Fresenius Medical Care Renal Services Limited

Bath Kidney Care Centre

Inspection report

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

Ratings

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

Summary of findings

Overall summary

This was the first time we rated the service. We rated it as requires improvement because:

- Staff did not always follow principles for infection prevention and control. Not all staff wore the recommended personal protective equipment and waste was not managed safely.
- Staff administered oxygen which was not prescribed. This was not in line with national guidance.
- Recruitment checks were not always carried out in line with legislation.
- Systems and processes to ensure governance oversight and risk management was not always effective. There was no local risk register and the registered manager did not have ownership or input to local risks or how these were escalated.
- Daily checks of equipment were not always carried out.
- The service did not use a national tool to help staff to identify patients who deteriorated and to promote effective communication when concerns about patients were raised.
- Substances hazardous to health were not always stored securely.
- Arrangements to ensure patients' dignity was maintained were not always effective.
- Patient safety huddles did not always include all relevant information about patients.
- Statutory notifications were not always submitted in line with legislation
- Not all staff were up to date with their mandatory training. There were no staff with a higher level of safeguarding training to provide support if required.
- Cleaning schedules did not clearly include arrangements for cleaning of the storeroom floor.
- Incident investigations were not carried out in a way that promoted learning or areas for service improvement.
- Not all staff were aware of who the freedom-to-speak-up guardian was.

However:

- There were enough staff to care for patients and provide dialysis treatment.
- Staff assessed risks to patients and acted on them and mostly managed medicines well.
- Staff recorded patient care and treatment clearly.
- Patients had access to a dietitian for advice and guidance regarding fluid and nutrition in line with national guidance.
- Managers monitored the effectiveness of dialysis treatment and made sure all staff were competent.
- Staff worked well together and with key staff from the NHS parent trust to provide effective patient care and treatment.
- Staff treated patients with compassion and kindness. Staff understood the impact dialysis had on patients and provided support for patients and their carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs.
- Leaders had the skills and knowledge to run the service using reliable information systems and supported staff to develop.
- Staff felt respected, supported and valued and were focused on the needs of patients.
- The service engaged with patients through regular patient surveys and formulated action plans where service improvement opportunities were identified.

We rated this service as requires improvement because safety and leadership required improvement, although effective, caring and responsive was rated as good.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Requires Improvement 	This was the first time we inspected the service. We rated it as requires improvement because: • Staff did not always follow principles for infection prevention and control. Not all staff wore the recommended personal protective equipment and waste management was not managed safely. • Staff administered oxygen which was not prescribed in line with national guidance. • Recruitment checks were not always carried out in line with legislation. • Systems and processes to ensure governance oversight and risk management were not always effective. There was not a local risk register and the registered manager did not have ownership or input to local risks or how these were escalated. • Daily checks of equipment were not always carried out. • The service did not use a national tool to help staff to identify patients who deteriorated and to promote effective communication when concerns about patients were raised. • Substances hazardous to health were not always stored securely. • Arrangements to ensure patients' dignity was maintained were not always effective. • Patient safety huddles did not always include all relevant information about patients. • Statutory notifications were not always submitted in line with legislation • Not all staff were up to date with their mandatory training. There were no staff with a higher level of safeguarding training to provide support if required. • Cleaning schedules did not include arrangements for cleaning of the floor in the storeroom. • Incident investigations were not carried out in a way that promoted learning or areas for service improvement.

Summary of findings

- Not all staff were aware of who the freedom-to-speak-up guardian was.

However:

- There were enough staff to care for patients and provide dialysis treatment.
- Staff assessed risks to patients and acted on them and mostly managed medicines well.
- Staff recorded patient care and treatment clearly.
- Patients had access to dietitian for advice and guidance regarding fluid and nutrition in line with national guidance.
- Managers monitored the effectiveness of dialysis treatment and made sure all staff were competent.
- Staff worked well together and with key staff from the NHS parent trust to provide effective patient care and treatment.
- Staff treated patients with compassion and kindness. Staff understood the impact dialysis had on patients and provided support for patients and their carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs.
- Leaders had the skills and knowledge to run the service using reliable information systems and supported staff to develop.
- Staff felt respected, supported and valued and were focused on the needs of patients.
- The service engaged with patients through regular patient surveys and formulated action plans were service improvement opportunities were identified.

Summary of findings

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Summary of this inspection

Background to Bath Kidney Care Centre

Bath Kidney Care Centre is operated by Fresenius Medical Care Renal Service Limited. The centre provides dialysis treatment for patients living in Bath and the surrounding area. Dialysis treatment replicates the function of the kidneys for patients with advanced chronic kidney disease.

The unit has 16 dialysis stations, including two isolation rooms, and currently provides two dialysis sessions each day from Monday to Friday. The centre is accommodated in a building which was re-designed to accommodate a dialysis service.

The service is commissioned by NHS England. The service works closely with an NHS trust (referred to as the 'parent NHS trust') who refer patients for dialysis and retain clinical oversight and responsibility for patient treatment.

The centre is registered to provide the regulated activity of treatment of disease, disorder and injury for older and young adults over the age of 18.

The centre has a registered manager who has been in post since the centre opened.

The centre was registered with the Care Quality Commission in September 2019 and opened on 30 September 2019. This was the first time we inspected the centre.

How we carried out this inspection

We inspected the centre using our comprehensive inspection methodology. We carried out an unannounced site visit on Thursday 10 November 2022 and returned for a short follow up visit on Tuesday 22 November 2022. We spoke with nine staff, five patients and reviewed five patient records and observed care and treatment provided to patients. Following the inspection, we reviewed data about the service and looked at documents including policies and procedures.

The inspection team consisted of two inspectors and was supported by an inspection manager. The inspection was overseen by Head of Hospitals Inspections, Catherine Campbell.

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

Areas for improvement

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

Action the service MUST take to improve:

Summary of this inspection

- The service must ensure staff adhere to infection prevention and control measures and that clinical waste is managed safely (Regulation 12 (2) (h)).
- The service must ensure all medicines are prescribed, including oxygen (Regulation 12 (2) (g)).
- The service must ensure systems and processes are effective to provide safe care and treatment, provide oversight and manage local risks effectively (Regulation 17 (2) (a) (b)).
- The service must ensure safe recruitment processes in line with legislation (Regulation 19 (3) (a)).

Action the service SHOULD take to improve:

- Should ensure daily equipment checks are carried out when the unit is open. (Regulation 12 (2) (e)).
- Should ensure substances hazardous to harm are stored securely (Regulation 15 (1) (d)).
- The service should consider auditing of compliance to ensure all dialysis and medicine prescriptions are administered to the right patient in line with Nursing and Midwifery Council guidelines (Regulation 12 (2) (g)).
- Should ensure the ability to provide privacy is reviewed to maintain patients' dignity at all times. (Regulation 10 2(a)).
- Should ensure all information about patients is handed over, including patient decisions about 'do not resuscitate' orders (Regulation 12 (2) (i)).
- Should ensure statutory notifications are submitted to the Care Quality Commission in line with legislation (Care Quality Commission (Registration) Regulations 2009 (Regulation 18 (2)).
- Should ensure fridge monitoring is carried out in line with recommended processes, including resetting the thermometer each day when checked (Regulation 15 (1) (d) (e)).
- Should carry out record overview check are completed every month, including body composition monitoring (used to evaluate fluid overload in patients on dialysis).
- Should support staff to complete the mandatory training to improve compliance consistently.
- Should consider additional safeguarding training for key people at the location in line with national guidance.
- Should consider the value of introducing a national early warming score tool to monitor patients who may be at risk of deterioration.
- Should review processes for cleaning schedules to include regular cleaning of the floor in storerooms.
- Should introduce systems and processes to gain oversight of dialysis equipment and consider implementing replacement plans.
- Should consider a review of key lines of enquiry regarding incident investigations to consider all factors to identify learning and service improvement opportunities.
- Should promote awareness of freedom-to-speak up guardian.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Dialysis services

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

Are Dialysis services safe?

Requires Improvement

This was the first time we inspected the service. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff and almost everyone had completed it.

Nursing staff received and kept up to date with their mandatory training. Training compliance records showed staff were 88% compliant with their mandatory training and refresher training as required.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included face-to-face training in basic life support, manual handling, fire and evacuation training. Some of the mandatory training was delivered by e-learning and included conflict resolution and equality, diversity and human rights training.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager kept oversight of staff training and reminders were sent to staff when refresher training was required.

Safeguarding

Recruitment checks such as disclosure and barring checks were not always carried out. However, staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Nursing staff received training specific for their role on how to recognise and report abuse. Staff received adult safeguarding and child protection at a level relevant to their role. Clinical staff received safeguarding training at level two in line with national guidance: Adult Safeguarding Roles and Competencies for Healthcare Staff Intercollegiate Document 2018 and Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document (2019). There was no local safeguarding lead who had received safeguarding training at level 3 in the centre

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw information was displayed to provide information about how and to whom to raise safeguarding concerns. Staff told us they had not needed to raise any safeguarding concerns about patients to the local authority.

There were no assurance systems to ensure recruitment checks such as disclosure and barring (DBS) checks were always carried out when staff started their employment at the centre. These records were kept centrally at the organisation's headquarters. When new staff were recruited, DBS checks were carried out. However, there were no policy or processes to repeat DBS checking. We found there was no records of DBS checks having been carried out in 4 of 11 recruitment files we reviewed. This was for staff who had transferred from the previous provider to Fresenius Medical Care. This was a breach of Schedule 3 of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Cleanliness, infection control and hygiene

Not all staff used equipment and control measures to protect patients, themselves and others from infection consistently and in line with policy. However, the service controlled infection risk well and they kept equipment and the premises visibly clean.

Most staff followed infection control principles including the use of personal protective equipment (PPE). COVID-19 risks were assessed regularly in line with prevalence in the local community and a red-amber-green status was given.

All patients, staff and visitors to the centre completed a COVID-19 triage before entering main clinical area where patients received their dialysis (temperature check and questions about symptoms). These were documented in a folder in the reception area.

We observed staff always wore fluid-resistant facemasks and staff had access to specific masks (FFP3) if patients showed signs of COVID-19. Staff had access to specific guidance around COVID-19 precautions, but patients would usually be transferred to another NHS dialysis unit if they tested positive. Staff told us they encouraged patients to use alcohol gel before entering from the waiting room where they were triaged to ensure they did not have signs or symptoms of COVID-19.

Staff wore gloves and aprons when they had close interactions with patients. Staff washed their hands or used hand gel when they removed PPE following patient contact. However, we saw two members of staff who did not wear a visor when starting and stopping patients' treatment to the dialysis machine. This was not in line with the corporate policy or national guidance.

Staff received training and were assessed as competent in the use of an aseptic non-touch technique when patients were attached and disconnected from dialysis machines. Staff used clean procedures or a non-touch sterile technique when they connected and disconnected patients from dialysis machines. Staff explained there were different requirements depending on the dialysis access. For example, patients with central lines required a sterile approach whereas staff used a clean procedure for patients with a fistula (a special connection that is made by joining a vein onto an artery to create a blood vessel that can be used regularly for dialysis). We were told there was new corporate guidance and training being implemented regarding aseptic non-touch technique soon.

There were processes to audit staff compliance with use of personal protective equipment (PPE). There were monthly 'clinic hygiene audits', which were designed to assess compliance with 13 measures and results showed an average of 98% compliance in five of the last six months. . Hand hygiene compliance audits from May to October 2022 showed staff compliance of 94% and August 2022 showed 96% compliance. It was not clear from the audit tool that was used, what actions were taken. However, audit results were discussed in team meetings.

There were processes to check patients for bloodborne viruses and MRSA in line with national standards. Staff followed local policy and national guidance for the safe dialysis of patients with a blood borne virus. Staff used an isolated machine for patients who had returned from holiday in line with their policy.

The service monitored infection rates for dialysis access. Data showed there had been no episodes of suspected sepsis due to vascular access between 11 January 2022 and 11 November 2022.

Regular checks of the water plant were carried out where bacteriological surveillance was monitored. We sampled records which demonstrated full compliance with daily checks.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We did not find any dust or dirt in any of the clinical areas we checked. Staff had access to sinks for handwashing in line with national guidance. We reviewed monthly audit results from June to November 2022, which showed good compliance with average score of 98% compliance across 78 measures. However, there was a pallet in the storeroom where heavy consumables were stored and there was visible dust beneath the pallet. Staff told us there was no regular process to ensure the floor was cleaned regularly.

There were no cleaning records displayed to demonstrate when areas were cleaned, including the main clinical area. However, there was oversight of when the isolation rooms were deep cleaned. Records we reviewed confirmed the two side rooms were deep cleaned every day except Sundays when the unit was closed.

We saw staff use personal fans to help cool them down and they followed corporate guidance regarding the use. The use of fans could pose an infection risk, but this had been risk assessed and was entered onto the corporate risk register.

Staff cleaned equipment after patient contact. However, equipment was not always labelled when it had been cleaned and was ready for use. We noted the spare dialysis machine was not labelled to indicate it was clean and safe to be used. Equipment that was rarely used mostly had labels to show when it had last been cleaned.

Environment and equipment

Storage of clinical waste was not always managed safely and substances hazardous to health was not always stored securely. However, the design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment.

Substances hazardous to health were not always stored securely. There were designated metal cupboards for the storage of substances hazardous to health. These cupboards were not in the main clinical area or easily accessible to patients or the public. We found they were not always locked to ensure unauthorised persons could not access the cleaning solutions stored.

Staff disposed of clinical waste safely, but the storage of clinical waste was not always secure. Clinical and general waste were separated and disposed of safely. Clinical waste bins were disposed of in containers in a designated area. Waste management was not always managed safely to reduce the risk of accidental exposure to clinical waste

products. When we visited the service on 10 November 2022, we saw the gates to the enclosure designed to restrict access to clinical waste, was left open and bins were not locked. We raised this with the provider at the time of our inspection. When we returned on 22 November 2022, we found three of four yellow bins were not locked, two red bins (general waste) were overflowing and although the gate was closed, the padlock was not securely locked. We raised this with staff during both site visits.

Staff disposed of sharps in designated bins that were labelled and mostly closed when they were not in use.

The design of the environment followed national guidance. There was restricted access to the building and to the clinical area. There were facilities to ensure, consultants could meet with patients in a designated room, each dialysis station had a trolley, table and a television to provide entertainment. Staff had access to a well-equipped staff room to ensure they could have breaks.

Staff mostly carried out daily safety checks of specialist equipment. We reviewed daily checks of the resuscitation trolley which showed this had been checked daily when the unit was open in the months we checked, including October 2022. However, we checked the blood sugar monitoring equipment in two areas and found it had not been checked daily when the unit was open. Records showed the calibration had not been checked on 6 days between 13 October and 8 November 2022. On the days the calibration was checked, the results were within the expected range.

Staff carried out daily checks on the water plant in line with national guidance. Records showed the water plant had been checked and no issues had been identified. Staff took samples as required for further analysis.

Electrical equipment had labels displaying when they had last been services and checked. There were signs displayed regarding emergency escape routes and these were kept clear from obstruction. Fire extinguishers were reviewed and labelled annually. We saw they had last been checked in April 2022.

There was a fridge in the sluice which was named as 'blood fridge'. Staff told us they occasionally stored patient samples in the fridge, but this was a rare occurrence as blood samples were collected each day when blood tests were required. However, staff did not monitor the temperature of the fridge to ensure the samples were stored under the correct conditions if required.

Patients could reach call bells and staff responded quickly when called. Each dialysis machine was set up with alarms in accordance with safe parameters. Staff observed and acted upon alarms promptly and without delay.

The service had enough suitable equipment to help them to safely care for patients. Staff told us they had enough equipment and consumables to provide safe care of patients. Consumables were CE marked and stock was rotated to ensure all consumables were used within the recommended time. However, we found three bags of green topped vials for virology that expired in April 2022 and had not been removed. The registered manager was aware of the out of date vials and had discussed this with the NHS trust who had clinical oversight of treatment provided. They had been informed they can still be used and had therefore not been removed. However, when we visited the unit again on Tuesday 22 November 2022, the vials had been removed and disposed of.

Specific dialysis packs were made up for each patient by the healthcare assistant. They used a list to ensure the right dialysis equipment was identified. Dialysis assistants and nurses further checked dialysis equipment met each patient's prescription when they lined the dialysis machine ready for each patient.

All equipment was purchased when the unit opened in March 2020. There were additional dialysis machines in the event of machine failure and to ensure designated machines were available for patients who had travelled or had known blood borne viruses.

Assessing and responding to patient risk

Staff did not use a nationally recognised tool to detect patients who deteriorated. However, staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health, but they did not use a recognised early warning score tool to help them recognise patients who may be deteriorating. This was not in line with national guidance. The decision to not use a national early warning score tool had been risk assessed and entered onto the corporate risk register in 2017. The mitigating actions identified procedures and protocols to support staff, including call for emergency assistance from the ambulance service. There was a risk that patients' deterioration would not be identified, and the seriousness of concerns may not be recognised by other healthcare professionals without a common tool to assess vital observations and how these were communicated.

Each patient had a card that was inserted into the weighing scales and into the dialysis machine which automatically transferred information such as weight, blood pressure measures, heart rate and kt/V (a measurement of the efficiency of dialysis) into the electronic patient record system (EUCLID). 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 that there were no issues regarding the dialysis, such as restricted access by kinked equipment lines.

Staff completed risk assessments for each patient when they were referred for dialysis using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments included level of assistance required in the event of urgent evacuation, pressure ulcer risk assessment, bed rail risk assessment (if required) and falls risk assessment. We saw staff support patients to receive safe care where risks were identified, for example, by using a pressure relieving mattress for a patient at risk of developing pressure ulcers.

In addition, there was a concern register highlighting to staff specific safety concerns including those relating to patients. There were safety huddles on each shift to ensure all staff were aware of any specific patient concerns and included a check of dialysis prescription and efficiency.

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

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers mostly included necessary key information to keep patients safe. Staff carried out a patient safety round once all patients were connected for dialysis treatment. Staff shared information about patients and checked dialysis prescriptions were adhered, to including the volume of fluids to be removed in partnership with patients. However, staff were not all aware if patients had a 'do not resuscitate' order stating resuscitation should not be initiated in the event of their heart stopping.

Requires Improvement

Dialysis services

Nurse staffing

The service had enough nursing and support 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 used regular bank staff who were employed as flexi staff by the organisation.

The service had enough nursing and support staff to keep patients safe. Staffing rotas showed the recommended levels of one nurse to four patients were adhered to. There was a minimum of two registered nurses on each shift to provide leadership, support and guidance to dialysis assistants and healthcare assistants who participated in patient care. The registered manager worked as part of the clinical team if needed to ensure safe staffing.

Staff rotas showed the service relied on bank staff to meet safe staffing levels. Rotas for October to January 2022 showed on average, 25% of shifts were covered by bank staff. These staff were employed by Fresenius Medical Care Renal Services Limited and received the same mandatory training as permanently employed staff. The service used the same nurses whenever possible, to ensure they were familiar with patients, other staff, equipment and environment. Staff told us they were just like permanent staff and knew patients, staff and the unit well. The only gaps on the rota was for healthcare assistants when they had planned leave.

The service had some new vacancies they were actively recruiting to as the service was planning to open a twilight/ evening shift for dialysis patients on three days a week. The service was looking to recruit an additional three registered nurses, one dialysis assistant and one healthcare assistant to cover the additional shifts.

The service had low sickness rates generally although there had been staff absences during the COVID-19 pandemic due to staff having COVID-19 or isolating because of close contact in line with national guidance when applicable.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, mostly 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 both paper-based and electronic patient records to assess, monitor and document care and treatment provided. If there were variations to a dialysis prescription such as changes to patients' dry weight (weight after dialysis), these would be countersigned by a registered nurse.

We reviewed paper-based records for five patients and found these had mostly been completed as intended. There was an overview check form to provide an overview of review of records. This form showed records had been reviewed every month from January to June 2022. There was no evidence to demonstrate the overview check had been completed in July to October 2022 and one element referred to as BCM (body composition monitoring used to evaluate fluid overload in patients on dialysis) had not been completed at all since January 2022. Staff told us specific training was required and only one nurse had completed this training.

Dialysis prescriptions were printed off after each monthly consultant review or if there was a change to the prescription. There were systems to record and review blood tests across the two electronic patient records systems.

When patients transferred to a new team, there were no delays in staff accessing their records. There were processes to share information about patients effectively with the parent trust when new patients were referred to the

service or if patients required admission to hospital. In addition to the corporate electronic patient records, there was an additional system used by the parent trust. The two electronic platforms did not interact, but relevant staff had access to both systems to ensure information was readily available as required. Staff did not report any concerns about access to information about patients and were used to document information across both systems.

The service carried out monthly documentation audits, which sampled five patient records (paper and electronic records). The sampled records were slightly under the recommend 10% minimum sampled records in accordance with the corporate audit tool they used. We reviewed the results from June to October 2022 and found the audits confirmed 100% compliance which meant there were no gaps in patient records. However, we found some gaps when we reviewed the 'records overview check' audit tool.

Records were stored securely. Patient paper records were stored securely in locked cupboards and access to electronic records were password protected.

Medicines

The service mostly used systems and processes to safely prescribe, administer, record and store medicines. However, Oxygen was administered without a prescription during our visit.

Staff mostly followed systems and processes to prescribe and administer medicines safely. Staff administered oxygen without a prescription which is not in line with national guidance (British National Formulary, 2022). We observed staff check vital observations of a patient who complained of feeling short of breath and administered oxygen to help them with their breathing. However, the oxygen was not prescribed in the patients notes and there was no patient specific directions or patient group directions for the use of oxygen. We checked local policy: Complications, Reaction and Other Clinical Event Pathways (Rev 14, August 2020) and found shortness of breath was not included in the guidance.

Most staff asked patients to confirm their name and date of birth before they were attached to dialysis machines. But we observed one member of staff who did not confirm the patients' identity before connecting them to the dialysis machine to confirm the right patient for the right dialysis prescriptions, including medicines.

Staff administered blood thinning medicines to patients as part of their dialysis regime. This medicine was sometimes administered by a dialysis assistant, but they received training and were assessed annually as competent to do so. All other medicines administered as part of the dialysis regime such as intravenous iron and Erythropoietin (EPO) were administered by registered nurses.

Staff gave patients dialysis fluids if this was required due a common adverse effect of dialysis. This fluid was administered through the dialysis machine and as such this is not required by law to be prescribed although best practice would be to do so as giving fluids is contradictive to the aim of dialysis to remove fluid. Staff were not aware of any guidance about how much fluid to give as this was not included in the policy: Complications, Reaction and Other Clinical Event Pathways (Rev 14, August 2020) available to staff. Instead, they used their experience to assess the volume of fluid they administered to patients. Staff recorded this as an adverse treatment variation, but it was not recorded on the medicines chart for oversight.

Staff completed medicines records accurately and kept them up to date. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Medicines prescriptions were reviewed at least once a month by the consultant. Two registered nurses prepared and checked all medicines for patients. We reviewed four medicine prescription charts and found if a medicine had not been given, this was marked in the

medicine chart with an explanation in line with guidance provided. When medicines were administered by dialysis assistants, they also signed for the medicine (anti-coagulant) they had administered. Dialysis assistants received training in how to set up dialysis, including administration of an anti-coagulant to prevent blood clotting in the lines and competency was assessed annually. Monthly documentation audits confirmed patients' medicine charts were correctly completed each month between June and October 2022.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored in locked cupboards and fridge temperatures were monitored to ensure medicines that required refrigeration were stored at the correct temperature. We randomly checked medicines and found these were all in date on the day of our inspection. However, records showed that the fridge was not always reset as part of the daily monitoring of fridge temperatures. For example, the fridge used for medicines in the main clinical area had not been reset on 11 of 25 days in May 2022. This meant there could be a risk to the stability of the medicines if they were not stored under the right conditions.

Medicines were provided by the parent NHS trust and pharmacy support obtained through the NHS trust if required.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. When patients were referred to the service for dialysis, specific medicines were prescribed by the consultant who were responsible for overseeing treatment.

There were systems to ensure national alerts for example from the Medicines and Healthcare Products Regulatory Agency was shared with staff. This was monitored from the organisation's head office and disseminated to staff by email to the registered manager who shared information with staff.

Incidents

Learning from incidents was not always clearly identified. The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and discussed reported incidents with staff. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. Staff received feedback from investigation of incidents, both internal and external to the service. Staff reported incidents on an electronic incident reporting system and feedback for incidents investigations were shared with staff as opportunities to learn. The registered manager and the deputy manager had received training in how to investigate incidents.

Incidents concerned with treatment was reported in an internal incident reporting system referred to as a 'treatment variation record'. Other incidents were reported on an electronic incident reporting system which was shared with the parent NHS trust.

Staff met to discuss the feedback and look at improvements to patient care. Incidents, including treatment variation records were discussed in team meetings.

Managers investigated incidents but did not always consider ongoing risks. We reviewed two incident investigations of which one related to a fall in the unit. The investigation was a chronological description of what happened, but potential contributing factors were not considered. Key risk assessments about the environment had not been considered to reduce the risk of another fall.

Requires Improvement

Dialysis services

Managers debriefed and supported staff after any serious incident. Staff told us they had been supported after a serious event which had happened in 2019 but one that they still remembered.

Are Dialysis services effective?

Good

This was the first time we inspected the 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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. All of the policies we reviewed were based on current evidence-based standards and regularly reviewed.

Patient treatment prescriptions were in line with national guidance. Patients received dialysis three times a week in line with national guidance but not all patients received a total of 12 hours of dialysis. For example, a review of a monthly report of average treatment data showed 18 patients had received less than 700 minutes of dialysis against a national target of 720 minutes (12 hours). However, dialysis time and other parameters for effective dialysis was reviewed by the consultant regularly and/or if concerns were raised by nursing staff.

Nutrition and hydration

Staff gave patients refreshments during dialysis sessions and patients could access specialist dietary advice and support.

The healthcare assistant offered tea/coffee and biscuits to all patients while they received dialysis. Some patients brought in food from home to eat.

Specialist support dietitians were available, and patients told us they received information about issues related to their condition. At the time of our inspection on 10 November 2022, there was no dietitian for the service as they had left that week. However, when we returned on 22 November 2022, we were told a new dietitian employed by the parent NHS trust had started.

The dietitian reviewed all monthly blood test results and visited the service once a month to speak with patients. Nutritional risk assessments were managed by the dietitian. Staff and patients said they could contact dietitians for advice when this was required.

Pain relief

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

Staff monitored patients' pain during the needling process and checked that patients were comfortable during treatment.

Registered nurses could administer pain relief, which were prescribed if require, but this was rarely required.

Requires Improvement

Dialysis services

Patient outcomes

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

The service participated in relevant national clinical audits. Patient dialysis outcomes were reported to the national renal registry in line with national standards. The data was included with other data from the parent NHS trust, so it was not possible to review outcome data for patients receiving dialysis at the unit, to benchmark against the data recorded on the national renal registry.

Outcomes for patients were positive, consistent and met expectations, such as national standards. All patients were reviewed at least every month by the consultant from the parent trust. The monthly review included vascular access, infections, falls, compliance/concerns, social/ safeguarding, medicines and anaemia (low red blood cell count) management. There were systems for clinicians to gain oversight of the effectiveness of patient dialysis for each patient. The electronic patient record system provided easy oversight for clinicians about the effectiveness of patient dialysis. The system was a 'live system, meaning up-to-date and current information was uploaded and where patient data was outside of accepted parameters, this was highlighted and could be escalated for review by the clinician.

Dialysis prescriptions were reviewed in accordance with monthly blood test results and in conversation with patients and staff. There were processes to ensure electronic patient records and patients were updated. If staff had concerns about patients, they could contact the renal consultant or on call renal registrar by phone or email. Staff told us this worked well, and they felt supported by medical staff working for the parent NHS trust.

All patients were discussed in regular morbidity and mortality meetings in the parent NHS trust to ensure optimal treatment for patients was monitored and maintained. If there were any concerns raised from these meetings, this was shared with the service.

Information about patient treatment was recorded on a 'balanced scorecard' which was reviewed by the consultant and discussed in monthly team meetings. The information highlighted dialysis compliance and the effectiveness of the treatment.

The service had agreed set key performance indicators to review the effectiveness of dialysis treatment provided at the service. This data was shared with the parent NHS trust and reviewed at regular intervals. The consultant also reviewed patient outcomes every month to ensure the dialysis was effective and in line with national standards.

Managers and staff used the results to improve patients' outcomes. Delays caused by transport sometimes resulted in reduced dialysis or in one incident a missed dialysis session. The registered manager and staff worked with the local patient transport service to improve the arrangements and ensure patients were collected at agreed times so that their treatment was not compromised.

Staff supported patients to discuss kidney transplants and at the time of our inspection, there were ten patients on the active kidney transplant list.

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.

Requires Improvement

Dialysis services

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. There were processes to check for professional registrations and to ensure registered nurses undertook revalidation to maintain their professional registration.

Managers gave all new staff a full induction tailored to their role before they started work. Staff competencies were assessed every year. The manager kept an overview to ensure all staff retained their competence in the delivery of dialysis care and treatment. Records showed all staff had completed the annual competency assessment within the last 12 months before our inspection.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge through annual appraisals. Some staff had link roles such as manual handling trainer. Records showed all staff had an appraisal in 2022.

Regional clinical educators supported the learning and development needs of staff. There were regional clinical educational leads who undertook induction training and specific competence training as required. The regional clinical educators also facilitated competence assessments for bank nurses to ensure their ongoing competence.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff meetings were mostly held every month and attendance was generally good.

Managers encouraged staff to apply for specialist training for their role. There was only one member of staff who held a post-registration specific course in renal care. However, staff were encouraged to apply for courses.

Managers knew how to identify poor staff performance promptly and could seek assistance to support staff to improve.

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 met regularly with multidisciplinary clinicians to discuss patients and improve their care. All patients were reviewed monthly by the consultant and the dietitians who communicated effectively to improve patient treatment when this was required. Staff knew how to contact the consultant and refer for additional support if this was required.

Seven-day services

Key services were available to support timely patient care.

Staff could speak with renal doctors from the parent NHS trust and could refer patients for specific support when this was required.

The service operated Monday to Saturday between 7am and 6.30 pm and was planning to open for a twilight shift on three days a week. Patients were allocated a morning or afternoon dialysis slot and they kept to those timings.

Health promotion

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

Requires Improvement

Dialysis services

The service had relevant information promoting healthy lifestyles and support in patient areas. We saw that posters were displayed in the patient waiting areas providing advice about how to access information about healthier lifestyle. However, in the Patient Experience Survey 2022, 10% of patients who responded, answered they disagreed with the statement: "I was educated about my condition and ways to manage it better" and 17% neither agreed nor disagreed. There was not yet an action plan as the survey had only just been published. There was a plan to discuss the survey in staff meetings to engage all staff in making positive changes.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us there were no patients without capacity to consent to dialysis or make decisions about their care. If staff had concerns about changes in patients' capacity to make informed decisions, they would escalate this to the consultant for review.

Staff clearly recorded consent in the patients' records. Staff gained consent from patients for their care and treatment in line with legislation and guidance. When patients started dialysis at the centre, they signed a consent form. Thereafter, verbal consent was obtained when patients attended for dialysis

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Training compliance records showed 90% of staff had completed training or refresher training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff also received training in Equality, Diversity and Human Rights which 70% of staff had completed and, an introduction to dementia care, which 90% of staff had completed.

Are Dialysis services caring?

Good

This was the first time we inspected the 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.

Staff were mostly 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 heard staff speak with patients in a polite and courteous manner. However, we observed one episode where curtains were drawn around a bed space to maintain the privacy of a patient. The setup of the curtains did not enable staff to pull the curtains around all four sides of the bed space which meant that others (including other male/female patients or their carers) could see into the bed space and compromised the dignity and privacy of patients. Staff had access to additional wipeable screens to ensure patients dignity could be maintained. However, we did not see staff using the screens at the time of our inspection."

Patients said staff treated them well and with kindness. Patients told them staff were kind and kept them informed. A recent patient experience survey (2022) showed 97% of those that took part felt staff treated them with

respect and 98% felt staff treated them with compassion. Comments from the survey included: “staff are ten out of ten”, “I am treated as a member of a family” and numerous other comments included staff being friendly and respectful. There was an action plan with 4 actions identified. These actions related to better education 92), dietary support (1) and a care team being available to help if required (1).

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. We observed staff interact with patients with respect and compassion.

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. We observed staff being chatty and friendly with patients and asking questions about their family.

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 describe the impact dialysis treatment had on patients’ wellbeing and social life. Staff explained how they listen to the concerns they had and tried to support patients.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff were keen to involve patients in ‘shared care’ and most patients weighed themselves before and after dialysis using the individual cards to record their weight. There were four patients who had expressed an interest in undertaking ‘self-needling’ (providing vascular access). This was still at early stages and would be supported by training and competence assessment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. During the COVID-19 pandemic, access to the unit had been restricted. However, carers could now remain with the patient during dialysis provided this was agreed with the nurse in charge and they completed a COVID-19 triage.

Staff told us that there was limited time to engage with patients during the times patients were connected and disconnected from dialysis machines because patients were waiting and there was only a short time between the morning and afternoon shift.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There were posters displayed in patient areas about how to provide feedback. The service had carried out a patient experience survey (2022). There was a good response rate as 94% of patients had taken part in the survey. Results showed 74% of patients thought the organisation/the centre provided better care compared to other experiences with dialysis and the remaining 26% thought the care compared similarly to their other experiences. Results were mostly positive with scores of 90% or above in 7 of 10 measures. The lowest score was that only 77% felt they had received education about their condition and how to manage it better. The other two measures that scored below 90% were around timeliness and that issues had been addressed to their satisfaction. At the time of our inspection, actions to make improvements had not yet been agreed as the survey had only just been published.

Requires Improvement

Dialysis services

Staff supported patients to make informed decisions, including advanced decisions about their care. Staff could refer patients to a 'supportive care nurse' who was employed by the parent NHS trust. They could assist patients and their next of kin/carers with support in a range of different matters. This could relate to concerns about finance or making decisions and support to patients on the kidney transplant list.

Are Dialysis services responsive?

Good

This was the first time we inspected the 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 people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the changing needs of the local population. The service was commissioned by NHS England specialist commissioning. The service worked closely with a parent NHS trust from where they received all referrals. There was guidance for staff to follow when a referral was received to ensure the service could meet the needs of the patient and provide safe care and treatment.

At the time of our inspection, there were eight patients on the waiting list to receive dialysis. The service was recruiting further staff to open a twilight session three days a week.

Facilities and premises were appropriate for the services being delivered. The unit was designed to meet the needs of patients.

The service had systems to help care for patients in need of additional support or specialist intervention. If patients required hospital admission, this was discussed with the NHS parent trust. In emergencies, patients were transferred to the local NHS trust by calling the emergency ambulance services.

Managers ensured that patients who did not attend appointments were contacted. Managers monitored and took action to minimise missed appointments. There were processes for staff to follow if patients did not turn up for their regular dialysis. These processes included contacting the patient and/or their next of kin, their GP or the police to carry out a well-being check if required. Staff re-arranged missed dialysis appointments as far as possible and informed the consultant if a patient had missed a dialysis appointment.

Meeting people's individual needs

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

Staff gave examples of how they adjusted services to meet patients' individual needs. These examples included coordinating dialysis sessions to ensure a patient could dialyse in isolation following foreign travel as they did not want to travel to the parent NHS trust for dialysis three times a week for the period of isolation. Another example included the use of additional pressure relieving equipment.

Staff worked with the parent NHS trust to ensure patients received regular consultant reviews either in the unit or they could travel to the parent NHS trust. Patients told us they had to wait for a couple of hours after their morning dialysis session had completed, to see the consultant as they only visited the unit in the afternoon.

The service worked with the patient transport ambulance service to coordinate patient transport to meet the needs of patients as far as possible. The patient transport service was commissioned by the parent NHS trust. However, patients spoke to us about how they had to wait for the transport and that it could take a long time to travel to and from dialysis depending on who they shared the journey with and where they lived.

The service did not assign named nurses for each patient because there was not enough permanent staff to ensure all patients had a named nurse. However, there was no evidence to suggest this impacted on individual patient care and needs.

Staff had training in how to use a hoist so that they could support patients who used a wheelchair to transfer safely onto the bed where they received dialysis. They had a designated sling to be used to maintain infection prevention and control standards.

Staff offered options for shared care with patients but there were not many patients signed up for this. All patients weighed themselves before and after dialysis, but no patients took part in setting up dialysis machines or connecting/disconnection from dialysis. We were told staff took a cautious approach to this to ensure safe care and treatment was always maintained. If patients wanted to explore home dialysis, this would be managed by the parent NHS trust, including any assessments or training required.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff assessed patients' communication needs and acted to make sure these were addressed if additional needs were identified. Staff could access help from interpreters or signers when needed.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. At the time of our inspection, the service operated at full capacity and provided dialysis treatment for 64 patients every week.

There was a waiting list with eight more patients waiting to start dialysis at the unit. This required the service to open a twilight shift on three days a week and employ more staff to run the additional session safely. The recruitment of additional staff was ongoing at the time of our inspection.

Staff told us that there was limited time to engage with patients during the times patients were connected and disconnected from dialysis machines because patients were waiting and there was only a short time between the morning and afternoon shift. Some patients waited for up to half an hour from entering the clinical area to when they were connected to their dialysis machine and some patients stated they "were late starting again". Results from patient survey (2022) showed 88% of patients who took part in the survey agreed that treatments were delivered on time, 8% neither agreed or disagreed and 3% disagreed with the statement. We saw staff worked hard at changeover times to limit waiting times.

Requires Improvement

Dialysis services

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received but patients stated they would raise concerns with the parent NHS trust and not with the service directly.

Patients told us they would raise concerns through the parent NHS hospital as they were responsible for the care and treatment they received. However, there was a process to raise concerns directly with the provider.

There had not been any complaints about the service in the last 12 months or since it opened in March 2020. The registered manager stated they would be informed if any complaints were raised with the parent trust about the care and treatment provided for patients at the centre.

Are Dialysis services well-led?

Requires Improvement

This was the first time we inspected the service. We rated it as requires improvement.

Leadership

Leaders 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 understood and managed the priorities and issues the service faced. However, there were some areas they needed to improve.

There was a registered manager who provided leadership within the service**.** They were supported by the Senior Manager Governance, and the Area Head of Operations from Fresenius Medical Care . The registered manager stated they felt well supported by the other registered managers and by the organisation.

The registered manager worked alongside staff in the clinical area when required. Staff told us the registered manager was very approachable and supportive but senior corporate staff rarely visited the unit.

There was a deputy clinic manager and some of the nursing staff were assigned lead roles such as infection prevention and control link nurse and access coordinator.

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 consultant or a renal registrar when this was required.

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.

Staff spoke of expanding services to meet the needs of local people to receive dialysis closer to their home. This was in line with the vision of the corporate company.

Requires Improvement

Dialysis services

There was a set of corporate values that included working collaborative, being proactive, reliable and excellent in the provision of dialysis services. The values were displayed in the unit and staff were aware of the vision, strategy and values.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

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. There was a system where colleagues and teams could nominate each other for specific recognition. Winners received a certificate and a voucher in recognition of their success.

All staff had taken part in a staff survey (2021). There was an action plan which included four areas of improvement. These were titled: winning team (balance between informed decision and speed), meaningful work (building trust and pulling team together through storytelling), survey follow up (sharing and discussing the results with the team) and valued member (being present and connected with team members). The action plan had been regularly reviewed and updated and a repeat survey had just been completed, but the results were not available at the time of our inspection.

The consultant described the service provided as responsive and professional. There were good working relationships between nursing staff at the centre and staff supporting the service from the parent NHS trust.

The service promoted equality and diversity in daily work and provided opportunities for career development. Staff felt they were supported with individual needs as far as possible. For example, staff got paid for completing e-learning outside of their working hours if this was agreed to meet their needs.

The service had an open culture where patients, their families and staff could raise concerns without fear. Staff told us they could raise concerns if required. They were not familiar with the term 'freedom to speak up guardian' but were aware of information displayed about raising concerns. There was a poster displayed about speaking up/ raising concerns, but the poster did not include any contact details of how to raise a concern.

Governance

Leaders did not always operate effective governance processes, throughout the service and with partner organisations. However, 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.

Recruitment checks were not always carried out in line with Schedule 3 of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All recruitment files were held electronically and managed by designated head office staff working in the human resources department. In 4 of 11 recruitment files we reviewed, we found there were gaps in recruitment checks. This was for staff who transferred to work for Fresenius Medical Care from a previous dialysis provider. Gaps included no evidence of disclosure and barring checks, there was no photo identification in one file and the full employment history was only available in one of the four records we reviewed.

Staff and patients told us about the challenges of patient transport. We were told that delays had resulted in less than the prescribed dialysis time and for one patient, dialysis had to be abandoned because they could not receive dialysis and return home in time for their carers arriving at planned times. This was escalated to the consultant and there was no harm caused to the patient.

There was no contractual arrangement with the parent NHS Trust. The service was commissioned by special commissioning arrangement by NHS England. We reviewed an email trail following a review of the commissioning contract in April 2022. The email contained several actions which related to financial matters, but it was not clear that any patient treatment performance data was reviewed to assess the effectiveness of the service.

There was not yet an effective overview of how many hours or dialysis sessions each machine had completed to ensure they were effective and to plan for replacements as required. However, staff told us all dialysis machines and other equipment was new when the service opened in March 2020.

Some services were outsourced such as cleaning of the unit and waste disposal. We reviewed a service level agreement for waste disposal/collection which was signed in April 2022 and next up for review in May 2025. However, this did not appear to include the collection of clinical waste.

There were regular audits which included cleaning audits, use of personal protection equipment, hand hygiene compliance and documentation audits. Although actions for improvement were not always highlighted on the audit tool, minutes of staff meetings confirmed audit results and actions were discussed.

There were daily patient safety huddles which included checks to ensure patient safety checks, dialysis efficiency and daily communication tasks. Records showed these twice daily patient safety huddles were completed every day the unit was open between 6 June and 14 November 2022.

Management of risk, issues and performance

There was no local risk register highlighting specific risk for the location. However, leaders and teams used systems to manage performance. They had plans to cope with unexpected events.

Risks specific to the service were not always identified in a local risk register. For example, the non-compliance with secure access to the designated waste management area had not been identified as a risk and no actions were taken to mitigate these. However, there was a corporate risk register, which included 37 dialysis related risks. The risk register was a general risk register and not specific to the location. The registered manager and staff had limited knowledge of the seriousness of the identified risks.

Risks were rated according to the seriousness and the likelihood of the event happening although there was no matrix attached to explain the level of risk. For example, the risk of not using an early warning score as a tool to identify a deteriorating patient had a risk score of 10 but there was no matrix to identify the risk level. There was a corporate risk owner who identified mitigating actions identified. The date for the last review was entered for all risks. Staff had limited knowledge of risks and mitigating actions.

All local risks were not considered as part of the risk register. Management and storage of clinical waste did not meet requirements and there was a risk that unauthorised people could access the storage area outside the building. This was not identified as a risk and there was no mitigating actions, controls or regular monitoring to ensure the safe storage of clinical waste.

An external audit showed 98% compliance in July 2022. The audit looked at 102 measures across 29 themes including facilities and equipment, infection prevention and control and training. There were two measures where the service did not comply. This was in relation to a calibration programme which was not yet fully implemented and waste management.

The service had a contingency plan to manage a range of potential emergency events. These included instructions for evacuation and emergency contact numbers.

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 secure. Staff were required to use two different electronic patient records as the system used by Fresenius Medical Care and the parent NHS trust did not interact. Staff were used to working across two systems and all relevant staff had access to both systems.

There service had not submitted any notifications to external organisations in the 12 months prior to our inspection. However, we were told about one incident where staff had contacted the police to carry out a welfare check on a patient who had not turned up for dialysis and could not be contacted by telephone. Staff had not considered if this should be reported to the Care Quality Commission.

Engagement

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

Staff worked well with the parent NHS trust to ensure patients received safe and effective dialysis treatment.

There were regular team meetings and minutes of the meetings were circulated to all staff. Minutes of the last three meetings showed there had been staff meetings in July, August and October 2022 but there had not been a meeting in September 2022. The minutes showed about half of the staff were able to attend but also showed that one member of staff had not been able to attend any of the last three meetings.

There was a set agenda for staff meetings, which mirrored the five key questions of the CQC inspection framework. Minutes of meetings confirmed patient safety incidents, dialysis efficiency, audits, patient experience, policies and procedures update and training were discussed.

Most patients told us they felt listened to by staff. A recent patient survey (2022) showed 88% of patients agreed with the statement: “my issues are addressed to my satisfaction”, 10% did neither agree or disagree and 2% (one patient) disagreed with this statement. The service had not yet set up patient forums to enable conversations about how the service could be improved; this was because the unit had opened during the pandemic and therefore initiatives such as a patient forum had been delayed.

The service had introduced an App for all patients, to provide access to their treatment information. The App was free for patients to use and enabled patients to view treatment data and blood test results. The App also included some educational content. Minutes of staff meeting in August 2022, confirmed almost 70% of patients was using the App. We spoke with one patient who used the App and told us they thought it was very useful.

Learning, continuous improvement and innovation

Processes for continually learning and improving services could be improved. Learning and service improvement was identified from audits but there was limited evidence of learning from incidents.