beds and treatment station sitting areas. The machines were heat disinfected after each treatment, and staff did a weekly disinfection clean.

Staff cleaned equipment after patient contact and labelled appropriate equipment to show when it was last cleaned. We saw good use of "I am clean" stickers to identify and mark cleaned and usable equipment.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff were bare below the elbow, washed their hands before and after patient contact and used face masks when interacting with patients and in all clinical areas. The service was meeting their standards with a 96% score in the most recent dialysis procedure PPE audit.

When nurses connected and disconnected patients from the dialysis machines, they were required to use a technique known as the 'aseptic non touch technique' (ANTT) to prevent the transmission of infection to patients' access site. We observed 4 episodes of care where this technique was used, 2 during connection procedures and 2 during disconnection procedures. We found staff mostly followed the principles of ANTT which decreased the risk of infection transmission. However, in 2 episodes of care we saw that the connection hubs were touched leading to potential risks of transmission of infection. Additionally, the placement of the clinical waste bag was in front of the preparation trolley, as opposed to the side, increasing the risk of contaminating any clean surface areas by leaning over the sterile field. We raised this with the leadership team who were responsive to our concerns and stated they would review current procedures.

The management team monitored staff performance in this area with monthly compliance reports and improvement outcomes. We saw the service was compliant in the last 3 reports, and no associated infections were reported that were a result of the services' interventions.

The service actively updated ANTT practice. Service leaders were informed and embedded new guidance to improve ANTT in to day to day practice.

Dialysis services

Staff worked effectively to prevent, identify and treat dialysis access site infections. There were no records of cross contamination in the year before our inspection. Staff completed assessments for each patient at each dialysis session to assess patients' access points.

Staff monitored and managed potential infectious conditions well. They completed HIV testing, Hepatitis B, Hepatitis C, Methicillin-sensitive staphylococcus aureus (MSSA) and Methicillin-resistant staphylococcus aureus (MRSA) testing. As an example, if a patient was MRSA positive, testing would be done monthly to assure they could be dialysed safely, and an infection, prevention and control (IPC) plan developed. The service also triaged each patient daily for COVID-19 symptoms and did temperature checks to support patient safety.

The service had appropriate COVID-19 practises if a patient tested positive. Measures included informing the partner trust, isolating the patient for treatment and conducting lateral flow tests to assess when a patient could be moved from isolation.

The service monitored and controlled risk of infection in patients who returned from holidays in high risk countries. The service identified restricted dialysis machines who were only assigned to those patients who were of higher risk.

Hand hygiene audits demonstrated 93% compliance with hand hygiene measures and this was supported by our observations on the day of inspection. We saw plentiful supply of antibacterial hand gel in all areas of the unit. Where areas for improvement were identified these were noted in the audits and discussed and addressed in the team meetings.

Environment and equipment

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

The design of the environment followed national guidance. For example, the water plant area had flooring designed to prevent or slow down the progress of potential flooding in the event of overflow. This was in line with guidance such as Health Building Note 07-01: Satellite dialysis unit. The unit also had enough space between treatment areas to allow for safe care of the patients.

The service had enough suitable equipment to help them safely care for patients. The service had 9 dialysis stations, of which 2 could be used as closed isolation areas.

All equipment including the dialysis machines were well maintained, calibrated and serviced in accordance with manufacturer conditions. Equipment servicing and testing was appropriately logged.

Staff had immediate access to emergency resuscitation equipment located in the clinical area. All pieces of equipment were checked daily and were in date. However, medicines used in the event of resuscitation were not located with the resuscitation equipment trolley which could cause a delay should a patient require resuscitation or medicines in an emergency. We highlighted our concerns to the leadership team and have since received assurance that a new resuscitation trolley, which is lockable, is now in place with all necessary equipment and medicines located in one trolley.

Staff used wipe clean privacy screens around patients' stations if requested or as necessary.

Dialysis services

Routine disposable stock was managed well. The storerooms were tidy and well organised. We sample checked a variety of stock products and found all were intact and in date.

The fridge used to store medicines was temperature monitored daily. Staff were aware of how to escalate concerns such as if the temperature fell out of appropriate temperature range. This also applied to the vaccine storage fridge.

Staff disposed of clinical waste safely. We saw sharps bins were closed and managed in accordance with fill levels. All other clinical and non-clinical waste was segregated accordingly.

Assessing and responding to patient risk

Staff identified and quickly acted upon patients at risk of deterioration. Staff completed risk assessments for each patient and removed or minimised risks. Patients had allocated action plans to their identified risks.

Staff responded promptly to any sudden deterioration in a patient's health. To support the identification and management of deteriorating patients staff used a recognised early warning score tool to help them recognise patients whose physical health may be deteriorating. This was in line with national guidance.

Patients had their weight taken before starting their dialysis and this was recorded on the patient record. Dialysis machines also recorded information such as blood pressure measures, heart rate and kt/V (a measurement of the efficiency of dialysis) into the electronic patient record system. If measurements directly related to dialysis (blood pressure and kt/V) were outside of the parameters set by the consultant and specific to each patient, an alert showed on the live monitoring system which showed an overview of all patients. Staff responded promptly when alerts were highlighted to monitor patients' wellbeing and there were no issues regarding the dialysis such as restricted access by kinked equipment lines.

Each patient had a full risk assessment completed during their treatment. Of the 5 records we reviewed, all risk assessments had an associated action plan to the identified risk. For example, patients who had a falls risk assessment all had an action plan to identify which actions were put in place to address those risks. We also reviewed other risk assessments such as diabetes and allergy assessments and all had relevant up-to-date assessments and management plans individual to patients.

Staff monitored patients' well-being and any changes that could identify potential risks. When connecting patients to dialysis machines, staff engaged with their patients and asked relevant questions regarding health, weight, fluid levels and their general well-being.

Staff always checked the identification of patients before undergoing treatment to ensure they had the correct information about each patient. This included a photographic record of the patient as well as personal identification questions.

Staff knew about and dealt with any specific risk issues. Staff had access to pathways and guidance including sepsis and adverse treatment incidents, such as low blood pressure. Staff received training in recognising the deterioration in patients, including specific sepsis training.

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

Dialysis services

Staff shared key information to keep patients safe. Staff attended a handover meeting twice a day and a huddle meeting when necessary, led by a senior nurse. These meetings allowed staff to discuss patients receiving treatments, any incidents and actions which needed to be completed, such as specific blood tests.

We reviewed the notes for the handovers and huddles and found these to be useful to monitor patient concerns and wider issues within the unit.

Staffing

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

The service had enough nursing and support staff to keep patients safe. We saw that rotas included 1 nurse to 4 patients, supported by a health care assistant.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift.

The number of nurses and healthcare assistants matched the planned numbers. The unit had 2 part time positions that were unfilled however, when necessary, the manager requested bank staff to support the unit. Where staff were absent at short notice, such as on the day sickness, leaders said the unit manager worked clinically to make up nurse numbers and supported the team.

Managers and the provider made sure all staff had a full induction and understood the service. This included bank staff who undertook a local orientation and were then assigned to the location's bank pool.

Medical staffing

The service had enough medical 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 access to enough medical staff to keep patients safe. Consultants were assigned via the partnering NHS trust. They ran clinics monthly to review patient needs and conduct assessments. Every 3 months the consultants did face to face ward rounds on the unit.

The service was assigned an on-call renal registrar from the partner NHS trust that could be contacted at short notice. They were on call to support the delivery of safe care and support clinical decision making.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The service used 2 systems to record patient information. The records were both paper based and electronic. The paper-based records were easily accessible and supportive towards patient care. They contained relevant information such as: the patient's initial admission form, risk assessments, medicines charts, access care plans, consent forms, monthly blood results and clinical multidisciplinary notes among other relevant information.

Dialysis services

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

Senior nurses monitored the quality of the patient's records. They undertook audits of patient records every month. The audit included checks for completion of medicines charts, consent and dialysis summary among other measures. We reviewed the most recent audit and saw the service was meeting their standards achieving 100% compliance with their standards in January, February and March 2023. The audit was comprehensive with all improvement and action plans well documented and monitored by the assigned leader of the action.

Records were stored securely.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Audits on medicines storage and administration were completed every month, which demonstrated 100% compliance against the set standards in the 3 months prior to our inspection.

We were informed that if any incidents or learning opportunities regarding medicines management were raised through the handover or huddle meetings, areas for improvement were identified and associated action plans completed to assure full compliance.

Staff stored and managed medicines in line with the provider's policy. Medicines were stored in locked cupboards, which were contained within a locked storeroom. Only staff had access to this area.

We reviewed prescription charts for medicines and found that all charts had been updated and all medicines transcribed.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents relating to 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 which incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy.

Dialysis services

The service reported 400 incidents between May 2022 and April 2023. The majority of incidents were related to treatment variances (286) followed by safety events (55) and incidents (50). Of the reported incidents only 1 was rated as severe harm with all others rated as low or no harm. We reviewed 2 incidents that had been reported in the last year. These were reviewed and investigated, and any necessary learning points linked to the incident were shared and highlighted for staff training.

The service had no reported serious incidents.

The service had no reported never events.

Managers shared learning with their staff about never events and serious incidents that happened elsewhere or within the wider provider. This provided an opportunity for learning and reviewing how the service was performing.

Staff understood the duty of candour. We heard from staff how they would be open and transparent and gave patients and families a full explanation if things went wrong.

Is the service effective?

Good 

We have previously inspected but not rated this service. We rated it as good.

Evidence-based care and treatment

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

Staff delivered high quality care according to best practice and national guidance. Staff regularly assessed patients access point using nationally recognised assessment tools, such as the British Renal Society vascular access tool.

The service had standard operating procedures (SOPs) developed to support staff in providing effective and up-to-date care. An example of this was the service's SOP for commencing and terminating haemodialysis and haemodiafiltration and plasma exchange treatment. SOPs were based on relevant and updated guidance from sources such as the Department for Health and Renal Association Standards.

Patients were being introduced to 'shared care' training. This meant patients were learning how to do aspects of their care independently, such as taking their own blood pressure or weighing themselves. Staff worked through a training programme with patients who wished to do this to ensure patients were more involved and engaged with their care. The 'shared care' training at the service started in January 2023 and was at an introductory stage, where staff were identifying patients who would engage well with the programme. Our review of the 'shared care' competency record and booklet found there was a clear pathway to record how patient's competencies were achieved, the date they were achieved and if they needed to be reviewed.

During the inspection, we observed staff to display competency when undertaking clinical activities, and to adhere to best practice guidelines. This included 'needling' (inserting a needle into an arteriovenous fistula (AVF) or graft (AVG) to connect the patient to a dialysis machine) and disconnecting patients from dialysis machines.

Dialysis services

Nutrition and hydration

Staff gave patients food and drink during their therapy. Patients had access to dietitians.

Specialist support from dietitians was available for all patients as per national guidance. Dietitians from the referring trust attended the service to see patients, assess dietary needs and provide advice and guidance on renal diets.

Staff provided patients with water, hot drinks and biscuits whilst dialysing. Patients could bring their own food to treatment sessions if they wished to eat something different.

Pain relief

Staff gave pain relief to ease pain.

Where prescribed, patients received pain relief. If patients chose to, they could request their GP prescribe pain relief such as numbing cream for their access point. This meant the patient would experience less pain when nurses inserted needles during connection to dialysis machines.

The service monitored pain using a recognised pain assessment tool to record the patients' pain.

Patient outcomes

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

The service used a system of individual patient performance screening to monitor clinical performance measures. Outcomes for patients were positive and consistent.

The service monitored dialysis outcomes on a monthly basis and compared them to clinics within the same provider. They assessed performance areas such as haemoglobin breakdown, interdialytic weight gain, phosphate levels and albumin levels. The clinic was performing very well in areas such as interdialytic weight gain, with 100% target achieved, and was the second best performing clinic in March 2023 for phosphate breakdown.

The Renal Association Standards guidelines specify patients should receive at least 12 hours of treatment per week to maximise effectiveness. Information from the service showed most patients routinely kept to their time spent dialysing and any changes were known and monitored by the patient's consultant. Where patients requested reduced dialysis times, staff asked the patients to read and sign a disclaimer which explained the impact of reducing treatment time. Staff updated the referring NHS trust when patients regularly chose to reduce their treatment time and developed individual patient plans to manage this.

The provider benchmarked clinics against each other to determine internal performance. Performance was regularly monitored at the clinical governance meetings and action plans developed to improve performance.

The British Renal Society sets out a standard that at least 80% of dialysing patients should have definitive access because they last longer than any other dialysis access types, are less prone to infection and clotting. At the time of our inspection, the clinic treated 19% of patients with a central venous catheter (CVC). We explored the reasons behind this and found this was based on clinical decision making from the referring trust.

Dialysis services

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included hand hygiene audits and patient record and documentation audits. We saw how managers monitored the outcomes of audits and despite being compliant continued to identify further areas for improvement when outliers were found.

Managers used information from the audits to improve care and treatment. Managers shared information from audits with staff along with learning and actions.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff completed competency training relevant to their role. We saw this was updated within provider timescales to ensure staff maintained their skills.

Managers gave all new staff a full induction tailored to their role before they started work. The induction period included training, working shadow shifts and undertaking competency assessments. Managers made sure staff received any specialist training for their role. Nurses who worked independently had completed their recognised renal qualification.

The service had processes in place so that new nursing staff undertook a programme which enabled them to undertake dialysis specific competency training and to work supernumerary to develop their competencies.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of our inspection all eligible staff had had an appraisal in the past year.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. This ensured any changes to treatment or service processes were communicated effectively and all staff had access to the same information.

Multidisciplinary working

Doctors, nurses and other healthcare professionals 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' care and improve their care. The governance structure supported a multidisciplinary and information relevant approach to the safe management of patient care. As an example, senior staff at the unit attended the trust governance meeting which included trust consultants, and other relevant professionals. Patients' care pathways were reviewed as well as reviews of mortality, major incidents and practice reviews.

Staff worked across health care disciplines and with other agencies when required to care for patients. For example, if staff identified patients with dietary needs, they could raise this with the referring trust who had access to a dietitian who would run monthly clinics at the dialysis unit. Additionally, staff at the clinic had direct links with dialysis access specialists at the referring trust, and the renal assessment unit. This meant any concerns or problems could be quickly escalated and resolved.

Dialysis services

Staff could access an on-call registrar from the partner NHS trust at any time for advice and guidance.

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

Seven-day services

Key services were available to support timely patient care.

The service opened Monday to Saturday. Additional twilight shifts could be planned to support patients' needs if required.

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 also saw information available regarding airborne isolation precautions and the importance of washing hands. Information could be accessible in other languages if requested.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

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 had received training and understood how and when to assess whether a patient had the capacity to make decisions about their care. However, we were told the service's referral criteria meant they very rarely treated patients who could not consent to treatment.

Should at any point a patient who was unable to give consent access the service, provider policies were available to support staff. Additionally, a specialised consent form was available to support staff in this process.

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

Is the service caring?

We have previously inspected but not rated this service. We rated it as good.

Compassionate care

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

Dialysis services

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.

Staff knew all the patients dialysing at the clinic and were able to talk about each patient knowledgeably. They knew about their families and promoted open honest talks about their dialysis and other health conditions.

Staff we spoke with told us they loved working with their patients and enjoyed providing care.

Patients said staff treated them well and with kindness. Patients told us they were happy coming to the unit for their dialysis and felt the staff provided a caring service. We heard patients say the service was very good and treated them well.

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

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff spoke with patients about how they were feeling and escalated this to the referring trust as necessary.

We spoke to patients who told us how supportive the staff had been and how they referred them to various charities for additional support.

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 took time to listen to patients. We saw staff explaining what they were doing at different treatment stages and reminding patients what to do if they wanted to alert staff.

Staff ensured patients could reach their books, snacks and phones during their dialysis sessions. Staff regularly checked on patients to see if they were well, feeling comfortable or needed anything during 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. Patients told us they felt included in their treatment and decisions about care. Each patient had a named nurse who was their main link with the clinic.

On admission to the clinic, details were taken regarding the patient's family and relatives. This helped support personalised care and was also used to inform staff of the point of contact should the patient become unwell. We saw staff were familiar with the families of patients, their transport drivers and they discussed them by name with patients.

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

Dialysis services

When discussing day to day issues, staff talked with patients, families and carers in a way they could understand. When patients did not speak English, staff spoke with family members, requested an interpreter or used adapted communication tools to support communication.

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

Patients could give feedback on the care they received. The service's 2021 patient experience reported measures (PREMs) survey had an overall score of 6.6 out of 7. The service scored highly in several areas including access to the renal team (6.7/7), privacy and dignity (6.8/7) and transport (6.7/7). Patients had scored an improvement in the service from the 2020 PREMs in 6 out of 13 areas. Data for 2022 was in the process of being collated to review patient feedback.

Is the service responsive?

Good 

We have previously inspected but not rated this service. We rated it as good.

Service delivery to meet the needs of local people

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

The service worked closely with the referring NHS trust to deliver a service which was suitable for the local population. The service also worked closely with patient transport services who supported many of their patients.

The service had facilities and equipment that were suitable for bariatric patients and patients with limited mobility. The referral criteria to the service highlighted the need to inform the service of such needs so that bariatric patients and patients requiring high levels of mobility assistance could have best use of the service.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff referred patients onwards if required; for example, to a third-party organisation who supported patients with social and welfare concerns.

Staff supported patients who wanted to dialyse elsewhere on holiday. They were also able to support patients who were attending the local area and wanted to temporarily dialyse, although this was a rare occurrence.

Facilities and premises were appropriate for the services being delivered. The service was provided at ground floor level with easy access to the dialysis centre. There was parking available for patients and a dedicated waiting area for dialysis patients.

Meeting people's individual needs

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

Dialysis services

Staff made reasonable adjustments to help patients. Patients were referred directly from the commissioning trust and were generally medically stable in line with the arrangements of the commissioning agreement.

Staff made sure patients received the necessary care to meet all their needs. Where staff identified patients' cognitive impairment was declining, they referred the patient for assessments at the referring trust or to their local GP. The service rarely treated patients with dementia or learning disabilities, as patients with special needs were mainly treated in the partner trust, but staff had training and processes in place to support patients who required additional help.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to communication tools to support patient's communication needs.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. We saw staff request and use interpreter services and these worked well to support the delivery of care and the patient's needs.

Access and flow

Patients could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients 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. At the time of our inspection the service was almost operating at full capacity with 36 active patients. The service had the ability to increase their capacity in the form of twilight shifts, if required by the partner trust or to support individual patient needs.

Managers monitored and took action to minimise missed appointments. Patients who did not attend appointments were contacted and appropriate referrals were made to the patients' GP or the referring trust. Appointments were re-booked as soon as possible. If staff were unable to contact a patient who had not attended, they followed the process of alerting the referring trust and asking police or GPs to conduct a welfare check. When patients had their treatments cancelled or delayed at the last minute, staff made sure they were rearranged as soon as possible and within national targets and guidance.

Managers and staff coordinated care to make sure patients did not stay longer than they needed to complete their dialysis. They also worked to make sure patients did not stay longer after treatment than they needed to. They often liaised with local transport services to discuss issues and concerns regarding patient transport delays.

The service did not have a formal waiting list. Available slots were regularly sent to the supporting NHS trust and the trust would refer the patients according to their suitability.

Learning from complaints and concerns

It was easy for patients 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.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Dialysis services

Staff understood the service's policy on complaints and knew how to handle them. The policy outlined clear pathways to managing conflict and addressing any complaints.

The service had 2 formal complaints in the last year. We reviewed the complaints and their investigations and found these to address the issues raised. Learning from the complaints was clearly outlined and action points followed and implemented.

Leaders also reviewed informal complaints and identified themes. Themes were discussed at staff meetings and learning was shared with the whole team. The service was dedicated to providing the best care possible.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The manager sought to resolve complaints quickly and informally where possible.

The service received 4 formal compliments and several thank you letters and cards. Most compliments received were about the caring attitude of everyone at the unit and positive work by staff.

Is the service well-led?

Good 

We have previously inspected but not rated this service. We rated it as good.

Leadership

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

Local leaders had the skills and abilities to run the service. The unit manager was supported by an area manager. The manager also had support from the provider level head of nursing, for any workforce related queries.

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

Area and provider managers attended and liaised with the referring trust regularly and were a first port of call for queries or concerns. The area manager described a good level of communication with all team members.

The unit manager worked alongside staff in the clinical area when required. Staff told us the unit manager was very approachable and supportive.

Clinical leadership was provided by a consultant from the parent NHS trust. They visited the unit at least once a month and staff told us they could always access advice and support from the trust renal registrar when this was required.

Leaders supported staff to develop and take more senior roles. We heard how staff had regular appraisals and competency training to progress their skills. Staff within the service were also encouraged by leaders to have delegation roles to support their development into more senior roles.

Dialysis services

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. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a strategy for achieving priorities and delivering good quality, sustainable care. As an example, following the inspection and as an additional data request we reviewed the service's clinical policies integration plan and found it to support the appropriate integration of the former provider policies into the current provider policies.

There was a set of corporate values that included service excellence, integrity, team and continuous improvement in the provision of dialysis services. The values were displayed in the unit and staff were aware of the provider's vision, strategy and values.

The managers upheld the values of the provider and aims of the service. The area manager told us of plans for the clinic to improve the service. As an example, these plans included a review of the clinical governance and quality assurance strategy.

Staff knew and understood what the provider vision and values were. Staff told us about the vision of the service, describing key elements as working collaboratively, being effective, caring and providing the best care possible.

Culture

Staff mostly felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted 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 an open and inclusive culture. All staff we spoke with stated they were proud of the team and how well they worked together to provide good patient care.

Staff mostly felt supported, respected and valued. Staff told us they felt comfortable to raise concerns or issues with the local unit manager. However, the most recent staff survey indicated lower job satisfaction than in the previous years.

Staff were able to access opportunities for professional development. Most staff we asked told us the provider was a supportive company, who supported them to improve. Staff had regular 1 to 1s where they would highlight their needs and open up on their clinical experiences.

Staff told us their focus was on the holistic patient. They focused on knowing the families, and which patients needed additional support at home. Staff told us they focused on providing high quality care for patients and their families. They told us these principles were driven by the clinic manager.

Governance

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

The service had a governance structure which enabled information to be escalated up to provider level and cascaded down to clinic level. The provider's board had clear reporting and committee structures which included the provider governance committee, board meetings, monthly managers meeting, clinical meeting, the joint trust governance meeting and the contract review meeting.

Dialysis services

Meetings supported the governance process and monitoring of patient care and service delivery. We reviewed minutes of the 2 latest joint trust governance meetings and saw incidents, complaints, safety alerts and infection control among other topics, were discussed and reviewed as part of the agenda. We also reviewed the 3 latest staff meeting minutes and found these to be comprehensive and supportive of the delivery of the service. Agenda topics included the action log and matters arising, unit update, governance and risk management and health and safety among other relevant topics.

Relevant topics such as clinic performance, incidents, complaints and staffing were discussed in the relevant meetings. Meeting minutes also showed a focus on patient and staff safety and satisfaction.

Information relating to clinical governance was shared with staff. There were clear processes for information to be cascaded between operational and corporate lines of accountability. Regular meetings were held between clinic leads and the commissioning NHS trust. There were clear processes for monitoring the performance of the service.

There were regular audits which included cleaning audits, use of personal protection equipment, hand hygiene compliance and documentation audits. Actions for improvement were highlighted on the audit tool and minutes of staff meetings confirmed results and actions were discussed.

Staff at the service worked well with the referring trust and third-party providers to monitor performance and share information.

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.

The service had comprehensive risk management processes to mitigate the potential harm from risks identified. Risks were categorised into clinical or corporate categories and were rated prior to and post implementation of mitigating actions. We observed actions to mitigate specific risks. This included actions relating to water safety, premises, equipment, infection control, fire safety and dialysis safety. Risks were reviewed regularly through the staff meeting meetings, monthly manager meetings and provider governance committee.

Potential risks were considered when planning services. The risk register reflected this and contained risks about disruption to staffing, power failures and water supply problems. The service had supporting policies such as the business continuity plan to direct any actions in case of disruption. These were easily accessible and appropriate.

The unit management team, in line with the provider, had set up actions for staff and patients to take to reduce the risk of infectious disease transmission. This included wellness checks to every person who entered the building. Additionally, we saw the safe monitoring and use of restricted dialysis machines.

Processes were in place to monitor and manage current and future performance. These were regularly reviewed by the referring trust and the service provider to ensure compliance to national standards.

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.

The service had clear and robust performance measures which were monitored and reported on. Monthly blood tests were conducted on every patient; the purpose of these was to identify treatment effectiveness. Consultants at the referring trust reviewed and reported on blood test results.

Staff from the service and staff from the referring trust met regularly to discuss the results and identify treatment plans and changes. Personalised notes were uploaded to the patient's electronic record system.

The service had arrangements to securely share information with relevant stakeholders regarding outcomes and changes to care provision for their patients. In addition, the service shared the electronic patient record with the referring trust ensuring that relevant information was shared in a timely and accurate way.

Engagement

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

The service regularly engaged with patients in their treatment plans. We saw a strong focus on patient satisfaction through governance meeting minutes. Patient satisfaction surveys were scrutinised, with specific actions set to improve measures.

Patients were supported in their journey through the dialysis unit. The service had several sources of information and support regarding concerns about fistula care, sepsis, shared care and effective medicines management.

The provider engaged with staff through the staff survey. The survey measured staff satisfaction against the values of the provider and the value of fun was the one which scored lowest. Leaders were actively engaging with staff to improve areas of lower scores and had implemented an action plan to address the findings of the survey. We saw a localised action plan to address specific areas of dissatisfaction.

We saw through meeting minutes an effective level of communication and engagement with other provider locations. We also saw through patient notes and the use of the trust governance meeting that the service had open dialogue pathways with the referring NHS trust.

There was a set agenda for staff meetings. Minutes of meetings confirmed patient safety incidents, dialysis efficiency, audits, patient experience, policies and procedures update, and training were discussed.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Staff were able to access support and training to support continued professional development. We heard examples of staff who were supported to upskill their competencies and progress in their careers.

Dialysis services

The provider was using the unit, in conjunction with the local referring trust, to train patients to have greater ownership of their dialysis treatment. The competencies programme for the “shared care” pathway enabled patients to gain access to this programme if they were interested and suitable for this method of treatment.