Diaverum UK Limited

Ipswich Renal Unit

Inspection report

Heath Road
Ipswich
IP4 5PD
Tel: 01473704027

Date of inspection visit: 31 August 2022
Date of publication: 25/10/2022

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

Ratings

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

Summary of findings

Overall summary

We have not previously rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- Some consumables in the storeroom were out of date and had not been identified during routine checks by the service.
- A small number of daily checks of resuscitation equipment were missing from the three months prior to our inspection.

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	We have not previously rated this service. We rated it as good. See the overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to Ipswich Renal Unit

Diaverum UK LTD operates and manages Ipswich Renal Unit on behalf of a local NHS trust. Ipswich Renal Unit is based on site at an NHS trust and is a nurse-led unit and has been open since 2017. Care and treatment is prescribed by one of 4 consultant nephrologists who are employed by the local NHS trust and work with the service for the provision of dialysis to the patients. Facilities include 24 renal dialysis stations, a water treatment room and 3 home dialysis treatment rooms. Ipswich Renal Unit provides haemodialysis, peritoneal dialysis and holiday dialysis to adults aged 18 years and over. There are 3 dialysis sessions per day, each accommodating up to 24 patients at each session. The registered manager has been in post for 5 years and there is a separate unit manager.

Ipswich Renal Unit is open Monday to Saturday, and closed on Sunday, Christmas and New Year Days. The service is open Mondays through to Saturdays 7am to midnight each week.

Ipswich Renal Unit also runs a home peritoneal dialysis programme and manages patients at home on haemodialysis.

The service is registered for the regulated activities:

• Treatment of disease, disorder or injury

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 31 August 2022. This was the first time we inspected the provider since it was acquired by Diaverum UK LTD.

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 was dialysis.

How we carried out this inspection

During our unannounced inspection we spoke with 7 staff members and 4 patients. We reviewed 6 patient records and other policies and documents.

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

Outstanding practice

We found the following outstanding practice:

Summary of this inspection

- The service provided a home dialysis service which supported patients to receive dialysis in their homes. The service included regular machine and fluid checks, as well as education sessions to enable patients to safely take charge of their care.
- The service took steps to ensure that the adequacy of dialysis was more effective than the standard baseline expectation.
- The local leadership of the service was inclusive, adaptive and supportive. Staff were supported to remain involved with the unit and have their working practices adapted to suit their individual needs where appropriate.
- The service ensured patients had access to psychological therapies regularly, with the provision of regular bi-weekly counselling sessions on the unit.

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure that out of date consumables are removed from stock. Regulation 12 (2)(e)
- The service should ensure that daily checks of resuscitation trolley equipment are always undertaken. Regulation 12 (2)(e)

Our findings

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

Good

Dialysis services

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

Are Dialysis services safe?

Good

We have not previously rated this service. We rated it as good.

Mandatory training

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

The service held staff training profiles on a dedicated system. Staff could access their own profiles on the system, and the unit manager was able to track staff compliance.

Nursing staff received and kept up to date with their mandatory training. At the time of our inspection 94.5% of registered nursing staff were compliant with mandatory training. Compliance for health care assistants and dialysis assistants was lower at 84.2% and 68.1% respectively, however some of these staff were new starters and in the process of completing their training during their initial supernumerary period.

The mandatory training was comprehensive and met the needs of patients and staff. Core modules included manual handling; workplace safety and display screen equipment; fire safety; control of substances hazardous to health; infection control; and hand hygiene. Mandatory training also included modules on (but was not limited to) blood borne viruses; pressure ulcer prevention; food hygiene; prevention and management of falls; a holistic approach to caring for frail patients in the renal setting; management of cardiac arrest; and managing sharps.

Managers monitored mandatory training and alerted staff when they needed to update their training. The unit manager reviewed staff compliance to mandatory and statutory training monthly and sent reminder emails to staff when they were due to complete training.

Staff were supported by two practice development nurses who also kept overview of staff compliance to training.

Safeguarding

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

Most nursing staff had received training in the last year specific for their role on how to recognise and report abuse. Eighty-nine and a half percent of staff, or 32 staff out of 36 in total, were trained in safeguarding adults level 2. Eighty-four percent of staff, 30 staff out of 36 in total, were trained in safeguarding children, however, the service did not treat children or young people under 18 years of age. The service ensured all staff received training in PREVENT (terrorism and non-violent extremism).

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Both the unit manager and the home dialysis service lead had received level three safeguarding training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us that whilst safeguarding concerns rarely occurred, the process to follow would be to report the concern as an incident for follow up, as well as escalate the concern to the registered manager, the site matron of the NHS trust and to the patient's consultant.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed the last three months of cleaning audits and saw that passes were achieved in two of the three months. At the time of our visit we could see improvements being carried out that had been highlighted as fails in the previous audit, therefore we were assured that the service took action when areas for improvement were identified.

The service ensured staff received training in the use of personal protective equipment (PPE).

Staff followed infection control principles including the use of PPE. Patients told us they saw staff regularly cleaning their hands after removing their gloves. We saw staff following infection control principles such as washing their hands and wearing PPE.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

The service completed regular bacteriology testing in the water treatment plant as well as the smaller reverse osmosis machines in patients own homes for when they received home haemodialysis patients.

Health care assistants asked COVID-19 risk questions to patients in the waiting room and took patients' temperatures.

The service had a current policy for blood borne viruses. There were associated policies for the testing and management and dialysis of patients with hepatitis B, hepatitis C and HIV. There was also a policy that underpinned the surveillance of prevalence of patients with these conditions. Patients were screened for hepatitis B and C and HIV by the NHS trust prior to attending the unit.

The service had 2 isolation rooms available for patients with infectious diseases such as COVID-19 and blood borne viruses, as well as more vulnerable patients. There was also the provision to use the annex of the main dialysis room to provide cohort dialysis larger groups of patients when required.

The storeroom was maintained in a way that promoted infection prevention and control. All items were stored on pallets raised off the ground, and acids were kept away from electrical items such as the communications cabinet.

Environment and equipment

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

The service had ambulance access both to the front entrance, and to the back entrance for patients who were positive for COVID-19. Back entrance to the unit gave direct access to the two isolation rooms, reducing the risk of infection transmission.

Deliveries were made to the unit directly into the storeroom which meant that patients were not disturbed during their dialysis.

The service ensured that staff received training on the checks required for the water treatment plant.

Staff mostly carried out daily safety checks of specialist equipment. Nurses cleaned each dialysis machine daily with citric acid between each patient use. Daily pseudomonas water checks were completed by nurses too. We reviewed daily resuscitation equipment checks for the past three months, or 92 days, and saw that there were seven missed checks of the defibrillator and suction equipment. This was escalated to the unit manager to address.

The service had enough suitable equipment to help them to safely care for patients. The service had a water treatment plant in the unit. This included a water inlet, softeners, a brine tank, carbon filters, reverse osmosis (master and slave), and a heater. This meant that the service had the right equipment on site to provide safe dialysis to patients.

Heat disinfection took place once weekly.

We saw logs of monthly water sampling and serviced main water treatment testing.

The water was tested every three months for metal content and we saw the last certificate of analysis that confirmed the analysis check.

The whole loop was disinfected every night after the last patient of the twilight session.

The NHS trust undertook tap flushing and thermometer checks as well as brine tank checks.

We saw that checks of taps, chlorine and water hardness were undertaken by nurses who added salt to the brine tank daily.

We reviewed monthly bacterial testing records for the past three months and saw that appropriate steps to maintain safety had been taken when results were outside of the normal range. Raised results had been rechecked and a part for replacement had been identified as the cause. To maintain patient safety, the service had paused haemodiafiltration (HDF), a form of renal replacement therapy for the treatment of end stage renal failure but was able to continue to offer dialysis.

Staff disposed of clinical waste safely. Sharps bins were available throughout the unit. All sharps bins we saw were appropriately labelled and were not full past the fill line.

We reviewed 27 consumable items at random in the storeroom of the unit. Of those 27 items, three were out of date. These items were escalated to the unit manager for removal.

We checked service, maintenance and repair logs for a range of equipment including infusion pumps, scales, chairs, and dialysis machines. All records were up to date. Of the 27 dialysis machines, 13 were waiting one month over their service dates. This was due to a change in servicing contract. All 13 machines were monitored and awaiting their planned service, with the ones waiting longest being prioritised.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health. The service was planned so that patients at risk of deterioration were not admitted to the unit late in the day. Staff in the service used the national early warning system two (NEWS2) for the early detection and management of deteriorating patients. The use of this tool was underpinned by a formal procedure. The NEWS two procedure included information for staff on how to recognise, and when and how to respond, to signs of sepsis.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Records all contained a range of risk assessments which were regularly reviewed to keep patients safe. These included admission assessments, skin integrity, falls, pressure ulcer, moving and handling, venous needle dislodgement and environmental assessments.

Staff knew about and dealt with any specific risk issues. Staff had access to a massive haemorrhage protocol on display. Staff undertook risk assessments for patients including those for skin integrity, mobility, line access and nutrition and hydration.

Staff had access to the right protocols to keep patients safe. For example, the procedure for managing pyrogenic reaction. Pyrogen reaction is a febrile phenomenon caused by infusion of contaminated solution, and commonly manifested by cold, chill and fever.

There was a personal emergency evacuation plans (PEEP) which were red, amber, green (RAG) scored according to individual patients' mobility.

Patients receiving home dialysis were advised and trained not to dialyse at night and to maintain dialysis at the same time as the unit opening hours so that any problems could be promptly addressed.

Good

Dialysis services

Staff shared key information to keep patients safe when handing over their care to others. Patients had a named nurse who undertook all risk assessments, blood tests and the uploading of results.

Shift changes and handovers included all necessary key information to keep patients safe.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. The service had 39 staff at the time of our inspection. Of those 39 staff 22 were registered nurses, 11 were healthcare assistants, 4 were dialysis assistants and 2 were ward clerks. Dialysis assistants undertake a range of additional clinical tasks to the health care assistant role.

Managers accurately calculated and reviewed the number of registered nurses, dialysis assistants and healthcare assistants needed for each shift in accordance with national guidance. Each shift had 6 staff on duty. This meant either 6 registered nurses or 4 registered nurses and 2 dialysis assistants. The ratios were 1 nurse to every 4 patients and 1 health care assistant to every 8 patients.

The manager could adjust staffing levels daily according to the needs of patients. In the circumstances that the service required additional support to fill shifts, existing staff were offered additional hours.

The number of nurses and healthcare assistants matched the planned numbers.

The service had low vacancy rates. The service had 3 nurse vacancies at the time of our inspection and 0 health care assistant vacancies. The service had a recruitment process ongoing and accepted overseas applications from nurses with renal experience.

In the circumstances that the service required additional support to fill shifts, existing staff were offered additional hours.

The service had low rates of bank nurses. Managers limited their use of bank staff and requested staff familiar with the service. The service had access to 3 regular bank nurses who would support the twilight shifts. The service had access to agency staff but did not use agency staff.

Nurses utilised the situation, background, assessment, recommendations (SBAR) tool to communicate effectively and concisely around patient safety and patient handovers.

Medical Staffing

The service was supported by 4 consultants and their teams from the local NHS trust. The consultants maintained a presence in the unit to review patients if nursing staff had any concerns.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

The service had access to the local NHS patient records system to enable information sharing between the dialysis unit and the hospital teams. The service used the same system as the local NHS hospital to request diagnostic tests. This meant that information such as blood test results was available to consultants as well as nursing staff within the renal unit.

We reviewed 6 sets of patient notes.

Patient notes were comprehensive and all staff could access them easily. Paper patient records contained the right information for staff to provide safe care. Blood borne virus status, primary diagnosis, height and weight were all included in records. Prescriptions were stored in paper format in records as well as electronically. Clinic letters, doctor reviews, medications and blood results were all stored in records.

Consent was recorded consistently in-patient records.

Fistula maps and blood transfusion forms were completed as required and stored in patient records.

Records were stored securely. Records were kept in a locked cupboard in a secure room that only staff could access.

Medicines

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

Staff followed systems and processes to administer medicines safely. Medicines were kept in a locked, air-conditioned room. The medicines room had one set of keys which were held by a registered nurse on each shift.

The service had a dedicated renal pharmacist from the NHS trust who undertook regular audits of the management of medicines in the unit.

The service did not stock any controlled drugs, however, patients that brought in their own prescribed controlled drugs had their medicines stored in a dedicated controlled drug cupboard. Controlled drugs were stored securely in a locked box inside a locked cabinet, with signed records to show quantities stored and administered.

Some medicines were stored in a locked medicines fridge. The temperatures of the fridge were checked daily. There was a chart on display for staff to follow should the fridge temperatures be outside of the expected range. We saw that the advice in the chart had been followed and recorded in an instance where the fridge temperature was recorded outside of range.

Oxygen cannisters were appropriately labelled and secured to the walls of the unit.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Each patients' prescription was stored both on paper and electronically on a personalised microchipped card. As patients entered the unit they would find their named box attached to the wall which contained their microchipped card. This card would be inserted to the dialysis machine and nurses would review the prescribed dialysis and complete a series of electronic checks prior to the commencement of treatment.

Staff completed medicines records accurately and kept them up-to-date. The service kept records of weekly medicine orders and stock checks.

A stock ordering guide was on display for staff to follow.

Staff stored and managed all medicines and prescribing documents safely. Staff recorded the prescription and administration of medicines, included medicines for patients to take away such as numbing creams to be applied at home prior to attending dialysis sessions.

Medicines were prescribed by consultants from the local NHS trust, and administered by the unit nursing staff.

Anticoagulation, iron supplements and erythropoietin (EPO) were securely stored in the medicines room and administered to the patient via the dialysis machine. Vitamin D and folic acid supplements were administered directly to the patient as prescribed.

We reviewed 31 temperature checks of the storeroom, where dialysis fluid was stored. Dialysis fluid should be stored between 4 and 30 degrees Celsius. We found that out of 31 days, the temperature slightly exceeded 30 degrees on 4 days and we could see that action was taken on each occasion in accordance with the service's procedure for the Measurement of Temperature in Medication and Supplies Stores.

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

The service reported incidents in a dedicated system and all staff had access to this system. There was an active reporting culture in the service.

Staff knew what incidents to report and how to report them. Managers investigated incidents thoroughly. We saw a file containing completed incident investigation reports completed appropriately.

The service had not reported any never events.

Managers shared learning with their staff about never events that happened elsewhere. We saw that incidents that happened in other units were discussed at governance meetings for shared learning.

Staff reported serious incidents clearly and in line with the service's policy. We saw full investigation reports stored electronically for learning reference.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Staff met to discuss the feedback and look at improvements to patient care. The service kept an action plan for improvements that came as feedback suggestions from patients.

There was evidence that changes had been made as a result of feedback. We saw feedback improvement and discussion in meetings relating to an infection control issue a patient had fed back.

Good

Dialysis services

Are Dialysis services effective?

Good

We have not previously rated this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed 15 policies from the service. All were in date and where relevant, each policy stated what national guidance was underpinning it. For example, the COVID-19 Prevention and Management Policy was underpinned by the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC. and Optimizing Personal Protective Equipment (PPE) Supplies.

The service ensured that staff regularly assessed patient's vascular access and we saw these assessments in patient records, in line with NICE QS72 statement 8: Adults receiving haemodialysis have their vascular access monitored and maintained using systematic assessment.

The service ensured that patients receiving home dialysis undertook their dialysis at the same time as the unit opening hours so that assistance with home dialysis could be provided. This is in line with NICE QS72 statement 5: Adults who need long-term dialysis are offered home-based dialysis.

Nutrition and hydration

Staff gave patients food and drink when needed. Patients could access specialist dietary advice and support.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff provided two rounds of hot and cold drinks with biscuits each session. Snack boxes were also provided if required in accordance with individual patient needs.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Staff completed a malnutrition universal screening tool (MUST) as part of their risk assessment documentation for each patient.

Specialist support from staff such as dietitians were available for patients who needed it. Inpatients were reviewed by the dietician regularly.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

The service did not stock prescription pain relief but did store and administer patients' own pain relief they brought with them to the unit according to their prescription.

Patients received pain relief soon after requesting it.

Staff administered and recorded pain relief accurately.

Patients were provided with numbing cream prior to attending dialysis so they could apply it at home in advance. This was prescribed by their consultant and was recorded by the named nurses. Nurses were able to use a numbing spray in addition if needed.

Some patients required regular pain relief for their conditions, and these drugs were stored securely, and administered in line with their prescription. We saw records of this process being followed.

Patient outcomes

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

The service participated in relevant national clinical audits. The service participated in the UK Renal Registry audits in line with the Renal Association recommendations that every patient with end-stage chronic renal failure receiving dialysis three times a week should consistently have: either urea reduction ratio (URR) > 65% or equilibrated Kt/V of >1.2 calculated from pre- and post dialysis urea values, duration of dialysis and weight loss during dialysis. (Kt/V is a measure of dialysis adequacy).

Outcomes for patients were positive, consistent and met expectations, such as national standards.

Managers and staff used the results to improve patients' outcomes. Nurses undertook blood tests to check patients' KV/T levels. The service holds a higher threshold of 1.4 to safely ensure that the effectiveness and adequacy of patients' dialysis is achieved which is above the national standard of 1.2.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. We reviewed three sets of weekly audits undertaken by the unit manager. These audits checked a range of environmental factors in keeping the unit safe such as housekeeping, infection control and emergency evacuation issues. We saw that actions were identified and followed up from these audits.

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 were supernumerary for the first three months of their employment to ensure they gained competence for their roles. All new staff had a one to one mentor, along with a competency booklet and an online training package. New starters were assessed by senior nurses and their mentors.

An external company provided online and face to face clinical updates and refresher training sessions for clinical competencies and this was assessed yearly.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff were trained to complete National Early Warning Score (NEWS) assessment. The service had a formal procedure for this which included information for staff on how to recognise, and when and how to respond, to signs of sepsis.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. We reviewed a document named the 'talent matrix' for the service. This document demonstrated objectives and goals for each staff member, timescales for achievement and how they are being developed. The practice development nurse had oversight of all staff performance and signed off achievements as they were accomplished.

The practice development nurses supported the learning and development needs of staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The service undertook training and development activities for staff that wished to progress into more advanced roles. We saw one completed document named 'training and development flow sheet for internal promotion'. This completed flow sheet showed that the staff member was competent in a range of activities such as leadership tasks, facilities management, and specific patient care tasks and was therefore suitable for promotion.

Managers made sure staff received any specialist training for their role. The mandatory training package included dialysis related training and staff compliance was monitored.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. A weekly multidisciplinary medical meeting was attended by staff such as senior nurses, consultants and the dietician(s) to ensure patients care was holistically met.

The service held regular meetings with the local ambulance service provider to ensure that there was a dedicated crew to transport patients attending twilight sessions.

Staff worked across health care disciplines and with other agencies when required to care for patients. The unit worked with other wards and specialisms in the NHS trust to care for patients accessing multiple departments. Renal consultants worked with patients' GP's to ensure patients' conditions and dialysis needs were well met.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. A renal counsellor was available to receive referrals and was on site at the unit twice weekly to see patients.

Seven-day services

Key services were available to support timely patient care.

The service was open every day except Sundays, Christmas day and New Years' day. Patients had their dialysis sessions planned around this to make sure they always had the treatment they needed, when they needed it.

Health promotion

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

Good

Dialysis services

The service had relevant information promoting healthy lifestyles and support in patient areas.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. The service had an exercise bike available for patients wishing to improve their fitness whilst attending the unit.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Inpatients from the NHS trust who may not be able to consent to dialysis would have best interest decisions made by the consultant's team prior to arriving on the unit.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff were able to give examples of where best interest decisions were appropriate.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records. We reviewed six sets of patients notes and saw that consent was recorded consistently. We saw an example of a signed statement of refusal to dialyse prescribed treatment by a patient.

Nursing staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The service ensured that all staff received training in mental capacity and consent.

Are Dialysis services caring?

Good

We have not previously rated this service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Each dialysis space had curtains to maintain privacy during personal care.

Patients said staff treated them well and with kindness. We saw a friendly interaction between one nurse and a patient, with evidence of familiarity and respect. One patient told us that staff interacted with them and were reassuring.

Staff followed policy to keep patient care and treatment confidential. One patient told us they felt able to raise concerns and able to speak confidentially with staff. Another patient told us they were a private person and their named nurse respected their privacy.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. We saw staff singing religious songs with a patient who was living with dementia, at the patient's request whilst they were being dialysed.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. The service contracted a counsellor who attended the unit two days each week for patients requiring psychological support. The counsellor provided support in a dedicated private room.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients told us that they could ask questions and staff were supportive of them.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients told us that the unit manager was visible and spoke to them every day. The service undertook regular patient satisfaction surveys, and we saw a patient survey action plan with expected completion dates and named staff responsible for actions.

Patients gave more positive than negative feedback about the service. We reviewed the most recent patient satisfaction survey. Sixty-two percent of respondents were positive in their feedback, 14% were passive and 24% were negative. Themes for improvement were around transport, painful needling, consultant support, and patient involvement in decision making. We saw an action plan that addressed each of these themes.

Good

Dialysis services

Are Dialysis services responsive?

Good

We have not previously rated this service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. The service undertook partnership working with the local NHS trust and as a result was able to accommodate emergency dialysis patients. The service also held monthly meetings with the independent ambulance providing patient transport to and from the clinic to ensure a better transport experience that fit in with patients' care.

The service organised dialysis sessions throughout the day to ensure that morning and afternoon patients received plenty of time for their sessions, and machines could be cleaned between each patient.

Facilities and premises were appropriate for the services being delivered. Patients had a dedicated parking bay outside the unit. The unit had ramped access for patients with additional mobility needs.

The unit provided a home therapy service. This service supported patients to receive both haemodialysis and peritoneal dialysis (a process that uses the lining of the abdomen to filter blood) at home.

The home therapy service was led by a senior nurse and the unit had three dedicated rooms for this service. These rooms were used to run clinics, training sessions, and troubleshooting sessions for patients.

The service had props and educational tools such as models for patients to practice establishing their own dialysis regime. This included connecting their lines to their equipment and the safe usage of their machines.

The service had a training programme for patients lasting three months, and patients were assessed to ensure their competency prior to taking charge of their own home dialysis.

The service conducted monthly tests of the reverse osmosis machines and water to ensure patients were safe whilst undertaking home dialysis.

Meeting people's individual needs

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

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Equipment for bariatric patients was available in the waiting room, as was equipment for patients with mobility needs such as heightened chairs. Patients requiring wheelchairs for mobility could store their chairs in the unit in a dedicated bay.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

Dialysis stations were equipped with individual TV screens for patient entertainment during dialysis.

The unit manager undertook a daily paper round for the patients to ensure they had the local newspapers for their sessions.

The service had a dedicated nurse for dialysis patients who were going on holiday. The nurse would work with the patients to arrange dialysis sessions at a unit near to their holiday location. The service had ceased the receiving of holiday dialysis patients during the pandemic but there were plans to reopen these slots for holiday makers to the area.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. At the time of our inspection there were no patients waiting to start treatment.

Dialysis appointment times were allocated to patients and accommodated individual patient's personal commitments and preferences.

Staff staggered dialysis session start times to ensure dialysis treatments started as soon as possible after patients arrived at the unit.

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 service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas. Photographs of staff with their names and email addresses were displayed for the patients so that they had easy access to raise concerns.

Staff understood the policy on complaints and knew how to handle them. The service had an up-to-date complaints policy and a process which was accessible to all staff. The policy provided information on who was responsible for the management of complaints and the process was underpinned by relevant guidance such as Care Quality Commission (CQC) How to complain about a health or social care service, February 2014; Department of Health The NHS Constitution 2015; and Parliamentary and Health Service Ombudsman, Designing Good Together: transforming hospital complaint handling, August 2013.

Good

Dialysis services

Managers investigated complaints and identified themes. The unit manager reviewed patient complaints and told us that the main theme was around patient transport to and from the unit.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service was committed to responding to all complaints within 72 hours. There had been no formal complaints in the three months prior to our inspection. All patient complaints had been made and resolved in an informal manner prior to reaching a formal complaint status.

Managers shared feedback from complaints with staff and learning was used to improve the service. The unit manager had established monthly meetings with the patient transport service to discuss and resolve patient complaints, as transport was the main theme of complaints raised.

Are Dialysis services well-led?

Good

We have not previously rated this service. We rated it as good.

Leadership

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.

Diaverum UK Limited senior leadership team (SLT) were based in St Albans, Hertfordshire. The team for Diaverum UK Limited consisted of an area manager (for north, south and midlands), finance director, operations manager, Human resources (HR) director, commercial director, quality and compliance director and nursing director.

Within the unit, there was a unit manager who had been in post eight weeks at the time of our inspection. In those weeks they had reviewed and identified areas for improvement and escalated those for corporate consideration, established regular meetings with the transport provider to improve patient experience, and had a clear vision for making the unit as effective as possible. The unit manager had also strengthened the service's relationship with the local NHS trust which led to improved access for inpatients of varying acuities.

The unit manager had a presence in the unit that made staff feel supported. We saw that staff were supported to work flexibly to meet their personal circumstances.

The unit also had a clinic nurse manager and a home dialysis service lead. This meant that staff had dedicated senior staff to refer to.

Leaders ensured that staff could explore their training needs and were supported to develop their skills and knowledge. We saw evidence of the service monitoring training and development activities for staff wishing to progress into more advanced roles.

Good

Dialysis services

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. Leaders and staff understood and knew how to apply them and monitor progress.

Diaverum UK Limited had a provider wide vision to be first choice in renal care and provide

"Life enhancing renal care, because everyone deserves a fulfilling life".

The unit manager had created a service improvement plan which was the start of a local vison and strategy for the unit.

The unit manager told us they anticipated recommencing the holiday dialysis service now that COVID-19 restrictions were easing.

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.

Staff told us they felt supported and respected and enjoyed working in the unit. One member of staff stated they had worked at this location for several decades and now was enjoying bank shifts. Another member of staff had been in post a few weeks and stated they had a programme of learning they were following, with conversations already around developing skills for career progression in the future.

The service had a positive and inclusive working culture. Staff told us they felt able to raise concerns. We saw evidence of reasonable adjustments made for a member of staff who was unable to work clinically.

The service ensured that all staff received annual training in their code of conduct as well as equality, diversity and human rights.

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.

All staff had responsibility for good governance, and the unit manager took the lead for the governance of the service.

Governance documents and processes were recorded and stored electronically. This included records relating to the code of conduct, health and safety, risk management, gift declarations, and learning from incidents.

Governance meetings were regularly and arranged so that the right staff could share and receive the right information at the right time. Monthly meetings were held to review governance and quality between senior managers, as well as monthly meetings between the operations director and clinic managers. Quarterly nationwide managers' meetings were also held. Twice weekly governance meetings were held between unit and area managers and practice

development nurses where information was shared such as potential staffing concerns, COVID-19 cases, and personal and protective equipment supply. Staff in the service were having team meetings reintroduced, which had been suspended during the pandemic. We saw a comprehensive agenda to keep staff involved in the governance of the service.

We reviewed 6 sets of clinical governance meeting minutes across the Diaverum with representation from each clinic. We saw discussion around the following agenda items, patient safety incidents; associated root cause analyses; environment and equipment including the water treatment plant; safeguarding issues; complaints; staff training; health and safety concerns; regulatory compliance; incident reporting; and clinic performance measures. Actions from meetings were noted and followed up at subsequent meetings.

Management of risk, 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.

The service had a robust service improvement plan in place, which was supported by senior Diaverum leaders. The plan showed that performance and issues were reviewed and actions were taken to improve where required. For example, we saw that action plans for audits were assessed for progress and given a named lead and time scale for completion. We also saw that issues were identified with the layout of the nursing stations. Bids had been submitted corporately for a redesign and Diaverum had sent someone to assess the issue for the works to be completed.

The service had a business continuity plan in place which had been reviewed and updated recently. A copy of the plan was kept with the emergency evacuation plan.

The service had an easily identifiable and accessible emergency evacuation plan on the wall of the unit. The plans were in a red folder attached to the wall inside the secure entrance to the unit from the waiting room. The folder included personalised plans for patients according to their mobility needs.

The service had a local risk register which was regularly reviewed by the unit manager and sent for review to senior leaders for Diaverum. We reviewed this risk and saw that it accurately reflected the service. Risks were appropriately scored and mitigating actions were recorded.

Information Management

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

The service ensured that all staff received annual training in accessible information standards and protection of personal data.

The service utilised three separate systems to support the care and treatment of patients. One system held laboratory requests and results data, another was a system provided by the provider, Diaverum, and the third system allowed the service to access patient administrative data from the NHS trust.

Staff were familiar with each system and were able to navigate information exchange between systems to provide safe care and treatment.

The unit manager had included plans to further integrate the separate systems into their service improvement plan. The action plan organised areas for improvement into three sections, documentation; general management of the unit; and safe working practices. The action plan was detailed and included updates. For example, we saw that information technology staff from the NHS trust had successfully integrated test results from one system onto another to help prevent any loss or lapse of data.

Consultant nephrologists provided electronic prescriptions for each patient. These prescriptions were electronically transferred to microchip cards for each patient. These cards provided the dialysis machines with each patients' dialysis prescription and had a series of electronic checks for nurses to complete prior to dialysis commencing.

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.

Patients were familiar with the service and the staff due to being regular attenders at the unit, approximately three times a week.

The service conducted patient satisfaction surveys. A quality of life survey had recently been undertaken and results were largely positive, with concerns and suggestions for improvement that had been incorporated in an action plan.

There was a staff communications board on display in the staffroom. The unit manager had an open door policy and regularly checked in with their staff with verbal updates about daily issues relating to the unit.

The service worked with the local NHS trust to further integrate their electronic systems for a smoother and more efficient way of requesting and receiving test results and sharing patient records. The service also worked with a patient transport service to ensure a better journey experience for patients.

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

The service used programmable microchipped cards for each patient which contained their dialysis prescription from their consultant. The prescription would be reviewed and approved several times in the process from being uploaded to the patient receiving their treatment. This meant that the risk of human error in the prescribing and administering of the treatment was greatly reduced.

The recommencement of the holiday dialysis service was imminent. This part of the service had been suspended during the COVID-19 pandemic. The recommencement of the holiday dialysis service meant that patients on holiday in the area could receive dialysis in the unit, and similarly local patients could have their dialysis arranged for them in other units so they could still experience holidays.

The home dialysis service and the education and training it provided to patients was a responsive addition to the service.