

Fresenius Medical Care Renal Services Limited

# Chandlers Ford Dialysis Unit

## Inspection report

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

### Ratings

<b>Overall rating for this location</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

## Overall summary

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. 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.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- Most 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.

However:

- They did not always manage medicines well.

We rated this service as good because it was safe, effective, caring, responsive, and well led.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	See the summary above for details.



# Summary of findings

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# Summary of this inspection

## Background to Chandlers Ford Dialysis Unit

Chandlers Ford Dialysis Unit is operated and managed by Fresenius Medical Care. It is a private dialysis unit in Chandlers Ford, Southampton in Hampshire. The unit opened in March 2006. The unit's NHS contractual referral partner is the renal centre from a local NHS Trust. The unit primarily serves the community of Southampton.

The location provides dialysis treatment through a service level agreement for the local NHS Trust regional renal and transplant centre. NHS consultants visit the unit at least three times per month for renal clinics and referred patients for dialysis.

The nurse led 'satellite' unit provides dialysis for patients over 18 years, six days a week between 7.30am and 6pm on Tuesday, Thursday and Saturday. There is also an additional twilight session between 6.30pm and 11pm on Monday, Wednesday and Fridays. The unit has 16 dialysis stations in an open space, and two segregated stations in 'side rooms' for infectious patients or for those needing additional support needs such as due to vision impairment.

The service registered with Care Quality Commission in 2010. They are registered to carry out the regulated activity: treatment of disease, disorder or injury.

The registered manager has been in post since 2012. The nominated individual has been registered since June 2016.

## How we carried out this inspection

We carried out this unannounced inspection using our comprehensive inspection methodology on 26 April 2022.

We spoke with five patients, and seven staff. We reviewed patient records. We also reviewed patient feedback from the previous 12 months.

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

### Action the service SHOULD take to improve:

- The service should ensure the local procedures for checking the patient identification at the point of administration is always followed. Regulation 12 (1)
- The service should monitor completion of patient allergy status, for any allergy type in all relevant patient records.
- The service should consider training staff in supporting patients with learning disabilities and autism.
- The service should consider the use of patient photographs in patient records as an additional means to identify patients receiving treatment.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Dialysis services

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

## Are Dialysis services safe?

Good 

We rated it as good.

### Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. Staff were 100% compliant with all mandatory training, this was the service target.

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training covered areas such as basic life support, needle safety and adult choking.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us how training was monitored at provider level to ensure they completed it. When training approached its renewal date staff were emailed to advise them and remind to book this.

The training lead for the provider had attended the location in January and gave a presentation to the service staff on training completion. At the time of the presentation staff were 98% compliant with mandatory training.

The presentation had highlighted training not completed and identified staff not yet compliant. Staff were given training target dates to complete outstanding training by, this was supported by the registered manager by allocating time to complete it.

Clinical staff completed training on recognising and responding to patients with mental health needs, and dementia.

### Safeguarding

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

# Dialysis services

Nursing staff received training specific for their role on how to recognise and report abuse. All staff were trained to level 2 in Safeguarding adults and children.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff were able to explain how they would support patients to ensure they were protected from the risk of abuse.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. We heard examples of things staff may look for to identify risk such as patients attending with bruising and changes in mood.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager was the safeguarding lead for the service and was trained to level 2. Staff told us this is who they would approach if they had concerns, there were also flowcharts on display to inform staff.

We saw that staff could electronically access the safeguarding policy, there was also a in date copy of this in the safeguarding folder in the registered managers office. The safeguarding policy covered both adults and children and was in date.

There was an additional safeguarding lead at provider level for the registered manager to refer to if required and for oversight.

## Cleanliness, infection control and hygiene

**The service generally 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. All furniture was able to be wiped clean. Flooring throughout the service was sealed and there were no carpeted areas that may inhibit effective cleaning.

Cleaning records were up-to-date and demonstrated all areas were cleaned regularly. General cleaning was performed by third party cleaners under a service level agreement.

Cleaning staff came during the day to perform smaller tasks such as hoovering and cleaning in non-clinical areas. At night cleaning staff performed deep cleaning tasks. There was a clear list of jobs that cleaners performed.

The service generally performed well for cleanliness. Staff performed monthly cleaning audits to identify areas for improvement in line with infection prevention and control policy (IPC). We reviewed the previous three audits and saw that the February audit had an overall compliance score of 99% with areas for improvement including floor cleaning. There was a communication log for staff to speak with cleaners who attended the service after it closed. The environmental IPC compliance scores for March and April were 100%.

Staff followed most infection control principles including the use of personal protective equipment (PPE). All staff wore a uniform and were bare below the elbow. When nurses connected and disconnected patients from the dialysis machines, they were required to use aseptic non-touch technique' (ANTT) to prevent the transmission of infection to patients' access site. We observed seven patient interactions and saw staff follow this technique in all instances.

# Dialysis services

We saw staff washing their hands in line with IPC policy. Hand hygiene audits for the three months prior to inspection had a compliance score of 100%.

However, we observed a staff member wearing an apron and moving several times between the treatment areas and utility areas without removing this.

Staff cleaned equipment after patient contact. When dialysis was completed, staff performed essential cleaning on the machines. However, patient surfaces such as beds and tables were not always cleaned immediately when patients left the area. Nursing staff told us dialysis stations were assigned on an individual basis and therefore no other staff would use them before cleaning was completed.

## Environment and equipment

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

The design of the environment followed national guidance. The service had enough suitable equipment to help them to safely care for patients. The service had 18 dialysis stations, two which were isolation rooms .

There were clean and dirty utility areas, these contained appropriate storage with lockable cupboards.

There were no patient call bells at dialysis stations, but due to the open nature of the setting patients could verbally alert staff if needed. We observed staff checking on patients and regular intervals which also supported the ability to ask for help without using a call bell. The isolation rooms did however have call bells; we were told these were tested monthly. Staff used wipe clean privacy screens around patients' stations as necessary. The service had four screens available but no patients requested these during our inspection.

Staff carried out daily safety checks of specialist equipment. Dialysis machines were checked before each clinical use to ensure they were safe to use and operating correctly. We checked a range of electrical equipment and found they had all been safety tested within required timescales.

Technicians attended the service regularly and on request by staff. Dialysis machines not in use were stored in a technician room. Staff were able to report equipment as faulty and used signs on equipment to state it should not be used. When equipment was returned to clinical use this was documented in service records and a handover notice was placed on the equipment. This meant that faulty equipment was not at risk of being used.

There was a resuscitation trolley and an automated external defibrillator, this was checked daily and records showed this had been done on every clinical day for the previous two months. This trolley was secured with a security tag, the number of this tag was recorded within the log so staff could see when it had been replaced and would be able to identify any interference.

Staff mostly disposed of clinical waste safely. There were domestic and clinical waste bins located within clinical areas. These were emptied daily into external waste bins. We saw these bins were kept in a secure access area and were also individually locked.

## Dialysis services

There were domestic and clinical waste bins and clear guidance on the use of these. We inspected these bins and found they mostly contained appropriate items. However, in the dirty utility areas there was a set of gloves in the domestic waste. We raised this with the service and feedback and were informed that it was due to the gloves being used for a non-patient process and therefore had no patient blood on them. However, the provider's level waste disposal policy stated that all gloves should be disposed of in clinical waste bins.

### Assessing and responding to patient risk

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

Staff completed COVID-19 risk assessments for each patient on arrival. Patients were temperature tested and asked when entering the location if they had experienced any symptoms that may indicate COVID-19 infection. Patients also had lateral flow tests (LFT) twice weekly in line with policy.

Patients who presented to the service with symptoms had an additional LFT test, staff performed this to ensure it was done correctly. If a patient attended and a positive result was obtained, the patient would not be dialysed at the service, this was at the request of the NHS trust that they worked with. We observed how when this occurred, staff arranged for an appointment at an alternate location that treated patients with active COVID-19 infection.

Staff shared key information to keep patients safe when handing over their care to others. Although staff were allocated individual patients, there were frequent conversations between staff to highlight patient needs.

Staff responded promptly to any sudden deterioration in a patient's health. We saw staff checking on patients and regular points throughout their dialysis sessions. Patients were also asked at the beginning and end of sessions if they felt well and if there were any changes, they should be aware of.

Staff could access either a renal consultant or an on-call registrar at the NHS trust at any time for advice and guidance.

We reviewed patient records and saw that risk assessments completed in line with policy. All records we reviewed contained assessments for falls and the risk of developing a pressure ulcer. In the four notes we reviewed the document they were recorded on stated this should be reviewed annually or if information changes. Staff told us that they completed these assessments on a six-monthly basis due to the fact that patients were at high risk of developing a pressure ulcer.

Staff told us that allergy information was recorded on electronic note systems and doctors reviewed this when prescribing medicines.

However, we reviewed seven sets of paper notes and found these were not always completed correctly. In one set of notes there was an allergy to shellfish recorded, however a box below was ticked to advise the patient did not have any allergies. There was also one set of notes where there was no record for allergies having been checked with the patient. This posed a risk if a patient attending brought food items for personal consumption that another patient in the same open space may be allergic to. Completion of this box did not form a part of patient record audits.

### Staffing

# Dialysis services

**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 staff a full induction.**

The service employed nurses and dialysis technicians. Dialysis technicians (DA's) were not registered nurses but worked alongside nursing staff to treat patients.

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number of staff needed for each shift in accordance with national guidance. Leaders told us that nursing staff were allocated three patients each. This meant staff were able to safely treat and monitor patients.

The number of staff matched the planned numbers. We saw that there were seven staff working in the service when we attended and that this was the number of staff daily.

The service had low vacancy rates. At the time of inspection that service was recruiting to three permanent posts and the vacancy rate was 5%. The turnover rate was 16% which was in line with the national average. The sickness rate was 5%, this was in line with the national average.

Managers limited their use of bank staff and requested staff familiar with the service. Bank staff were supplied through the NHS trust agency. The service had low rates of bank and agency nurses. At the time of inspection, the service was using three members of bank staff to cover staff sickness and vacancies. Although there was a provider agency service available for staff cover, the registered manager told us they had not needed to use this and could always source staff directly from the NHS bank service.

Managers made sure all bank and agency staff had a full induction and understood the service. All bank staff completed the same induction process as permanent staff and were not able to work unsupervised until this had been completed. This meant staff were familiar to the service before caring for patients.

## 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. Records were both paper based and electronic. The paper-based records contained risk assessments, consent forms, the patient's initial admission form, sepsis risk assessment paperwork and signed disclaimers where patients had signed to end treatment sessions early.

The electronic records contained dialysis prescriptions, incidents relating to each patient and clinical observations. This included the dialysis specific information that was recorded to the patient during each session. Staff from the referring trust were able to view this information remotely. Staff at the unit could access the wider hospitals records and relevant patient information from the referring trust. When doctors attended to review patients, they were able to dictate letters to be typed and sent using this system.

The registered manager undertook a monthly care record audits which monitored compliance with a range of areas including prescriptions, falls risk assessment and care plans. We reviewed the two most recent care record audits and saw they recorded 100% compliance.

## Dialysis services

When patients transferred to a new team, there were no delays in staff accessing their records. Patients had an individual record card which looked like a credit card. This was used and entered into the dialysis station at session. This information was uploaded automatically to the care record and staff from all locations could access this information.

Records were stored securely. All electronic note systems were password protected and we saw that staff took steps to restrict access to computers by locking them when unattended.

The paper records were stored in lockable filing cabinets behind the nurses' station. This was not locked during our inspection as the cabinet was in regular use. In addition, the area was not left unattended or unobserved.

We saw patient records did not contain photographs of patients. Whilst this is not a legal requirement, it can be seen as good practice as it provides another form of identification and recognition of patients.

### Medicines

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

To ensure medicines were given correctly nursing staff performed a second check with another staff member before administration. However, on three occasions we saw this check did not take place in the presence of the patient. Although the first member of staff always asked the patient to confirm identity prior to administration by stating their full name and date of birth the second member of staff was not present for this process on these occasions, therefore independent verification of patient identity was not always performed. This did not follow the medicines administration policy and nursing guidelines that states this check should always be performed in the presence of a patient with identity checked by both staff. We also observed multiple instances of correct procedure being followed during the course of our inspection.

Medicines were stored in locked cupboards, which were within a locked storeroom. The senior nurse in charge always kept the keys on them. All medicines we checked intact were and in date.

Portable oxygen cylinders were stored safely and contained enough oxygen to be used when required.

Staff followed current national practice to check patients had the correct medicines. Consultants at the referring trust updated prescriptions every three months for each patient as a minimum. If changes were required sooner than this following monthly blood tests, the consultants actioned these and shared the information with the staff at the clinic. All prescriptions we reviewed were within the three-month timescale.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. When medicine pathways were changed nationally, staff were updated.

There were temperature controlled fridges and these were monitored daily by staff. We reviewed the temperature records for all fridges in the location and saw that they had been completed in full for the previous three months.

The service had a clear medicines administration policy, staff showed us they could access this electronically. Administration of medicines was part of the competency based induction completed by all staff in the service.

### Incidents

## Dialysis services

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

Staff knew what incidents to report and how to report them. There was a provider level policy in place to support and encourage incident reporting. There was also training on reporting incidents as part of mandatory learning.

Staff could access the incident reporting system easily through their computer login via a direct desktop link.

Staff raised concerns and reported incidents and near misses in line with the service's policy. We spoke to staff and they were able to explain things they would report as near misses. We also reviewed the most recent incident reports which showed examples of staff using reporting systems when concerns were raised.

Managers shared learning with their staff about never events that happened elsewhere. Staff told us how incidents at other locations would be discussed and learning outcomes shared.

Staff reported serious incidents clearly and in line with the service's policy. All incident reports contained detailed information regarding incidents and ongoing updates during investigations and outcomes once an incident was closed.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff completed training in duty of candour that was titled 'Being open'. There was also a duty of candour policy and process flowchart with the same name and staff were able to access this. There was a template for duty of candour letters that had been developed at provider level to standardise the wording used and ensure a consistent approach.

Staff received feedback from investigation of incidents, both internal and external to the service. When other locations had serious incidents, learning outcomes and update were shared via email and in staff meetings.

Staff met to discuss the feedback and look at improvements to patient care. Incident records contained updates on sharing of learning outcomes with staff involved and, where appropriate the wider team. Investigations and ongoing incidents were discussed in staff meetings.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We saw that patients and their families were contacted to inform investigations where appropriate.

Managers debriefed and supported staff after any serious incident. Following an incident where a patient had become seriously unwell at the service, staff were debriefed to ensure they were alright and if they wanted any additional support. In addition to this, training in the yellow card medicines reporting service had been given from when staff had highlighted they were not familiar with this process. The Yellow Card Scheme is run by the Medicines and Healthcare Products Regulatory Agency (MHRA). It collects, collates and investigates reports of suspected adverse drug reactions.

### Are Dialysis services effective?

# Dialysis services

We rated it as good.

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff regularly assessed patients access point using nationally recognised assessment tools such as the British Renal Society vascular access tool.

Patients were encouraged to undertake shared care. This meant patients learnt how to do aspects of their care independently such as weighing themselves and washing their fistula.

During the inspection, we observed staff to display competency when undertaking clinical activities, and to adhere to best practice guidelines. This included 'needling' and disconnecting patients from dialysis machines. Needling is the process of inserting a needle into an arteriovenous fistula or graft to connect the patient to a dialysis machine. An arteriovenous (AV) fistula is an abnormal connection between an artery and a vein.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Mental capacity training formed a part of mandatory training. We spoke to staff who were able to give examples of their role in supporting patients subject to the Mental Health Act.

At staff meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. This was also recorded in the electronic notes system this meant information was escalated to the referring NHS trust who provided a renal psychological service.

## Nutrition and hydration

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

Staff made sure patients had enough to eat and drink. The service supplied only drinks and biscuits to patients attending. This was in line with the agreement with the local NHS trust. Patients consumed minimal foods during dialysis sessions as this would disrupt the blood sugars during the session and may cause a patient to feel unwell.

Referrals for specialist support from staff such as dietitians could be made by the patient's doctor to the local NHS trust. Written information about foods for renal patients was available in a variety of languages for patients to read and take home.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain.**

# Dialysis services

Staff assessed patients to ensure they were comfortable as their dialysis treatment meant they would be restricted in movement once commenced. The service had replaced mattresses at dialysis stations to improve comfort. Patients could also request pressure relieving cushions from their GP in line with the agreement with the NHS trust.

Patients received pain relief soon after requesting it. Where prescribed, patients received pain relief. If patients chose to, they could request their GP prescribe pain relief such as numbing cream for the point on their skin where a needle was inserted. This meant the patient would experience less pain when nurses inserted needles during connection to dialysis machines.

Staff recorded pain relief accurately. When numbing creams were used this was noted on the patient record.

## Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations, such as national standards. 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. Definitive access is usually through a fistula or graft.

At the time of our inspection, the clinic had 20 patients with a central venous catheter (CVC) 54 patients with an arteriovenous fistula (AVF) and 13 patients with arteriovenous graft (AVG) access (an arteriovenous graft is another form of dialysis access, which can be used when people do not have satisfactory veins for an AV fistula. This meant 59% of patients had definitive access (AVF or AVG). We explored the reasons behind patients not having definitive access found this was based on clinical decision making from the referring NHS trust, and mainly where a patient was unable to have an AVF or AVG.

The referring NHS trust collated patient outcomes following blood results and submitted these to the renal registry. As these results were collated with those from other satellite units, it was not possible to identify individual performance against other individual units.

The provider benchmarked clinics against each other to determine internal performance. The clinics were measured against different perspectives including patient, community, staff and stakeholder perspectives.

The service exceeded the minimum treatment effectiveness (haemodialysis adequacy) as specified within national guidelines as per The National Kidney Foundation. Data showed the service achieved the national standard of effective dialysis in 98% of patients.

Data demonstrated the unit performed well against the reduction of urea as a key performance indicator, in March 2022 the unit achieved this for 100% of patients.

For March 2022 we saw the unit came above the national average in all quality indicators. In particular the unit consistency scored very highly against 'patient perspective' and 89% of patients felt their experience at the centre was better.

# Dialysis services

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included hand hygiene audits, patient record and documentation audits. Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits. Minutes from team meetings showed staff were kept up to date with most recent audit results. The registered manager shared actions and learning. Improvement was checked and monitored.

The service was International Organization for Standardisation (ISO) 9001 Accredited. ISO 9001 is defined as an international standard that specifies requirements for a quality management system (QMS). Organisations use the standard to demonstrate the ability to consistently provide products and services that meet patient requirements.

## 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. Staff were also up to date with their competency training despite the COVID-19 pandemic.

The registered manager performed a monthly professional identification number check of all Nursing and Midwifery Council (NMC) registered staff at to ensure they maintained their registration.

Managers gave all new staff a full induction tailored to their role before they started work. New staff undertook a programme which enabled them to undertake dialysis specific competency training and to work supernumerary for a set period. We reviewed the induction programme and saw that it contained clear guidance for what was expected of staff and gave opportunities to discuss progress. The registered manager told us staff were expected to complete this training over the first three months of employment.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of inspection 100% of staff had received an appraisal.

Managers supported staff to develop through regular, constructive clinical supervision of their work. Clinical supervision formed a part of monthly audit, we saw this had been done for the two months prior to inspection.

The clinical educators supported the learning and development needs of staff. There was a provider level training lead for the service. We were told by staff that the educator visited regularly to provide updates and highlight areas for improvement in training. The clinical educator had visited in January to highlight gaps in mandatory training, this had since reached 100% compliance.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We reviewed the notes from the two most recent, meetings and saw they followed a clear structured format and there was clear detail of discussion.

# Dialysis services

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We were told that if leaders felt staff could benefit from additional training, for example extending induction they could support this although had not needed to do so.

Staff had the opportunity to discuss training needs with the registered manager and were supported to develop their skills and knowledge. We heard how staff felt they could approach the registered manager with any training needs and they would be considered. There was a training session in April 2022 to update staff in clinical practice, staff spoke positively of this training.

Managers made sure staff received any specialist training for their role. All staff had completed the appropriate competency training for their role and completed additional training in areas such as blood pressure measurement, nutrition and anaphylaxis.

Managers identified poor staff performance promptly and supported staff to improve. There was a provider level policy for staff whose performance was not in line with expected standards but this had not been used.

## 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 and improve their care. Leaders at the unit attended a monthly quality assurance meeting which included trust consultants, dietitians and other relevant professionals.

Staff worked across health care disciplines and with other agencies when required to care for patients. If staff identified patients were experiencing poor mental health, they could raise this with the referring trust who had access to renal psychological support.

Patients had their care pathways reviewed by their relevant consultants. Staff took monthly blood samples and discussed the results with consultants at the monthly quality assurance meeting.

Consultants also attended the service on a three monthly basis for a patient renal review clinic. Consultants could verbally dictate letters during the clinic, these letters would be electronically produced and stored. Staff could access this system easily to review correspondence. These would then be sent to patients' GPs or other relevant health professionals to ensure shared knowledge of the patients' care and treatment plans.

## Seven-day services

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

Staff could call for support from doctors, dietitians and the satellite co-ordinators at the referring NHS trust at all times the clinic was open. Staff could access the safeguarding leads and clinical support from the provider at any time.

The service operated between 7.30am and 11.00pm Monday to Saturday. Most patients attended for appointments three times a week, these sessions were booked in advance and on a recurring basis as per their treatment plan.

# Dialysis services

## 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 and clinic rooms. Leaders told us some leaflets had been removed in line with COVID-19 measures but staff could obtain them if needed.

Staff encouraged patients to become vaccinated against COVID-19 and flu. The referring trust provided COVID-19 vaccinations within the clinic to all patients who wanted them. Clinic staff encouraged patients to have the vaccine to protect their health. The NHS trust or a patient's own GP organised vaccination against flu.

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

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Patients completed a consent document on admission to the service, this contained relevant areas to record if a patient lacked capacity. This form was completed in conjunction with the provider level policy for Consent to Examination or Treatment.

Staff told us when patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Best interest meetings would be held with consultants at the referring NHS trust. In the event that a patient was deemed to have lacked capacity, the consent form contained areas for the patient's family and carers to discuss factors such as the patient's wishes and beliefs when competent, their current wishes, their general well-being and their spiritual and religious welfare.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. We reviewed seven sets of patient notes and we saw signed copies of consent to receive dialysis treatment within all. There was also a disclaimer for patients to complete should they wish to end their session early and against medical advice.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. This training formed part of mandatory training and had been completed by 100% of staff at the service.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005 and they knew who to contact for advice. Staff had access to a provider wide policy which clearly outlined the Mental Health Act and Mental Capacity Act 2005.

# Dialysis services

## Are Dialysis services caring?

Good 

We rated it as good.

### Compassionate care

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

Patients said staff treated them well and with kindness. The most recent patient experience survey was overwhelmingly positive in nature. In response to the statement 'I was treated with respect', 100% of patients responded positively. In addition to this 89% of patients agreed that they felt the care at the service was better to other experiences.

We reviewed patient compliments received and found they mentioned kindness, and caring staff. There was also a thank you card from a bereaved family thanking staff for the 'happy days' they gave their family member.

Staff followed policy to keep patient care and treatment confidential. All patient records were stored securely. Conversations between staff and patients were at a low volume to maintain confidentiality however due to the open nature of the space, sometimes these conversations could be overheard and this was unavoidable. There were privacy screens available on request but these would not have prevented being overheard.

Staff took time to get to know patients to support them during treatment and took time to interact with patients and those close to them in a respectful and considerate way. Patients were allocated a named nurse; this gave them a point of contact for their care and maintained continuity.

Patients brought their own items such as blankets and headphones to watch TV. We saw staff assisting a patient at the end of a dialysis session by packing the patient's items carefully into her bag. The staff member was familiar with the patient's preference for how they liked their bag packed and had taken time to learn this to support the patient and ease anxiety.

Staff told us they enjoyed working with patients and were proud of the care they provided.

Staff including the registered manager knew all the patients dialysing at the clinic and were able to talk about each patient and their individual needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, a patient attending the centre was visually impaired, this meant that they preferred to listen to the radio during their treatment. To support this the patient was allocated the private dialysis space so they could listen to this uninterrupted by other noise and without disturbing others.

Most staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed multiple instances of staff attending to patients and taking time listen and discuss concerns.

# Dialysis services

## 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. Staff spoke with patients about how they were feeling, if staff were concerned this could be raised with the registered manager or patient's consultant.

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. Patients were able to access psychological support through the local NHS trust. We reviewed patient feedback and this said that 99% of patients felt their care team showed empathy and understanding towards others.

## 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 observed that staff were familiar with the families of patients and that they discussed them by name with the patient. A patient told us this helped patients feel they were being cared for by staff who knew them as a person.

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.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. In line with COVID-19 measures, patient feedback had moved to an electronic system. This meant patient response was reduced as not all patients were able to access digital forms or familiar with technology. After raising this with the provider, the service was provided with tablet computers for patients to complete these forms. Staff told us they were able to support patients to complete these forms by explaining the steps and guiding them through the process. They were however aware of the need for patient privacy to provide honest feedback.

Patients gave positive feedback about the service. In the most recent feedback survey 97% of patients agreed with the statement 'The overall quality of care I received was high'.

Staff talked with patients, families and carers in a way they could understand. Staff were able to access a translation service should this be required to communicate with patients and their family members.

## Are Dialysis services responsive?

# Dialysis services

We rated it as good.

## Service delivery to meet the needs of local people

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

The service worked closely with the referring NHS acute trust to deliver a service which was suitable for the local population. The service also worked with the local ambulance trust which provided the patient transport services for many patients in order to plan care.

Managers planned and organised services so they met the changing needs of the local population. Leaders met with the local NHS trust regularly to discuss patient needs and the care they provided.

The service supported patients with an active COVID-19 infection by arranging alternative dialysis sessions at a local unit. The service was not able to facilitate patients visiting the area for holiday dialysis as they were no available sessions. However, they provided their patients with information on how they could arrange this should they leave the local area for a holiday.

The facilities and equipment were suitable for patients with limited mobility.

## 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.**

There was a provider level admission document completed for all patients that detailed communication needs including language, speech and hearing ability and if any communication needs were required. Staff supported all patients by completing detailed records of patient social history including family relationships and working life. This enabled them to deliver individualised care.

In the most recent patient satisfaction survey 97% of patients responded positively to the statement "My care team paid attention to my individual needs".

Each dialysis station had a bed which was adjustable for patient comfort. Patients also had their own television which they could use headphones to watch and there was access Wi-Fi throughout.

Staff made sure patients living with mental health problems and dementia, received the necessary care to meet all their needs. Due to the setup of the satellite clinic, such as a nurse led outpatient setting, it was not suitable for patients who needed significant extra support and this was outlined in the patient admission criteria.

# Dialysis services

The service had access to specialist mental health support. The service could refer patients to a counselling service at the local NHS trust. There were also helplines and support materials for a kidney care charity.

Staff completed specific mandatory training on supporting patients with a dementia diagnosis. We observed a patient with a dementia diagnosis dialysing in the service. Staff supported them by regularly checking if they needed any support and reminding them of the time. The patient was allocated a station close to the nurse's station but was not given a private room as this was assessed to have made the patient distressed.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The patients GP would provide any communication tools however we were told there were not any patients dialysing at the service who required these.

The service had information leaflets available in languages spoken by the patients and local community. Patient information such as the fistula care booklet or the patient guide could be produced on request in a range of languages spoken by the local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to a telephone translation service, the service was able to provide translation in over 100 languages including Polish, Panjabi and Bengali. There was a simple flow chart to aid staff in booking interpreting services.

However, there was no specific training on learning disabilities and autism.

## Access and flow

### **People could access the service when they needed it and received the right care promptly.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service treated patients under an agreement with a local NHS Trust. This meant that the service was allocated patients and operated at maximum capacity in line with their contract. We saw a staff member completing the admission paperwork for a new patient, this patient had been referred that day and would start dialysis within the week.

Patients feedback stated that 97% of patients felt their treatments were delivered on time. Missed appointments due to equipment failure were monitored in monthly quality reports and also highlighted to the NHS trust in quarterly contract review meetings. We reviewed these documents and they showed that the service had cancelled no appointments in the two months prior to inspection.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. Staff contacted patients who did not attend appointments. If the reason for the missed session was due to patient illness, staff referred the patient to either their GP or the referring trust. Staff then re-booked the patient to make up their missed session as soon as possible. If a patient chose not to attend the additional session, staff alerted the referring trust.

Managers and staff worked to make sure patients did not stay longer after treatment than they needed to. The registered manager had regular meetings with the local NHS ambulance trust to discuss issues or if there were concerns regarding patient transport delays.

# Dialysis services

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. 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. There were posters in the waiting areas telling patients how they could raise concerns if they wished. This information was also in the patient familiarisation guide given to all patients on admission.

Staff understood the policy on complaints and knew how to handle them. There was staff training in responding to complaints and duty of candour. We saw that 100% of staff had completed this training. Staff knew how to acknowledge complaints and patients received feedback from the registered manager after the investigation into their complaint.

Managers investigated complaints. The service had received one complaint in the five years prior to inspection. We reviewed this complaint and saw that it related to the temperature in the open dialysis area. In response to this, the service had given staff training on adjusting the air conditioning settings and instructions on its use displayed on the wall. Patient feedback to the temperature changes was positive in nature and the complaint was closed.

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints were discussed in monthly meetings, quality reporting reports and at meetings with the NHS trust.

## Are Dialysis services well-led?

We rated it as good.

### Leadership

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

Leaders had the skills and abilities to run the service. The registered manager had been in post for a long period of time and staff spoke positively with regard to stable leadership. The registered manager was supported by a deputy clinic manager and also had support from the provider level human resources department for any workforce related queries.

Leaders were visible and approachable. Staff told us they felt supported by service leaders and we saw respectful and considerate interaction between them and staff. A doctor told us that they felt the registered manager ran a 'tight ship' and could be depended on to deliver consistent positive outcomes for patients.

The registered manager understood the priorities and the issues faced by the service. Leaders worked clinically and patients were familiar with them. They knew every patient and member of staff and could talk with regard to the service the clinic knowledgably.

# Dialysis services

Nursing staff were encouraged to develop leadership skills as part of their development plan. We also saw evidence of additional training that staff had attended. Due to the COVID-19 pandemic, some training opportunities had been withdrawn but we were told it was hoped these would be reinstated.

Staff were able to access opportunities for professional development. All staff we asked told us the provider was a supportive company. At the time of inspection 100% of staff had received an annual appraisal.

The service had a good working relationship with the local NHS trust and met quarterly to discuss the treatment and care they provided. Satellite co-ordinators attended and liaised with the unit regularly and were a first port of call for queries or concerns. We reviewed these meeting minutes and saw they showed open conversation and followed an agenda.

## Vision and Strategy

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

The service had a provider level strategy and values for delivering good quality, sustainable care. The core values of the service were:

- Collaborative
- Proactive
- Reliable
- Excellent

Staff knew and understood what the provider vision and values were. Staff told us about the vision of the service, describing key elements as being collaborative, effective, reliable and proactive.

The registered manager displayed posters which laid out the values and aims of the service. These were visible for both patients, staff and visitors. Patients also had access to information about the vision and values of the service within their admission guide.

## Culture

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

Staff felt supported, respected and valued. Staff told us they felt comfortable to raise concerns or issues with the registered manager. There was a provider level whistleblowing policy and there had been a learning session on promoting a speak up culture. This learning gave examples of speaking up in practice and how it could improve care. In addition to speaking to management, staff could also call a compliance action line to raise concerns. This was also supported by the two yearly employee engagement survey where staff were encouraged to raise wider concerns they had.

## Dialysis services

Staff told us they could support team members and were able to receive support if they required this. We observed staff supporting each other with tasks. For example, offering to collect clinical supplies if they could see the staff member may require them. We also observed leaders actively seeking staff out to offer additional support. For example, when a patient required dialysis at an alternative service, the registered manager was immediately available to support this request and liaise with staff.

There was a provider level occupational health service to support staff who were absent from work through sickness.

Training in equality and diversity formed a part of mandatory training, 100% of staff had completed this training.

The service culture was focused on the experience and individual needs of people that used the service. Staff told us they were proud of providing a good service to patients.

### 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 supported two way flow of information up to provider level and down to clinic level. The service had a comprehensive assurance system. The service policies were developed at provider level and incorporated the most recent guidelines and evidence based practice. Staff were able to access all policies through their computers. Staff told us that updates to policies would be 'flagged' within their document system and alert them to read this. When staff had read policies, they would sign electronically to acknowledge they had. Leaders would also discuss changes in policy within staff meetings.

Staff followed provider policies and procedures, and this was monitored by audits. Conformance to Trust Haemodialysis specific policies and procedures was reported monthly and leaders also undertook a monthly practice observation audit.

We saw examples of shared learning bulletins highlighting serious incidents and the learning outcomes of these. The bulletins were escalated to the registered manager with attached actions to ensure all staff received the information. Staff would also receive business updates from the Chief Nurse and could access these in a shared folder.

Minutes from staff meetings were available for those who could not attend there was also a signing sheet for staff to acknowledge they had done so. This meant leaders had assurance that staff were reviewing updates.

The registered manager attended several meetings to share information and receive updates. These included a monthly regional business meeting, and a weekly unit registered manager meeting. In addition, the registered manager attended a monthly multidisciplinary meeting and quarterly contract review with the referring acute trust and a monthly meeting with the ambulance trust which provided patient transport services.

The service performed a wide range of audits to monitor quality and identify improvement. Training on completing audits was given as part of the induction process and staff were allocated these in their role. All staff completed a structured three month induction and this gave opportunity to discuss improvement.

# Dialysis services

There were clear key performance indicators in use and these were reported on and monitored monthly. Audits and key performance indicators were discussed regularly with staff, senior leaders and the local NHS trust. When areas for improvement were identified, these were acted on and action taken to improve.

All staff we spoke with were clear about their role and responsibilities.

## Management of risk, issues and performance

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

There were effective processes to monitor and manage current and future performance. These were regularly reviewed by the referring trust to ensure compliance to national standards. The service performance in terms of treatment outcomes exceeded national key performance indicator targets.

The service had effective processes to identify, record and manage risks, issues and mitigating actions. There was a provider level risk register that identified areas in the department that posed a risk. The registered manager was able to tell us items on the risk register and the corresponding actions taken to mitigate these. For example, a local risk was the lack of permanent staff through legitimate absences or current vacancies, this had been escalated and recruitment was underway. A more general risk was patient's becoming more susceptible to dialysis complications or other possible health complications due their deteriorated health conditions. The plan to minimise this risk was regular MDT meetings to discuss patient's condition and regular review from the consultant. Regular observations of the patient were also made during each dialysis session.

Potential risks were considered when planning services. The risk register reflected this and contained risks around disruption to water supply or power failures. The registered manager told us that they had been in contact with the water board to obtain a certificate stating they needed a constant supply. This certificate was stored on site and formed part of the emergency preparedness plan.

Staff were monitored against key performance indicators. These were: care delivery, communication, professionalism, development, organisation and use of resources. The indicators were incorporated into the induction process and annual appraisals. There was a provider level policy for staff who did not meet the values of the service but the management had not had to use this. There was also additional support from provider level human resources.

The registered manager, in line with the provider, had set up actions for staff and patients to take to reduce the risk of COVID-19 transmission. This included a triage of every person who entered the building, including temperature checks as per Department of Health guidance. This was recorded and monitored. The service also performed twice weekly lateral flow testing on all patients.

## 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.**

# Dialysis services

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 monthly to discuss the results and identify treatment as part of their contract with the referring trust and provider wide standards. These included hand hygiene audits and audits of the aseptic non-touch technique. The results of these audits were shared with staff and used to drive improvement where necessary.

## Engagement

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

The service treated patients on behalf of the regional renal and transplant centre. Patients were able to give feedback directly to the service and to the regional centre. The service also worked with a kidney care support charity to support patients.

Patients we spoke with were happy at the service and how they were cared for. There was evidence of regular engagement of patients in their treatment plans. Each patient had an allocated nurse who was responsible for updating them on treatment changes, general information or changes to the service.

There was a provider level policy on the management of patient and carer feedback.

The provider engaged with staff through the staff survey. Leaders told us there was a localised action plan was in place to address specific areas of dissatisfaction.

There was a strong emphasis on patient experience and quality of care. Following patient feedback action plans were developed to improve any areas of improvement.

## Learning, continuous improvement and innovation

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

Nursing staff were able to access support and training to support continued professional development. All staff we spoke with were committed to continued professional development.