

Renal Services (UK) Ltd - Newcastle







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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Overall summary

Renal Services Ltd (UK) - Newcastle is operated by Renal Services Ltd (UK). It is commissioned by Newcastle Upon Tyne Hospitals NHS Foundation Trust (NUTH) to provide

an outpatient satellite dialysis service to their patients. This is a nurse led service with patients remaining under the clinical management of the renal consultants employed at the trust.

Summary of findings

The service is delivered from a purpose built facility situated in Orion business park, North Shields. It is a 10 treatment station clinic, comprised of nine stations in the general area and one side room, which can be used for isolation purposes.

The clinic provides haemodialysis for stable adult patients with end stage renal disease/failure. The service provides renal dialysis for patients over the age of 18 years.

We inspected this service using our comprehensive inspection methodology and carried out an unannounced visit to the hospital on 16 August 2019.

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.

We rated the service as **Good** overall.

- The service had enough staff with the right qualifications, skills, training and experience. Records were of a very high standard, they were detailed, clear, up-to-date, stored securely and easily available to all staff providing care. Staff understood how to protect patients from abuse. The service controlled infection risk well and completed risk assessments for each patient to remove or minimise risks.
- The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff gave patients enough food and drink to meet their needs and improve their health. The service made

adjustments for patients' religious, cultural and other needs. Staff monitored the effectiveness of care and treatment and used the findings to make improvements.

- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. 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.
- 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 treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and was focused on sustainability and growth of services.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff, could raise concerns without fear.
- Leaders operated effective governance and performance processes, throughout the service and with partner organisations. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- Managers and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients and were committed to continually learning and improving services.

However, we also found the following issues that the service provider needs to improve:

Summary of findings

- We found that a number of dialysis machines were overdue their annual service.
- As a new clinic had been added to the portfolio of the Newcastle clinic manager we were concerned that they did not have the capacity to effectively manage and supervise three clinics.
- Senior managers had not yet developed an action plan to improve the issues highlighted in the 2018 staff survey.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (Northern Region)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	We rated Renal Services (UK) – Newcastle as good overall with a good rating for all of the key questions; safe, effective, caring, responsive and well-led.



Summary of findings

Contents

Summary of this inspection

	Page
Background to Renal Services (UK) Ltd - Newcastle	7
Our inspection team	7
Information about Renal Services (UK) Ltd - Newcastle	7
The five questions we ask about services and what we found	9

Detailed findings from this inspection

Overview of ratings	13
Outstanding practice	29
Areas for improvement	29

Good 

Renal Services Ltd (UK) - Newcastle

Services we looked at:

Dialysis services

Summary of this inspection

Background to Renal Services (UK) Ltd - Newcastle

Renal Services Ltd (UK) - Newcastle is operated by Renal Services Ltd (UK). The service opened in May 2016. It is a private clinic in North Shields, Newcastle Upon Tyne. The service is contracted by NUTH for the provision of outpatient renal dialysis to their patients in the Newcastle area.

The clinic manager had recently taken over as the registered manager of the service on the 1 August 2019.

The service is registered with the CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in renal services. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about Renal Services (UK) Ltd - Newcastle

Renal services (UK) Ltd – Newcastle is a purpose built clinic based on the ground floor of an office block in the Orion business park, North Shields. It provides treatment and care to adults only and the service runs over six days, Monday to Saturday. The clinic has been operational since May 2016.

It is a 10 treatment station clinic, comprised of nine stations in the general area and one side room, which can be used for isolation purposes.

The clinic provides haemodialysis for stable adult patients with end stage renal disease/failure. The service provides renal dialysis for patients over the age of 18 years.

There is an agreement in place with Newcastle upon Tyne Hospitals NHS Foundation Trust for the provision of outpatient satellite dialysis to their patients. Patient care is consultant-led with the day to day management of patients in the clinic carried out by nursing staff.

During the inspection, we visited the treatment areas where dialysis took place, and the other non-clinical areas of the clinic, such as the maintenance room, and water storage area. We spoke with the clinic manager and other registered nurses (RNs). We spoke with six patients

during our inspection and we reviewed five sets of patient records. We reviewed a range of other information and data during the inspection and additional information provided by the service.

At the time of the inspection there were four fulltime RNs in post, including the registered (clinic) manager and one fulltime associate practitioner as well as 12 bank staff. There were three RN vacancies.

A renal consultant from the referring NHS trust visited the clinic once a month to review patients.

Dietetic, pharmacy and other supporting services are provided by Newcastle upon Tyne NHS Foundation Trust as part of the service agreement.

There were no special reviews or investigations of the clinic during the 12 months before this inspection. The clinic was inspected by CQC in 2017 but was not rated at that time. The service was given one requirement notice at that time for a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. Regulation 12 (1) (2 a, i). The service is no longer in breach of this regulation.

Activity

Summary of this inspection

From May 2018 to April 2019, 47 patients were treated at the clinic; all of these were NHS-funded. Twenty-four patients were aged 18 to 65 years and twenty three were over 65 years.

There were 6,949 dialysis sessions carried out in this period (around 135 sessions a week).

All patients were NHS funded.

Track record on safety

There were no reported never events or serious injuries from May 2018 to April 2019.

There were two deaths of service users from May 2018 to April 2019. Neither of these deaths occurred at the clinic.

There were six incidents between January 2019 and August 2019 two were low or no harm and the others were patients becoming unwell and needing transfer to hospital.

There were no incidences of healthcare associated Methicillin-resistant Staphylococcus aureus (MRSA) or Clostridium Difficile.

There were no complaints; received by the CQC or referred to the Parliamentary Health Services Ombudsman (PHSO).

The clinic had received no written complaints from May 2018 to April 2019.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Grounds maintenance
- Maintenance of some items of medical equipment

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?

We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse, they had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean and managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating.
- 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.
- 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However, we also found the following issues that the service provider needs to improve:

- A number of dialysis machines were overdue their annual service.

Good



Are services effective?

We rated it as **Good** because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients in their care.

Good



Summary of this inspection

- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain or discomfort. They supported patients using suitable assessment tools when needed.
- 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 and held supervision meetings with them to provide support and development.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Are services caring?

We rated it 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.

Good



Are services responsive?

We rated it 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.

Good



Summary of this inspection

- 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.

Are services well-led?

We rated it as **Good** because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability and growth of services and aligned demand within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service 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.
- Managers and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services.

However, we also found the following issues that the service provider needs to improve:

Good



Summary of this inspection

- As a new clinic had been added to the portfolio of the Newcastle clinic manager we were concerned that they did not have the capacity to effectively manage and supervise three clinics.
- Senior managers had not yet developed an action plan to improve the issues highlighted in the 2018 staff survey.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Dialysis services

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

Are dialysis services safe?

Good 

We rated safe as **good**.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- The service provided an Induction and Assessed Competency Package for all new staff including bank staff. This included aseptic non-touch technique (ANTT), haemodialysis and vascular access, drug calculation and intravenous administration of medicines.
- There was a core of mandatory training requirements that all staff were required to undertake on an annual basis, such as Basic Life Support (BLS) including the use of an Automated External Defibrillator, Health and Safety, Manual Handling, Fire Training, Infection Control, Food Hygiene, Hand Hygiene, Safe Guarding, Information Governance, Equality and Diversity, Dignity and Respect. Overall compliance with mandatory training for the clinic including bank staff was 82%, this figure included new starters who had not yet completed the full training package.
- Compliance with SEPSIS training was 100%.

Safeguarding

- **Staff understood how to protect patients from abuse, they had training on how to recognise and report abuse and they knew how to apply it.**

- The service had vulnerable adults and vulnerable children policies and staff were aware of these; 100% of staff had completed level 2 Safeguarding training for children and staff and the clinic manager had completed level 3 training.
- The safeguarding lead was the clinic manager, they were supported by the head of nursing and the regional operations manager. The head of nursing was also trained to level three and told us that advice and support could be obtained from the trust safeguarding lead if necessary.
- There had been no safeguarding concerns raised by or against the clinic in 2018/19.
- Local safeguarding team contact numbers were accessible for staff within the clinic.
- Staff underwent disclosure and barring checks (DBS) just prior to appointment as part of the pre-employment checking process. All staff had a DBS check undertaken within the last three years.
- The clinic did not treat patients under the age of 18 years.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**
- There were no service (healthcare acquired) infections in the 12 months prior to the inspection. (May 2018 to April 2019)
- Renal Services (UK) Limited had appropriate policies which outlined the processes for staff to use when patients were positive to blood borne viruses. The policy

Dialysis services

contained guidance about patient immunisation, methicillin resistant staphylococcus aureus (MRSA) and hepatitis screening, the segregation of patients and machines for positive or post-holiday patients.

- We found the clinic was visibly clean and tidy and patients were satisfied with standards of cleanliness.
- Patients were screened for MRSA (Methicillin-resistant Staphylococcus aureus) and blood borne viruses (Hepatitis C and HIV) on admission to the clinic.
- We saw staff using personal protective equipment (PPE), including face visors to protect them against splashes when initiating and completing dialysis. Staff were seen to adhere to the uniform policy, were bare below the elbows and wore clean uniforms.
- We observed staff washing their hands at appropriate points of care and we observed members of staff starting and discontinuing treatment using good aseptic technique and infection prevention measures when removing lines.
- We saw that staff used an assessment tool, which helped them observe for signs of infection at vascular access sites.
- Staff assessed patients for infection risk on referral to the clinic and following admission to hospital or post-holiday. The clinic had an isolation room for the use of infectious patients. Staff told us if patients were classed as high risk for cross infection would have segregated and labelled dialysis machines for their use only.
- Monthly infection control audits, including cleanliness, hand hygiene and uniform audits were undertaken. Over the previous 12 months compliance was usually 100% and we saw that if there were any areas of poor compliance they were addressed immediately.
- Renal Services UK had guidelines for water testing and disinfecting water plant and dialysis machines. We saw dialysis machines running disinfection programmes, and staff cleaning them thoroughly and appropriately between patients.
- Staff told us dialysis machines were cleaned between each patient and at the end of each day. They followed manufacturer and IPC guidance for routine disinfection. Single use consumables such as blood lines were used and disposed of after each treatment
- Staff carried out daily water tests in line with the UK Renal Association clinical practice guidelines and we saw records that checks were carried out and water

quality was within recommended standards. There were processes in place for routine and emergency maintenance and staff knew what to do if they detected any issues.

- We saw that spill kits were available for staff to use in the event of a spillage of blood or bodily fluid and that waste was handled and segregated appropriately.
- Staff told us they were up to date with infection prevention and control training.

Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment safely and managed clinical waste well. However, we found that some machines were overdue their annual service.**
- The clinic had nine dialysis chairs / stations in the main area and a single isolation room. There was plenty of space around each station to allow for patients, staff, and equipment, in line with DH requirements.
- We saw the clinic had two spare dialysis machines, which were ready for use.
- The clinic had a consulting room, staff office, toilets for staff and patients, and a kitchen area.
- Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. Dialysis equipment and other medical devices were serviced annually.
- Renal Services (UK) Ltd had a process in place for the servicing and maintenance of the water plant and dialysis equipment. This included emergency repairs in and out of hours. We saw evidence that maintenance of the plant was carried out as scheduled. However, we found eight of the 12 dialysis machines were overdue their service date by around two months. When we raised this with the clinic manager they arranged for the servicing of the equipment to be carried out on the coming Sunday when the clinic was closed to patients.
- The service had maintenance agreements in place for other equipment such as weighing scales, pulse oximeters, centrifuge, thermometers, suction clinics and medicine fridges.
- We saw that staff kept records to confirm they checked domestic, sample and medicine fridges, glucometers and alarms daily. We saw that daily, weekly and monthly equipment checks, and logging of faults were carried

Dialysis services

out. Daily checks included water testing, medicine fridges, resuscitation equipment, alarms and lighting. Monthly checks included water quality, waste management and stock.

- We checked the resuscitation trolley and found the equipment was checked daily and records were kept.
- All staff we spoke with told us that there were adequate supplies of equipment and they received good support from the maintenance technicians. Staff told us breakdowns were repaired promptly.
- There were no spare weighing scales, however, staff told us they could access these through a rental company if needed.
- All patients had access to the nurse call system and we observed that systems were working at the time of inspection.
- Staff felt they had all of the equipment they needed and there were no compromises on patient safety. We reviewed the clean and dirty utility rooms and found them to be well organised, visibly clean with sufficient stock levels.
- Staff tested water quality daily. There was a monthly laboratory test for microorganisms, bacteria and endotoxins. The results showed no incidents of water contamination recorded.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating.**
- Only clinically stable patients were dialysed on the clinic; if someone was acutely ill with renal problems they were treated at a main NHS hospital. Decisions regarding suitability for dialysis at a satellite clinic and referral to the clinic were made by the patient's renal consultant.
- Patients had a holistic assessment on referral to ensure they could be safely dialysed at the clinic and their individual needs met. Individual assessments included assessments for pain, pressure damage risk and falls. The clinic did not dialyse patients who were living with severe dementia, or who had challenging behaviour as they were unable to meet the needs of these patients.
- Patients weighed themselves before treatment began to establish how much excessive fluid had built up in

between treatments. An agreement of how much fluid would be removed during the session was reached with the patient, taking in to account the patient's well-being and their starting weight.

- Observations of vital signs such as blood pressure and pulse were recorded before, during and after dialysis treatment.
- Staff told us that if they had any concerns they contacted the on-call registrar, easily through the hospital switchboard.
- There were pathways and protocols in place for adverse reactions such as hypoglycaemia, and anaphylaxis.
- Staff were trained in the recognition and treatment of sepsis and used the national early warning score (NEWS 2) to help them identify deteriorating patients. Staff we spoke with could describe clearly their actions for the escalation of patients who became unwell.
- In case of a medical emergency all of the staff on the clinic were trained to provide basic life support' use and automatic external defibrillator and administer adrenaline if required. The process was to call 999 and request an emergency ambulance for patients to be transferred to the nearest acute A & E department.
- There had been two 999 calls / emergency transfers to A&E since January 2019 and one less urgent transfer. The clinic staff told us they reflected on this type of occurrence to understand what went well and what could have been better to ensure they handled future emergency transfers to a consistently high standard and made any improvements where necessary.
- The clinic had personal evacuation plans for all patients.
- Staff explained risks to patients if patients opted not to complete their prescribed dialysis and asked them to sign a form to say this had been discussed and they understood the risks.
- Due to the essential requirement for the supply of water and electricity in order to treat patients, the clinic was on the critical/priority list of the local water authority and electricity board. If the supply of water is interrupted, the plant continues to provide water for dialysis for a further 20 minutes to enable staff to safely discontinue patients' treatment. In the event of power failure, dialysis machines and chairs have reserve battery packs to enable discontinuation of patient treatment safely. In the event of a total shut down there was a business continuity plan in place and patients could be transferred to other clinics nearby.

Dialysis services

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 staff a full induction.**
- Renal services (UK) Ltd - Newcastle was a nurse led service with patients remaining under the clinical management of the consultant nephrologists at the commissioning trust.
- At the time of the inspection there were four fulltime RNs in post, including the registered (clinic) manager and one fulltime associate practitioner as well as 12 bank staff (RNs and healthcare assistants (HCAs)). There were three RN vacancies.
- Three substantive staff and (two bank staff who only worked at this clinic) held a post-registration renal qualification, two further clinic staff were assessed as renal competent and one of these was to commence the post-registration qualification in November 2019.
- The staffing ratio was determined by the contract in place with the referring trust, patient dependency, ratios and recommended skill-mix identified by the British Renal Workforce Strategy group. The recommended staff: patient ratio is 1:4.5 with 70% registered and 30% non-registered staff.
- We checked two months of rotas, which demonstrated planned / recommended staffing levels were maintained.
- When staff shortages were identified, staff were flexible and covered extra shifts or requests were made for bank staff. The service had its own bank of RNs and HCAs who were all trained and familiar with the service.
- Over the three months prior to the inspection, the clinic had used registered bank nurses on 33 occasions and HCAs on 25 occasions.
- There was a named lead consultant nephrologist who provided the medical support to the clinic. They provided remote review of patients' bloods, direct contact for advice, monthly onsite clinic visits and made direct referrals. The clinic staff were able to access the referring consultant nephrologist via telephone, bleep or email. In the event a consultant was not available the staff could discuss patient concerns with the on-call renal consultant or registrar.

- The clinic staff told us they were able to access medical support and advice when they needed.
- Patients had access to dietitian and social work services through the trust. The social worker would visit the clinic on a when needed basis and dietetic advice and support was available through a virtual arrangement, when needed.
- Sickness rates for the last year were 0.6% for RNs and 0.2% for HCAs.

Records

- **Staff kept detailed records of patients' care and treatment. Records were of a very high standard, they were clear, up-to-date, stored securely and easily available to all staff providing care.**
- **Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.**
- The clinic used a combination of paper and electronic records. Data was shared between the electronic the NHS hospital database and the clinic. This meant the consultant had access to the patient results and variances and the clinic had access to records from the consultant's monthly review of the patient and any prescription changes.
- The clinic staff used secure passwords to access the trusts electronic record system.
- The paper records included the dialysis prescription, patient, and next of kin contact information, and GP details. There were also nursing assessments, medicine charts, observation charts (NEWS2) and patient consent forms.
- We looked at five sets of records and found they were kept to a high standard. They were clear, contemporaneous and care plans, personal emergency evacuation plans, consent, risk assessments and observations were all up to date.
- We saw that the electronic records contained patient medical history, referral letters, consent, dialysis treatment prescription and treatment plan, notes of multi-disciplinary team meetings and daily nursing notes. From within a patient record, outcomes could be tracked and treatment variances and incidents could be viewed and monitored.

Dialysis services

- We saw that records audits had been undertaken most months over the past year and that compliance was usually 100%. July 2019 showed a lower compliance of 85%, actions were taken to improve compliance for the following month

Medicines

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

- We found medicines were safely stored and administered via individual prescriptions by appropriately trained staff.
- The clinic did not store any controlled drugs. There were a small number of medicines routinely used for dialysis, such as anti-coagulation and intravenous fluids.
- Staff completed intravenous and medicine administration competencies. We saw from staff files, that observation of practice and competency assessments were revisited as part of the annual appraisal process and additional or refresher training was given when needed.
- The clinic manager was the lead for the safe and secure handling of medicines for the service.
- Medicines requiring refrigeration were stored in a fridge that recorded minimum and maximum temperatures, which was locked and the temperatures were checked daily. Staff were aware of the action to take if the temperature recorded was not within the appropriate range. Records we reviewed showed fridge temperatures were checked daily and were within the recommended range.
- We saw that stock checks were undertaken weekly and medicines were rotated to ensure they did not go out of date.
- Patient group directions (PGDs) were not used at this clinic. Patient specific directions (PSDs) were available for 0.9% sodium chloride for flushing of fistulas / lines and 0.9% sodium chloride infusion for symptomatic hypotension. A PSD is a written instruction signed by a doctor allowing for medicines to be administered to a named patient after an assessment of their individual condition/ needs.
- Patients receiving dialysis treatment had all dialysis medicines prescribed by their renal consultant prior to transfer to the clinic. Prescriptions were reviewed at the monthly multi-disciplinary team meeting and any changes came to the clinic electronically.

- We looked at the prescription and medicine administration records for five patients on the clinic. These records were fully completed and were clear and legible.
- All non-dialysis related medicine was prescribed and dispensed by the GP; patients told us they took these medicines at home or brought them into the clinic, if they were likely to need them during treatment. Patients were responsible for keeping and taking their own medicines.
- We saw staff confirming the patient's name, date of birth and postcode before administering medicines. We observed a registered nurses checking patients' identity against the medicines to be given, when administering medicines.
- Staff told us an adverse incident form would be completed should there be any medicine errors. There were no medicine errors reported in the last 12 months.
- Pharmacy support was available from the NHS trust pharmacy department; staff confirmed they could access pharmacy support for advice relating to dialysis medicines when necessary

Incidents

- **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**
- Renal Services had a Risk and Incident Management Policy and incidents were logged and investigated to establish cause and identify any themes or learning points for action and sharing. Incidents were shared at monthly clinic manager and team meetings.
- There had been zero serious incidents or 'Never Events' at the clinic in the 12 months before the inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Dialysis services

- Under the Health and Social Care Act (Regulated Activities Regulations 2014) the duty of candour is a regulatory duty 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 them with reasonable support.
- In order to promote and uphold the duty of candour, Renal Services (UK) Ltd had a ‘Being Open’ policy. This required staff to share information with patients in an honest fashion and that implications or consequences of any untoward incident were explained to the patient, that apologies were given and that remedy or support was offered to make matters right. Staff understood the principles of being open and duty of candour although there had not been any incidents where duty of candour had needed to be applied.
- There were six incidents between January 2019 and August 2019 two were low or no harm and the others were patients becoming unwell and needing transfer to hospital.
- The clinic also recorded clinical variances, from April 2019 to June 2019, data showed four incidences of - over target weight, 11 – hypo-tension, 10 - poor line flow, five - lost circuit, 11 - infiltration, one prolonged bleed and 6 shortened sessions. A proactive approach was taken in relation to treatment variance reduction. For example, a review of these variations took place at the end of each treatment day and the head of nursing provided could provide immediate feedback to the clinic manager if necessary.
- Staff told us and we saw from meeting minutes that learning from incidents was shared across the organisation and gave an example of how the incident form had changed as a result of a patient having a head injury. Additional questions had been added to the form to ensure head injury was considered after any fall.
- All staff we spoke with told us that there was an open and honest approach to incident reporting, they were encouraged to report incidents and near misses.
- Renal Services operated a system of cascade for safety alerts with actions where relevant, clinics were expected to confirm by email when read and any actions had been implemented.
- There were two deaths of service users from May 2018 to April 2019. Neither of these deaths occurred at the clinic.

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

Good 

We rated effective as **good**.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients in their care.**
- Treatment protocols and policies were based on relevant national guidance including the Renal Association Guidance and NICE standards. The service offered all patients dialysis three times a week and sessions were usually for four hours, which was in line with the Renal Association Guidelines.
- The clinic offered all patients Haemodiafiltration (HDF), which is dialysis that promotes the efficient removal of large as well as small molecular weight solutes from blood. Clinical evidence indicates that HDF achieves better outcomes for patients. Ninety Eight percent of patients received HDF with the remaining 2% (one patient) receiving Haemodialysis (HD)
- Patients came to the clinic with fistulas for vascular access already created at the local NHS trust. The clinic staff assessed patients’ vascular access in line with National Institute for Health and Care Excellence (NICE) Quality Standard 72 statement 8. Staff took consented photographs to help assess any changes or access problems, such as poor blood flow and infections.
- The nurses monitored patients’ blood results and submitted monthly samples for analysis. Blood results were monitored for urea removal, as recommended in the Renal Association Standards, to measure how effective the dialysis treatment had been in removing waste products. The clinic also measured dialysis adequacy and urea reduction.

Nutrition and hydration

- **Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients’ religious, cultural and other needs.**

Dialysis services

- Patients who have renal failure require a strict diet and fluid restriction to maintain a healthy lifestyle. Nutrition and hydration was monitored by the patients' 'named nurse' and referrals were made to the dietetic service at the referring trust when needed.
- Dietetic services were provided by the commissioning trust. The clinic manager told us that renal dieticians provided virtual consultations with staff and or patients as needed.
- Several magazines and leaflets were available, which provided nutritional advice for patients
- Patients were offered hot and cold drinks and toast and or biscuits, while they were having their treatment. Patients told us they were able to bring their own food into the clinic if they wanted to.

Pain relief

- **Staff assessed and monitored patients regularly to see if they were in pain or discomfort. They supported patients using suitable assessment tools when needed.**
- Although there was no provision for pain relief medicines in the clinic, pain and patient comfort was part of a patient's holistic assessment on admission to the clinic. Assessments were reviewed periodically as part of a care plan review. If patients were likely to need pain relief while at the clinic, they were asked to bring their own medicines for self-administration when having dialysis.
- Patients' overall comfort and condition was monitored throughout dialysis by their treatment nurse. Staff had a visual aid they could use with patients to help them describe their level of discomfort.

Patient outcomes

- **Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**
- The clinic monitored water quality, blood results and clinical variance. Clinical outcomes were monitored against the Renal Association standards and referring trust requirements.
- The dialysis patients were part of the NHS trust's activity and their outcome data was entered into the Renal Registry by the trust. Clinic specific data was therefore not available from the Renal Registry.

- All patients were allocated to a team of nurses with a team leader who reviewed their blood results and dialysis prescriptions liaising closely with the patients as indicated. The main clinical patient outcomes monitored were patients' monthly blood results, dialysis adequacy (urea reduction rate (URR)), vital signs, target weights and nutritional status. Data was collated for all Renal Services (UK) Limited clinics on a monthly report.
- The clinical governance framework included processes that ensured that patient outcomes and experience were monitored and supported by the head of nursing, who produced customised reports and trend analysis to monitor and audit patient outcomes and treatment parameters.
- Monthly reports were sent to the consultant nephrologists and the multidisciplinary team used this information to adjust treatment to improve outcomes and in turn quality of life. The report provided specific clinic scores in areas such as infusion / volume, albumin, weekly treatment, vascular access, and haemoglobin.
- Blood results are collated and reported to the consultant nephrologists. The nursing team also reports clinical variances which are interrogated and analysed quarterly, with targeted actions to improve practice if necessary.
- Renal Association guidelines to monitor the quality of dialysis include measurement of the urea reduction rate (URR). From January 2019 to July 2019 the proportion of patients meeting the standard of URR of >65% was between 94% and 97%.
- Other comparative data for the same time period was that 62% to 88% of patients had haemoglobin within the recommended range, 77% to 96% had calcium in the recommended range and 69% to 81% had phosphate levels in the recommended range.
- The clinic did not provide Kt/v data or the percentage of patients with an arteriovenous fistula (AVF) or graft (AVG). The Renal Association standard for the proportion of patients with an AVF or AVG is 80%. An AVF is the formation of a large blood vessel usually in the arm, created by surgically joining an artery to a vein, this form of vascular access is considered the best form of access for haemodialysis. An AVG is a connection of the artery to a vein using a looped plastic tube.

Dialysis services

- We found that 98% of patients were on high flux haemodiafiltration. High flux haemodiafiltration (HDF) may provide beneficial outcomes to patients in the long term.
- The provider did not audit transport waiting times as transport was provided by a third party and commissioned by the referring trust. However, staff did monitor patients regarding pick-ups and would contact the transport service if patients had been waiting over 30 minutes of their expected pick-up time.
- There was no formal transport group despite staff trying to set one up, staff told us patients had not really wanted to be involved. Staff or patients could contact the local patient-transport liaison officer if there were any transport delays or other concerns.
- The service measured patient satisfaction with the transport provided, as part of their annual patient survey.
- There were two deaths of service users from May 2018 to April 2019. Neither of these deaths occurred at the clinic.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**
- New staff (including bank staff) were provided with an induction programme and a six-month preceptorship period with an identified mentor, to ensure staff became confident and competent in carrying out their role. The induction was a four-week supernumerary period to allow new staff to observe and learn about their role and to be assessed as competent prior to undertaking unsupervised duties. Initial training included; haemodialysis and vascular access, medicine calculation and intravenous competencies which were signed off by the shift or clinic manager.
- There was a comprehensive training programme for registered nurses new to dialysis 'the novice to competent dialysis nurse practitioner framework'. This was a 26-week programme, which involved structured training days and comprised of theoretical and practical competency assessments. Staff were reviewed at the end of three-months and were expected to achieve full competence by the end of six months.
- We reviewed six staff files which showed that staff underwent annual competency reassessments for

'aseptic no touch technique' and intravenous medicine administration as part of the annual appraisal process. We saw that where needed, refresher training was given and a further assessment took place.

- All staff who had been employed for more than 12 months had received an appraisal. A review of the NMC code was included as a part of appraisal and all staff had a professional development plan, in line with their role development and career aspirations.
- Staff we spoke with told us that Renal Services UK Ltd provided them with on-going professional development opportunities for improving and maintaining their competence. One staff member told us they had recently attended a regional network conference.
- Staff were supported undertake advanced renal courses where appropriate.

Multidisciplinary working

- **Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**
- The satellite clinic was nurse led; nurses provided prescribed treatments for patients who remained under the clinical management of their consultant nephrologist.
- We observed effective teamwork on the clinic and staff told us they had effective working relationships with the specialist nurse at the trust and the renal social worker who visited the clinic on an ad hoc basis to see patients.
- Staff we spoke with said they could easily speak to the medical team at the NHS trust both for routine and urgent issues. Staff told us there was now a named consultant lead for the clinic and that they visited the clinic on a monthly basis.
- Staff told us there were remote monthly multidisciplinary team meetings, held at the trust, to review the patient outcome reports and where changes to treatment, medicines and diet were discussed and agreed. Staff from the clinic did not attend these meetings but information such as blood results and communications were shared electronically.
- GPs were sent a monthly review letter following these meetings and named nurses shared any information directly with patients at their next treatment.

Dialysis services

- Managers told us the patients were seen by their consultant nephrologist at least every three months at an outpatient appointment.
- Dietetic, pharmacy and other supporting services were provided by the commissioning trust as part of the contract agreement. The clinic manager told us that virtual appointments could be arranged with a dietician as and when needed as they were unable to visit the clinic.

Seven-day services

- **The service operated three sessions a day, six days a week to support timely patient care.**

Health promotion

- **Staff gave patients practical support and advice to lead healthier lives.**
- Health promotion and secondary prevention was an integral part of care. Patients were at risk of developing co-morbidities and were assessed and offered advice and interventions to maintain their health as much as possible.
- There was a range of information and magazines available regarding dialysis, such as healthy eating, supported holidays and self-care information.

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. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**
- Each patient had a 'consent to treatment' signed document in their paper records, this covered consent to dialysis treatment, the sharing of their information such as blood results and the use of photographs in fistula management. The patient signed this at their initial visit prior to commencing treatment. Consent was revisited on an annual basis.
- Mental capacity and deprivation of liberty safeguards training was incorporated into safeguarding training and all staff were up to date with this.
- Staff we spoke with were aware of the Mental Capacity Act 2005 and what this meant in terms of decision-making; they understood the rights of a patient

to decline treatment. If a patient wished to miss or shorten a session, staff ensured that, they were fully aware of the risks and then recorded this as a clinical variance.

- Staff we spoke with told us that patients with declining capacity such as those living with dementia would not normally be considered suitable for dialysis in this clinic.

Are dialysis services caring?

Good 

We rated caring as **good**.

Compassionate care

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- The Renal Services (UK) Limited described their approach as delivering 'inspired patient care'. They collected patient feedback using several different methods; a local suggestion box in the waiting room, to the trust renal team and in the patient satisfaction survey annually. From the last survey in 2018 to which 24 patients (around 50%) responded; 87% of patients rated the overall experience at the clinic as 5 - excellent (where 1 = poor and 5 = excellent). The other 13% gave a score of 4 for overall satisfaction; 93% of patients rated the care given by staff, the cleanliness of the clinic and for being spoken to in a courteous manner as 5 - excellent with the other 7% giving a score of 4; 100% of patients gave a score of 5 - excellent for being treated with respect and dignity and for helpfulness of staff;
- We saw that the areas of patient concern from the survey were around privacy for consultation, noise, and being unsure who to contact in case of emergency. Staff at the unit had acted to improve their patients' concerns and to ensure they were confident about who to contact in an emergency when the clinic was closed.
- We spoke to six patients. All patients were complimentary about the care and compassion shown to them by all staff at the service.

Dialysis services

- Patients said staff were ‘excellent’, care was ‘very good’, ‘spot on’. They told us their privacy and dignity were maintained, that staff were friendly and supportive, that they responded quickly and explained things in a way they could understand.
- We observed that staff were near to the patients at all times and interaction was warm, positive, caring and almost continuous.
- We saw that patient screens were available to provide patient privacy and dignity when needed, however we did see an occasion when staff bared a man’s chest to start treatment without asking if they would like the screen pulled.
- Patients did not express and concerns or dissatisfaction when we were visiting the clinic.
- Staff we spoke with felt they had time to deliver a good standard of care and that was why they liked working at the clinic.
- All patients had a named nurse who they could speak to as a first point of contact if they had questions or concerns.
- Staff told us that if they felt a patient was unhappy about something then they would encourage them to voice their concerns so they could be addressed as early as possible.
- Senior managers told us that when they visited the clinic, patients are asked for general feedback on their experiences and satisfaction.

Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients’ personal, cultural and religious needs.**
- Where indicated, staff were able to refer patients to a social worker, psychologist or counsellor, where appropriate to help meet a patient’s emotional or mental health needs.
- Staff gave examples of how they had provided emotional support and how they had worked with other agencies and made referrals when patients needed specialist support. We saw that staff had made appropriate referrals to other services and that the renal social worker visited the clinic to support patients.
- Renal Services were involved in advanced care planning for patients who are coming to the end of their life and had developed links with advocates from Kidney Care UK who could provide additional support.

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.**
- We saw staff speaking with patients about their treatment and blood results in a way they could understand. Patients were encouraged to ask questions and we observed staff checked their understanding.
- When patients first started treatment, they could come to visit the clinic with a family member or friend for a look around. There were information packs available so patients knew what to expect from the service and what the anticipated benefits and risks of treatment were.
- Patients who wished to participate in their own care were supported to do so. Patients could be involved in shared care activities as much or as little as they wanted or felt confident about.

Are dialysis services responsive to people’s needs? (for example, to feedback?)

Good 

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.**
- Renal Services (UK) Limited- Newcastle is delivered from a purpose built facility situated in Orion business park North Shields; internally there were clearly defined patient and staff only areas. The clinic was compliant with the NHS Estates guidance (Health Building Note 07-01).
- The building location had adequate designated parking spaces for those patients who chose to drive themselves to the clinic and was accessible for wheelchair users.

Dialysis services

- The service was commissioned by a local NHS Foundation Trust in response to the need for further capacity to deliver renal dialysis. The number of patients had grown over the last few years in response to the trust's growing demand for more capacity.
- There was no transport user group for the patients attending the service, however they had been given the opportunity to form one following our last inspection. Staff told us they approached the transport liaison officer at the patient transport service to address any serious issues. The service measured patient satisfaction with the transport provided, as part of their annual patient survey. All patients in the 2018 survey reported they were dropped off and picked up within 30 minutes of their appointment start and end times. On a rating scale where 1 = poor and 5 = excellent patients gave the transport service satisfaction scores of 3 (8%), 4 (25%) and 5 (67% excellent).

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.**
- We found that staff took patients' individual needs into consideration when allocating appointment times. Patients with care packages in the community or who came from care homes had their appointment times scheduled around their care needs.
- Nurses recognised the importance of flexibility with patient scheduling around hospital appointments, work and family commitments.
- The service offered all patients three dialysis sessions per week, each for a minimum of 4 hours duration. However, it also offered the flexibility to alter this schedule with the consultant nephrologist's agreement.
- Although there are no dedicated beds allocated solely for holiday dialysis, the clinic could offer holiday dialysis around the availability of extra capacity.
- The Renal Services (UK) Limited employed a dedicated holiday dialysis coordinator who provided help in arranging holiday dialysis. They liaised with patients, trusts consultants and clinics to book sessions for patients wanting to take a holiday. Although there was no set holiday availability, the clinic was usually able to accommodate holiday patients. There were acceptance criteria for holiday patients, to prevent cross infection and to ensure that the patients' needs could be safely cared for in a standalone clinic.
- Patients had access to an individual TV set, personal lighting and call bells.
- Patients who wished to participate in their own care were supported to do so. On their initial visit, they would be asked about the level of involvement they wanted. Staff told us patients received training and were assessed as being competent before taking over aspects of care.
- The clinic aimed to help patients achieve and maintain a realistic and recognisable state of physical, psychological and social well-being.
- Staff told us they had all the equipment necessary to meet patient's needs.
- The service had taken action since our last inspection to ensure it met the 'Accessible Information Standard'. From 1st August 2016 onwards, all organisations that provide NHS care were legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment, or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services.
- The service had introduced an accessible information assessment standard operating procedure, for all patients, to be used as part of their initial and annual assessments at the clinic. The assessment tool enabled staff to identify each patient's communication needs and helped staff to plan and take action to ensure those needs were met. Patient files would be marked with AI if additional communication or information support needs were identified and a plan would be written in the patient's record so all staff were aware of how to ensure the appropriate support was given.
- The company had a register of translation services that could be used and knew they could contact a number of organisations such as the Tyneside Kidney Association, the British Kidney Patient Association (BPKA) and the National Kidney Foundation (NKF) for written information in other languages and formats. Managers told us they could also approach the NKF for patient advocacy if needed.
- Patients were offered visits to the clinic as part of the pre-assessment process prior to commencing dialysis.

Dialysis services

- The clinic was accessible for people with limited mobility and people who used a wheelchair. Disabled toilets were available.

Access and flow

- **People could access the service when they needed it and received the right care in a timely way.**
- Patients could access care and treatment in a timely way and there was a clear referral pathway for new patients.
- There were no patients on the waiting list and the utilisation of the clinic capacity for the months of February to April 2019 was 80-82%. The clinic had the capacity to take 60 patients and was treating 48 in April 2019.
- Referrals for admission came from the consultant nephrology team at the commissioning trust. Admissions were arranged directly between the referring team and the clinic manager or deputy. Patients needed to meet acceptance criteria to have dialysis at the satellite clinic.
- From May 2018 to April 2019, 47 patients were treated at the clinic all of these were NHS-funded. Twenty-four patients were aged 18 to 65 years and twenty three were over 65 years. There were 6,949 dialysis sessions carried out in this period (around 135 sessions a week).
- There had been no patients cancelled or delayed for their dialysis sessions for any reason in the previous 12 months.
- All patients were offered three sessions per week, each for a minimum of four hours. Patients were able to dialyse at times to suit their personal commitments and lifestyle. Patients told us that there was also flexibility to change the occasional session for a special event or appointment. The clinic was open for three sessions, six days a week.
- Any patients who did not attend for dialysis were reported as incidents and followed up by staff.
- The clinic monitored treatment start times and data from January 2017 to June 2017 showed that more than 95% of patients started their treatment within 30 minutes of arrival.
- On a scale of 1 = poor and 5 = excellent the annual patient survey 2018 showed that for satisfaction with appoint time and treatment starting on time 73% of patients gave a score of 5 and the other 27% gave a score of 4.

- Patients told us there were no issues with waiting times for treatment to begin.

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.**
- There were zero formal complaints from May 2018 to April 2019 and eight written compliments. Patients told us of occasions when staff had solved problems for them when they had raised concerns.
- The manager told us about one complaint received in the last few weeks and we reviewed the complaint file. We found that the service had taken the complaint seriously and had responded appropriately to the complainant. The individuals involved in the complaint had given apologies to the patient and the patient was given the opportunity to discuss their concerns with the clinic manager and a member of the senior management team.
- Staff told us they encouraged patients to let them know if they had any cause for dissatisfaction and tried to resolve any issues immediately.
- The organisational complaints procedure was included in the patient's guide, which was given to patients on their first visit. The complaints procedure was a four staged escalation approach with clear timescales and named individuals for responses. If the service could not resolve a patient's complaint, the process signposted patients to the PHSO.
- Renal Services (UK) Limited reviewed all clinics' complaints and responses at the organisation's monthly clinical governance meetings; the minutes were circulated to all clinics' staff for learning.

Are dialysis services well-led?

Good 

We rated well-led as **good**.

Leadership

- **Leaders had the skills and abilities to run the service. They understood and managed the**

Dialysis services

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

- The registered manager was an experienced renal nurse who had been in post as clinic manager since 2017. They were supported by a regional manager and usually the head of nursing. However, the head of nursing had recently left the organisation and this post was currently vacant. The clinic manager told us that a quality and regulatory manager and the chief operating officer were available for support when needed.
- The registered manager was responsible for this clinic and another two, one at Gateshead and one at Alnwick. The manager told us there was a deputy clinic manager at each of the locations. A senior staff nurse had recently stepped down from their post to work on a more casual basis.
- We saw from rotas that the clinic manager had one management day most weeks and worked clinically at all three clinics. We were concerned that the registered manager did not have enough management time to effectively manage three clinics and maintain proper oversight of patient safety and clinical governance.
- We saw from staff files that the head of nursing and clinic manager and the clinic manager and their staff were not always able to achieve 1:1s as frequently as planned. However, we were told that a member of the senior nursing team was available for support or advice via telephone and email and there was on-call cover at the weekend.
- We found that staff morale was good and there was high regard for the clinic manager and senior managers. Staff told us they were well supported by the clinic manager and the senior team.
- Staff told us development and learning were supported.
- The average rate of sickness was very low over the three months before the inspection was 0.6% for dialysis nurses and 0.2% for healthcare assistants.
- We saw that clinic managers meetings were usually held monthly and information such as service changes, incidents, complaints, clinical variances and policy updates were communicated and discussed. We saw that information and learning was shared across the organisation between clinics. As the head of nursing had recently left the service we asked the senior management team who would be responsible for

continuing the meetings until a new appointment was made, they had nominated a lead to chair the monthly managers meetings to ensure these monthly meetings would continue.

- The service had taken action to address all of the concerns highlighted at our last inspection and all of the issues raised had been resolved.

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 and growth of services and aligned demand within the wider health economy.**
- Staff were familiar with and understood the organisational mission and values for the service, which was to provide 'Inspired Patient Care' through safety, service excellence, responsibility, quality, communication, innovation and people.
- The clinic displayed the organisational aim and values in the patients waiting area in and within the patient guide.
- Renal Services (UK) Limited had a service development strategy, which aimed for growth linked to a response in demand. We found the capacity of the South Shield's clinic had grown over recent months in response to demand and that a new clinic had recently been opened in Gateshead.

Culture

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- Renal Services operated a Zero Tolerance policy and a Whistleblowing policy so that concerns regarding discriminatory, or abusive behaviours or attitudes could be raised.
- The staff we spoke with told us they would be confident to raise concerns with their line manager or with any of the senior managers.
- To meet the Workforce Race Equality Standard (WRES) (2015) the organisation had an equal opportunity and

Dialysis services

diversity policy and this was covered in staff contracts and handbooks. The service collected anonymised diversity data and presented this information in the annual report to the Board of Directors. We found the service employed people from diverse backgrounds.

Governance

- **Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**
- The clinical governance lead for the clinic is the clinic manager. The clinic manager was closely supported by the regional operations manager and head of nursing. The head of nursing had recently left the service and recruitment was underway.
- Renal Services (UK) Limited had a clinical governance and quality assurance strategy 2018-2020. This described clearly the service's aims to; demonstrate the outcomes of care; continually monitor and improve practice and services against national and European standards; to ensure all staff and clinical practitioners delivering patient care are suitably skilled and trained; effectively report data and meetings to relevant individuals/departments/NHS Trust to facilitate issues for discussion and an element of informal clinical supervision; and to audit clinical outcomes, key performance indicators and patient satisfaction.
- To facilitate effective governance the organisation held quarterly executive board meetings, integrated clinical governance committee meetings and monthly head of nursing meetings with the regional and clinic managers. Minutes of integrated governance meetings and the head of nursing meetings showed that they discussed incidents, clinical variances, complaints, audits and operational issues, we saw that learning was shared and action logs were monitored and updated routinely as part of these meetings. Clinic managers were responsible for sharing this information with their own staff locally.
- Staff told us that they had regular meetings with their clinic manager and that information from meetings was shared, at clinic meetings or individually or by email if they were unable to attend or if a local meeting was not able to be held.

Managing risks, issues and performance

- **Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**
- Renal Services (UK) Limited had an organisation wide risk register and there was a local Renal Services (UK) Limited Newcastle risk register. We found risk registers had been recently reviewed and updated. The clinic manager was responsible for the risk register and risk assessments pertaining to their clinic and risk registers were reviewed locally and centrally in the wider organisation.
- The head of nursing held monthly teleconferences with the clinic managers where incidents and variances were shared for learning and the managers received updates on operational performance and issues such as recruitment, appraisals, and rosters.
- Clinical patient outcome results were available for the clinic manager to review and results / performance were benchmarked against other Renal Services (UK) clinics. Quarterly reports were produced for the integrated governance committee to identify any trends or patterns emerging and these results together with other incidents were discussed monthly with clinic managers at their regular meeting. All of the Renal Services (UK) clinics were benchmarked against each other so any unusual results could be spotted and investigated / acted upon.
- Monitoring meetings took place with the trust to review performance against the service contract. Other arrangements were in place to monitor maintenance of equipment, provision of medicines and other stores and waste management. However, it was noted during the inspection that a number of dialysis machines were overdue their annual service.

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.**

Dialysis services

- Staff had access to technology to help document patient care needs and outcomes. The IT system enabled sharing of records with the hospital team which facilitated joined up care.
- All IT systems were protected by security measures, all staff including bank staff had individual log on details to access patient information.

Engagement

- **Managers and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. However, managers had not yet developed an action plan to improve the issues highlighted in the 2018 staff survey.**
- We saw that patients and staff were actively engaged in decision making about the treatment plan before starting dialysis, recording any decisions on the dialysis prescription.
- The clinic encouraged patients to participate in the local patient group, which was part of the NKF. Patients were also supported to attend the NKF conference.
- There was an annual patient satisfaction survey undertaken in 2018 and all of the actions from the survey had been completed. Patients were also able to leave comments / suggestions in a box at any time and to give immediate satisfaction feedback by pressing a button as they left the clinic.
- Staff were named nurses for individual patients and encouraged good relationships and for patients to voice their opinions, ideas and any concerns on a daily basis.
- The clinic had a confidential suggestions box in which patients could post feedback/complaints/comments. Staff told us they felt patients were able to provide feedback/raise concerns verbally with them and staff would aim to resolve any issues.

- Renal Services (UK) had carried out a staff survey across all of their clinics in September 2018. The response rate was 61% with 31 out of 51 employees returning their survey. Overall staff were proud to work for the service, felt they got to use their skills and abilities and had the opportunity to progress their career. Some issues were identified regarding working together, motivation and work life balance. We did not see an action plan to highlight what was being done to improve the issues identified.
- We reviewed the files of six staff and saw that support processes were in place to aid effective working in accordance with staff individual needs and requirements.
- The senior team told us they held annual awards for all Renal Services staff in conjunction with one of the NHS Trusts.

Learning, continuous improvement and innovation

- **All staff were committed to continually learning and improving services.**
- Staff and managers were focussed on continuous learning and improvement and wanted to provide the highest quality service possible for their patients.
- We saw from minutes of meetings that the service learned from incidents and complaints including near misses and made appropriate improvements where indicated.
- We found there was a systematic approach to developing the business and developments in patient care and technological advancing equipment were given consideration and adopted where appropriate.
- Staff were encouraged to learn, attend conferences and network regionally and nationally to help identify areas for innovation and improvement and to bring learning back to share with other staff.

Outstanding practice and areas for improvement

Outstanding practice

- The service had introduced an accessible information assessment tool, since our last inspection, for all patients, to be undertaken as part of their initial

assessment at the clinic. The assessment tool enabled staff to identify each patient's communication support needs and helped staff to plan and take action to ensure those needs were met.

Areas for improvement

Action the provider SHOULD take to improve

- The clinic should review its fail-safes around the equipment maintenance schedule to ensure dialysis machines do not go over their service by dates.

- The provider should review the roles, responsibilities and capacity of the clinic manager / registered manager to effectively manage three clinics.
- The provider should develop an action plan to improve the issues highlighted by the staff survey.