KC Dialysis Limited

KC Dialysis Centre

Inspection report

35 Southwood Avenue
Southbourne
Bournemouth
BH6 3QB
Tel: 01202422311
www.kcdialysis.com

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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	Good
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?	Good

Summary of findings

Overall summary

We carried out a comprehensive inspection of KC Dialysis Limited (the provider) on 8 September 2021. The service has not been inspected under its current registration but was last inspected in 2017 under a previous registration as a different legal entity.

At this inspection we inspected our five key questions: safe, effective, caring, responsive and well led. Before the inspection we reviewed information, we had about the provider, including information we received and intelligence available. The inspection had a short (30 minutes) announcement.

We rated safe as requires improvement and effective, caring, responsive and well-led as good.

We rated the service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records and collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink. Staff worked well together for the benefit of patients. Staff in patients' usual place of receiving dialysis were contacted to share relevant information about patient treatment. Staff were competent to carry out their roles and received annual appraisals and had access to continuous professional development. Staff obtained consent from patients and recorded this.
- 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.
- The service planned care to meet the needs of patients coming from different parts of the country, took account of patients' individual needs and made it easy for patients to give feedback. Patients 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 with patients to plan and manage services to meet their needs.

However:

- Patients' own medicines were not clearly labelled. Staff did not always give medicines as recommended. Staff did not confirm patients identity before they administered medicines.
- Incidents were not always investigated to identify actions to improve patient care and treatment.
- Substances hazardous to health were not always stored securely.
- Confidential information about patients were not always stored securely.
- A recruitment process for directors of the service had not been undertaken to confirm they were fit to run the service at the time of appointment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	We carried out a comprehensive inspection of KC Dialysis Limited (the provider) on 8 September 2021. The service has not been inspected under its current registration but was last inspected in 2017 under a previous registration as a different legal entity. At this inspection we inspected our five key questions: safe, effective, caring, responsive and well led. Before the inspection we reviewed information, we had about the provider, including information we received and intelligence available. The inspection had a short (30 minutes) announcement. We rated safe as requires improvement and effective, caring, responsive and well-led as good. We rated the service as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records and collected safety information and used it to improve the service. • Staff provided good care and treatment, gave patients enough to eat and drink. Staff worked well together for the benefit of patients. Staff in patients' usual place of receiving dialysis were contacted to share relevant information about patient treatment. Staff were competent to carry out their roles and received annual appraisals and had access to continuous professional development. Staff obtained consent from patients and recorded this. • 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. • The service planned care to meet the needs of patients coming from different parts of the country,

Summary of findings

took account of patients' individual needs and made it easy for patients to give feedback. Patients 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 with patients to plan and manage services to meet their needs.

However:

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- Confidential information about patients were not always stored securely.
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Summary of findings

Contents

Summary of this inspection

Background to KC Dialysis Centre

KC Dialysis Centre is a private dialysis provider who provides holiday dialysis for people requiring haemodialysis while on holiday in the Bournemouth area. Dialysis service is provided for adults (over the age of 18) and older people. It is accommodated in a residential detached house in a residential street in Southbourne in Bournemouth,

It is a small family run dialysis facility. It is open from 8am to 7pm Monday to Saturday providing pre-booked holiday dialysis. The facility has six dialysis stations/chairs and an additional dialysis station in a side room used for isolation purposes if required.

The provider is registered to provide two regulated activities: treatment of disease, disorder and injury and diagnostic and screening procedures. The unit is led by the registered manager.

The service had delivered 280 dialysis sessions from 1 January 2021 to 8 September 2021.

There had not been any external investigations in the last 12 months.

How we carried out this inspection

We carried out an inspection with a short announcement (30 minutes) using our comprehensive inspection framework. We inspected the service on Wednesday 8 September 2021. We spoke with two members of staff, observed care, reviewed four patient records, reviewed policies and spoke with seven patients receiving dialysis while on holiday in the Bournemouth area.

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:

- The service must ensure the proper and safe management of medicines, including safe storage of patients' own medicine and checking of patient identity before administering medicines. Regulation 12 (2) (h)
- The service must ensure they are able to demonstrate the appointments of existing directors had been secured through comprehensive processes considering the information in Schedule 3 and 4 of the regulations. Regulation 5 (4) (5) (a)
- The service must ensure actions to mitigate risks relating to the health and safety of people who may be at risk of accessing substances hazardous to health, are consistently applied. Regulation 12 (2) (d)
- The service must review how incidents are investigated to ensure learning is captured and shared. Regulation 12 (2) (b)

Summary of this inspection

- The service must maintain the security of patient records to ensure unauthorised people cannot access confidential information about patients. Regulation 17 (2) (c)

Action the service SHOULD take to improve:

- The service should review the safeguarding policy to include information about the level of training staff should complete in line with national guidance.
- The service should add the storeroom to the cleaning schedule to ensure that it is cleaned effectively and include this in the cleaning audit. Sticky tape should be removed from the weighing scales.
- Staff should close sharps boxes when not in use and label these in line with legislation.
- The service should consider how information about COVID-19 testing for patients receiving dialysis while on holiday, is best communicated and in line with national guidance.
- The service should include information of how complaints can be referred onto the commissioners of the service.
- The service should review the frequency of formal documented directors' meetings especially as the last one was in 2019.
- The service should document when the risk register has been reviewed.
- The services should review the data information policy to include a process to follow if there was a breach of information security.
- The service should consider how patient feedback is collated and used to demonstrate the effectiveness of the service and the views of patients using the service.
- The service should amend the recruitment policy to state they can request information from any previous employment in health or social care, children and vulnerable adults for new staff.

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	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Good

Dialysis services

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

Are Dialysis services safe?

Requires Improvement

We rated safe as requires improvement.

Mandatory training

The service provided mandatory training and regular updates in key skills and made sure everyone completed it.

Staff completed mandatory training mostly online but attended annual face-to-face training in basic life support. This training included how to use an automated external defibrillator and was delivered onsite by a local ambulance trust.

The mandatory training was comprehensive and met the needs of patients and staff. This included health and safety, manual handling, fire safety, information governance, mental health awareness and equality and diversity awareness.

The registered manager monitored mandatory training and alerted staff when they needed to update their training. They kept a list of required training and kept records of staff completion of modules to ensure refresher training was completed as required. Records showed good compliance except for basic life support training which had been delayed during the COVID-19 pandemic.

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.

Staff completed adult safeguarding and child protection training online. Training certificates confirmed staff had completed training at level two for child protection and adult safeguarding and when they were next required to attend a refresher update. The registered manager had completed adult safeguarding training at level three in line with national guidance.

The service had a safeguarding policy which setout information and guidance for staff including how to escalate safeguarding concerns. However, the policy did not include information about the level of training and how often refresher training was required.

Cleanliness, infection control and hygiene

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

The treatment areas were clean and had suitable furnishings which were clean and well-maintained. The unit was bright and well maintained with chairs and floor coverings that allowed for cleaning to meet infection prevention and control standards. We found the facility looked visibly clean and we did not find any dust on hard to reach surfaces when we checked. Appointment times were planned to allow for additional cleaning between morning and afternoon dialysis sessions.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The unit was cleaned at the end of each day and records was kept demonstrating this. There was a dirty utility room/sluice where cleaning equipment was stored and for the disposal of wastewater. There were systems and processes to ensure cleaning was carried out using different colour coded disposable cleaning appliances to minimise the risk of cross contamination. We reviewed a cleaning audit from 27 August 2021, which demonstrated 94% compliance across 34 different audited areas including high to reach surfaces. The service did not display any information about when premises were last cleaned or the results of cleaning audits they had completed. However, we observed some consumables stored on the floor in the storeroom which made cleaning difficult and it was not clear if the cleaning audit included an inspection of the storeroom.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service had completed a COVID-19 risk assessment in March 2020 and implemented changes to infection prevention and control (IPC) procedures in line with national guidance. Staff and patients wore masks during the dialysis session and dialysis chairs were spaced out as much as possible to ensure guidance on social distancing was maintained. Staff had access to PPE of good quality and adhered to hand hygiene practices in line with national guidance. Staff had access to hand washing basins in areas where dialysis were carried out and alcohol gel was available for staff and patients to use on entering the dialysis areas. Patients arrived at staggered appointment times to ensure they were not waiting, and the small waiting room was no longer used for patients.

Patients were required to undertake a COVID-19 test (polymerase chain reaction (PCR)) before arriving for holiday dialysis. Information obtained prior to dialysis confirmed there was no current COVID-19 infections or outbreaks in the unit where patients received their usual dialysis. Staff asked screening questions each day patients attended for dialysis and checked their temperature. If patients displayed any of the symptoms of COVID-19, they could no longer received dialysis in the unit and was asked to travel home. Staff tested twice weekly for COVID-19 using lateral flow tests. Records confirmed this was completed, and results were recorded as negative. Both staff had received full COVID-19 vaccinations. However, there were no requirements for patients to carry out COVID-19 testing while they were on holiday and received dialysis in the unit. Some patients we spoke with was unsure about what was required and best practice.

Staff cleaned equipment after patient contact. We observed thorough cleaning of dialysis stations between patients using recommended cleaning solutions. There was a policy to provide guidance for staff if patients with a known bloodborne virus were booked in for holiday dialysis. This included information about requirements for isolation and precautions including the cleaning and decontamination of dialysis machines.

The service had an IPC policy and had completed a risk assessment. This had been updated to reflect current national guidance on COVID-19 safe IPC processes to minimise the risk of spread of infection.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

The design of the environment followed national guidance. The dialysis unit was not purpose built but was accommodated in a residential building, which had been converted 26 years ago when the company was originally formed. However, the environment largely met the requirements as set out in national guidance regarding dialysis units.

During the COVID-19 pandemic, staff had adapted patient pathways to meet requirements for social distancing. For example, the waiting room was no longer used as patients arrived at staggered interval and left promptly when dialysis had been completed.

The unit comprised of a main dialysis room with eight dialysis stations and a separate room which could be used to isolate patients. Due to the COVID-19 pandemic, the service had reduced the number of patients on each shift to six to ensure compliance with social distancing requirements. There were three patient toilets, including a one which was wheelchair accessible. There was a kitchen so that staff could prepare refreshments, a storage facility, a clean and a dirty utility area and a water plant room.

Staff undertook daily tests of the water plant system to check for chlorine and water softness in line with national guidance. Additional water samples were sent for external testing monthly and three-monthly to provide further assurance and in line with national guidance. Test results were recorded and logged. Records we reviewed confirmed water testing were carried out consistently and results confirmed compliance with water testing standards for dialysis.

The service kept records of how many dialysis sessions and the age of the dialysis machines in line with recommendations to ensure they did not pass the end of the functionality to provide safe dialysis. Service records were maintained, and the registered manager told us that although the machines were aging it was still possible to buy spare parts as required and as recommended by an external maintenance and service technician. The service had four decommissioned dialysis machines which could provide spare parts if required.

Additional stock items were stored in a designated storeroom. Stock items we checked were all in date. Stock items included solutions used to disinfect the dialysis machines. The storeroom could be locked although it was open on the day, we inspected the service, and therefore this was not in line with the control of substances hazardous to health risk assessments.

We checked expiry dates on consumables and found 18 items in a blue venepuncture box and boxes of chlorhexidine 70% alcohol wipes, which had passed their expiry date. We discussed this with the registered manager who was aware of this and was planning to dispose of the items.

There were designated waste bins for sharps such as needles used to gain access to set up dialysis. Staff took care to handle and dispose of sharps to minimise the risk of needle stick injury. The sharps waste boxes were stored away from patients to ensure no accidental injuries, but they were not always labelled and closed when not in use. This was not in line with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Staff disposed of clinical waste safely. There were waste bins segregating clinical waste from other waste. Clinical waste was securely stored. The service had a contract with an external company for the collection of clinical waste. Three monthly audits were carried and the July 2021 audit we reviewed confirmed 100% compliance.

The registered manager had completed a health and safety audit in May 2021, which looked at 14 different areas including policy documents, fire safety, risk assessments including risk assessments of substances hazardous to health, incidents and staff wellbeing. The audit confirmed compliance and had not identified any required actions.

Assessing and responding to patient risks

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 risk assessments for each patient when they booked holiday dialysis and when they arrived for their first dialysis session. There were processes to obtain information about patients when holiday dialysis was booked. Information included risk assessment and information about dialysis treatment, infection screening and recent blood test results.

The service accepted patients for holiday dialysis if the patient had received dialysis for more than six months and deemed suitable by their consultant to travel and receive holiday dialysis in a nurse-led unit. The service did not accept patients from dialysis units where there was an active outbreak of COVID-19.

Staff undertook a further patient assessment before commencement of dialysis. This included an assessment of patients' mobility, sight, hearing, an assessment of their dialysis access point and signs of fluid overload.

Staff monitored patients receiving dialysis including observing patients for signs of sepsis. Vital observations were obtained before commencing treatment and following dialysis. If patients requested their vital observations to be monitored during dialysis or if there was a clinical reason to do so, further monitoring was completed. If patients deteriorated, staff used a national tool (National Early Warning Score) to record observations. In clinical emergencies, staff dialled 999 for an emergency ambulance which would convey patients to the nearest accident and emergency department. The service had policies concerning the deteriorating patient and sepsis which provided advice and guidance for staff to follow.

If staff had any queries about patients' dialysis prescriptions, advice was sought from the patients' usual place of receiving dialysis.

Staff undertook safe needling processes when patients were connected to dialysis machines. Staff used a technique referred to as 'wet needling' in line with national guidance. Staff were clear about how to minimise the risk of infection when patients were attached to dialysis machines.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service did not use any bank or agency staff.

There were two nurses employed and they did not use any bank or agency staff. If staff were unable to work, booked dialysis sessions would be cancelled. Staff would contact patients to inform them they would have to return to their usual place of receiving dialysis. However, this had never happened.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care. However, we found that filing cabinets were not locked on the day of inspection which meant patient records were not always stored securely.

Staff used paper-based documents to assess patient risks, monitor treatment and review care. Information was shared between patients' usual place of receiving dialysis and KC Dialysis Centre by the completion of a booking form which was received by email. Information included treatment and medicines prescriptions. Staff printed off the booking form and kept this with patient records used to document patient information and observations taken during the dialysis treatment. When patients completed their holiday dialysis, staff shared a discharge summary with the patient and the unit where patients usually received dialysis.

The service audited patient records. We reviewed the June 2021 audit which confirmed 100% compliance against the measures they used to evaluate standards. We looked at four patient records and found staff documented information consistently.

Medicines

Systems and processes to administer, record and store medicines were not always effective and did not always meet national guidance. Staff did not always adhere to national guidance when storing patients' own medicine and when administering medicines to patients receiving dialysis.

The service stored only a small number of stock medicines as patients were asked to bring their own medicines to be administered during dialysis. Patients' medicines were prescribed by the consultant who were usually responsible for their dialysis treatment. A prescription chart was shared with the provider electronically before the patient arrived for dialysis. The prescription included the correct information to administer medicines safely.

The prescription chart included prescription of normal saline or substitution fluid (given through the dialysis machine) if patients became unwell during dialysis because of the removal of fluids as part of the dialysis treatment. Treatment of this common side effect of dialysis treatment was included in a standard operation procedure. However, there was no documented recommendation or prescription of the volume to be administered. Instead, staff used their experience to give the smallest amount required to treat the symptoms displayed by the patient. Staff recognised that although fluids were required, giving these were also contradicting the aim of dialysis treatment to remove fluids.

Medicines were stored in a locked medicine cupboard but only marked with a patients' first names on a strip of micropore tape. Information did not include patients full name, date of birth and/or NHS number. This was not in line with the medicines management policy or in accordance with national guidance. However, there had been no incidents of patients receiving the wrong medicine.

Good

Dialysis services

Staff did not consistently complete patient identification checks in line with their policy and national guidance when administering medicines through the dialysis machine. We observed three episodes where medicines were administered without re-checking patients' identity. However, staff explained what medicines they were administering and obtained verbal consent before giving the medicine.

The service did not have a current British National Formulary (BNF) and staff did not always consult the online version, before administering medicines that were not routinely given in dialysis. We observed a patient receiving prescribed antibiotics intravenously through the dialysis machine. The medicine was reconstituted correctly but administered quicker that recommended in the BNF. The medicine was administered with 40 minutes of dialysis time remaining and therefore would be administered quicker than the recommended minimum 60 minutes.

The service had a medicines management policy and audited compliance every six months. We reviewed the audit carried out in August 2021, which confirmed medicines were checked monthly and that there were secure processes for the ordering and recording of medicines.

Incidents

Staff did not always investigate incidents and near misses. However, staff were aware of their responsibility to be open and honest when things went wrong and offer patients an apology and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

We were told there had been no incidents. However, staff described an incident which had happened concerning a patient who had collapsed and required being taken to hospital by an emergency ambulance. The incident was recorded on an incident report form, but it was not evident how the incident had been investigated to identify actions to improve patient safety if applicable. However, we were told the incident had been discussed although this was not formally recorded

Staff understood the principles of duty of candour. Duty of candour is a statutory duty to be open and honest with patients when things go wrong causing or having the potential to cause harm and offer an apology. The service had a comprehensive Duty of Candour Policy (June 2021) which set out guidance for staff. The registered manager told us there had not been any incidents which required duty of candour to be applied.

Are Dialysis services effective?

Good

We rated effective 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. Policies were easily accessible for staff.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff completed mandatory training in mental health awareness and had a specific care plan for patients who presented with mental health conditions. This ensured staff had access to relevant information about the patient and any support that may be required. The care plan prompted staff to assess individual needs to ensure care was person-centred.

Nutrition and hydration

Staff gave patients food and drink when needed.

Staff offered patients free snacks and refreshments during their dialysis treatment. There was no access to dietitian advice and support for patients attending for holiday dialysis.

Patient outcomes

Due to the nature of the service as a holiday dialysis unit, staff could not collate information to monitor the effectiveness of care and treatment as typical with other services. The service was looking at ways to improve this area.

The service used to provide data for the commissioning NHS hospital to demonstrate the effectiveness of dialysis treatment. This was no longer required as the service did not hold any commissioned contracts to provide dialysis. Staff had discussed how data may be collected and used to evaluate patient dialysis outcomes and the effectiveness of the treatment they provided. This was still a work in progress at the time of our inspection.

As this was a holiday service, there were no formal processes to obtain information about patients being admitted to hospital when the returned to their usual place of receiving dialysis or about patient deaths within 30 days of receiving dialysis. The registered manager was not aware of any cases where patients had been admitted or died and they had not been contacted by patients' usual place of receiving dialysis to provide information to support investigations of patient outcomes.

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. There was a process to assess staff competencies through observation and questioning/discussion. Competency assessments included safe dialysis and medicine administration competencies. We reviewed the latest competency assessment for both members of staff which had been completed in June and August 2021. Records showed competence had been assessed and signed off for both staff.

Staff received annual appraisals and support to complete professional revalidation. When possible, staff attended national conferences about renal medicine although this had not been possible recently due to the COVID-19 pandemic.

Multidisciplinary working

Good

Dialysis services

The service worked with staff and consultants from dialysis units where patients received their usual dialysis and could contact them if there were any queries or concerns about patients' treatment plans. Once patients had completed their dialysis, the registered manager completed a report on the dialysis delivered and shared this with the patient and their usual place of receiving dialysis.

Health promotion

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

Staff spoke with patients about their well-being while they were on holiday and understood the impact regular dialysis had on patients and were keen to support patients to have a good time while they were on holiday. Staff provided advice as required but did not actively engage in practical health promotion for patients receiving dialysis while they were on holiday

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 gained consent from patients for their care and treatment in line with legislation and guidance.Patients were asked to sign a consent form before receiving dialysis. We observed staff obtain verbal consent before any care interventions were carried out. Staff consulted with patients to involve them in their care and to ensure care and treatment was delivered in line with their treatment plan and expectations.

Staff received training in mental health awareness and there was a specific care plan to enable personalised care as far as possible, if patients lived with mental health conditions.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

The service obtained relevant and comprehensive information about patients who were booked to receive holiday dialysis. Information included treatment prescriptions and targets, previous medical history including blood test results and infection screening results. If staff had any queries, they would contact staff at the dialysis unit where patients received their usual dialysis.

Are Dialysis services caring?

Good

We rated caring as good.

Compassionate care

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

Good

Dialysis services

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients received treatment in a shared bay, but staff could offer screens for patients for privacy if required and could arrange for conversations in private.

Patients said staff treated them well and with kindness. We observed staff building rapport with patients to form good relationships and to support their individual needs as far as possible. All patients we spoke with commented on the kindness of staff and the service they provided. Patients were positive about being on holiday and that the service enabled them to enjoy time away from home. Some patients had returned and for one patient, it was the fifth time they had been to the Dorset area on holiday and received holiday dialysis from this dialysis centre.

There was provision for patient comfort which included toilet facilities, reclining dialysis chairs, a hospital bed with a pressure relieving mattress and a hoist. The service also had one side room with en-suite facilities. The main room had an air conditioning unit to help regulate the temperature and one patient told us they always brought their own blankets as they were always cold during haemodialysis. The service was able to provide blankets if required.

There was availability of entertainment systems during haemodialysis session, for example, TV's and WIFI. The service was no longer able to provide headphones due to COVID-19, but patients told us they always had their own and often brought in their own entertainment, for example, tablets and reading books.

Emotional support

Staff provided emotional support to patients to minimise their distress. They understood patients' specific treatment needs.

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 engaged with patients asking them about their holiday. For example, one patient had attended a wedding and we heard staff enquire about this.

As this was purely a holiday haemodialysis unit and patients only visited and had treatment for a short period, patients would often wait to discuss any concerns with their host unit. Staff were available to answer any questions and would discuss any concerns with patients if needed.

We observed patients actively engaging with staff about their treatment, for example when they were weighed staff discussed the amount with the patients. They then discussed their planned haemodialysis and how much fluid would be removed to make sure it was within safe and prescribed treatment.

Understanding and involvement of patients and those close to them

Staff supported and involved patients to understand their condition and make decisions about their care and treatment.

We observed staff discuss all interventions with patients to gain their consent and to involve them in their care.

There was provision for patients where English was not their first language. Staff told us on booking a haemodialysis session this information would be shared with them and they had access to translation services.

Good

Dialysis services

Patients we spoke with understood their kidney condition, and how this related to other medical problems they might have. This was in order to make the choices that were needed to live well with these conditions. Patients told us about how they managed their fluid restriction and diet daily to prevent deterioration in their condition.

Are Dialysis services responsive?

Good

We rated responsive as good.

Service delivery to meet the needs of patients

The service planned and provided care in a way that met the needs of patients coming from different parts of the country. They worked with other service providers to plan care.

The service provided haemodialysis sessions to patients who wished to come on holiday to Bournemouth and the surrounding areas. This was a qualified nurse led unit. Most of their treatments were in the summertime, but they were able to open all year round to accommodate patients. They no longer provided an ongoing haemodialysis service to the local NHS trust as other arrangements in house had been set up. They had a contract with NHS England to provide holiday haemodialysis sessions to NHS patients.

Patients completed online bookings on the service's website using a set format. Patients told us the system was easy to use and to book in their sessions. Once the booking was received and confirmed patients would be sent a form to take to their host haemodialysis units for completion by the nursing and medical staff. This service had an admission criterion which patients needed to meet to be able to use this service to maintain a safe haemodialysis session.

Patients transported themselves to the haemodialysis unit and had access to designated parking outside the front of the unit. Patients confirmed this to us during the inspection. It was convenient and safe for patients to access the haemodialysis unit even if they required assistance of a wheelchair or used mobility aids.

The service was open Monday to Saturday from 8am to 7pm. Patients were able to book in for a haemodialysis session to suit their needs if they were available.

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 service providers.

The dialysis centre was located on the ground floor and was accessible for patients using a wheelchair. Dialysis chairs could be reclined to increase comfort and each chair had a call bell to attract the attention of staff if required. Parking was available immediately outside the building.

Good

Dialysis services

There was provision for patients attending for haemodialysis to be able to visit the toilet before their session commenced, as they would not be unable to do so during the procedure. The toilet was accessible for patients with decreased mobility and those who used a wheelchair. The unit had one side room with a bed if a patient needed to lie down during haemodialysis or required isolation from other patients. A hoist was also available if patients needed assistance with mobility or to use the chairs/bed.

Services were planned so that patients could participate in their own care. For example, we observed patients weighed themselves before and after dialysis and staff discussed their weight with them to check it was within their usual dialysis regime.

The service identified and met the information and communication needs of patients with a disability or sensory loss. This information would be shared with them by the patient/carer making the booking and once they had the forms completed by their host haemodialysis unit. If the service was not able to meet their needs, they would inform the patient/carer. Translation services were available if needed for patients whose first language was not English.

The service had a care plan to help staff care and treat patients living with a learning disability. This plan included finding out what they liked, how they communicated and if they required a carer with them during treatment.

A noticeboard provided patients with information, for example, about kidney disease, COVID-19 and other patients' feedback about this service.

Access and flow

Patients could access the service when they needed it and received the right care promptly.

Staff made sure each haemodialysis treatment started as soon as possible once patients arrived at the unit. Session times were staggered to prevent patients having to wait for treatment to start. We observed this during our inspection.

Patients were able to book a session or sessions online at the services website to fit in with their needs while on holiday.

Patients were informed of any delays during their haemodialysis. The registered manager told us if there was disruption to the service, for example, due to staff sickness and it could not provide haemodialysis, patients would need to travel back to their host unit.

Learning from complaints and concerns

It was easy for patients to give feedback and raise concerns about care received.

The service had a complaints procedure, and this was on display. However, this copy had not been updated since they stopped providing haemodialysis to patients from the local NHS trust. The registered manager said they had an updated complaint procedure and planned to change them over following our inspection.

The complaints handling policy was very detailed and described acknowledgement of the complaint and timescale for an outcome. It also provided details about how to refer complaints onto the Parliamentary and Health Service Ombudsman. However, it did not reference referring complaints onto the commissioners of their service.

The service had not received any complaints.

Good

Dialysis services

The services website included an option to email them with any questions, concerns or feedback. Feedback forms were available in the unit as we were shown some by the registered manager. These were all positive.

We observed 'thank you cards' displayed on the noticeboard in the unit and the patients survey results from 2018. The registered manager had not collated the results from the most up to date feedback forms at the time of our inspection.

The service treated concerns and complaints seriously and would investigate them and share lessons learned with staff. The service would also include the patient in the investigation of their complaint. This was documented in their complaints handling procedure.

Are Dialysis services well-led?

Good

We rated well led as good.

Leadership

Leaders had the skills and abilities to run the service however, there were no processes to determine their fitness of directors at appointment. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients. They supported each other to develop their skills.

The leaders had the skills, knowledge and experience to manage the service. This was a family run service which had been operating for about 26 years. The service changed their legal identity from a partnership in 2018 to a limited company and one of the members of the family applied to CQC to be considered for registration. They were successful and became the registered manager and clinical manager.

All four members of the family became directors for the limited company. However, the service could not demonstrate or provide evidence of a thorough recruitment process to determine the fitness of the directors at the time of appointment. The service was able to provide to us with evidence of ongoing fitness of the directors by completion of fit and proper persons checklist, following our inspection. The checklist required the directors to sign against set criteria for example, they were of good character and were not unfit as described in Regulation 4 of the Health and Social Care Act (Regulated Activities) Regulations 2014. All directors had signed to state the information required under Schedule 3 of the Health and Social Care Act (Regulated Activities) Regulations 2014 could be supplied by them. However, this information was not available during the inspection. Two of the directors were qualified nurses and the checklist included details of their Nursing and Midwifery Council (NMC) number and the date of their next revalidation.

The registered manager was a qualified nurse who had undertaken additional nursing qualifications in renal care. They had been supported by the service to undertake a Master of Business Administration (MBA). This is a graduate degree focusing on business administration and investment management. The registered manager was also the clinical manager. They maintained their nursing registration with the NMC.

The registered manager told us about the challenges to quality and sustainability and was able to identify the actions needed to address them. During the lockdown due to COVID 19 pandemic they had to close their service as patients were not able to travel for holidays. This had an impact financially on the business. The service also had to reduce the number of stations used for haemodialysis due to social distancing.

The leaders were visible and approachable to patients. Only two of the directors of the service provided treatment and both were always on duty together. Patients confirmed to us both staff were always present and available to them during their treatment.

The registered manager told us they maintained links and a good working relationship with the NHS trusts. They said they would contact the host trust if they had any concerns about the patient during haemodialysis.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders understood and knew how to apply them and monitor progress.

The service had a written vision statement and a strategy of how to achieve this. Due to the pandemic their main goal was to maintain the service provided to patients and to stay financially viable. Their website stated the service offered holiday dialysis which can "help to improve the quality of life for patients who have denied themselves the holiday they have always wanted to take".

There was a clear vision and a set of values, with quality and sustainability as the top priorities. For example, one of their values was to provide excellent care and compassion to patients.

A robust, realistic strategy for achieving their priorities and delivering good quality sustainable care had been devised and added to their business plan. The business plan had been set up to run over several years and required updating in places which the registered manager was aware of. This plan included any threats to their service and actions needed to help reduce the impact. For example, if another provider was to offer a similar service locally. They had plans to continue to grow the business, but the pandemic had delayed some of these.

Both members of staff knew and understood what the vision, values and strategy were, and their role in achieving them. They worked together in devising the vision and business plan for the service.

Culture

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

Staff felt supported, respected and valued. Both members of staff were part of the service as they were directors. They told us they supported each other and could undertake courses to help with their career development. For example, the registered manager had completed an MBA.

The culture was centred on the needs and experience of patients who used the service. Their values were about providing excellent care and enabling patients who needed haemodialysis, the opportunity to have a holiday.

Both staff felt positive and proud to work in the service. The service had been running for about 26 years and all feedback from patients we saw was very positive about their experience.

There was a strong emphasis on the safety and well-being of staff. The registered manager told us if they or the other member of staff were ill, they would not provide haemodialysis for that period. Patients would need to return to their host dialysis provider.

Mechanisms for providing staff with the development they need, including appraisal and career development conversations had been implemented. The two members of staff who provided treatment which included the registered manager appraised each other and discussed any career development at these meetings.

The culture encouraged, openness and honesty within the service, including with patients. The incident policy stated the importance of being open with patients and other service providers if an incident was to happen.

The registered manager understood the principles of duty of candour. Duty of candour is a statutory duty to be open and honest with patients when things go wrong causing or having the potential to cause harm and offer an apology. The service had a comprehensive Duty of Candour Policy (June 2021) which set out guidance for staff. The registered manager told us there had not been any incidents which required duty of candour to be applied.

Governance

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

There were effective structures, processes and systems of accountability to support the delivery of good quality and sustainable services. These were regularly reviewed, and improvements made as required. We saw evidence of the audits and an audit programme. We saw minutes of formalised staff meetings and any issues were discussed. The last directors formal recorded meeting was in 2019, therefore, there was no documented meeting about how the service had managed the pandemic and the closure of the service during lockdown. We observed some of the changes made for example, the waiting room was no longer used, and they did not use two haemodialysis machines to make more space for social distancing.

The registered manager completed the audits and was aware of any issues that would affect the service. We saw several examples of audits including monthly hand hygiene, health and safety every six months and control of infection every three months. There were no areas of improvement needed in the audits we saw. The registered manager explained all audits were discussed even if no improvement or changes were required. This was not always documented because the two staff members worked together every day and had informal conversations about all aspects of the service.

No new staff other than the directors had been recruited since the change to the new legal identity in 2018. The service had a policy for recruitment devised in April 2021, which covered new staff and directors. The policy listed the information needed as part of the recruitment process. However, for references it mentioned they would only ask for the last 3 years of employment, but the regulations state satisfactory evidence of conduct in all previous employment relating to health, or social care and children and vulnerable adults.

The service had a register of all its policies which included 75 policies, when they were due to be reviewed and by whom. This provided clear oversight to ensure policies were regularly reviewed. The registered manager told us policies were all undergoing a review to ensure they were current and related to their own practice rather than linked to an NHS trust policy as the service no longer had an NHS contract.

We saw evidence the service had the appropriate insurance cover, for example, malpractice and employer and public liability

Managing risks, issues and performance

Leaders 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.

There were comprehensive assurance systems, where performance issues were identified and escalated appropriately through clear structures and processes. These were regularly reviewed and improved by the registered manager. The registered manager discussed the challenges and risks to the service and to the delivery of safe care and treatment. For example, the reduction of haemodialysis sessions due to the pandemic.

A programme of clinical and internal audit had been devised to monitor quality and operational processes to identify where action should be taken. We were shown a range of audits that had been completed. These were completed by the registered manager as he monitored the outcomes from these. None of the audits we reviewed had any issues identified.

Arrangements for identifying, recording and managing risks, issues and mitigating actions had been devised. The registered manager showed us the risk register. Each risk had been assessed and allocated a score, the higher the score the more of a risk. It was difficult to assess when the risk register was last reviewed, we saw a new entry was added in May 2021, but it did not state if the whole of the risk register was reviewed.

Ageing dialysis machines was recognised to be an emerging risk but had not been added to the provider's risk register as this was not a current risk. The registered manager explained that the machines would not reach the replacement recommendations for another two years because of reduced activity. When the machines were nearing the recommended replacements, this would be added to the risk register and the directors would consider purchasing new dialysis machines.

The service ensured they had appropriate emergency equipment available on the premises and that staff knew how to use it. Both staff members were trained in basic life support. They had an external defibrillation machine supplied by the local NHS trust ambulance service who also maintained it.

There were business continuity plans, and staff knew how to access them in the event of a power failure or disruption to water supply. The registered manager confirmed they had registered with each of the utility's services, so they were aware of the importance of having power and water for haemodialysis. They would not be able to provide the haemodialysis without these and patients would be informed they would need to return home to their host service if they could not be re-instated quickly.

Managing information

Good

Dialysis services

The service collected data it required for performance purposes. The information systems were integrated and but not always secure. The leaders were not always aware of notifications needed to be submitted to external organisations as required.

Effective arrangements were devised to ensure that the information they required was monitored and managed to make sure it was accurate, reliable, and relevant. KC Dialysis provided holiday haemodialysis sessions which were 'as and when required' sessions booked by patients coming on holiday to Bournemouth and the surrounding areas. The service had a contract with NHS England to provide this treatment to NHS patients. They required minimal data from the service monthly. This data related to numbers of dialysis sessions undertaken for payment purposes rather than data for performance for efficiency for external scrutiny.

The service used the data collected for monitoring the number of haemodialysis sessions they had undertaken. They had a number they needed to reach to maintain financial viability. They had set themselves a target of 370 sessions, but they had only delivered 280 dialysis sessions from January 2021 to 8 September 2021. This was due to the national lockdown.

The service carried out a records management/information governance compliance audit at six monthly intervals. We looked at the results from 20 September 2020 which confirmed compliance with secure management of patient information in line with the policy and national guidance.

There were not always effective arrangements to ensure data or notifications were submitted to external bodies as required. The registered manager was aware of what needed to be referred to external bodies for example, certain incidents to the Care Quality Commission in a timely way. However, they had not reported an incident where a patient had collapsed and required hospital treatment.

The service had a policy to ensure the safe management and confidentiality of identifiable data and records, in line with data security standards. However, the policy was not clear on the process to be taken if there was a data protection breach. There had been no data security breaches.

Patient records were held in the office and were stored in a lockable facility, but these were unlocked during our inspection. Staff were around the area where patient records were stored, and patients did not have access to this area.

Engagement

Leaders actively and openly engaged with patients and other service providers to plan and manage services.

Patients views and experiences were gathered and used to make any improvements to the services and culture. We saw on the noticeboard the last survey results were back in 2018. The feedback was extremely positive. The registered manager was able to show us more up to date surveys, but these had not been collated. These were also positive.

Staff were actively engaged so their views were reflected in the planning and delivery of services and in shaping the culture. We saw the last minutes of meetings, which was in July 2021 between the two staff who provided treatment. We saw evidence they spoke about the pandemic and the impact this had on the service. These meetings were held very three months. However, as both staff worked together all the time and were directors of the service, they were able to discuss any feedback immediately and make changes to the service if required.

Good

Dialysis services

Leaders of the service told us they maintained positive and collaborative relationships with external partners to make sure patients received a safe haemodialysis session and to deliver services to meet their needs. The registered manager said they would contact a host unit for a patient if they were concerned about them during their treatment.

Patients told us the staff made them feel very welcomed and respected. Staff introduced themselves to patients and acted on questions, queries and suggestions.

Learning, continuous improvement and innovation

Leaders were committed to improving their service. They understood quality improvement methods and how to use them.

The registered manager told us they were focused on maintaining the service as they had to close during lockdown which had implications on their financial viability. They had a business plan which had been devised several years ago and they had plans to offer the service to patients from other countries. This was on hold during the pandemic.