Clacton-on-Sea Dialysis Unit

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

Clacton-on-Sea Dialysis Unit is operated by Diaverum UK Limited. The service is commissioned by East Suffolk and North Essex NHS Foundation Trust. The service has eight dialysis stations which are mixed sex. Facilities include a clean utility, a dirty utility, water treatment works and stores.

The service provides haemodialysis to adults aged 18 years old and over who have non-complex needs. The service did not provide haemodialysis to patients under 18 but had undertaken safeguarding and knew how to identify children at risk of harm. Currently the service provides treatment to 32 patients in Clacton-on-Sea and surrounding areas.

We inspected this dialysis service using our comprehensive inspection methodology. We carried out the inspection on 18 February 2020. We provided a short-notice announcement (24 hours) of the inspection as we needed to be sure that key people would be available.

Summary of findings

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

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We have not previously rated this service. We rated it as **Requires Improvement** overall.

- The service did not always control infection risk well. We observed poor hand-washing and hygiene practices in relation to the service's aseptic non touch technique. We observed unsafe sharps management practices. We saw that falls assessments were not fully accurate. Not all staff were familiar with the services policy for using a nationally recognised tool to monitor deteriorating patients. We did not see evidence that staff met to discuss incident feedback and look at improvements to patient care. We raised these concerns with leaders following our inspection and received updated policies and training records to address the concerns.
- The service did not have a registered manager and staff told us they felt they did not receive enough support in the absence of a clinic manager. The services governance structures were not fully effective and some of the concerns we identified on inspection including unsafe sharps management practices and poor infection prevention and control practices were unknown. We were not assured that the service's risk register was detailed enough and actions identified were assigned to people who had left the organisation and did not adequately mitigate risk. The service performed poorly compared to other Provider sites on 11 out of 12 questions on the service's staff survey.

However:

- Staff provided effective care and treatment, supported patients with dietetic advice on food and drink and assessed and monitored patients regularly throughout their dialysis treatment. The unit manager monitored the effectiveness of the service and made sure staff were competent in their roles. Multidisciplinary team staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment. Complaints were investigated and responded to effectively.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We issued the provider with two requirement notices that affected dialysis services. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	**Requires improvement** 	Clacton-on-Sea dialysis service is operated by Diaverum UK Limited. The service is based in a GP surgery on Clacton-on-Sea. The service provides dialysis services to adults aged 18 and over. We rated the service as requires improvement. Safe and well led were rated as requires improvement. Effective, caring and responsive were rated as good.

Summary of findings

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Services we looked at:
Dialysis services.

Summary of this inspection

Background to Clacton-on-Sea Dialysis Unit

Clacton-on-Sea Dialysis Unit is operated by Diaverum UK Limited. The service opened in January 2019. It is located within a general practitioners (GP) premises in Clacton-on-Sea. The unit primarily serves the communities of Clacton-on-Sea. The unit operates as part of the same contract as a larger Diaverum UK Ltd. unit based in Colchester.

The provider was awarded the contract at a local NHS Trust in October 2017. As part of the service provision it was identified that a localised service provision based at Clacton would be beneficial in reducing the travelling time for the patients' attending the Colchester unit.

Capacity provision within the Dialysis centre is to dialyse 32 patients. The service is open Monday through to Saturday from 8am to 8pm.

Patients are assessed in the Colchester unit prior to transferring to the Clacton unit. The Clacton unit is a nurse lead clinic with monthly visits from a consultant nephrologist. There are also monthly Multi-disciplinary team meetings (MDT) and contract review meetings with the consultants, Diaverum Management representatives and NHS Trust dietitian.

The service has not had a registered manager in post since November 2019. At the time of the inspection, the provider had not successfully recruited a manager for the service. The service had been providing support remotely with a clinic manager from another unit providing support. The provider had recently appointed a manager to the Colchester unit and this manager would be providing on-site support two days a week from March 2020.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in dialysis. The inspection team was overseen by Mark Heath, Interim Head of Hospital Inspection.

Information about Clacton-on-Sea Dialysis Unit

The service is based on the ground floor of a local GP surgery. The service has seven dialysis stations in one large room and one side room with one dialysis station. The service is registered for the following regulated activities:

- Treatment of disease, disorder or injury.

During the inspection we spoke with six staff including registered nurses, health care assistants and senior managers. We spoke with seven patients. During our inspection, we reviewed eight sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with CQC.

- Capacity within the Dialysis centre currently is to dialyse 32 patients. The service is open Monday through to Saturday from 8am to 8pm.
- The service employs four registered nurses and two healthcare assistants.

Track record on safety

- The service had no Never events
- The service had no serious incidents
- No incidents of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- No incidents of healthcare acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidents of healthcare acquired Clostridium difficile (C.diff)
- No incidents of healthcare acquired E. coli

Summary of this inspection

- No complaints

The commissioning trust sent consultants and dieticians to review patients monthly.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Maintenance of medical equipment
- Building maintenance

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement 

We had not previously inspected and rated the service. We rated safe as **Requires improvement** because:

- The service did not always control infection risk well. We observed poor hand-washing practice and poor hygiene practices in relation to the service's aseptic non touch technique. Following our inspection, the service put in place measures to address the concerns raised.
- We observed unsafe sharps management practices. Two members of staff were observed re-sheathing needles. Following our inspection, the service put in place measures to address the concerns raised.
- We saw that falls assessments were not fully accurate. Following our inspection, the service put in place measures to address the concerns raised.
- Staff told us that oxygen was often given to patients without being prescribed by a doctor. We fed back to service leaders about this practice and following our inspection the service implemented a new system of prescribing oxygen to patients on an as needed basis if they were likely to use oxygen. Not all staff were familiar with the services policy for using a nationally recognised tool to monitor deteriorating patients.
- Despite some patients having do not attempt resuscitation (DNAR) orders in place staff within the service were unsure what they would do in the event of a patient death.
- Staff told us that they did not have access to patients' NHS records.
- We did not see evidence that the service discussed incident learning at team meetings.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff had a 100% completion rate for mandatory training.
- 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.

Summary of this inspection

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service did not directly employ medical staff. However, the unit was supported by enough medical staff from the commissioning trust 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 used systems and processes to safely administer, record and store medicines.
- Staff recognised and reported incidents and near misses. When things went wrong, staff knew to apologise and give patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Are services effective?

Good

We had not previously inspected and rated the service. We rated effective as **Good** because:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available six days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However:

- We found four policies out of six we reviewed were without review dates.

Summary of this inspection

- Patient's did not always receive pain relief soon after requesting it.

Are services caring?

Good

We had not previously inspected and rated the service. We rated caring as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

Good

We had not previously inspected and rated the service We rated responsive as **Good** because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service 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.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service had systems in place to address complaints but there had not been any complaints since the service opened in January 2019.

Are services well-led?

Requires improvement

We had not previously inspected and rated the service. We rated well led as **Requires improvement** because:

- The service did not have a registered manager and staff told us they felt they did not receive enough support in the absence of a clinic manager.
- We were concerned that the services governance structures had not effectively identified some of the concerns we identified on inspection including unsafe sharps management practices and poor infection prevention and control practices.

Summary of this inspection

- We were not assured that the service's risk register adequately mitigated risk. We saw that actions were assigned to a member of staff who had left the organisation and there was a lack of details for mitigating actions.
- The service performed poorly compared to other provider sites on 11 out of 12 questions on the service's staff survey in December 2019.

However:

- Senior leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They supported staff to develop their skills and take on more senior roles.
- 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 leaders and staff understood and knew how to apply them.
- Staff at all levels were clear about their roles and accountabilities.
- Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.
- All staff were committed to continually learning and improving services.

Detailed findings from this inspection

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

Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. The service's mandatory training database demonstrated that all staff were up to date with all the service's mandatory training topics.

The mandatory training was comprehensive and met the needs of patients and staff. Training was delivered by face to face sessions and e-learning. Mandatory training topics included but were not limited to: data protection, fire, basic life support, fire, infection prevention and control, hand hygiene practical session, dialysis water monitoring, safeguarding, Mental Capacity Act, workplace safety, sharps management, pressure ulcer prevention, conflict resolution, falls management.

Clinical staff completed training on recognising and responding to patients with mental health needs and dementia. We saw that all staff had completed training in dementia awareness. Staff told us that their Mental Capacity Act training included recognising and responding to patients with mental health needs.

Managers monitored mandatory training and alerted staff when they needed to update their training. Clinic managers could monitor e-learning training completion rates and the service's mandatory training database was stored on a shared drive, assessible to all staff. The service's practice development nurse monitored mandatory training rates across the organisation and sent reminders to staff to complete modules.

Safeguarding

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

Nursing staff received training specific for their role on how to recognise and report abuse. We saw that all staff had received safeguarding adults level 2 training and safeguarding children level 2 training. The service had safeguarding leads who were trained to level 3 including the service's practice development nurse and the area manager.

Staff could give examples of how to protect patients from harassment and discrimination. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with knew the types of abuse that should be referred and could give examples of referrals they had made including instances of self-neglect and concerns around patient's care arrangements.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of who the service's safeguarding leads were and how to contact them. There was a safeguarding adults policy, which was in date and ratified which detailed staff roles and responsibilities in relation to safeguarding concerns, which all staff had access to on the internet.

Staff followed safe procedures for children visiting the ward. There was a child protection policy in place which only allowed people under 18 to visit the unit if risk assessments had been undertaken. Staff we spoke with were aware of the policy and how to spot signs of abuse in children and young people. All staff within the service had completed safeguarding children level 2 training to ensure that staff were competent to spot the signs of abuse for visiting children.

Cleanliness, infection control and hygiene

The service did not always control infection risk well. We observed poor hand-washing practice and poor hygiene practices in relation to the service's aseptic non touch technique. However, staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Aseptic non touch technique was not consistently applied. We observed a member of staff connecting a patient to dialysis and were concerned that the same wipe was used on both external and internal connections. This meant we were concerned that this was a potential infection, prevention and control (IPC) risk.

The service's policy commencement of hemodiafiltration (HDF) via central venous catheter (CVC) advised wiping catheter lumens and thoroughly cleaning the hubs with wipes and then leaving the wipes around the catheter limbs. These same wipes that cleaned the exterior are then used to pick up the lumen and we saw that this meant that the wipe touched areas inside the bung. We observed a member of staff using the same wipe to clean around the bung when it was slightly dirty. This meant the same wipe that had cleaned the exterior of the CVC was used to clean the interior bung.

We raised our concerns on inspection with the service's area manager and practice development nurse. Following this the service updated their policy to ensure that wipe used to clean the catheter lumens was disposed of and a new wipe was used to pick up the lumens. The service provided evidence that training had taken place for clinical staff on the updated procedure and assessments taken place for clinical staff.

Staff did not always follow infection control principles. We observed four members of staff washing their hands after patient contact, however they did not always follow national guidance and rushed this process which posed an infection risk to patients. The service conducted monthly hand hygiene audits, we saw the service scored 91% in January 2020 and 100% for October 2019. We were concerned that these audits were not picking up the issues with hand washing that we identified on our inspection.

We fed back this concern to the service leaders on the day of our inspection. Following this feedback, the service's practice development nurse conducted a training session for staff on the service's practice for washing hands.

We observed good use of personal protective equipment (PPE). There were PPE dispensers containing gloves and aprons readily available throughout the unit. Staff used appropriate personal protective equipment such as aprons, masks, goggles and gloves in line with best practice.

Ward areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Environmental cleaning records were up to date and demonstrated that all areas were cleaned regularly. However, we did observe an instance where a member of staff did not clean up a blood spillage in line with the service's policy. The member of staff cleaned the spill using antibacterial wipes when the service's policy stated to use another cleaning agent. Following the inspection, the service's practice development nurse told us they had asked staff to re-read the policy and to sign to acknowledge they had read and understood it.

Water used for the preparation of dialysis fluid was monitored for contaminants and microbiology issues. Chlorine levels in water were tested daily and other contaminates such as nitrates tested monthly to ensure the quality of the water used. This was in-line with the Renal Association guideline 3.3 – HD: Chemical contaminants in water used for the preparation of dialysis fluid. We viewed the daily water plant records, which were completed in full.

The service conducted monthly infection control audits which included assessing the cleanliness of the environment, equipment and access to personal

protective equipment. We saw the service performed well in these audits scoring 90.63% for December 2019, 97.2% for January 2020 and 93.8% for February 2020. The audits included recommendations and actions where standards were not met.

Staff cleaned equipment after patient contact but did not label equipment to show when it was last cleaned. We observed staff cleaning the dialysis chairs thoroughly after each patient use with anti-bacterial wipes. Staff cleaned the dialysis machines after each patient use with a stronger anti-bacterial agent.

The service monitored infection rates among patients and routinely swabbed patients for methicillin-susceptible staphylococcus aureus (MSSA). During the previous 12 months there had been no reported cases of MSSA. All patients were also screened for blood borne diseases such as Hepatitis B and C. There had been no cases of healthcare acquired infections in the service since it opened in January 2019.

The service's standard operating procedure for the delivery of haemodialysis care in the Clacton satellite unit stated that patients who tested positive for Hepatitis B were unable to be treated at the Clacton site as the service did not have an isolation room with en-suite facilities. These patients were treated at the Colchester unit with isolation rooms in line with national guidance.

Patients returning following dialysis in a country with a high blood borne virus (BBV) risk had to be dialysed at the nearby larger site with isolation facilities for three months until they tested clear for BBV and Hepatitis B.

Environment and equipment

We observed unsafe sharps management practices. Two members of staff were observing re-sheathing needles. Re-sheathing is the practice of recapping a needle after its use. The design, maintenance and use of facilities and premises kept people safe.

We observed two members of staff re-sheathing needles during the dialysis process. Re-sheathing is the practice of recapping a needle after its use. Research has shown that re-sheathing increases the risk of sharps injuries. We raised this as a concern with the' services leadership team who informed us that this was not accepted practice nor was in it the services policies to do so. Following our inspection, the service provided evidence that staff had been re-trained and signed to confirm they had read the service's sharps management procedure.

The service had enough suitable equipment to help them to safely care for patients. The service had invested in new equipment when opening in January 2019 which meant that all of the dialysis machines were just over a year old at the time of our inspection. The machines had not yet been serviced as they were not due to be serviced until they were two years old in line with manufacturers guidance.

In the dialysis treatment area, there was a locked clean utility room for storage of dressings, medication and other clinical items. We found all items we checked to be within their expiry date.

The service had a large store room for consumable items such as dressings, clinical items and personal protective equipment. All items we checked were within their expiry date. There was a locked cupboard for the storage of hazardous substances in line with control of substances hazardous to health (COSHH) requirements.

Patients could reach call bells and staff responded quickly when called. All patients were visible from the nurse's station and we saw staff were attentive and responded promptly when patients sought their attention.

The design of the environment followed national guidance. Handwashing sinks were located by each dialysis station and throughout the unit. Each dialysis station contained a treatment chair which could be reclined and fully adjusted to ensure patient's comfort. Stations provided sufficient distance between neighbouring dialysis stations to prevent the risk of cross infection and offer a degree of privacy. This was in line with Health Building Note 07-01- Satellite dialysis unit. If a patient preferred to dialyse privately there was one side room available, however this did not have en-suite facilities.

The unit was located on the ground floor and there was level access for wheelchair users. There was a car park with ample parking for disabled service users.

Staff carried out daily safety checks of specialist equipment. There was an emergency resuscitation trolley

located in the dialysis treatment area. Daily checks of the equipment on the top of the trolley were completed. This included checks of the oxygen cylinder, pulse oximeter, suction and defibrillator units. The trolley was sealed with a numbered tamper proof security tag which was removed once a month to enable staff to check the contents of the trolley. The trolley contained an anaphylaxis kit, airways, and intravenous fluids alongside a checklist detailing all items. We saw that all items and medicines were within date.

The service had two spare dialysis machines to ensure that the service could be delivered in the event of machine failures. We reviewed training records and saw that relevant staff had completed training on the machines.

The service performed monthly audits of machines and equipment. We viewed the January and February 2020 audits and saw that the service performed well.

The service had suitable facilities to meet the needs of patients, including a small kitchenette area where staff prepared hot beverages for them. The service had television screens at the dialysis stations for patients to watch television during their visit.

Staff disposed of clinical waste safely. We observed staff appropriately disposing of clinical waste. The service had access to large outside clinical waste bins which were kept behind locked gates. The service had a service level agreement in place to dispose of clinical waste.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. However, staff were not always completing standing blood pressure assessments despite documenting this. Not all staff were familiar with the services policy for using a nationally recognised tool to monitor deteriorating patients.

Staff completed risk assessments for each patient on arrival and updated them when necessary and used recognised tools. Staff completed risk assessments for each patient when they first commenced dialysis treatment at the unit and updated them when necessary. All patients were risk assessed when they first started treatment at the Colchester unit which included moving and handling risk assessments, skin integrity risk assessments, falls risk assessment, and venous needle dislodgement risk assessment. Risks assessments were repeated at least monthly on all patients for venous needle dislodgement, falls, pressure ulcers and manual handling. In addition, their venous access point (fistula or catheter) was at every dialysis session for flow and any signs of infection. We reviewed eight sets of patient records and saw that all risk assessments had been completed and reviewed appropriately.

However, we saw that falls assessments had documented for patients that there was no difference between their standing and lying blood pressure. However, we could not see evidence that standing blood pressure assessments had been taken. This meant that falls assessments may not be accurate and patients with greater risks of falls may not be identified. Following our inspection, service leaders told us that new procedures had been put in place to ensure all patients received a standing blood pressure and that this would be documented in their electronic system.

There were procedures in place to assess patients with blood borne virus (bbv). The service scheduled monthly blood tests and swabs for patients to monitor patients for bbv and healthcare acquired infections. Patients who were identified as having a bbv or healthcare acquired infection were transferred to the Colchester unit to ensure that isolation precautions could be followed.

Patients and their blood results were reviewed monthly by the multidisciplinary team. Consultants reviewed patient's care plans quarterly and updated them as necessary.

Prior to dialysis patients' weight, blood pressure and temperature were recorded, and a general wellbeing assessment was conducted. Throughout dialysis observations including blood pressure, temperature and heart rate were recorded every 30 minutes. Results were recorded automatically by the machine. The frequency of observations would be increased if the findings were of concern.

Not all staff were familiar with the services policy for using a nationally recognised tool to monitor deteriorating patients. Patients were monitored throughout their treatment session and any observations that were unusual staff would escalate to the referring trust's on call doctor in line with the service's standard operating

procedure. In the event of patient deterioration staff would contact the consultant on call or ring for an ambulance in an emergency. The standard operating procedure states that staff would be trained to transfer information using recognised tools including the National Early Warning Score (NEWS) and the multiracial visual inspection catheter tool observation record (MR VICTOR). However, when we spoke with a member of staff about deteriorating patients, they told us that whilst they were familiar with NEWS, it was not used on the unit. However, the service did have posters detailing the NEWS procedure displayed on the unit and service leaders were aware of the NEWS policy. By not using the NEWS policy it posed a risk that deteriorating patients may not be escalated appropriately.

Staff within the service were unsure what they would do in the event of a patient death. Three patients had fully completed do not attempt resuscitation (DNAR) forms in their patient records but staff told us they did not know who would pronounce the patient as dead and how the body would be moved in the event that a patient died on the unit.

Staff knew about and dealt with any specific risk issues. Staff had received sepsis awareness training and had a good understanding of sepsis and how to escalate patients with suspected sepsis. The service's NEWS policy included information on the signs of sepsis.

There were protocols in place to ensure patients identity was taken prior to treatment. Staff followed processes for patient identification, which met the professional guidance on the administration of medicines in healthcare settings. Staff routinely asked patients for their names and date of birth, prior to commencing dialysis and issuing medicine. Patient's records contained a picture of the patient as an extra precaution to ensure the correct patient was being treated.

Staff shared key information to keep patients safe when handing over their care to others, however staff were not aware they could access patient's NHS records. We saw that all staff had written clear information in the patients records regarding treatment plans and care. However, staff told us that they did not have access to the patients NHS records. Managers provided information that stated that staff did have access to the trust's electronic patient information system with all staff having honorary contracts allowing them access. We were concerned that staff were unaware of this access should it be required but staff we spoke with were aware of escalation procedures and who to contact in the trust if they required further information.

Nurse staffing

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

The service had enough nursing staff and support staff to keep patients safe. Staff to patient ratios were specified by the commissioning trust. At the time of our inspection there was a current establishment agreement of two registered nurses and one healthcare assistant on duty per shift. Staff were directly employed by the Clacton unit and there were six members of staff employed at the unit in total. This was in line with the British Renal Society's, Renal Workforce Planning Group 2002 recommendations. There were escalation processes in place to ensure minimum staffing levels were maintained.

Staffing establishment was determined in line with the services headcount tool which was used by unit and area managers to maintain safe staffing levels. The service's area manager reviewed staffing and reported this information to the commissioning trust.

The number of nurses and healthcare assistants matched the planned numbers. On the day of our inspection there were three registered nurses and one healthcare assistant. One registered nurse was supernumerary as part of their induction. The service's senior nurse had completed a specialist renal nursing course.

The service had low vacancy rates. The service had one vacancy for a clinic manager at the time of our inspection. The service was actively recruiting to this role.

The service had low sickness rates. There was a sickness rate of 2.56% for registered nurses and 0.2% for healthcare assistants.

The service had high rates of bank and agency nurses used. However, managers requested staff familiar with the service. The service had an internal bank staff system

of experienced dialysis nurses that were used to help mitigate the number of agency staff that may be unfamiliar with the service. The service offered overtime to staff as well as bank shifts to ensure safe staffing levels were met.

The service reported that they had employed bank registered nurses for 42 shifts in the previous three months and agency registered nurses for six shifts. Staff told us that this was to cover a vacancy that had recently been recruited to.

Managers made sure all bank and agency staff had a full induction and understood the service. The service's bank and agency induction included doing two days supernumerary to ensure competencies including machine competencies and cannulation competencies were signed off. The service had a temporary staff checklist in place which included the following competencies: basic dialysis practices and machine handling, the dialysis treatment, aseptic non touch technique, intravenous iron review and low molecular weight heparin. We saw a completed checklist for a temporary member of staff.

Medical staffing

The service did not directly employ medical staff. However, the unit was supported by enough medical staff from the commissioning trust 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 was supported by three consultant nephrologists at the commissioning trust. The consultant's visited the unit on a monthly rotating basis to conduct clinical reviews for patients.

Staff told us that they could contact both the consultant nephrologists and on-call registrars by telephone should they need to escalate any patient concerns and that they were always contactable. The commissioning trust's consultants were on call from 6:30am to 6:30pm Monday to Friday. The service had access to the registrar on call 24 hours a day, seven days a week.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. However, staff told us that they did not have access to the patients' NHS records.

Patient notes were comprehensive, and all staff could access them easily. The service was in the process of transferring from paper to electronic records. Each patient had a patient file where their treatment plans and risk assessments were completed. These were stored in a locked cupboard by the nurse's station.

We reviewed eight sets of patient records and saw that these were contemporaneous, completed in full and sufficiently detailed. All records we reviewed had entries from the medial team and commissioning trust's dietitian.

Patient records were audited monthly, we reviewed the results from the previous three months. The information provided to us did not state what the services target was for compliance. The service scored 87% in February 2020, 99% in January 2020 and 86.6% in December 2019. We were not provided with any action plans so it was not clear what action the service took if standards were not met.

When patients transferred to a new team, there were no delays in staff accessing their records. The service ensured records were sent between the two commissioning sites promptly to ensure that patients had their paper record for treatment if they were transferred to the larger site.

Medicines

The service used systems and processes to safely administer, record and store medicines. However, staff told us that oxygen was often given to patients without being prescribed.

Staff told us that oxygen was often given to patients without being prescribed by a doctor. We fed back to service leaders about this practice and following our inspection the service implemented a new system of prescribing oxygen to patients on an as needed basis if they were likely to use oxygen.

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

Medicines management was governed by a corporate Diaverum UK medication handling, storage and disposal policy. Staff were trained on the safe administration of medicines including intravenous medicines. Registered nurses were required to complete annual medicines management training. We saw that 100% of all substantive staff were up to date with their medicines management training.

All medicines were stored appropriately in a locked cupboard or locked fridge in the locked clean utility room. The unit did not store or administer any controlled drugs.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Medicines were reviewed by the commissioning trust's consultant nephrologists when they conducted monthly patient reviews.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. We reviewed a sample of medicines held by the unit. All medicines we reviewed were within the manufacturer's recommended expiry date. We reviewed eight prescribing documents and saw these had appropriate prescriptions and were in date.

There was a nominated renal pharmacist at the trust who supported consultants to appropriately prescribe medicines to dialysis patients.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Any safety alerts relating to medicines were highlighted by the practice development nurse or area manager who ensured that information was cascaded to staff at the unit either in team meetings or by email.

Incidents

Staff recognised and reported incidents and near misses. When things went wrong, staff knew to apologise and give patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. However, we did not see evidence that staff met to discuss the feedback and look at improvements to patient care.

Staff knew what incidents to report and how to report them. Staff we spoke with were able to give examples of what they would report as an incident and told us they had access to an electronic incident reporting system. For example, staff told us they would report falls, water monitoring concerns and shortening of dialysis periods as incidents. Staff had received training from the services practice development nurse on incident reporting.

Staff raised concerns and reported incidents and near misses in line with provider policy. There was an incident reporting and follow up of clinical incidents policy which identified staff responsibilities and provided guidance on how and when staff should report incidents. The service had no never events or serious incidents in the previous 12 months. We saw in the services contract meeting minutes that the number of incidents reported each month was monitored and discussed. Themes were identified in the incidents reported including transport delays and vascular access issues.

Staff understood the duty of candour. Staff we spoke with could explain what the duty of candour was and could give examples of when it should be applied. This is a regulation that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

Managers told us they investigated incidents thoroughly. Managers were alerted to incidents through emails and provided an initial debrief before undertaking a route cause analysis into the event. The service's practice development nurse worked across all the provider's dialysis units and inputted into serious incident investigations, to ensure consistency across the provider.

We requested the services last three incident investigations but were not provided with these.

We did not see evidence that staff met to discuss the feedback and look at improvements to patient care. Staff told us that incident learning was shared either as a one-off debrief with staff or as part of team meetings, however we reviewed the team meeting minutes for the service for the previous four months and did not see any discussions about incidents either from the Clacton site or other sites. Incidents were not a standing agenda item.

Requires improvement

Dialysis services

Service leaders told us that incident learning from other units was shared through a monthly call with the director of nursing and clinic managers. It was then the clinic managers responsibility to cascade this information to staff at team meetings. We were concerned that the lack of clinic manager was having an affect on incident communication to the team. The service did not currently have a clinic manager and we could not see evidence that another member of staff had taken this responsibility and shared learning with staff.

However, there was evidence that changes had been made as a result of feedback. Staff could provide examples where incidents had previously changed practices including instances where criteria for patients in side rooms had changed to ensure that patients with certain underlying health conditions could be in view of the nurses station.

Are dialysis services effective?
(for example, treatment is effective)

Good

We have not previously inspected or rated this service. We rated effective as **good.**

Evidence-based care and treatment

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

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care. All policies and procedures were based on national guidance, standards and legislation set out by the renal association haemodialysis guidelines, National Institute for Health and Care Excellence (NICE) QS72 and the national service framework for renal services 2004. Managers told us that all policies and procedures were available on the intranet which all staff had access to.

There was not always a clear review date for policies. We found three policies on site with no review date including the services commencement of hemodiafiltration (HDF) via central venous catheter, emergency evacuation procedure and temporary staff procedure. Following our inspection, the service sent us through an updated copy of the policies which had new review dates.

Staff followed policies to plan and deliver high quality care according to best practice and national guidance. Treatment to patients was provided by staff in line with their individual treatment prescriptions, which were based on the Renal Association Haemodialysis guidelines (2009) and the National Institute for Health and Care Excellence (NICE, Quality standard QS72, 2015). Prescriptions were reviewed and amended by the multidisciplinary team following monthly monitoring of patient's individual blood results. This enabled the medical team to review the effectiveness of treatment and to make improvements or changes to a patient's care plan.

NICE Quality Statement (QS72, 2015) was followed regarding how staff monitored and maintained each patient's vascular access (for treatment). All patients receiving treatment had their vascular access site monitored and maintained prior to dialysis. Nurses monitored the vascular access site and recorded this on the electronic patient record system. Any concerns were raised with the consultant nephrologist. This was in line with the National Institute for Health and Care Excellence (NICE) QS72 statement 8.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

Specialist support from staff such as dietitians was available for patients who needed it. The dietitian promoted education of food, diet and weight management. We saw from the eight patient records we reviewed that each patient had a monthly dietitian review.

Patients were offered beverages and snacks during each dialysis session including tea and biscuits.

Pain relief

Staff monitored patients to see if they were in pain. However, patients didn't always receive pain relief soon after requesting it.

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

Patients didn't always receive pain relief soon after requesting it. Staff told us that pain medications were not prescribed for each patient in case they required it. Staff would have to telephone the service's consultants to ask them to prescribe pain relief and send over a prescription. Staff told us this often caused delays in excess of 30 minutes. We fed this back to senior leaders within the service. Following the inspection, service leaders informed us that all patients were now prescribed pain relief on an 'as needed' basis to prevent future delays.

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. The unit measured and reported to the commissioning trust on its effectiveness against the quality standards of the Renal Association Guidelines. Electronic treatment data collected by the dialysis machines was submitted to, and combined with data from, the commissioning trust for inclusion in its overall submission to the UK Renal Registry. We requested the annual data from the service submitted to the UK Renal Registry, however this was in the process of being submitted and was not ready during the period after our inspection.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff used the results to improve patients' outcomes. The service measured dialysis adequacy using clinical parameter measures (CPM). The services CPM looked at a range of factors including how effective the dialysis was by testing urea levels in the patient's blood at the start and end of dialysis, haemoglobin levels and mean blood pressure levels. The provider set targets each year for clinics to achieve, the provider sent us data which demonstrated that the Clacton unit was in the top three performing Diaverum units in the UK. The service had a CPM score of 2681 points placing the clinic above the provider target of 2540.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers carried out a comprehensive audit programme. Each Diaverum unit had an unannounced annual clinical audit led by a practice development nurse and the nurse director for the organisation. The audit covered uniform compliance, infection prevention control, the risk register and document management. We viewed the services audit results for April 2019 and saw that the service performed well for training completion, document management and incident reporting. The service had created an action plan for areas they did not perform well in including working at heights and risk management. We saw that actions were assigned to a named member of staff with a target completion date and a sign off date.

There were a range of other operational audits which were completed monthly by each clinic and reported to the local trust during contract meetings. These included hand hygiene audit results and records audits. We saw in the January 2020 meeting the service reported 100% in the needle tapping audit, 91% in the hand hygiene audit and 98.5% in the dialysis record audit.

Managers used information from the audits to improve care and treatment. The unit audited a range of other measures which were benchmarked against the provider's other units nationally. These included effective weekly treatment time, vascular access for renal dialysis, infusion blood volume score, haemoglobin score and albumin score. Results from audits were discussed at the service's contract meetings and team meetings.

We reviewed the services last six performance meetings and saw that the service generally performed well for patients commencing treatment within 30 minutes of appointment, 98% in January 2020 and October 2019 and 97.2% in June 2019. The service monitored fistula prevalence which is a type of vascular access for dialysis patients. In October 2019 the service's fistula prevalence increased to 68%. Fistula access are considered to be safer than other forms of dialysis access.

Managers shared and made sure staff understood information from the audits. Managers shared and made sure staff understood information from the audits. The

monthly meetings held between clinic managers and staff included a standing agenda item to discuss quality which covered audit results and performance information.

Improvement was checked and monitored. Any low compliance areas found during the audit process were reviewed by the clinic manager and area manager so that they could agree actions needing to be taken. There was an action plan template used to record these actions which documented actions to be taken, the named responsible person for the actions, due date and completion date.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All registered nursing staff employed at the clinic had undertaken the providers bespoke dialysis training programme which included a practical assessment on the machines. The service had one nurse had completed a specialist renal nursing course and one other nurse who was working towards their specialist renal nursing qualification.

Managers gave all new staff a full induction tailored to their role before they started work. The service's induction programme included the allocation of a mentor, a tour of the unit and a comprehensive competency assessment booklet. Based on experience level all new staff were supernumerary for a period of six to twelve weeks. Staff were allocated two mentors to guide them in their new role.

We reviewed a member of staff's induction folder and saw that it was comprehensive, and that the member of staff was in the process of having their competencies signed off. Competencies included the aseptic non touch technique, infection prevention and control, low molecular weight, catheter locks and a machine assessment.

Managers supported staff to develop through yearly, constructive appraisals of their work. Data showed the service had an appraisal rate of 100% for the last 12 months. Staff told us that they had received an appraisal in the previous 12 months and that they had found it meaningful. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us the appraisal process had supported their development plans and had outlined any educational needs they had. Managers described this as a two-way process where staff self-appraised their own performance and the supervisor appraised their performance, and the appraisals were reviewed and discussed at an appraisal meeting. Previous learning objectives were reviewed and targets were set for new objectives which were achieved through learning plans which were agreed during the appraisal meeting.

The clinical educators supported the learning and development needs of staff. The Provider's practice development nurse (PDN) was onsite monthly and staff knew how to contact them through telephone and email. The PDN had introduced a development programme for staff of different grades including providing support for healthcare assistants to train to become registered nurses. There was a development programme in place for registered nurses to train to become senior nurses and deputy clinic managers.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service's PDN organised annual study days for different grades of staff including senior nurse study days and junior nurse study days. The study days had featured topics such as vascular access, deteriorating patients, mentoring and clinic audits.

Staff were encouraged to attend national and international conferences including the peritoneal dialysis conference, Anaemia Nurses Society Conferences, The European Dialysis and Transplant Nurses Association/European Renal Care Association (EDTNA/ERCA) conferences.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We saw that the service held monthly team meetings and minutes of these were stored on the services shared drive.

Managers made sure staff received any specialist training for their role. Senior nurses were supported to complete the advanced renal course. Healthcare assistants were supported to undertake national vocational qualifications (NVQs).

Managers identified poor staff performance promptly and supported staff to improve. If a staff member failed to comply with meeting standards of care and competence in delivering safe patient care, a specific plan was put in place to support the staff member. Regular meetings were scheduled, progress tracked and documented. Human Resources were actively involved in supporting and implementation of performance management plans.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care.

Nursing staff worked together with the consultant from the local acute trust to deliver safe and effective care to patients.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. We reviewed the minutes of these for November and December 2019 and saw that patient's care and treatment was discussed. However, the minutes did not contain detailed discussions and actions were not clearly assigned to named members of staff.

Staff worked across health care disciplines and with other agencies when required to care for patients. All staff we spoke with reported a good relationship with the medical team in the commissioning trust. Staff ensured that patients received care from the multidisciplinary team including regular reviews from the commissioning trust's nephrology consultants and dietitians.

Seven-day services

Key services were available six days a week to support timely patient care.

The service ran two dialysis sessions across eight beds per day from 8am to 8pm Monday to Saturday. The service had availability for further 'twilight' dialysis sessions should the demand for dialysis increase.

Staff could call for support from doctors 24 hours a day, seven days a week. Staff could contact the commissioning trust's registrar on call at any time.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support on the unit. The service had relevant information promoting healthy lifestyles and support. We saw a wide range of information posters displayed and leaflets made available to patients in the clinic waiting area. These included diabetes testing information, hand hygiene posters, kidney federation recipes and resources and a flu vaccination poster.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. All patients were provided with a patient handbook when they first started treatment at the unit. This provided information on the dialysis treatment procedure and advice on living with dialysis and remaining healthy. In addition, there was contact information for kidney patient support groups and helplines.

Consent and Mental Capacity Act

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and they knew who to contact for advice. All clinical staff completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards during their induction and updated this three-yearly. Data provided showed that 100% of staff were up to date with this training. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff were able to describe instances when they had needed to adapt their approach to care when there were concerns about a patient's ability to consent to treatment. There was an informed consent for treatment policy which provided guidance for staff to follow.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The informed consent policy set out the process for obtaining written consent to dialysis at the start of treatment at the unit. Staff made sure patients consented to treatment based on all the information available. The policy set out that patients should be provided with information prior to their first treatment, which included explanation of the risks and benefits of treatment and of any available alternative treatment, in order that they could make an informed decision about receiving dialysis treatment. Patients were also requested to provide consent for blood sampling and data sharing. All consent forms were updated annually.

Staff clearly recorded consent in the patients' records. We reviewed eight sets of patient records and saw that these all included a record of the patient's written consent to treatment.

Are dialysis services caring?

Good

We have not previously rated this service. We rated caring as **good.**

Compassionate care

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

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. All patient interactions we observed were kind and considerate. Staff took time to talk with patients whilst treating them and enjoyed a good rapport with patients.

In the dialysis treatment area there was a staff information board indicating which staff were on duty that day with a named nurse in charge. Each patient had a named nurse who took them on and off of the dialysis machine and monitored them during the treatment session.

Patients said staff treated them well and with kindness. We spoke with seven patients during the inspection who unanimously praised the staff within unit as being kind and supportive. One patient told us that the unit was a relaxed and happy place and that staff took the time to engage with patients.

Staff followed policy to keep patient care and treatment confidential. We saw that staff kept care records confidential and had personal conversations in hushed tones so that details could not be overheard by other patients attending the clinic.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff were aware of religious festivals and made sure to recognise them by putting up displays or decorations to mark the event.

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. The service could refer patients to a local mental health charity if they were in need of additional emotional support. The service had contact details for the commissioning trust's social worker and could refer patients.

The service had an active peer support group who offered additional support services for patients, their family members and carers. Where any social needs were identified, the patient's GP and community social services were contacted.

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 completed an assessment to determine individual needs. We spoke with staff about inclusivity within the service and they spoke about the demographic of their patient base and how they would make adjustments to ensure patients could have their cultural and religious needs met such as segregating male and female patients to pray where requested. Staff recognised that the dialysis experience was an unwelcome experience for some patients and ensured they took the time to speak with these patients and reassure them about the process.

Requires improvement

Dialysis services

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients were actively involved in making decisions about their ongoing care. An education programme was available online for patients using the service which helped to promote shared-care and self-care. Patients were encouraged to take their own blood pressure and temperature and wash their access arm prior to each dialysis session. They also were asked to weigh themselves pre and post dialysis.

Staff supported patients to make informed decisions about their care. All patients were reviewed at monthly by the renal consultant and at this appointment had opportunity to discuss their treatment regime and make decisions about their future care. For example, patient's blood results and medications were reviewed with them and they were involved in any decisions about changes to treatment that may be suggested by the consultant. At each dialysis treatment session, they had a named nurse with whom they were able to discuss any concerns.

The service offered a patient record view service where patients could register online to view their blood results. However, staff told us that take-up had been low within the unit.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We observed staff speaking to patients in a way they could understand and avoiding medical jargon.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service had conducted a patient survey in June 2019 with a response rate of 68.8% of patients. The survey asked patients about their involvement with the service, diet understanding, waiting times, care improvements and whether they would recommend the service. Patients gave positive feedback about the service. 80% of patients said they would recommend the service, 91% felt there had been care improvements made and 98% of patients felt they had a good understanding of their diet.

We saw that patients had left positive feedback including:

- "Staff at Clacton are caring and friendly and help make the hours pass quicker. I could not ask for more. Every single member of staff go out of their way to make it less of a chore."
- "The nursing staff at Clacton are excellent."
- "Staff have been amazing teaching me self-care."

The service had an action plan in place to deal with any negative feedback including a trust review of rotating doctors to increase doctor involvement at the unit. Other actions included working with the commissioning trust and the clinical commissioning group (CCG) on improving transport for patients.

Are dialysis services responsive to people's needs?

(for example, to feedback?)

Good

We have not previously inspected or rated this service. We rated responsive 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 unit had a contract with the local NHS trust renal unit and worked closely with the trust to understand the needs of renal service users and plan services accordingly. The unit had monthly contract meetings with the commissioning trust to monitor performance and quality outcomes. Patients were able to access dialysis treatment at different sites in the area and depending on availability of sessions and acceptance criteria, were able to express their preference for which site they attended.

Service leaders had worked with the commissioning trust, listened to patients views and created a dialysis service which was more accessible for patients who lived in Clacton-on-Sea. Previously these patients would have long commutes to the commissioning trust site and often

experienced delays because of patient transport services. Staff told us that the plans for the service had been discussed with patients and that open days were held for patients and their families to provide feedback prior to opening.

There were plans in place to expand the service to allow for an additional four stations and to convert the side room into a full isolation room to allow greater access to patients. The work was due to start in October 2020.

The service did not have single sex toilets and it was not clear whether plans for the expansion of the unit including adding single sex toilets.

Facilities and premises were appropriate for the services being delivered. There was good access to facilities in the unit. The unit was on the ground floor of the GP building with disabled parking and level access for wheelchair users. Access to the unit was secured using an electronic doorbell system.

The service had a standard operating procedure in place to ensure that only patients suitable for the premises attended the unit. Patients who had an infection and required isolation could not be cared for at the site as it did not have a full isolation room.

There were adequate transport services with access to ambulant, disabled, self-driving and transport patient transport services. The service worked with the local NHS ambulance trust to ensure this was maintained and transport was as timely as possible. The service worked closely with the commissioning trust, a national kidney charity, the clinical commissioning group and the transport provider and held regular meetings to discuss any delays to transport services. Managers reported a significant reduction in delays following this work and patients told us that transport was generally timelier. Transport delays were reported as incidents and were raised at the services contract meetings with the local trust.

Managers monitored and took action to minimise missed appointments and ensured that patients who did not attend appointments were contacted. Patients who did not attend appointments were contacted by staff to check on their welfare and arrange an alternative treatment session. Staff told us incident reports were raised if a patient failed to attend their session. A process was in place to request a police welfare check in staff were unable to contact the patient.

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 understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff made sure patients living with mental health problems, learning disabilities and those living with dementia, received the necessary care to meet all their needs. There was a training programme for all staff which included a module on the frail person and a module on dementia. The service had access to the commissioning trust's learning difficulties nurse who assisted with any patients that had additional needs. Staff were aware of the service and how to refer to it.

The service did not yet have information leaflets available in a variety of languages. The commissioning trust had conducted demographic studies which had been shared by the service. Managers stated that the population using the Clacton unit were predominantly white British patients and that they had not yet developed leaflets in different languages. However, they were developing the translation of leaflets as it had been raised at the provider's governance meetings. Managers made sure staff, and patients, relatives and carers could get help from interpreters or signers when needed. The service had access to telephone translation services. Staff we spoke with knew how to access this service.

Staff did not had access to specific communication aids however these could be obtained when required to help patients become partners in their care and treatment. Staff could access the commissioning trust's specialists for learning disabilities and sensory impairments who could provide communication aids.

Services were planned so that patients may participate in their own care. The service had three patients on shared care programmes and had offered this to all eligible patients. Shared care involved taking a more involved

role as a patient in the dialysis process and being taught how to carry out some of the dialysis treatment. The service had an online support package to educate patients in shared care and nurses on the unit provided support and education. The service also had an online platform where patients could view their blood and swab results.

The service had a process in place for patients who received dialysis away from base. Patients who received dialysis away from base in a country with a higher infection risk rate would be cared for in an isolation room at the Colchester unit until they were cleared for treatment at Clacton.

At the time of inspection, the Clacton service was unable to accept dialysis away from base patients as they were currently at capacity. Service leaders told us they had not received any requests for this since opening in January 2019.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

Managers told us there was currently no waiting list for patients to be dialysed at the Clacton-on-Sea unit. However, the unit was at 100% capacity, with all current available dialysis slots filled.

Managers and staff worked to make sure patients did not stay longer than they needed to. The unit opened six days a week Monday to Saturday and had capacity to provide two dialysis treatment sessions) for each treatment station per day. The service had additional capacity to hold twilight sessions if demand for the service increased. Where possible, staff considered patients' lifestyle, social commitments, and preferences when allocating dialysis sessions.

Managers monitored wait times and reported these as a key performance indicator at the services contract meetings with the commissioning trust. We reviewed the services last six performance meetings and saw that the service generally performed well for patients commencing treatment within 30 minutes of appointment, 98% in January 2020 and October 2019 and 97.2% in June 2019.

Capacity discussions took place during contract meetings with the commissioning trust and options for increasing unit capacity had been explored, including the addition of new stations to the existing premises and the addition of new treatment slots. The service had plans in place to expand to 12 dialysis stations with one full isolation room in October 2020.

Managers worked to keep the number of cancelled appointments to a minimum. During the previous year, the unit had not cancelled any planned dialysis sessions for non-clinical reasons. If patients had their appointments cancelled, managers told us this would be due to an emergency or unexpected event such as machine breakdown or power failure. The unit had sufficient spare dialysis machines to accommodate machine breakdowns and managers were able to make alternative arrangements for dialysis at another unit in the event of an emergency.

Patients were provided with an information handbook about the unit and the dialysis process. Information about their dialysis treatment was communicated between the unit and the renal consultant through the use of a shared electronic records system. Consultant review clinic letters were copied to the patient's GP.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers knew how to complain or raise concerns. There was information on how to complain in the service's information handbook, given to the patient on their first appointment to the unit. Patient's told us they were aware of how to raise a complaint but had felt no need to do so.

The service clearly displayed information about how to raise a concern in patient areas. We saw several posters within the unit that provided information on raising complaints with the contact details of senior members of staff.

Staff understood the policy on complaints and knew how to handle them. Managers told us they would investigate complaints and identify themes. However, the service had not received any complaints since commencing in January 2019.

Managers shared feedback from complaints with staff and learning was used to improve the service. The service had a complaints log in place which was accessible for all staff to view on a shared drive. Whilst the service had not received any complaints, staff could view complaints and their outcomes from other services on the log. We saw that the service had a set agenda items for complaints and patient feedback at team meetings.

Staff could give examples of how they used patient feedback to improve daily practice. Staff told us about a situation where they received feedback through the service's patient user group representative regarding a lack of Christmas decorations. Leaders told us that they rectified the concern before it turned into a formal complaint and provided decorations for the unit.

The service's patient user group representative was very active in gaining and providing feedback to the service. Service leaders told us that they had face to face meetings with the representatives and frequently spoke through email. The service's national kidney charity representative had been crucial in setting up the service's transport meetings with the commissioning trust, ambulance provider and clinical commissioning group.

The service had received 30 written compliments between January and December 2019.

Are dialysis services well-led?

Requires improvement

We had not previously inspected and rated the service. We rated well led as **requires improvement.**

Leadership

The service did not have a registered manager at the time of our inspection and staff told us they felt they did not receive enough support in the absence of a clinic manager. Senior leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The service did not have a registered manager in place at the time of our inspection as the service's clinic manager role was vacant. The service's clinic manager role had been vacant since November 2019. Staff we spoke with had concerns about the lack of managerial support they had received since the previous clinic manager had left. We were concerned that there was a lack of oversight and support for local staff.

The service had actively recruited for the clinic manager role but had been unsuccessful at recruiting a suitable candidate at the time of our inspection. Service leaders told us that they wanted to ensure that the candidate selected had the relevant experience and skills to support the unit and would ensure that the right candidate was selected for the role.

The service had put in place measures to support staff in the absence of a clinic manager. Each day the unit staffing was, as a minimum two registered nurses and one healthcare assistant. Staff were receiving support from a manager from another clinic remotely by telephone and email. The service's area manager had been conducting monthly support visits to the unit to speak with staff and address any concerns they had. The service's practice development nurse told us that they had been at the site regularly to provide support for staff. On the day of our inspection there was a clinic manager from another site at the unit. They informed us that from March 2020 they would be available on site to support the unit in a clinic manager capacity for two days per week. This manager would also be managing the other site commissioned by the trust which service leaders told us would increase continuity for staff.

The service was supported by senior leaders including the area manager and a practice development nurse who had both been in role for a significant period of time and had experience in the wider healthcare sector. The service's senior leaders had the skills, knowledge and experience required for the role.

The provider had implemented a succession programme to try and prevent future instances of clinic manager vacancies. Leaders told us they found these roles difficult to recruit to a wanted to grow their own staff to develop into these roles. The succession programme involved promoting nurses into senior nurse roles with a view to develop into deputy clinic manager and clinic manager roles.

The service leaders maintained a good working relationship with the commissioning trust, the trust had a

contract manager and service manager who was in regular contact with the service's area manager. We saw that service leaders met contract leaders and consultants monthly at the service's contract review meetings.

Leaders told us that they had annual appraisals and received quarterly one to ones from their managers.

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 leaders.

There was a vision and strategy for the whole of the Diaverum group which put quality and service at the heart of care. The organisation's mission statement was 'to improve quality of life for renal patients.' We saw that the mission, vision and values were displayed in the unit reception area. Leaders we spoke with told us that the appraisal system was a values-based process.

Managers told us that strategic priorities had been defined for the five-year period ahead and were communicated to all managers and leaders. There were five strategic priorities across the Diaverum UK group which were:

- Drive continuous improvement to patient outcomes
- Be recognised as a great place to work; attract, engage and retain the best renal workforce in the UK
- Grow our business through selective participation in tenders
- Offer more services to our patients to improve quality of life
- Relentless focus on operational efficiency to minimise waste

The strategic priorities had been used to inform a new mission statement which was developed in consultation with staff globally. The mission was to deliver 'Life enhancing renal care for body, mind and soul, with passion and inspiration. Empowering patients, their friends and family, because everyone deserves a fulfilling life.'

Culture

The service performed poorly compared to other Provider sites on 11 out of 12 questions on the service's staff survey. Staff were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff surveys were carried out on a yearly basis and action plans were developed based on the results. Staff were asked to score questions between one and five. We reviewed the service's December 2019 results and saw the service score highly for questions, I know what is expected of me in my job and I have everything I need to do my job well. However, scores were lower for feeling valued (2.5) and the service scored an average of 1.5 for recommending Diaverum as a place to work. The service benchmarked the scores against other Diaverum sites and we saw that the service received poorer scores on average than other sites. The service had an action plan in place following the staff survey which included daily handover meetings and valuing staff input. Actions were assigned to a named member of staff.

There was a culture of openness and honesty and a focus on safe patient care. Staff said that they felt able to report incidents and concerns without fear of retribution.

We observed respectful and supportive working relationships at the unit during our inspection. Staff told us they enjoyed working at the unit and they felt valued but would like the support of a permanent clinic manager.

The service provided opportunities for career development with a programme of development in place for healthcare assistants to work towards either registered nurse training or becoming dialysis assistants and a management programme was in place for registered nurses.

Governance

Whilst governance processes were in place, we were not sure they were fully effective at the Clacton unit. 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.

Local level governance arrangements included monthly team meetings. All meetings followed a set agenda and were minuted and the minutes were circulated to all

appropriate staff by email. We reviewed the last four meetings minutes for January 2020 and October, November and December 2019. Set agenda items included: complaints, patient feedback, facilities and environment, quality monitoring, the risk register, education and mandatory training and HR matters. We were concerned that the meetings did not contain information about incidents despite staff telling us they received incident feedback and learning at team meetings.

At local level the service held monthly multidisciplinary meetings with the consultants from the commissioning trust, senior managers, dietitians and renal specialist nurses. Meetings discussed individual patients care and treatment plans. We reviewed the minutes of these for November and December 2019 and saw that patient's care and treatment was discussed. However, the minutes did not contain detailed discussions and actions were not clearly assigned to named members of staff.

The service held monthly contract meetings with the commissioning trust. These meetings were attended by the trust's contract manager, clinicians, area manager and senior nurses from the Clacton and Colchester units. The service discussed clinical governance as part of these meetings. Meetings set agendas included action logs, items from the Diaverum divisional meeting, patient safety issues, the services risk register, operational issues, the services monthly key performance indicator (KPI) report, governance which included incidents and complaints, staffing, dietitians updates, pharmacy updates, education and audits.

The provider held bi-monthly area meetings which included discussions around performance, incidents and provided training to senior staff.

The provider's senior management team held monthly meetings which fed information into the area and team meetings. Additionally, the provider held monthly calls, called information cascade, for service leaders in which incidents and governance were discussed.

The provider had a medical advisory board which met quarterly to discuss clinical governance and best practice in the sector.

The service had structures, processes and systems of accountability to support the delivery of the strategy and quality, sustainable services at both local and provider level. However, we were concerned that the services governance structures had not effectively identified some of the concerns we identified on inspection. The gap in leadership from the absence of a registered manager meant that there was not oversight within the service of incident learning and policies and procedures such as the use of the National Early Warning Score and poor hand hygiene practices.

Staff were clear about their roles and there were clear lines of accountability throughout the organisation as a whole.

Managing risks, issues and performance

We were not assured that the service's risk register adequately mitigated risk. Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events.

We found that arrangements for identifying, recording and management of risk were not fully effective. The service had a local risk register for the Clacton site. Risks that we had identified on the inspection, including the lack of isolation room, had been identified and placed on the register. There was a process in place whereby the risk register was reviewed as part of the service's monthly contract meetings with the commissioning trust.

We reviewed the risk register and saw that the service had seven live risks. Risks were scored and actions were assigned to staff members, however there was a lack of oversight to ensure these were managed appropriately. For some risk actions were assigned to a member of staff who had left the organisation and there was a lack of details for mitigating actions. For example, the service had identified the lack of clinic manager as a risk. It was recorded that another member of staff was "supporting the clinic", however there was no further detail at to what support was offered and how to mitigate the impact on staff and patients. The service included other actions that would reduce risk score but had simply put "recruit new manager for this risk". This didn't include information on timescales and the risk that a suitable candidate would not be found.

The provider had ensured that appropriate emergency equipment was available on the premises and that staff knew how to use the equipment.

There were business continuity plans and incident response procedures for staff to follow in the event of unexpected circumstances such as the loss of facilities, power, staffing, or water or in the event of a major incident.

There was a programme of clinical and internal audit to monitor quality and service improvement. Performance was overseen at the contract meeting where metrics were reviewed. Metrics included whether patients were treated within 30 minutes of their appointment time, shortened treatments, fistula prevalence, unplanned hospital admissions, appraisal rates, compliments received, staff performance and audits. Audits looked at needle tapping, hand hygiene, high impact patients, records audits, prescription audits and infection control audits.

Managing information

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service had clear and robust service performance measures which were reported as key performance indicators and monitored by the provider and commissioning trust.

The service used information technology systems effectively to monitor and improve the quality of care. The Diaverum system enabled staff to pull blood results from the laboratory system and oversee patient blood results as a glance for each unit and action appropriately and improve the quality of care.

The commissioning trust submitted data to enter the national Renal Registry. There were effective processes between the commissioning trust and service to enable the sharing of data. The registry enabled benchmarking of similar services against each other. The service submitted data to the registry annually and was in the process of collating data for the submission at the time of our inspection. We requested this data but it was not ready at the time of writing this report.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

Managers told us that they actively encouraged stakeholders, such as dialysis patients, to feedback on their experience. Feedback methods included annual patient surveys, direct access for patients to senior managers, suggestion boxes and feedback cards and engagement with national British Kidney Patient Association advocates.

The services patient survey results for June 2019 showed that the service received an average score of 78.9%, this score was the 10th best out of 21 Diaverum units. The survey included questions on waiting times, diet understanding and care improvements.

There was regular communication of information from managers to all staff at the unit. The area manager and practice development nurse sent out corporate communications by email. The senior management team provided updates through the organisation's newsletter which also included information about the global activity of the organisation. The service held monthly team meetings.

The service engaged regularly with both the commissioning trust and the clinical commissioning group.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service was in the process of implementing the treatment guidance system (TGS). The TGS is a hand-held device to record pre, during and post dialysis observations to replace the paper notes. On the day of our inspection staff were being trained on the new system with a view to implement it imminently.

The leadership team focused on continual learning and improvement across the organisation. The clinic managers met twice a year to share knowledge and experience, review best practice and develop skills.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The service must continue to ensure that infection prevention and control practices are embedded. Including, appropriate management of sharps and safe hand hygiene practices.
- The service must continue to ensure medicines, including oxygen and analgesia, are appropriately prescribed in line with national guidance.
- The service must ensure there is an effective process in place to provide staff with feedback and learning from incidents to improve patient care.
- The provider must ensure that there are effective governance structures and processes in place. Including appropriate policy review, oversight and monitoring of staff compliance.
- The provider must ensure there are effective processes in place for identifying, recording and managing risk issues and mitigating action.
- The provider must ensure there are effective processes in place to support interim leadership arrangements and continue to seek to recruit a registered manager.

Action the provider SHOULD take to improve

- The provider should ensure that staff are aware how to access patients NHS records if required.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment (1) Care and treatment must be provided in a safe way for service users. (2) Without limiting to paragraph (1), the things which a registered person must do to comply with that paragraph include: (e) ensuring that the equipment used by the service provider for providing care and treatment to a service user is safe for such use and is used in a safe way. (h) assessing the risk and preventing, detecting and controlling the spread of infections, including those that are health care associated. (g) the proper and safe management of medicines.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. (2) Without limiting Paragraph (1), such systems or processes must enable the registered person, in particular, to- (b) assess monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 5 (Registration) Regulations 2009 Registered manager condition (1) Subject to paragraph (2), for the purposes of section 13(1) of the Act, the registration of a service provider in respect of a regulated activity must be subject to a registered manager condition where the service provider is – (a)a body of persons corporate or unincorporate; or (b)an individual who— (i)is not a fit person to manage the carrying on of the regulated activity, or (ii)is not, or does not intend to be, in full-time day to day charge of the carrying on of the regulated activity.