

Fresenius Medical Care Renal Services Limited

Worcester Dialysis Unit

Inspection report

12-16 Great Western Business Park
McKenzie Way
Worcester
WR4 9GN
Tel: 01905721940
www.fmc-ag.com

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

Ratings

Overall rating for this location		Good	
Are services safe?		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

Worcester Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service opened in 2009 and provides haemodialysis to patients from the local area of Worcestershire. This is a satellite dialysis service.

The service is located away from an acute hospital site. Facilities included 20 dialysis stations (four of which were in isolation rooms), 4 consulting rooms, and a meeting room. Dialysis units offer services that replicate the functions of the kidneys for patients with advanced chronic kidney disease. Dialysis is used to provide artificial replacement for lost kidney function.

This was the first rated inspection of the service.

We rated the service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, 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 advice around nutrition. 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 understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	We rated this service as good because it was safe, effective, caring, and responsive, and well led. See summary above for details.

Summary of findings

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Summary of this inspection

Background to Worcester Dialysis Unit

The service provided over 12,655 dialysis treatment sessions per year and had treated 48 patients at the time of the inspection.

Worcester Dialysis Unit has 20 dialysis stations that provides dialysis for patients with chronic renal failure. The unit was built in 2009 following the increased demand for dialysis in the Worcestershire area. Fresenius Medical Care Renal Services Limited (Fresenius) is contracted to complete dialysis for local patients under the care of nephrologists at a contracting NHS trust.

All patients attending Worcester Dialysis Unit receive care from a named consultant from the NHS trust, who remains responsible for the patient. Fresenius has close links with the trust to provide seamless care between the two services. To achieve this, the service has support from the NHS trust to provide medical support, satellite haemodialysis unit coordinator support, and regular contact with a dietitian. This team attend the unit regularly and assess patients in preparation for monthly quality assurance meetings.

The unit is open between 7am and 12 midnight on Monday, Wednesday and Friday. Tuesday, Thursday and Saturday 7am to 6.30pm. It is currently providing treatment for over 90 patients. The main service provided was a dialysis service only for people over the age of 18 years of age.

Services provided via contract include:

- Domestic cleaning.
- Equipment maintenance.

The service is located away from an acute hospital site. Facilities included 20 dialysis stations (four of which were in isolation rooms), three consulting rooms, and a meeting room.

Dialysis units offer services that replicate the functions of the kidneys for patients with advanced chronic kidney disease. Dialysis is used to provide artificial replacement for lost kidney function.

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.

During the inspection visit we spoke with, 7 staff members including nurses, healthcare assistance and clinical leads. We spoke with 4 patients, and we reviewed 8 patient records.

The service was last inspected in 2017 but was not rated because at that time CQC did not have the legal duties to rate the service.

Summary of this inspection

During the 2017 inspection, the service was issued with 2 requirement notices. The legal requirements that were not being met during 2017 inspection were:

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment. How the regulation was not being met:

- The safeguarding lead was trained to level 2 in safeguarding adults. This was not in line with national guidance, which recommends that designated safeguarding leads should be trained to level 3 in safeguarding adults.
- Not all staff had completed appropriate safeguarding training in order to protect children associated with the adults they were caring for from abuse.

Regulation 18 HSCA (RA) Regulations 2014 Staffing; How the regulation was not being met:

- Not all staff had completed the mandatory training required for their role in order to provide safe care and treatment. This included (but was not limited to), training in order to safely administer blood transfusions, practical manual handling and prevention of medicine errors training.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 3 April 2023.

The team that inspected the service comprised a CQC lead inspector a specialist advisor. An operations manager oversaw the inspection team.

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

Areas for improvement

Action 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 all policies are reviewed and kept up to date for all staff to access.
- The service should consider updating all staff about the Freedom to Speak up Guardians and their role.
- The service should ensure all staff complete their mandatory training.
- The service should ensure that staff carry out relevant assessments for each patient, such as nutrition and pain.

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

Dialysis services

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

Is the service safe?

Good 

This was the first time for this service to be rated. We rated it as good.

Mandatory training

The service did not always ensure that mandatory training in key skills to all staff were completed.

Staff mandatory training was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training. However, compliance with training was not always within their compliance target of 90%.

Mandatory training was reviewed at annual staff appraisals and monitored by the deputy clinic manager and the clinic manager.

We saw that there was a spreadsheet maintained to facilitate this and 91% staff had completed their mandatory training, with lowest percentage being practical manual handling at 57%. However, staff E-learning for Manual Handling Interactive was at 100%. We requested the providers action plan around the low compliance in training, and senior staff told us that training compliance during the inspection was low as the dates were pre-booked but this had now been completed on 19 April 2023, further data was shared with us that showed us that 88% (15 out of 17) of the staff were now up to date.

Mandatory training was completed annually or 3 yearly depending on the topic. Most courses were completed through E-learning and could be accessed from staff home computers following a secure log in.

The service was in early stages of introducing the Oliver Magowan training, senior staff informed us that the service training department were in contact with an external training provider to carry out this training to all staff. The Oliver McGowan mandatory training is on Learning Disability and Autism. Aiming to save lives by ensuring the health and social care workforce have the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability.

Safeguarding

Dialysis services

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

Staff received training specific for their role on how to recognise and report abuse. Three levels of safeguarding training were available to staff dependent on their role. Training records showed us that safeguarding children and adult for level 2 and 3 was at 100%. The registered manager had completed their level 4 Safeguarding Management and was the safeguarding lead. This was an improvement from 2019 inspection and the service met their requirement notice from their last inspection.

Staff we spoke with said they had not had to report any safeguarding concerns. Staff were able to describe examples of what they would consider a safeguarding concern and how they would escalate it. They knew who the safeguarding lead was and who to contact for advice should they have any safeguarding concerns.

Information about safeguarding was displayed on the noticeboard to assist staff on how to access timely advice and support from the safeguarding lead.

There was a corporate policy that reflected national guidance to recommend staff on their responsibilities around safeguarding. This contained flowcharts to advise what actions to be taken. The clinic manager was the unit's lead for safeguarding and had completed the relevant training for their post.

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. We visited the service unannounced and found it to be visibly clean. Domestic cleaning was subcontracted to an external provider. This general cleaning was completed outside normal business hours. Senior staff told us that the domestic supervisor audited the unit monthly and discussed the result with the clinic manager and feedback was provided to staff.

Staff followed infection control principles including the use of personal protective equipment. Patients and staff wore facemasks when connecting or disconnecting patients to dialysis catheters. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw that dialysis stations were cleaned thoroughly at the end of each dialysis session. Equipment was cleaned between patients. Dialysis machines completed a disinfectant wash with a specific disinfectant used to clean the dialysis machines. All dialysis machines were externally disinfected, and Heat disinfected every after use. In addition, degreasing disinfection were done weekly. All spare machines that are not in regular use were disinfected every 72hours.

Daily job checks were allocated to staff and recorded on the noticeboard in the main unit and in a file kept at the nurse's station. This included tasks such as cleaning the utility room, weighing scales and wheelchairs, disinfecting spare dialysis machines, and flushing non-regular use water points.

The unit had 4 side rooms, which were observable from the workstation. Each side room had a clean room or anti chamber where staff prepared to enter the room. These chambers included a handwashing sink, personal protective equipment storage, clinical waste facilities and individual dialysis machine. We were told that patients using the rooms were mainly isolated due to blood borne viruses.

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Water used for dialysis is required to be specially treated to prevent risks to patients. There was a large water treatment room, which was monitored remotely by the manufacturer. This enabled them to identify any issues with supply, effectiveness of treatment or leaks. In addition to the remote monitoring, staff had telephone access for emergencies. Daily, nursing staff monitored the water supply to ensure it was free from contaminants. If a result showed an anomaly, staff would contact the engineers for an urgent review. This was in line with guidance on the monitoring the quality of treated water and dialysis fluid. We saw the record log that recorded the testing and the results. Staff were aware of the processes for obtaining samples, and actions to take if results showed some contaminants.

Staff used appropriate aseptic non-touch techniques to attach patients to their dialysis machines. This was completed through either the insertion of large bore needles into an arteriovenous fistula/ graft or central line. Arteriovenous fistulas (AVFs) are an abnormal connection or passageway between an artery and a vein created through vascular surgery specifically for dialysis. Grafts (AVGs) are artificial veins inserted for dialysis, and central lines are larger cannulas that are inserted for long periods for dialysis. We observed that staff wore appropriate personal protective equipment for interactions with the patients.

We saw staff washing their hands appropriately, using correct techniques, to maintain patient safety. This included before and after any patient contact.

There was guidance for staff regarding patients who return from holiday at high-risk destinations. This included details of screening and isolation precautions. Protocols were in place to ensure appropriate infection practice, such as screening for Methicillin-resistant *Staphylococcus aureus* (MRSA) and Methicillin Sensitive *Staphylococcus aureus* (MSSA), swab results were recorded within patients notes.

The infection prevention and control (IPC) link nurse were responsible for completing monthly local audits. Results of the IPC audits showed that 93% of staff were compliant, we reviewed the action plan, with some actions still in progress. All staff were 100% compliant including general cleaning standards and handwashing practice. Unit staff were required to undergo an infection prevention and control annual competency assessment. Records indicated that staff were up to date with this at the time of inspection. There were sufficient hand wash basins located around the unit.

Staff at the clinic followed the NHS trust's sepsis guidelines, with any patients thought to be unwell being referred directly to the renal team for an urgent medical review. However, the review date was out of date and a new updated version was required. We raised this during the inspection and senior staff told us they were in the process of updating all policies on to a new electronic system.

Staff knew how to access information to support infection prevention and control guidelines and standard operating procedures with links to clinical guidelines, such as aseptic non-touch techniques, cannulation, and commencement of haemodialysis via arterial venous fistula or arteriovenous graft and a standard operating procedure for discontinuing haemodialysis treatment following completion of dialysis sessions via a central venous catheter.

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.

Patients could reach call bells and staff responded quickly when called and each station had access to a call bell.

Dialysis services

The design of the environment followed national guidance. Staff carried out daily safety checks of specialist equipment. There were systems in place to monitor and manage the maintenance of equipment for the service. This included the dialysis machines and other clinical equipment. There was also a helpdesk provided for staff to raise any issues. All equipment we checked during the inspection had been electrical safety tested. The nursing staff received training on the equipment in use.

Staff disposed of clinical waste safely. Clinical waste was segregated from domestic waste and stored in a locked waste room. Waste bags were sealed appropriately and not over filled. Full sharps boxes were stored in the clinical waste room and collected by an external provider monthly.

The service had enough suitable equipment to help them to safely care for patients. The unit had three spare dialysis machines that could be used in an emergency or as a replacement while maintenance was taking place. These were stored in the technician's room, ready for use. We saw that equipment was electronically tested and serviced annually.

There were patient wheelchair weighing scales at the unit. There was also a spare weighing scales available.

The unit had equipment to be used in case of a clinical emergency. The resuscitation trolley was in the main unit. The trolley had been checked every weekday and the equipment was fit for use. We saw that single use items were clearly identified. Emergency medicines were stored in tamper evident packaging.

The unit had a water treatment facility, which was monitored daily by nursing staff. We were told that this was checked by the first member of staff attending the unit in the morning. This made sure that the water supply was appropriate before the dialysis machines were switched on for treatment. Technicians were available through a 24 hour on call service. Any incident was reported and logged to the head office, and technicians were contacted by the head office. This meant that the head office had an oversight of the maintenance issues in each unit.

During the 2017 inspection, we were not assured that the fridge temperatures throughout the unit were being escalated and actions taken when they were not within range. This included the blood sample storage fridge, patient's food, and separate staff food fridges. During this inspection, we found all fridges were monitored and documented on regular basis throughout the day.

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 completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Patients' details were held on an electronic system and each patient had their own electronic card. We saw that these cards were labelled with the patients details and kept in boxes according to the sessions they attend. We observed staff checking patient identity against the prescription charts, dialysis machine and patient weighing card. We also observed patients being asked to confirm identity prior to commencement of treatment.

Patients had clinical observations recorded prior to commencing treatment. This included blood pressure, pulse rate, oxygen saturations and temperature. We saw that nursing staff discussed the frequency of blood pressure recordings with patients when commencing dialysis. Patients who were unwell on arrival to the unit or during dialysis was referred to the nurse in charge for a review and the satellite haemodialysis unit coordinator (from the NHS hospital) for advice. The consultant or the on call renal team at the parent trust would be contacted for an urgent review if required. The

Dialysis services

service did not use the National Early Warning Scores (NEWS2) for recording patient's vital signs, this was raised during the 2017 inspection. We discussed this in detail with the senior teams who told us this was currently being reviewed by the local NHS trust, and the provider was awaiting decision on their adaptations to the NEWS2 recordings to fit around renal patients specifically.

The nurse reviewed any changes to patients, such as weight and mobility, prior to commencing dialysis, to ensure the patient was fit for the session. Staff used a treatment variance reports to electronically record any issues that occurred during dialysis, such as low blood pressure. This record could remain open, which would then alert the staff at the start of future dialysis sessions that this had been a problem. This would ensure that staff were up to date with previous episodes and could take any necessary precautions.

In clinical emergencies, nursing staff called 999 ambulance services to support and transfer patients to hospital. There was resuscitation trolley available at the unit and a policy in place to guide staff regarding these incidents including their reporting requirements.

Systems to promote security and safety were in place and well managed. There were alarm systems for secure access areas and key coded or keys locked doors. There were fire alarm procedures and extinguishers were available and well maintained. Each area was accessed through keypad secured doors. Patients would remain in the reception area until the dialysis machines were ready for use, and then staff would call them through.

The unit had a document called a patient concerns' register. Staff would document any concerns that may affect the patients care, such as low blood pressure following dialysis. The concerns or issues were detailed followed by progress updates, including escalation details if required. The clinic manager was responsible for maintaining the register.

Staffing

The service had enough staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough nursing and support staff to keep patients safe. Staffing ratio consisted of one qualified nurse to four patients. We saw that patient and nurse allocation was clearly displayed on the unit white board, with staff allocated to a number of dialysis stations.

We checked rotas during the inspection and found that planned staffing levels were maintained to meet patients' needs. Sometimes the clinic manager covered short-term absence of staff.

The number of nurses and healthcare assistants matched the planned numbers. Leaders told us that all shifts over the last month had been staffed in line with the required ratio and skill mix and that there had been no deviations from the specified requirements. At the time of the inspection the service had 2 full time staff nurse vacancies and 1 part time staff nurse vacancies.

Managers accurately calculated and reviewed the number and grade of nurses, and healthcare assistants needed for each shift in accordance with national guidance. The manager could adjust staffing levels daily according to the needs of patients. For example, the twilight shift had less patients so did not require as many staff.

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Temporary staff, such as bank, were used where necessary to cover gaps in the rota. The service used agency staff when required. Managers made sure all bank and agency staff had a full induction and understood the service. There was an induction checklist in place for bank and agency staff which covered specific areas such as infection prevention control, operating dialysis chairs, equipment cleaning and patient assessment.

The unit was a nurse led unit so did not have a doctor on site. There were 3 consultant nephrologists overseeing the unit from the referring NHS trust. The consultants visited twice per month to review patients and attend quality assurance meetings. Doctors saw patients at least every 3 months in line with guidelines.

Records

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

Patient notes were comprehensive, and all staff could access them easily. When patients transferred to a new team, there were no delays in staff accessing their records. Patients' records were held both electronically and in paper format. We saw that the electronic records detailed dialysis sessions by date and time. This meant that any changes in treatment or any problems occurring during the session could be easily identified. Patients' details and dialysis information was recorded electronically and automatically uploaded to the national database at the parent NHS trust.

Records were stored securely. We reviewed 8 patient records. Each file contained a dialysis prescription, consent for treatment, medicine chart, any completed early termination of treatment forms, dialysis pathway, copy of blood results and an admission assessment document. We found that paper records were completed appropriately and signed and dated as required. Standard of record completion was audited each month.

Patients' weights were recorded on cards, which were inserted into the weighing scales and then the dialysis machine. Patient cards were stored in boxes according to the dialysis day and session, for example, morning cards were held separately to the afternoon cards. Patients collected their card from a box in reception and inserted it into the weighing scales for that day's recording, prior to the card being inserted into the dialysis machine. Patient cards were labelled with the patients initial and surname.

Staff completed risk assessments for each patient, such as the mobility risk assessment, which was completed on referral to the service, and updated if any mobility had changed. Patient nutritional assessments were assessed/reviewed by the dietitian from the trust, staff told us the dietitian visited the unit 2 to 3 times a week. However, we did not see any evidence in patient records around nutrition specific assessment. We raised this with senior teams, who told us they did not have a specific nutritional screening assessment as this was completed by the trust dietitian.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The unit had processes in place for the safe management of medicines. Patients attending would receive prescribed medicines as necessary for their dialysis treatment.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Dialysis services

Staff completed medicines records and kept them up to date. There was training for all registered nurses at the unit to complete, about preventing medicines errors, however, we saw that only 18% had completed this training.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored in the treatment room, which was located off the main unit. We found that the treatment room was always locked during the inspection, with the nurse in charge holding the keys. All cupboards and the medicine storage fridge were locked.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. We saw that when medicines were administered, 2

nurses completed a verbal patient identity and medicine check and we saw that medicine charts detailed 2 signatures next to each medicine when administered. This was in line with the Nursing and Midwifery Council standards for medicines management.

Incidents

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.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. We saw there was a clinical incident reporting policy in place that guided staff about reporting pathways. Staff were aware of the two incident recording systems in place and how to report an incident. Certain incidents were reported on one system and went to the trust, others were reported on the providers internal incident reporting system.

Incidents and any learning arising from them were shared at team meetings and at staff handovers. Patient safety alerts were distributed centrally from the provider's head office to the clinic manager for sharing with the team. We saw minutes from meetings, which showed feedback to staff regarding local incidents and actions to be taken.

The service had reported no never events. Never events are defined as serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Staff reported serious incidents clearly and in line with the service's policy. Staff told us they felt confident to raise concerns and report incidents and near misses should they occur.

Staff understood the duty of candour (DoC). DoC sets out some specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. They were open and transparent and gave patients and families a full explanation when things went wrong.

Staff told us they received feedback from investigation of incidents, both internal and external to the service. We reviewed samples of root cause analysis investigation reports, we found them to be detailed and robust with highlighting areas of good practice and what needs improving.

Dialysis services

Is the service effective?

Good 

This was the first time for this service to be rated. 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.

Patients were offered dialysis 3 times a week, this was in line with Renal Association Guidelines, dialysis usually took place over a 4 hour period. Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The policies and procedures were developed in line with national guidance, standards, and legislation. This included guidance from the Renal Association, National Service Framework for Renal Services and the National Institute for Health and Care Excellence (NICE). The unit had an audit programme to assess their effectiveness. This included healthcare documentation and infection prevention and control, and hand hygiene audits.

Staff did not have access to up-to-date policies. Leaders told us there was some confusion at clinic level with keeping old folders during the IT transitional period, when reviewing examples of policies during the inspections, we found many were due to be reviewed and were not in date.

We saw that the IT systems used enhanced the collection of data and ease of monitoring. This was largely due to the system uploading data collected during dialysis to the NHS trust database. Similarly, staff at the unit were able to access records at the trust; reducing time spent requesting blood and test results.

We saw staff assessing central venous catheters (CVC) for any signs of infection. This was in line with NICE QS72 statement 8: Adults receiving haemodialysis have their vascular access checked and maintained. Patient notes included arteriovenous graft records (AVF) and evaluations and access grading tools. We observed staff carrying out good arteriovenous (AV) fistula assessments and techniques. An AV fistula is a connection, of an artery to a vein.

Nutrition and hydration

Staff provided some drinks when needed. Patients could access specialist dietary advice and support.

Patients in renal failure require a strict diet and fluid restriction to support healthy lifestyle. We were told that the dietitian reviewed patients monthly and visited the unit weekly, who assessed all patients past medical history and their treatment plans to advise patients on the best diet for them.

The dietitian was employed by the NHS trust and part of their role was to support satellite dialysis units. The dietitian attended the monthly quality assurance meeting to advise and support the patient's individual plan.

Some patients were seen weighing themselves prior to dialysis, and inputting this into the dialysis machine. Nursing staff told us that patients were encouraged to take part in their treatment to different levels.

Dialysis services

Patients attending the unit were offered refreshments, which included a drink and a snack (biscuits). Patients brought their own foods and were able to use a patient fridge to keep products cool.

Pain relief

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

Staff assessed patients' pain through verbal checks. Patients were asked about their pain at each appointment and were advised appropriately in how to manage this. We did not see a specific pain assessment tool in use within patient records. We raised this during our inspection and senior staff told us this was something they would routinely ask patients' prior to starting each dialysis treatment and do not have a specific pain tool.

Patients' pain relief needs were assessed and managed. Patients did not routinely receive oral analgesia during their dialysis sessions: however, local analgesia was available for cannulating the patients' arteriovenous fistula or graft (AVF/G). Any issues identified with pain were discussed initially with the nursing staff who escalated concerns to the NHS trust renal consultant.

Patient outcomes

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time and used information from the audits to improve care and treatment.

The service took part in relevant national clinical audits. Renal consultants from the NHS trust defined the patient's treatment plan. The renal consultants provided clinical oversight at the unit and was also the responsible consultant for all the patients attending the unit. Individualised treatment prescriptions were developed to aim for positive patient care outcomes.

Patients' blood results, progress and general condition was discussed at monthly quality assurance meetings. Any changes to treatment parameters or referrals to other services were coordinated by the clinic manager or deputy and reported to the clinical staff for further action. The patients' blood was tested each month as per the schedule set by the NHS trust consultant. The blood results and treatment data were captured by the electronic database. This data system provided customised reports and trend analysis to monitor and audit patient outcomes and treatment parameters.

We saw all patients arriving to the unit were weighed on arrival to the centre at each visit. This was to identify the additional fluid weight that needed to be removed during the dialysis session. This varied from patient to patient and formed part of their dialysis treatment plan, which was adjusted as needed.

The unit did not directly contribute data to the UK Renal Registry. However, the unit's data was uploaded to the national database from the NHS trust. Data specific to the unit was available through the provider's own database and was used to benchmark patient outcomes and drive improvements in the service. A clinic review report was completed monthly by the clinic manager for review with the area head of operations. This included number of patients who had needed hospitalisation, fistula access versus lines, efficiency of dialysis indicators and number of patients that did not attend for sessions.

Dialysis services

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. Effective recruitment systems were in place to ensure staff were suitably skilled to work in their roles. Managers supported staff to develop through yearly, constructive appraisals of their work. The staff appraisal rate at the time of our inspection was in progress, we saw many had completed their appraisal with many staff booked in for April 2023, with a plan to be 100% by end of April 2023.

Staff told us they had the opportunity to discuss training needs with their line manager and they were supported to develop their skills and knowledge. This included the completion of specialist training to help them develop areas of specialism.

Processes were in place to ensure staff were competent to carry out their roles. This included the formal completion of clinically based competency checks. All staff had to undertake an annual reassessment of competence. For example, general trained nurses' assessments included the use of the dialysis machine, to demonstrate skills in assessment and management of patient's vascular access and to demonstrate clinical competence related to 'nephrocare standard good dialysis' guide.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge; each staff member had a training folder, which was held in the clinic manager's office. These detailed records of training attended and competencies. Staff told us that the clinic manager informed them when training was due for renewal. During the inspection, we checked 3 registered nurse folders and found evidence of an annual assessment of competence in all applicable cases. Staff told us they were able to complete any training on the unit during quiet times or options for staff to complete at home if they wish to. Staff felt they were given sufficient opportunities to develop, and some staff had been promoted to more senior roles.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff were required to date and sign once they had reviewed/read the team meeting notes.

Inductions for new staff consisted of one week to complete training and review policies. The second week staff were introduced to the clinical areas to observe and learn how to use the machines. The third week staff completed any competencies and by week 4 they would have a small number of patients with guidance from a mentor.

Multidisciplinary working

Staff 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. It was clear that each member of staff recognised their role and responsibility in the care of the patient and escalated any concerns effectively.

Dialysis services

The multidisciplinary team, worked effectively to provide dialysis treatment at Worcester Dialysis Unit. The NHS trust provided specialist support for patients with the exception of nursing staff who were employed by the provider. The trust consultant and the renal dietitian attended monthly multidisciplinary team (quality assurance) meetings at the unit. The clinic manager or a designated deputy and the satellite haemodialysis unit coordinator also attended these meetings.

The nursing team were supported by the satellite haemodialysis unit coordinator. Their role was to provide a link between the satellite units and the parent NHS trust. The satellite haemodialysis unit coordinator was often the first point of contact for staff with problems associated with patient care or processes. We saw that they had an open relationship with the unit staff and attended the clinic regularly.

Seven-day services

Key services were available to support timely patient care.

Staff could call for support from doctors and other disciplines. Staff could refer patients for other services through the trust. Consultant cover was available during all hours of operation.

The unit is open between 7am and 12 midnight on Monday, Wednesday and Friday. Tuesday, Thursday and Saturday 7am to 6.30pm.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. We saw health information was available for patients in waiting areas. Information included chronic kidney disease and information on reducing high potassium levels and kidney disease.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

Staff spoke with patients about their diet and blood results as well as any alcohol consumption. The manager told us they could refer patients for smoking cessation if appropriate.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff had a good understanding of the Mental Capacity Act, 2005 and what it meant for a patient to lack capacity to make a decision.

Dialysis services

Staff told us that they did not have any patients on the unit who lacked capacity to make decisions around their care and treatment. They told us that any concerns relating to a patient's mental capacity would be identified and assessed by the trust prior to starting dialysis.

Staff told us they completed training around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, when we received the service mandatory training figures, DoLS and MCA we were not able to find the training details, but we saw that 82% of staff had completed training in an Introduction to Dementia for Health and Care Professionals; due to the nature of the service, staff did not apply DOLS.

Staff gained consent from patients. We reviewed 8 patient records and found staff consistently recorded consent for dialysis. Arrangements were in place for patients where there was a language barrier for consent; the unit had access to the hospitals translation services if needed. We observed 2 dialysis shifts and saw staff asked for verbal consent.

Is the service caring?

Good 

This was the first time for this service to be rated. 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.

We saw that all staff interactions with patients were respectful and considerate. Staff spoke politely to patients and were supportive. We saw that staff were responsive to the patients' needs, including calls for assistance, alarms on dialysis machines and any non-verbal signs of distress.

We observed staff responding to patients in a compassionate and timely way when the alarms sounded on the machines. Staff were discreet and responsive when caring for patients.

Patients said staff treated them well and with kindness. We saw staff taking time to interact with patients who used the service in a respectful, considerate way and supportive way.

Emotional support

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

Staff were aware of the impact that dialysis had on a patient's wellbeing and supported patients to maintain as normal life as possible. Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff encouraged patients to continue to go on holiday and participate in the management of their treatment.

Dialysis services

The nursing staff helped patients to access support and additional services as necessary, such as social workers or psychologist. The unit did not have its own renal social worker. However, the unit were able to link with the trust if patients required additional services. Patients had lots of opportunity to speak to nursing staff if they had concerns.

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.

All patients had a named nurse. The named nurse's role included keeping the patient informed regarding blood results and treatment plans. This encouraged patients to be involved in decisions about their care and treatment. Patients we spoke with during the inspection, knew who their named nurse was and felt confident to raise any concerns with their named nurse.

Staff made sure patients and those close to them understood their care and treatment. Staff told us when a patient started dialysis, they would sit with them to reassure them and explain everything and explain their treatment. Patients told us they felt well informed about their treatment and blood results.

Staff supported patients to make informed decisions about their care. Staff completed their handovers by walking around the unit (rather than doing this at a workstation), which was inclusive of the patients. Staff told us that patients had reported preferring this, as it gave them the opportunity to speak.

Patients gave positive feedback about the service and felt involved with their care. During the inspection, we joined a walk round handover and found that the patients appeared to welcome the opportunity to talk with the team.

Patients could participate in their own treatment, and we saw that the majority weighed themselves at the start and end of each dialysis session. This empowered patient and allowed them to take control of some aspect of their treatment.

Is the service responsive?

Good 

This was the first time for this service to be rated. 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 had a contract with the trust, this meant they were able to offer additional dialysis capacity to the local population.

There were provisions in place for patient comfort by way of dialysis chairs, beds and pressure relieving aids. Each dialysis station had a television and headphones so patients could have entertainment whilst undergoing their dialysis treatment. The toilets on the unit were unisex.

Dialysis services

There was a patient transport service in place, who collected patients for dialysis and returned them to their home following treatment. This service was contracted by the trust, any concerns raised about the transport service would be raised directly with the transport provider and the NHS trust.

The service had a large car park with convenient and safe patient access to the dialysis unit, there was disabled parking pays.

Facilities and premises were appropriate for the services being delivered. The building was set over the ground floor with easily accessible entrance. The building had sufficient space for wheelchairs. The nursing station provided staff with a good view of the room. The unit was opened in 2009 and had been converted from an industrial unit, in line with specifications outlined in the Health Building Notes which provide best practice guidance through The Department of Health for the design and planning of new healthcare buildings and the adaptation or extension of existing facilities. Worcester Dialysis Unit facilities were in line with Health Building Note 07 01: 'Satellite dialysis units' (2013) guidance.

There were four main areas that included a reception, staff area (rest room and changing rooms), treatment area and service corridor. The reception area was large and held approximately 20 chairs. The reception area was accessed through secured doors. The front door call bell was opened remotely by either the unit receptionist or nursing staff. The clinic secretary worked 10am to 2pm daily and their role included general administration support for the unit. Outside these times, a shutter could be closed to prevent unauthorised persons accessing the receptionist's working area.

The manager's office and four clinic rooms and the receptionist desk, were accessed off the reception area. This meant that patients were seen during their wait for dialysis.

Managers ensured that patients who did not attend appointments were contacted. There was an up-to-date standard operating procedure in place for patients who did not attend for dialysis treatment. The procedure provided staff with information on what to do if patients did not attend for more than one consecutive treatment. Staff recorded when patients did not attend their dialysis treatment on the locations incident reporting system.

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.

The unit provided disabled access and wheelchair accessible toilets. We saw there was 1 hoist available for patients who could not transfer, and some staff were trained on the use of the hoist as part of their mandatory manual handling training.

There were 2 disabled toilets adjacent to the main reception area and 1 within the treatment area. Each side room had a disabled access toilet attached to enable patients to remain isolated for infection prevention and control.

The patient wheelchair weighing scales were situated in reception away from patient chairs, which enabled some privacy when weighing patients. There was also stand on weighing scales available.

We saw that information leaflets were available in non-English languages. There was also a poster in reception stating that if translation was required for any language not present, the staff would be able to arrange suitable translation services. Patients with neurodiversity or a learning disability were not cared for at this location, patient with additional needs would be treated at the local NHS trust.

Dialysis services

Patients' carers were encouraged to join them during dialysis sessions if required. Staff told us they worked in partnership with carers. Patients on the unit could have visitors during treatment sessions.

There were privacy screens available when required.

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. All patients were given an allocated time of arrival, and this appeared to be working well. The current dialysis sessions were being run daily, with one morning and one afternoon session from Monday to Saturday. Since last inspection the service provided additional twilight appointment on Mondays.

Patient waiting lists for dialysis were managed through the trust. At the time of the inspection the daytime dialysis slots were at capacity with some capacity available on the evening shifts.

Staff made sure each dialysis treatment started as soon as possible once patients arrived on the unit. We observed patients starting their dialysis on time and there were no notable delays. Staff told us when there were any delays it was usually due to issues in the community, such as traffic.

Patient that requested their treatment sessions to be cut short due to personal circumstances were advised the complications of cutting treatment sessions, especially if this was a regular pattern, all patients requesting to cut treatment session short were required to sign a declaration form and this was signed by the named nurse and a copy would be placed in patient records and their consultant would be notified.

Learning from complaints and concerns

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

There was a policy and a process in place for the management of complaints. The centre manager was the lead for complaints at the unit. The target was to respond within 20 working days. The service had no complaints reported in the last 6 months period.

Staff understood the policy on complaints and knew how to handle them. Staff told us they would try to resolve any complaints locally in the first instance; failing this, patients could make an official complaint which would be reviewed by a senior leader.

The clinical manager was very visible on the unit and available to discuss any arising concerns. Staff were aware of the complaint's procedure for the unit.

Patient satisfaction audits were completed annually using an external company to complete a survey. Patients, their friends, and families, were able to complete an anonymous questionnaire to identify any areas for improvement. Following completion, the unit compiled an action plan to address any areas where improvement was required.

Dialysis services

Is the service well-led?

Good 

This was the first time for this service to be rated. 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.

Leaders had the right skills and knowledge to manage the service. Locally, the clinic manager was supported by a deputy manager, nursing staff, health care assistants and an administrator. The service was a nurse led unit. There was an area head of operations, who covered several dialysis units who provided line management and senior support for the clinic manager.

The unit used a named nurse approach to patient care. The named nurse was responsible for maintaining the patient's records, and ensuring they had a detailed understanding of the patient's condition and treatment.

Staff told us leaders were visible and approachable and they could telephone the senior managers at any time. The registered manager worked closely alongside staff on the unit. Senior leaders told us they held leadership meeting days that staff from the unit could attend.

Vision and Strategy

The service had a mission and a set of core values in place. There was a clinical governance and quality assurance strategy in place.

There was a set of corporate values that included working collaborative, being proactive, reliable, and excellent in the provision of dialysis services. The values were displayed in the unit and staff were aware of the vision, strategy, and values. We observed staff displaying these behaviours with each other and their patients.

There was a corporate strategy for the delivering of quality care, with policies, guidance, and procedures based on national guidelines. Staff understood this strategy. The corporate vision and priority were to ensure the delivery of safe, high-quality care for patients. This linked with their 4 key areas of focus, which were, patients, shareholders, the community, and employees.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care.

Staff we spoke with told us they felt supported, respected, and valued. They felt proud to work for the organisation.

Dialysis services

The clinic manager had an open-door policy and was accessible to patients, relatives, and unit staff. We saw during the inspection, that staff and patients asked for advice, assistance, or information when necessary.

The leadership team-maintained links and a good working relationship with the NHS trust. Staff told us that there was good teamwork within the unit.

Staff told us they could raise concerns if needed. They were not familiar with the term 'freedom to speak up guardian' but when we spoke with senior staff and reviewed meeting minutes, freedom to speak up guardian was not yet rolled out but in progress. Staff were aware of information displayed about raising concerns. There was a poster displayed about speaking up/ raising concerns, but the poster did not include any contact details of how to raise a concern.

Governance

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 clinic manager was responsible for monitoring and leading on delivering effective governance and quality monitoring in the dialysis unit, supported by the wider provider management team.

Processes were in place for staff to have pre-employment Disclosure and Barring Service checks. Leaders told us they utilised escalation processes by the police and the Nursing and Midwifery Council to alert them if employees received cautions and told us how this had worked in the past.

There was a programme of audits in place which leaders told us were based on best practice guidelines as per the Renal Association recommendations. Staff submitted data to the trust on a regular basis, such as blood results so patient outcomes can be measured by the trust.

We reviewed samples of their last 3 months governance structure meeting minutes, we saw it was well attended and all clinics were discussed in detail, with main topics being incidents, training, concerns and performances. Staff were updated through their own local team meeting and during these team meetings staff were able to escalate any concerns or feedback to their manager who would raise this at next meeting on their staff behalf.

Each month there were joint contact meetings with the NHS trust's renal team and representatives from the provider's units. We saw standing agenda items included a review of the units' performance against quality indicators, audits results, staffing, transport, water testing and finance.

Data collected by the unit was inputted into the renal registry by the NHS trust. This information was confirmed.

The service displayed their certificate of liability insurance in the patient waiting area, the certificate was in date.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively, they had plans to cope with unexpected events.

Dialysis services

Staff discussed incidents and shared learning regularly during team meetings, any updates on risks or clinic performance were on the agenda, for example twilight shift prior to commencing this was discussed within the local team and the need to manage additional flow and activity to ensure patients were able to be treated.

The unit had a risk register, which described risks to the service providing safe care and treatment. We saw that this document contained risks, mitigations and was updated regularly which were relevant to the service locally and nationally as a provider.

There was a risk assessment document developed by the provider's health and safety manager to address the treatment of patients and general patient handling. It included, fall slips and trips of patient and staff, fire, needle stick injury, electric shock, infection control and untoward clinical events. It contained details of existing controls that should be in place for all dialysis units. We reviewed the service latest health and safety audit that highlighted 3 recommendations of improvements. Main areas were around temporary staff records not being completed in full, such as missing dates. The correct revisions of duties and responsibilities had not been read by all staff; and external boiler room was unkempt, with coffee cups; sweet wrappers; paper.

Dialysis machines had back up battery's which could be used in the event of power loss. If there was a disruption to the water supply staff told us the location would work with other locations close by to ensure patients could still have their treatment if they consented to this, this would include staff attending with the patients and utilising additional staff.

All staff followed a robust induction programme, which consisted of online training and face to face competencies. We saw that roles and responsibilities were clearly defined. A matrix detailed what training was required by staff in each role. Lines of staff accountability and responsibility in the unit were well defined.

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 integrated and secure.

There was a Renal services patient privacy notice which was available to read on the company internet site. The notice had information for patients such as how personal information was used, how long it was stored and what rights the patients had.

We noted that all computers were password protected and locked when not in use. Patient records were stored in a lockable cabinet in an office when not in use. Staff completed information governance training.

Prescriptions were sent via the trust information management system. The system was a controlled access system with individual usernames and passwords. The system was a secure network connecting the unit with the trusts data base.

Staff submitted data to their contracted NHS trust including monthly blood results. The service used patient reported outcome measures to evaluate the quality of healthcare patients received, along with regular audits to ensure data and performance were driving improvements within the service.

Engagement

Leaders and staff actively and openly engaged with patients and staff.

Dialysis services

There were regular monthly staff meetings. They were well attended and structured in which mirrored the 5 key questions of the CQC inspection framework. We reviewed March 2023 meeting minutes and saw the agenda included patient safety incidents, dialysis efficiency, audits, patient experience, policies and procedures update, and training were discussed. General status updates were given including clinical incidents, and positive feedback.

The unit sought patient feedback to improve the service they provided. This was formally captured through the annual patient satisfaction survey and the unit had action plans for these areas where improvement was required. The results were all positive with no negativity raised, some negativities were around transport, which the service shared directly with transport service and trust.

The service had introduced an app for all patients, to provide access to their treatment information. The app was free for patients to use and enabled patients to view treatment data and blood test results. The app also included some educational content.

We reviewed the providers 2021/2022 staff engagement survey and found that 47% of staff felt engaged with the service, 80% of staff felt supported by their direct manager.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff were committed to continually learning and improving services. They were able to discuss learning from incidents and critically reflect on how their practice could be improved.

Since the 2017 CQC inspection, the unit now provides twilight appointments on Mondays and both staff and patient were very positive about this.

The service had created an implementation of knowledge and skill framework, staff said this was a simple and integrated way to review staff competencies/objectives and their plans for career development, with a goal to encourage staff to aim and develop skills and knowledge with a promise to increase their level and banding once objectives were achieved. It also identified support needed by the staff.

Staff had access to development and empowerment training, staff were able to have additional support for interview skills by assisting the registered manager with interviews of applicants.

Staff were able to accompany the registered manager on multidisciplinary meetings as part of their development and progression. These activities gave staff experience and build their confidence.

Patients had options around shared care, patients were encouraged to engage and participate in their care. Staff told us this was continuously being implemented to empower patient.

The provider had recently created a device app “My Companion” a device app that patients were able to download their treatment, blood results and some helpful tips around their health.