

# Baxter Renal Education Centre - Kew

## 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	

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Baxter Renal Education Centre - Kew is operated by Baxter Healthcare Limited. The service has five beds for home from home peritoneal dialysis. The service provides peritoneal dialysis education. This is the first time the service was inspected and rated under our new inspection methodology.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 28 May 2019 and a follow up inspection on 10 June 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.

The main service provided by the centre is peritoneal dialysis training, haemodialysis or IV therapies to adult patients referred from the NHS, in a residential home from home setting, to self-manage their care and treatment on peritoneal dialysis, haemodialysis or IV therapies. Baxter employs specialist nurse specialist and trainers who are experienced in teaching patients.

### Services we rate

We rated it as **Good** overall.

- There were processes to control and prevent the risk of infection. We saw that the environment appeared clean and audits of the environment took place to provide assurance.
- All dialysis equipment was approved and compliant with relevant safety standards. This was in accordance with the Renal Association guidelines.
- The service had a multi-disciplinary approach to patients' care and treatment.
- Information about the outcomes of patients' care and treatment was collected and monitored by the service to ensure good quality care outcomes were achieved for each patient.
- Staff confidently escalated any risks that could affect patient safety and we saw effective systems for reporting, investigating and learning from incidents.
- There were sufficient staff with the right skills to care for patients and staff had been provided with induction, mandatory and additional training for their roles.
- The governance framework ensured staff responsibilities were clear and that quality, performance and risks were all understood and managed.
- All staff we spoke with demonstrated a good understanding of safeguarding children and vulnerable adults. Staff were able to identify the potential signs of abuse, the process for raising concerns and what would prompt them to report a concern.
- Throughout our inspection, all staff were observed to be 'bare below the elbow' and adhered to infection control procedures, such as using hand sanitisers after each patient contact and cleaning equipment with antibacterial wipes after each use.

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

# Summary of findings

- Dialysis infusion fluids were not always stored appropriately, and we found dialysis infusions in their boxes kept on the floor of the training room and in the store room.
- The service had a system to record patient own medicines and patient's self-administration of their medicines including insulin. The provider told us all patients who were resident at the centre had their medicines recorded as part of the admission process. Patients were self-medicating during their stay at the centre. However, during the inspection we found patients own Insulin (medicines) were not always reviewed and stored appropriately by staff.
- There was a medicines administration policy and policy for the patient's self-administration of their medicines whilst staying in the centre. However, these policies had last been updated in October 2017 and did not have a date for review. This meant the provider could not be assured these policies were up to date and took account of any new evidence-based practice.
- We found the training room was carpeted, and we had no assurance that, the deep cleaning of the carpets in the event of spillage was in line with infection prevention protocol and health building regulation.
- The service did not carry out regular infection prevention and control audits (to assure themselves of the effectiveness of the deep clean). Following our inspection, service provided us with information stating they had internal audits annually to undertake risk assessments which included infection control but admitted cleaning was not recorded.

## Nigel Acheson

Deputy Chief Inspector of Hospitals (London)

## Overall summary

We found the following areas of good practice:

- All staff we spoke with demonstrated a good understanding of safeguarding children and vulnerable adults. Staff were able to identify the potential signs of abuse, the process for raising concerns and what would prompt them to report a concern.
- Throughout our inspection all staff were observed to be 'bare below the elbow' and adhered to infection control procedures, such as using hand sanitisers after each patient contact.
- Staff received monthly appraisals and told us they were useful. We viewed appraisal records which showed that all staff had up to date appraisals.
- The Mental Capacity Act and consent formed part of mandatory training and staff we spoke with showed a good understanding of mental capacity act and deprivation of liberty safeguards.
- Feedback from patients confirmed that staff treated them well and with kindness. We observed patients training and saw that staff were compassionate and respectful with patients. Staff ensured patients' privacy and dignity was maintained.
- Staff spoke highly of the visibility and involvement of the registered manager and told us the registered manager provided hands on training and the manager was part of the staffing numbers. Staff told us they felt supported by the organisation and could approach the registered manager with any issues that they had.
- Staff spoke of good teamwork, and an open, honest, patient-focused culture within the organisation.
- Staff we spoke with were knowledgeable about the duty of candour and aware of their responsibility to be open and honest with service users.

However, we also found that:

# Summary of findings

- We had concerns around the storage of patients own insulin in the medicine's fridge and in their own bedrooms at the centre.
- Dialysis infusion fluids were not always stored appropriately, and we found dialysis infusions in their boxes kept on the floor of the training room and in the store room.
- The service had a system to record patient own medicines and patient's self-administration of their medicines including insulin, but we found patients own Insulin (medicines) were not always reviewed and stored appropriately by staff.
- There was a medicines administration policy and policy for the patient's self-administration of their medicines whilst staying in the centre. However, these policies had last been updated in October 2017 and did not have a date for review. This meant the provider could not be assured these policies were up to take and took account of any new evidence-based practice.
- We found the training room was carpeted, and we had no assurance that, the deep cleaning of the carpets in the event of spillage was in line with infection prevention protocol and health building regulation.

# Summary of findings

## Our judgements about each of the main services

### Service

### Dialysis services

### Rating Summary of each main service

The purpose of the centre is to provide training to patients referred from the NHS, in a residential home from home setting, to self-manage their treatment on peritoneal dialysis.

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

- There was a good incident reporting, investigation and feedback system and staff recognised how to respond to patient risk with arrangements to identify and care for deteriorating patients.
- Appropriate infection control procedures were in place and the environment was clean and utilised well.
- The feedback we received from people using the service was positive with people describing the care they had received as, “Amazing” and, “First class.”
- Policies and procedures were developed using relevant national best practice guidance and patients had access to appropriate nutrition and hydration including specialist advice and support.
- Patient access and flow was seamless and without delay and staff were aware of their responsibility to ensure patients’ individual needs were met.

Good



However;

- Although patients were self-medicating during their stay at the centre, we had concerns around the storage of patients own insulin in the medicine’s fridge.
- Peritoneal dialysis infusion fluids were not always stored appropriately, and we found peritoneal dialysis fluid in their boxes kept on the floor of the training room and in the store room.
- The service had a system to record patient own medicines and patient’s self-administration of their medicines including insulin, but we found patients own Insulin (medicines) were not always reviewed and stored appropriately by staff.

## Summary of findings

- There was a medicines administration policy and policy for the patient's self-administration of their medicines whilst staying in the centre. However, these policies had last been updated in October 2017 and did not have a date for review. This meant the provider could not be assured these policies were up to date and took account of any new evidence-based practice.
  - We found the training room was carpeted, and we had no assurance that, the deep cleaning of the carpets in the event of spillage was in line with infection prevention protocol and health building regulation.
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# Summary of findings

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Good



# Baxter Renal Education Centre - Kew

**Services we looked at**

Dialysis services.



# Summary of this inspection

## Background to Baxter Renal Education Centre - Kew

Baxter Renal Education Centre - Kew is operated by Baxter Healthcare Limited. The Baxter Renal Education Centre is an independent healthcare provider that opened in Kew in 2006 and was supported by Baxter Healthcare Limited through an education grant. Training for patients and their relatives or carers in peritoneal dialysis was offered as an added value service to the NHS by Baxter. All patients were assessed as self-caring and managed their own care before being referred for training.

The service was provided under a service level agreement for each referring NHS hospital. The centre serves and accepted patient referrals from any NHS hospital in the UK.

The current registered manager has been in post since 2017, and had worked at the centre since 2007. The service is registered for the following regulated activity; treatment of disease, disorder or injury.

The service had been inspected in the past using our inspection methodology. The most recent inspection took place on 28 May 2019 and 10 June 2019 which found that the service was meeting all standards of quality and safety it was inspected against. This is the first rated inspection for this location.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in haemodialysis. The inspection team was overseen by Amanda Williams, interim Head of Hospital Inspection.

## Information about Baxter Renal Education Centre - Kew

The purpose of the centre is to provide training to patients referred from the NHS, in a residential home from home setting, to self-manage their treatment on peritoneal dialysis. Most patients referred for education are learning peritoneal dialysis (PD). The centre trains approximately 230 patients per year.

The centre takes regular referrals from London Renal Units and other units within the southern area of England. The centre is designed as a support for the NHS and works in partnership with the referring dialysis units. The service is provided free of charge.

The centre is designed as a “home from home” with five bedrooms where patients referred for education and training on their dialysis can stay whilst learning. Patients can attend with a relative, friend or carer as two of the bedrooms are doubles, two twins and only one bedroom designed as a single room which is also plumbed for home haemodialysis.

The centre trained on average five patients per week who arrive on a Monday and are usually fully trained by Thursday of the same week. The centre is homely in design with little sign of clinical equipment thus enabling an easy transition from training centre to a patient's own home.

The atmosphere of the centre is relaxed and informal and training is tailored to the individual needs of each patient. Most of the education and training in the centre is undertaken in a group setting where the patients are encouraged to participate in discussions covering all aspects of theory and practice of peritoneal dialysis.

The centre is registered to provide the following regulated activity:

- Treatment of disease, disorder, or injury.

During the inspection, we spoke with four staff including; specialist staff, reception staff, and the

# Summary of this inspection

manager. We spoke with two patients and one relative. We observed how patients were cared for during their training sessions. We reviewed three sets of patient records and associated documents during our inspection.

Track record on safety from March **2018 to March 2019:**

- No reported never events.
- No reported incidences of healthcare acquired MRSA.
- No reported incidences of healthcare acquired Methicillin-sensitive staphylococcus aureus (MSSA).
- No reported incidences of healthcare acquired Clostridium difficile.

- No reported incidences of healthcare acquired E-Coli.
- No reported complaint.

## **Services provided at the centre under service level agreement:**

- Clinical and or non-clinical waste removal
- Interpreting services
- Grounds Maintenance
- Laundry
- Cleaning

# 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:

- There was a good incident reporting, investigation and feedback system. Staff were aware of their responsibilities in relation to reporting incidents there was evidence that learning took place.
- Appropriate infection control procedures were in available. The environment was visibly clear, tidy and well maintained.
- Staff recognised how to respond to patient risk and there were arrangements to identify and care for deteriorating patients. Patients had their individual health risks assessed before using the service.
- Staff were aware of their responsibility to safeguard vulnerable adults and children from abuse. There were clear internal processes to support staff to raise concerns.
- Staffing levels were appropriate and planned in line with capacity.
- Staff received mandatory training and there was an excellent level of completion.
- Equipment was regularly checked and cleaned in line with best practice guidance.

**Good**



### Are services effective?

We rated it as **Good** because:

- Staff had a good awareness of Baxter Healthcare policies, which were based National Institute for Health and Care Excellence (NICE) guidelines and other national standards, such as the Renal Association.
- Staff had undertaken local and national audits to monitor the quality, safety and effectiveness of service.
- Training, care and treatment was delivered by a range of skilled staff who participated in monthly appraisals and had access to further training as required.
- The centre had effective processes in place to ensure patient consent for training was obtained.
- Staff worked effectively and collaboratively with the referring NHS hospitals and renal team to support patient training and their treatment.

**Good**



### Are services caring?

We rated it as **Good** because:

**Good**



# Summary of this inspection

- We observed patients being treated with compassion, dignity and respect throughout our inspection. Staff were courteous and helpful in all roles. All staff we met during inspection were approachable and friendly.
- All patients we spoke with told us they fully understood why they were attending the centre and had been involved in discussions about their training, care and treatment.
- We saw that patients were treated with kindness, respect and compassion whilst they received training at the centre.
- Patients told us they felt supported and informed about all stages of their training and commented positively about the training provided to them by the staff.

## Are services responsive?

We rated it as **Good** because:

- The service was planned and delivered to meet the needs of various patients from London renal units, and other units within the southern area of England.
- The centre was established as a stand-alone home from home centre for patients to undergo peritoneal dialysis training.
- The centre provided a flexible appointment system that ensured patients' preferred dialysis training were met and adjusted to meet their work commitments or social needs.
- The centre provided group training on peritoneal dialysis for patients from all parts of the United Kingdom.
- The service provided care and dialysis training for patients with learning disabilities and mobility, hearing or visual impairments to facilitate their training needs.
- There was no waiting list during the inspection and no cancellation of the service in the last 12 months.

**Good**



## Are services well-led?

We rated it as **Good** because:

- There was a well-defined leadership structure with clear lines of accountability.
- Staff felt valued by their immediate line manager.
- The leadership team was visible, approachable and staff felt well supported.
- There was an active risk register and suitable governance system in operation
- Staff were engaged with the vision and strategy and committed to its delivery.

**Good**








# 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 it as **good**.

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff received and kept up to date with their mandatory training. The centre had a corporate mandatory training policy which specified the type of training staff were expected to undertake on an annual basis. All staff were required to complete mandatory training on an annual basis and undertake specialised dialysis and intravenous (IV) therapy training.
- The mandatory training was comprehensive and met the needs of patients and staff. Most of the mandatory training was electronically delivered. Staff were automatically informed of the training modules they were expected to undertake, and completion was monitored by the registered manager. Training levels were monitored and reviewed at regular one to one meeting and during staff appraisal. Training modules included dialysis course, teaching and assessing course and train the trainers course, in addition to mandatory training on infection control and prevention, basic life support, fire awareness course and information governance.

- Managers monitored mandatory training and alerted staff when they needed to update their training. At the time of our inspection all staff were compliant to the centre's mandatory training.

### 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.**
- The centre had a safeguarding vulnerable adults and children policy with guidelines readily available to staff. All staff we spoke with demonstrated a good understanding of safeguarding children and vulnerable adults.
- Staff were able to identify the potential signs of abuse, the process for raising concerns and what would prompt them to report a concern. Staff told us they had not had to report a safeguarding concern since working at the service but were able to give examples of when they identified and reported a safeguarding concern in a previous job.
- All staff working at the centre received safeguarding training (level 2) specific for their role (as trainers for patients to undertake home peritoneal dialysis) on how to recognise and report abuse, how to make a safeguarding referral and who to inform if they had safeguarding concerns. The registered manager had completed safeguarding training at level 3.
- Staff knew how to identify adults and children at risk of or suffering from significant harm and worked well with other agencies to protect them.

# Dialysis services

- The safeguarding lead for the centre was the nominated individual. Staff were able to identify the nominated individual as the safeguarding lead.

## Cleanliness, infection control and hygiene

- **Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However, we were not assured of the suitability of the carpets in the bedrooms and the training rooms.**
- The service had an infection prevention and control policy which was in date and available for staff to view at the office. The policy included clear guidance on effective hand washing techniques and the roles and responsibilities for infection prevention and control.
- We viewed the training rooms and all patients' accessible areas and found them to be clean and tidy. The cleaning staff completed daily cleaning schedules for each area.
- We saw staff use antibacterial wipes on equipment within the centre. There were carpets in the training rooms and patients' bedrooms, we were told if a fluid spillage occurred the carpet was deep cleaned. However, the service did not carry out regular infection prevention and control audits to assure themselves of the effectiveness of the deep clean. No tests were carried out on the carpets to ensure that they were suitable to be used post spillage and deep clean. Following our inspection, the service provided us with information stating they had internal audits annually to undertake risk assessments which included infection control but admitted cleaning of the carpets was not recorded.
- The provider told us deep cleaning was undertaken annually and when there was a spillage of fluids on the carpets. However, there were no consistent records to demonstrate this, and there was no policy to support deep cleaning regime at the centre due to fluid spillage.
- Staff received infection prevention and control training as part of their mandatory training. Throughout our inspection, all staff were observed to be 'bare below the elbow' and adhered to infection control procedures, such as using hand sanitisers after each patient contact and cleaning equipment with

antibacterial wipes after each patient use. There was easy access to personal protective equipment (PPE), such as gloves. Staff told us they would use aprons whenever they are training patients.

- The centre completed hand hygiene audits monthly. Results from the audits showed 100% compliance. We noted hand hygiene was discussed at team meetings and actions cascaded. One example was for staff to remind patients to use hand gel when touching their peritoneal dialysis lines and to wash their hands and use hand gel when connecting themselves onto the machine, and to wash their hands after their dialysis treatment.

## Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.**
- The service had enough suitable equipment to help them to safely provide training for patients.
- Staff carried out daily safety checks of specialist equipment. All staff were trained on the use of the equipment and machines in the centre.
- Patients spoke highly of the quality of the environment. They felt safe at the centre during the day and night time. There was a washing machine, microwave and fridge in the kitchen area.
- Equipment used at the centre were serviced and maintained regularly under service level agreement by the Baxter repair services. Dialysis machines were cleaned and decontaminated after each training session.
- Staff told us the dialysis machine conducted a self-test and alerted staff and patients if there was a problem. Staff told us they also had a 24 hour on call service if they had faulty equipment. This was repaired or replaced within hours if not immediately. Patients and the centre received a new dialysis machine, if faulty, within 24 hours, the quickest was within 45 minutes.
- The service had suitable facilities to meet the needs of patients' and their families. The training room, patients' bedroom and relaxation areas were tidy, and

# Dialysis services

the corridors were free from obstruction. This allowed prompt access to patients. Each bedroom is lockable and had an en suite bathroom, television, chair, wardrobe and wheel chair access.

- Staff disposed of clinical waste safely. We observed that all dialysis lines were pre-packed and were for single use only. Once dialysis treatment was completed, we saw that all used lines were disposed of in clinical waste bags and any needles placed in sharps bins.

## Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.**
- Patients were clinically assessed on admission to the centre and any health issues were highlighted to the referring hospital consultant. Staff told us the centre was nurse led and they escalated any issues immediately as they did not take risks with patients. Staff completed risk assessments and blood pressure assessments during patients' admission to the centre.
- The centre accepted patients who were medically stable and were able to attend the centre from home. Staff told us they did not admit or train people who were in-patients at the hospital, or patients who had an infection or blood borne virus to reduce safety risks to other patients.
- We observed patients access line being checked pre and post dialysis for infection, with any variances recorded and flagged up to the referring trust.
- Staff completed risk assessments for each patient on arrival and admission to the centre and updated it when necessary. Patients were monitored throughout their dialysis training.
- All staff had completed immediate life support training (ILS) including the clinic secretary. This training provided staff with the knowledge and skills to be able to respond to patients requiring resuscitation.
- The centre had an escalation policy to guide staff when a patient deteriorated or became sick. There was guidance for the management of sepsis. Staff

knew how to assess, respond and manage the risk of deteriorating patients. Staff told us they would call an emergency ambulance for patients who became unwell during their training and stay at the centre.

- There was emergency equipment including, fire extinguishers, first aid box, oxygen cylinder and defibrillator in the training room to be used during emergencies. We noted the defibrillator pads were all in date and checked weekly by staff.
- The service did not use patient group directions (PGD's) and patients used their own medicines including insulin whilst at the centre.
- We saw that the service had a policy for cardiopulmonary resuscitation (DNACPR). All staff we spoke with were knowledgeable about the protocol they needed to follow in an emergency.

## Staffing

- **The service had enough nursing staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.**
- Staffing levels and skill mix were planned and reviewed so that patients could receive safe care and treatment at all times.
- The centre employed three clinical practice educators that worked in the centre. The centre had an overnight receptionist that also acted as the housekeeper.
- The centre did not use an acuity tool due to their unique service. Three staff were available to cover the teaching sessions daily on each shift. The staffing ratio was three staff to five patients. On call cover at night was provided by one of the clinical practice educators.
- There were no medical staff at the centre as clinical responsibility for patients remained with their referring hospital during their training period. Staff directed any clinical patient concerns to the referring hospital and consultant by telephone. Staff contacted the local hospital or called 999 service outside the normal hospital hours for medical support.

## Records



# Dialysis services

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**
- The service received patient' referrals through an encrypted email from their referring hospital or dialysis unit. The referrals were then printed off and stored in the office. Staff told us the referrals included information about patient blood results and infection status. We observed patients' records were secured and kept appropriately in a locked cupboard.
- We saw referral forms were completed by the trust for all new patients requiring treatment. The referral form included patient demographics, treatment required and a quality of data check to ensure that all fields of the referral were completed prior to the commencement of training. This ensured the centre had the necessary information regarding the patient to ensure their needs could be met.
- All patients had a care plan and risk assessments completed to provide staff with the necessary information to provide safe care and treatment during their training.
- We reviewed four sets of records and found that they contained all the required information. This included completed consent forms and relevant checks. All records were accurate, complete, and stored securely.

## Medicines

- **The service used systems and processes to safely administer dialysis training, however the storage of dialysis fluids was not in line with best practice. The service did not have any responsibility for service users' medicines, all service users were self-caring and self-managed their own medicines.**
- The NHS consultant completed all dialysis prescriptions record for patient's peritoneal dialysis training. We saw that the dialysis prescriptions were printed out into the paper patient records.
- The centre did not store or administer any controlled drugs.
- Dialysis fluids (solutions for dialysis) were not always stored appropriately. All the dialysis infusion fluids we checked were in date. However, some of them were kept in their boxes on the floor, this presents potential risks and contamination to the fluids.
- Patients own medicines including insulin were kept in patient's bedroom and in medicines fridge.
- There was a medicine administrations protocol for patient's self-medication whilst staying at the centre. The centre management relied on patients to manage their own medicines whilst onsite undergoing peritoneal dialysis training.

## Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**
- The centre had a system in place that guided staff on reporting, recording, investigating and monitoring incidents. Staff reported incidents through their paper reporting system. We noted that non-clinical incidents and accidents were recorded in their accident logbook and discussed during staff handovers.
- We saw from the training records that staff received training on incident reporting at induction and updates as part of their mandatory training. The registered manager told us that if an incident was reported, they would investigate the incident, speak with staff and take appropriate action with any learning to be discussed at team meetings.
- The service had a clinical incident reporting folder where the paperwork relating to incidents was stored. We noted that correct reporting and notification processes had been followed following incidents and action plans had been put in place to mitigate future occurrence.
- All staff we spoke with had a good understanding of the reporting system and could access it. The clinic

# Dialysis services

manager told us that following an incident, the team got together and reflected on what had happened to share any learning. This was noted in the minutes of the team meetings reviewed.

- The clinic manager told us that if she was absent when an incident had taken place, a member of staff would start the reporting process, so that the incident will be investigated as it happens rather than waiting for the manager to do the investigation on return to work.
- There was a procedure for reporting and dealing with serious incidents which included; definition of serious untoward incidents, reporting arrangements, action to be taken following reporting of serious untoward incidents, subsequent action and monitoring. The service had not reported any incidents.
- Staff we spoke with showed an awareness of the duty of candour. 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 reasonable support to that person. The service had not applied the duty of candour as there had been no incidents reported where this would be required.

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

Good 

We rated it 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 centre had a full range of policies and procedures available. The policies ensured that care and treatment was provided in accordance with guidance from the National Institute for Health and Care Excellence (NICE) and other relevant bodies, like the Kidney Association.
- We saw evidence in patient referrals, prescription records and through speaking with staff, that patients

had their needs assessed and their care planned and delivered in line with evidence-based guidance, standards and best practice. This was done through the referral procedure and safety questionnaire.

- Staff reviewed each patient's referral for training on dialysis to ensure it was appropriate to the patients care and in line with Baxter Kew admission criteria and Renal Association guidelines.
- The centre had an audit process and monitored the service quality against its own policies and standard operating procedures. This audit programme reflected local and national audit requirements and results were used to influence change. This demonstrated the care delivered was evidence based.
- We saw posters of audits, research and projects displayed within the centre which informed staff, patients and visitors of patient outcomes and results.

### Nutrition and hydration

- **Staff gave patients enough food and drink to meet their needs and improve their health.**
- Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.
- The centre provided food and drinks to patients while admitted at the centre. Foods were mainly microwaveable meals kept in the freezer. Patients and relatives were encouraged and allowed to bring their own food due to religious and cultural needs. Patients and their families were required to cook their own food to encourage their independence and assess their safety at home. The centre received a weekly delivery for patients' food and drinks.

### Pain relief

- **Staff monitored patients regularly to see if they were in pain and advised them on pain management in a timely way. Patients managed their own pain medicines.**
- Patients self-assessed and managed their pain relief while admitted at the centre. Staff further assessed

# Dialysis services

this when the patient expressed they were in pain. Staff we spoke with told us they liaised with the patients referring hospital or dialysis unit if there were any concerns with pain management.

- Staff we spoke with told us they monitor but did not manage patient pain. Patients managed their own pain medicines. Due to the nature of the service, it was expected patients self-manage their pain as they did at home.
- However, if a patient expressed concerns about pain, this was assessed on an individual basis and staff provided guidance and support to manage the situation accordingly.

## Patient outcomes

- **Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**
- Managers carried out audit programmes and used information from the audits to improve care and treatment.
- Managers shared and made sure staff understood information from the audits. Improvements to service provision was checked and monitored as part of their patient outcome measures.
- The centre audited the outcomes of home dialysis patients who had trained at the centre through their 90 days audits programme. The audit included transfer to in-centre haemodialysis and patients infection rates. The audit results of the centre showed improved outcomes compared with patients who were trained within the NHS system.
- The centre carried out a local audit of the effectiveness of the patients training and at the six weeks follow-up post training. The result showed 30% uptake of the six weeks invite to come back to the centre to assess how patients were doing following their training. The service had tried to ensure more patients attended the six weeks follow up sessions in an attempt to boost the number of patients who attended the follow up. Staff told us some patients did not come back due to other appointments, social commitments, holidays or hospital admissions.

- Patients received a certificate following their training sessions and follow-up appointment. The key performance indicator showed 90% of respondents rated their confidence level as five out of six on the confidence rating question.

## 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.**
- The centre provided opportunities for staff induction, appraisal, learning and development. There was a formal induction process supplemented by mandatory training and other training and updates as required. Staff also completed competency-based training relevant to their job role.
- All staff we spoke with told us they had received a comprehensive induction. The induction programme included shadowing and familiarisation training. Staff had to complete a competency assessment on commencing employment, this ensured staff had the relevant competencies to carry out their role. Staff told us these had been completed when they commenced their employment with the organisation regardless of their previous experience.
- The staff we spoke with told us they received monthly appraisals. This was confirmed by the records we saw for the previous year.
- Training needs were discussed during each staff member's monthly performance appraisal review and an individual training needs analysis was developed considering staff requests and business needs.
- Professional and mandatory training provided was a mixture of face to face, online and refresher training was undertaken yearly or as and when required. Online training included training in dementia awareness, learning disabilities awareness and mental health. The registered manager kept a record of training schedule to monitor staff members' training compliance rates.

## Multidisciplinary working

- **Nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

# Dialysis services

- The service worked closely with the NHS hospitals and the medical teams within Baxter.
- Staff reported good communication and effective working relationships with the NHS referring units. They contacted each other monthly and discussed patients care and areas for improvement where necessary. Staff gave us examples of good working relationships and when they had contacted the referring hospital regarding patient care.
- The nurses and receptionist told us they had a good working relationship, helped each other a lot and had good engagement and collaboration together.

## Seven-day services

- **The centre was not set up to provide seven-day service.**
- The centre was open from Monday to Friday. Training sessions took place usually on Monday to Thursday. Staff conducted patient follow-ups on Thursday and Fridays.
- The centre did not usually operate at weekends, although it had the capacity to operate occasional weekends if needed.

## Health promotion

- **Staff gave patients practical support and advice to lead healthier lives.**
- The service had relevant information promoting healthy lifestyles and support for every patient trained at the centre. Each patient had an individualised program of health promotion to support their training, care and treatment needs.
- Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.
- Patients were encouraged to be involved in the planning and delivery of their care as much as was practicable given the nature of the service provided.
- Patients who may need extra support were identified during the peritoneal dialysis assessment tool and family members or carers were permitted to accompany them and provide support during their stay at the centre.

## 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.**
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. Staff had received training on mental capacity. They were aware of what to do if they had concerns about a patient and their ability to consent to the training. They were familiar with processes such as best interest decisions.
- Staff told us they previously had training on mental capacity and Deprivation of Liberty Safeguards (DOLS). Staff we spoke to told us they had not had any patients or their loved ones with learning disability or mental health issues. Staff told us it was unlikely to have patients at the centre that were subject to deprivation of liberty safeguards (DOLS) or Mental Capacity Act (2005) due to their acceptance criteria and available support.

## Are dialysis services caring?

Good 

We rated it as **good**.

## Compassionate care

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- Staff displayed an understanding of patients personal, cultural and religious needs. Staff described how they sensitively accommodated people with specific religious beliefs whilst also maintaining safety.
- Staff provided care for patients in a sensitive and dignified way. We observed staff treated a patient with kindness, respect and dignity during patient interactions.

# Dialysis services

- Staff took their time with patients and allowed them to move at their speed during the training session.
- We observed staff being friendly and professional during their interactions with patients. We also saw staff attending to relatives with a caring attitude, which showed an inclusive approach to caring to all individuals who attended the centre.
- Feedback from patients confirmed that staff treated them well and with kindness. Comments we received on the day of inspection were positive.
- The patients we spoke with during the inspection were very complimentary. They told us staff were kind, caring, and attentive. Patients felt the care they received reflected their personal beliefs and said staff respected their wishes.
- The interactions we observed between staff and patients were professional and compassionate. We saw staff continuously check and communicate with patients in the training room and provided them with continuous reassurance during their training.
- Patients gave positive feedback about their orientation to the centre. Patients and their relatives told us they received an orientation from staff about the service, exit-site dressing, fire alarm, orientation of the building and information about the training.
- We observed the group training session for patients and their relatives for 40 minutes during the inspection. Staff used visual aids and demonstrations during the teaching and training sessions to help with patients understanding and learning.
- We observed staff giving patients the time they needed to answer questions about the training procedures. Staff communicated with patients and their relatives in a way they could understand. Patients were given sufficient time to ask questions, and we observed this during the inspection.
- Staff were aware that most patients attending for procedures had a diagnosis of kidney disease, which meant they recognised patients may have high levels of anxiety and fear.
- The patients and relative we spoke with told us they felt involved in their care and were given enough time, and information to understand what the procedure involved.
- Patients told us they felt supported by the nursing staff and they could speak to them about their concerns or worries if they felt they needed to.
- Staff we spoke with understood fully the type of patient and why they had attended the centre for training, including the impact that person's care, treatment or condition would have on their wellbeing and on those close to them, both emotionally and socially.

## Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**
- Staff we spoke with were able to tell us that extra support was available to patients via the referring trust. This included access to a renal social worker and psychological services.
- We noted that staff monitored patients throughout their training and stay at the centre. Staff provided reassurance to patients when the dialysis machine alarms is activated and explained what action they were taking.

## 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.**
- Patients and their relatives told us staff communicated with them in a way that allowed them to understand their dialysis treatment and training.

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

Good 

We rated it as **good**.

## Service delivery to meet the needs of local people



# Dialysis services

- **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 centre planned and provided services in a way that met the needs of the local NHS trusts and other external stakeholders. The provider held a contract with the NHS for the provision of peritoneal dialysis training in a home at home setting.
- The service provided a tailor-made service for the individual who required home from home training for peritoneal dialysis.
- Patients were given appropriate information and support regarding their training, care and treatment prior to admission to the centre.
- In the previous 12 months there had been no cancelled appointments due to non-clinical issues.

## 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.**
- Assessment of the patients' needs was made prior to the training. All referrals were reviewed upon receipt and before the admission and training to ensure the service could meet the needs of patients.
- Patients were provided with verbal and written training. Specific information on dialysis was provided to help them with their training. The patient survey indicated high levels of satisfaction with the information provided during and after training. Staff provided patients with more detailed information as part of the consent process for the training to be undertaken.
- Staff provided detailed explanations of the procedures involved with the training before consent was obtained from the patients. This process provided an additional opportunity for patients to raise a concern and ask questions.

- The centre had facilities for patients with disabilities including car parking, a lift and toilets with wheel chair access. Hand rails and a stair lift were seen in the hallway to support transfer patients with mobility challenges and those on wheelchairs.
- The centre had access to the Kidney Patient Association under the National Kidney Federation which provided support to patients and their relatives through social events. We noted the centre provided patients with the Kidney Patients Association newsletter. The newsletter seen provided latest updates on transport systems, conferences, detection of acute kidney injury and dietetic advice.

## Access and flow

- **People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.**
- The centre received referrals from hospitals and dialysis units in the UK for patients that wanted to train on home peritoneal dialysis.

## Learning from complaints and concerns

- **It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.**
- The centre treated concerns and complaints seriously, investigated them, learned lessons and used the learning to improve the service.
- We saw a complaints policy which reflected best practice, and this was easily accessible to staff. The centre had systems to ensure patients comments and complaints were listened to and acted upon effectively. Patients could raise a concern, and have it investigated and responded to within a realistic time frame as set out in the complaints policy.
- Comments and complaints were used by the management team to improve the quality of the service provided.
- Patients who had concerns about any aspect of the service were encouraged to contact the centre in order

# Dialysis services

that these could be addressed. These issues were managed through the complaint's procedure. The registered manager was responsible for the management of complaints at the centre.

- There was a clear process in place for the management of complaints. Staff were able to explain the action to take when they received formal and informal complaints.
- The centre had five residential places available for training each week. However, they could take up to seven places for training, if two patients and their relatives or carers could travel daily to the centre.
- Patients had orientation, teaching and training on the dialysis machine on their first day of admission. Patients were allowed to put themselves and connect themselves on to the dialysis machine on the evening of the second day. The aim was for all patients to be familiar and confident in using the dialysis machine for their treatment before being discharged at the end of the week.
- Patients received an appointment card for six weeks follow up on discharge. Staff we spoke with told us a nurse visited patients at home after their discharge from the centre during the following week. This was to ensure patients were followed up and settling well with their home dialysis treatment.

- There was a clear leadership structure within the service with a clear reporting structure up to senior management. We saw an organisation structure chart that detailed the structure of the centre; this included a clinic manager and the regional manager.
- Staff spoke highly of the visibility and involvement of the registered manager and told us the registered manager was counted as part of the frontline staff who participated in the patients training. Staff told us they felt supported by the organisation and could approach the registered manager with any issues that they had.
- Team meetings were held monthly and staff said this was a good opportunity to feedback on any issues and told us that the registered manager always listened to their concerns.

## Vision and strategy

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**
- The service had a documented strategy and the registered manager was able to articulate the vision of the service which was to grow the business and increase the number of training centres.
- Staff we spoke with were aware of the vision of the service and the values which were excellence in service provision delivery. There was evidence of the leadership engaging staff in the vision and strategy of the service. Staff told us that the strategy was a shared responsibility of the team and management.

## Are dialysis services well-led?

Good 

We rated it as **good**.

### Leadership

- **Leaders had the integrity, 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.**

### 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.**

# Dialysis services

- All staff were aware of the need to be open and honest with patients. Staff felt the organisation and centre had a culture of openness and honesty and was open to ideas for improvement. Staff told us they would recommend Baxter as a place to work.
- Staff knew how to raise concerns through the whistleblowing policy. Staff told us they felt comfortable to approach and raise concerns, particularly patient safety issues with their manager, during their team meetings or one to ones. They also felt comfortable with raising issues with senior management within the organisation.
- All staff reported they felt supported by the managers and organisation when incidents or other issues occurred. Staff reported there was a no blame culture when things went wrong.
- All staff we spoke with were knowledgeable about the duty of candour and aware of their responsibility to be open and honest with service users.
- Staff spoke of good teamwork, and an open, honest, patient-focused culture within the organisation.
- Staff told us they felt supported by the registered manager and felt valued by the service. They told us they enjoyed their work and the flexibility the service offered around shifts.
- Clinical governance meetings were held monthly. The meeting discussed clinical and operational issues as well as training rates and audits. The meetings were minuted, and the minutes confirmed the above discussions.
- The service had an incident reporting policy. Formal records were kept of incidents that were low risk, no harm or near misses, this gave the service the ability to look for themes and change practice as a result.
- Team meetings took place every month. We viewed minutes of the meetings which showed good attendance and discussions involved the whole team. The meetings discussed topics such as company guidelines, feedback from patients and infection control. Minutes were circulated to staff by email.

## 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**
- The service had a business continuity plan which set out plans in the event of loss of IT equipment and communications in the office, damage of equipment and loss of utilities at the office.
- The service had a policy and procedure for risk management which was in date. The document outlined how to assess risk. There was a risk register which detailed risks associated with the service and an identified risk owner. Risk management was an agenda item at the quarterly management meetings.
- There was evidence patient risk was assessed through the patient safety questionnaire, patient prescriptions, and referral letters. There was evidence that the information was reviewed to identify themes, to develop mitigation strategies and discussed at management level.

## Managing information

- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance,**

## 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 registered manager was responsible for arranging the servicing of equipment and maintaining the paperwork pertaining to servicing. The registered manager also completed staff appraisals, monitored mandatory training compliance and undertook informal supervision of staff.
- The service had systems to monitor the quality and safety of the service. For example, hand washing, and equipment checks.



# Dialysis services

**make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

- The registered manager informed us they were General Data Protection Regulation (GDPR) compliant and took into consideration Caldicott principles when making decisions on how data protection and sharing systems were designed and operated.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service had contracts with NHS trusts to provide home from home peritoneal dialysis. Each had their own prescriptions and how they wanted their patients to be trained. The service ensured that staff were able to follow patient's prescription as received from the referring hospital in a timely way.
- We were told by the registered manager that all staff (100%) had completed data protection training as part of their mandatory training. This meant the service was compliant with the commercial third parties information governance toolkit published by the Department of Health which says, all staff should have training on information governance requirements.

## Engagement

- **Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**
- Baxter Renal Education Centre completed patients experience surveys at the end of the patient training and 'how you feel survey' later when they were at home. Majority of the feedback from patients were positive and identified areas where the service could do better.
- The Baxter Renal Education Centre held a meeting for their community and centre staff twice a year. Staff

were recognised for their outstanding work and were involved in team building activities during these meetings. Staff told us they also held dinners together twice a year.

- The patient follow up reunion days were initiated to recheck patients trained at the centre around four to six weeks following discharge. This was to check the patient's technique and how they had been managing at home since training. This enabled the training team to audit the effectiveness of the initial training.

## Learning, continuous improvement and innovation

- **All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**
- The centre developed the confidence meter in the form of a speedometer with a dial and indicator to show each patient's confidence levels each day. Patients indicated their level of confidence at the start and end of each training day. This helped the training team to highlight those individuals that struggled with confidence and maybe required a one to one training or separate session with them in another room.
- The centre developed a peritoneal dialysis assessment tool in response to an ageing population; they found more elderly frail patients that started dialysis had not necessarily been assessed to determine which method of peritoneal dialysis would suit them individually. This assessment tool enabled the nurse to easily identify skills and cognitive ability which were rated as a score. This score then identified which therapy would be most appropriate for each patient.
- The centre had been recognised and rewarded by external organisations such as Pharmaceutical Marketing and Health Investor for their service and training.
- Staff told us they were supported by the service to apply to courses for their development including bachelors and master's degree.
- There was evidence that the provider used audit results to make improvements to the quality of the service.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure medicines such as peritoneal dialysis fluids were stored appropriately by staff, we found peritoneal dialysis fluids in their boxes kept on the floor of the training room and in the store room.
- The provider should ensure that the medicines administration policy and protocol for the patient's

self-administration of their medicines whilst staying in the centre is available as a guidance for staff. The centre should ensure these policies are up to date, and have a date for review.

- The centre should continue with their planned program of replacing the full-length carpet to squared carpets for infection control and prevention purposes.