

Diaverum Facilities Management Limited

# Furness Renal Centre

## Inspection report

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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?

Requires Improvement 

# Summary of findings

## Overall summary

We rated this 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 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. 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.
- 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 and people visiting the local area, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- 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 and the community to plan and manage services and all staff were committed to improving services continually.

However;

- Staff had not undertaken specific training for Learning Disability and Autism awareness, which had been mandatory for healthcare providers since July 2022. Following the inspection, the provider submitted evidence to show that all staff had now completed this training.
- Following the inspection, the service had ensured patients were prescribed oxygen. Staff needed time to embed the systems and processes being developed for the prescribing of oxygen in the clinic, through the use of Patient Group Directions (PGDs) where appropriate.
- Staff had not received a formal appraisal since commencing at the service, however a new appraisal system had been introduced with all staff to have completed a mid-year review by the end of July 2023. Following the inspection, the provider submitted further evidence to show that all staff have now received a mid-year review with an appraisal scheduled.
- The service did not always display up to date policies or information in staff and public areas.

# Summary of findings

- The service had not ensured that the curtains between patients' bays had been changed in line with their documented replacement date.
- The service had not ensured that the COSHH (Control of Substances Hazardous to Health) risk assessment was up to date. The one in use for safe practice with a COSHH substance was not location specific and was out of date. It stated staff were required to wear goggles however staff dealt with the substance in tablet form and not powder form, as specified in the risk assessment, so goggles were no longer required.
- The service made sure that all required safety checks were performed and recorded by staff but the staff we spoke with were not aware of what the upper and lower limits of some parameters were. This posed a risk of staff not knowing when to report and escalate out of range results.

# Summary of findings

## Our judgements about each of the main services

### Service

### Dialysis services

### Rating

Good



### Summary of each main service

See the summary above for details. We have not previously rated this service. We rated this service as good because it was safe, effective, caring and responsive, although some areas of governance could be improved.

# Summary of findings

## Contents

### Summary of this inspection

Background to Furness Renal Centre	6
Information about Furness Renal Centre	6

### Our findings from this inspection

Overview of ratings	8
Our findings by main service	9

# Summary of this inspection

## Background to Furness Renal Centre

Furness Renal Centre opened in July 2021 as a nurse-led satellite dialysis (Haemodialysis) centre run and managed by Diaverum Facilities Management, on behalf of a local NHS Trust. Diaverum Facilities Management provides dialysis services for people with chronic kidney disease under the clinical guidance of renal consultants from the referring specialist units.

The service had been registered with the CQC since July 2021 and had a registered manager in post at the time of our inspection. Furness Renal Centre was registered to provide one regulated activity, Treatment of Disease, Disorder or Injury, to adults over or under the age of 65. The service had not previously been inspected.

The service was open from 07:00hrs, Monday to Saturday, with evening appointments available every Monday, Wednesday and Friday. The centre was closed on Sundays.

The service provided a dialysis service for local residents, patients from the referring trust and visitors to the area, in a modern and comfortable facility. It had 12 dialysis stations, all equipped with individual TV screens for patient entertainment during dialysis. At the time of the inspection the provider had 10 dialysis machines but provided the service to 8 patients at a time. They also had a 'minimal care room', which was a separate space away from the main treatment room, where patients who had been assessed as competent in their dialysis could undertake treatment independently, giving them more flexibility and empowering them to take control of their care, with minimal or no supervision.

## How we carried out this inspection

The inspection was carried out by two inspectors and was an unannounced inspection using the CQC's risk-based methodology, as the service has not previously been inspected. The inspection was overseen by an operations manager and the deputy director of operations.

We carried out a one day inspection of the service, we spoke with 6 members of staff including registered nurses, a healthcare assistant, and the clinic manager and 5 people who were using the service.

We reviewed 5 staff files. We spoke with 5 patients and reviewed 5 patient records. We conducted an interview with the registered manager, staff, off-site via videoconferencing after day after the onsite inspection.

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 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 MUST take to improve:**

# Summary of this inspection

The provider must take action to bring services in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ensure it strengthens and improves its governance processes to ensure they are effective because:

- The systems and processes being developed were not embedded for the prescribing of oxygen.
- Policies are in place for relevance to the service and ensure review dates are appropriately identified.
- The service did not ensure all equipment is calibrated regularly as per manufacturer's instructions.
- The COSHH risk assessments were not all kept up to date and were not location specific.
- The soft furnishings were not replaced in line with infection control policies/guidance. **(Regulation 17(2)(b) HSCA (RA) Regulations 2014 Good governance)**

## Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The provider should ensure that staff are aware of the upper and lower limits of the safety parameters where they are carrying out checks. This posed a risk of staff not knowing when to report and escalate out of range results.

# Our findings






## Overview of ratings

Our ratings for this location are:

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



## Dialysis services

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

### Is the service safe?

Good 

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

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

Nursing staff received and kept up to date with their mandatory training. At the time of inspection, the service had an overall mandatory training compliance rate of 98%. The service had a system, to ensure staff received mandatory training, this comprised of a mixture of e-learning and face-to face-training. The service had access to a corporate level digital application which was designed to give staff easy access to training records and learning opportunities all in one place.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included a range of statutory, clinical and health and safety training modules such as, but not limited to, infection prevention and control and associated infections, safeguarding vulnerable children and adults, incident reporting, moving and handlings, slips trips and falls, control of substances hazardous to health, and fire safety. Staff were trained in sepsis screening and National Early Warning Score (NEWS 2), a system of recording observations which will identify acutely ill patients, including those with sepsis.

For sepsis management staff followed the NICE guidance for sepsis and the trust's specific guidance for patients who had dialysis twice or three times per week.

Staff completed training on mental capacity and received training in dementia awareness as part of the care of the frail person package. One member of the team told us they had previously worked with people living with dementia and their knowledge and skills were utilised by the team.

Staff told us they had not received specific training on recognising and responding to patients with mental health needs, learning disabilities or autism such as Oliver McGowan training and this was not listed on the staff's training history; however, they had completed training on the Mental Capacity Act and safeguarding where the subject relating to learning disabilities was covered. Following the inspection, the provider submitted further evidence to show this training has been completed by all staff.

# Dialysis services

At the time of the inspection, staff had undertaken basic life support training online and were awaiting completion of the practical training session specific for patients receiving dialysis. This training was updated yearly, and plans were in place for this.

Managers monitored mandatory training through a dashboard and HR alerted staff when they needed to update their learning. The mandatory training compliance was generated from head office. The manager could break the information down to see what was outstanding for each staff member. Staff were able to track which training they were required to complete for their role on an electronic system and could see when they had last completed the training and when it was next due.

## Safeguarding

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

The service had a safeguarding policy which was version controlled and provided guidance for staff to follow on how to identify, escalate and report all safeguarding concerns including female genital mutilation and radicalisation.

Nursing staff received training, specific for their role, on how to recognise and report abuse. All staff were trained to safeguarding adults and children's levels 1 and 2 in line with national guidance. The clinic manager had completed safeguarding training to level 3, however training records indicated that this had been due to be completed again in February 2023 and was still outstanding. There was a level 4 trained manager within the organisation. Although services were not delivered for persons under the age of 18 years, staff received this training as the provider recognised that staff may come in to contact with children, parents, and carers in the course of their work.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with said they would refer concerns to the clinic manager, who was the service's safeguarding lead, or the nurse in charge if the manager was not available. All safeguarding incidents were also reported to the commissioning NHS trust. Safeguarding contact numbers were displayed in the unit.

Staff could give examples of signs of potential abuse and neglect that would lead them to raise a safeguarding concern. If patients did not attend for their planned treatment staff contacted the patient, and if necessary, informed the local authority and the NHS trust. The service had a close working relationship with the local authority and ambulance transport services.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff received training on equality, diversity, and human rights as part of their induction.

Governance meeting minutes we reviewed demonstrated that safeguarding was discussed at all levels throughout the organisation. We saw from meeting minutes that discussions relating to the management of safeguarding concerns was also included as part of the contract review meeting agenda with the commissioning trust.

The team had good links with the local hospice for patients who were on an end-of-life pathway.

## Cleanliness, infection control and hygiene

## Dialysis services

**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.**

The provider had relevant infection prevention and control policies. Staff screened patients for COVID-19 symptoms and checked their temperature on arrival at the unit.

The service had an infection control link nurse who undertook additional infection, prevention, and control duties.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. However, we found the curtains between patient's bays were due to have been changed in December 2022. We were informed that the clinic was awaiting equipment to enable them to remove and replace the curtains. The manager was aware and was regularly escalating this with senior management. Cleaning records were up to date and demonstrated that all areas were cleaned regularly. The service had been awarded a five-star cleanliness award by the commissioning trust.

The service performed well for cleanliness. IPC audits were completed monthly for areas such as, sharps handling, waste disposal, IPC equipment and clinical areas. The most recent audits showed a compliance rate of 100%. There was an escalation process for the service if staff found any areas of concern. In addition to the monthly audit, the service had a yearly unannounced audit undertaken by the clinical lead nurse and the Diaverum head nurse. This included an IPC audit.

The service also participated in the commissioning trust's audit which included a monthly unannounced infection control audit conducted by the trust's renal matron.

The clinic manager conducted a weekly walk around to make sure standards were met. We saw that staff washed their hands between patients; handwashing sinks were located by each dialysis station and throughout the unit. Monthly hand hygiene audits showed compliance was met on a consistent basis from January to March 2023. Hand hygiene and infection prevention and control audits were a standing agenda item at the monthly team meeting.

All staff were trained and used an aseptic non-touch technique when accessing patients' fistulas for the management of dialysis vascular access (a fistula provides easy and reliable access to a patient's bloodstream for dialysis). This minimised risk of infection transmission between patients.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw that staff used appropriate PPE in line with the provider's infection prevention and control policy.

The service used the local NHS trust's policy for methicillin-resistant staphylococcus aureus (MRSA) and methicillin-sensitive staphylococcus aureus (MSSA) screening. MRSA and MSSA are infections that have the capability of causing harm to patients. MRSA is a type of bacterial infection and is resistant to many antibiotics. MSSA is a type of bacteria in the same family as MRSA but is more easily treated. Processes were in place regarding screening for infections, for example, MRSA/MSSA screening, no-touch aseptic technique and isolation rooms were available with barrier nursing to protect patients.

Patients identified as having an infectious illness were dialysed in a side room using a dedicated dialysis machine and vital signs monitoring equipment to avoid cross contamination.

# Dialysis services

MRSA screening was undertaken for all patients monthly, and MSSA screening was carried out when a patient was transferred to the unit. In the 12 months prior to the inspection, the service reported two cases of MRSA. The service reported no cases of methicillin-sensitive staphylococcus aureus (MSSA).

We saw evidence of bacteriological surveillance of haemodialysis fluids through test reports. Water from the water plant machine was tested monthly and results from the past 3 months showed no concerns. Staff completed daily checks on water temperature, chlorine levels and water hardness. A list of staff trained to undertake daily water monitoring tasks, chemical analysis sampling and bacterial analysis sampling was available in a document folder, along with the parameters for specific tests and relevant guidance. However, staff we spoke with were not aware of some of these parameters, this poses a risk of staff being unaware of when to report out of range results and when to escalate these.

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

We observed that staff cleaned equipment following patient contact and we saw the use of 'I am clean' stickers to show when it was last cleaned. We observed staff cleaning dialysis machines, medical devices, beds, trays and trolleys between patients, to ensure good levels of hygiene and to minimise the risk of cross contamination. Staff ensured the dialysis machines underwent a heat decontamination procedure after every use. We saw competencies in staff files to show that staff were trained in cleaning procedures for the dialysis machines.

Patients used the same dialysis machine on each visit to the unit. The dialysis machines were numbered, and patients were allocated a specific dialysis machine and the number recorded in their records. This reduced any associated infection prevention and control risks that may arise if patients were to use different machines for their treatment.

The service followed the host trust's sepsis management guidelines – Version 4.1 to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances, for example bloodstream infections.

Staff worked effectively to prevent, identify and treat central line site infections. All dialysis lines were pre-packed and were single use only. Once dialysis treatment was completed, we saw that all used lines were disposed of in clinical waste bags and any needles placed in sharps bins.

## 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.**

All machines were new when the unit opened in June 2021. The machines were maintained on a rolling service plan, so all machines were serviced in 2021, which was the first year in warranty.

Patients could reach call bells and staff responded quickly when called and when equipment alarmed. Patient toilets were wheelchair accessible, and had an emergency pull cord system in place.

## Dialysis services

The design of the environment followed national guidance for satellite dialysis units. The unit was kept free of clutter. All doors were unobstructed and fire escapes were clear. The corridors were wide and suitable for wheelchair use. The main treatment area had side rooms and a separate dialysis unit. There was adequate space between the dialysis chairs to allow for privacy, but also enough space for staff to comfortably attend to patients or in the event of an emergency. The water treatment plant was organised and appeared clean and tidy.

We were assured that the layout/environment of clinical and non-clinical areas allowed services to be provided safely, with each room having extra monitors fitted to ensure staff always heard the patients call bells or emergency calls.

Staff carried out daily safety checks of specialist equipment, including suction and oxygen cylinders in the clinical area. Staff recognised and reported any failures in equipment and medical devices. We reviewed the daily resuscitation equipment checks for the 3 months prior to our inspection which evidenced this. The trolley was security tagged and a list of the items within was available, this included IV sets, syringes, swabs, fistula needles and adrenaline. We saw evidence that all contents were checked on a regular basis to ensure they were within their recommended use by date.

The service had enough suitable equipment to help them to safely care for patients. Two spare dialysis machines were available on site and could be used in the event of a fault developing on any of the machines. These machines were clean and ready for use.

All equipment we checked had been serviced, such as the patient hoist and dialysis machines. There was a timetable for maintenance, servicing and testing of dialysis machines and the service had a contract for a specialist engineer support on site. Dialysis sets were single use and CE marked. The manager had a record of all the batch numbers of the dialysis machines. This ensured that all dialysis equipment was approved and compliant with relevant safety standards.

Staff performed weekly quality control checks on the service's medical devices such as weighing scales and patient monitors. We saw that although checks were consistently recorded, the scales had not been calibrated recently. The scales in use were due for a calibration check in September 2022. The manager said she would ensure the calibration was undertaken immediately when this was brought to her attention and has confirmed following the inspection that this has action has been completed.

Staff disposed of clinical waste safely, we saw this was appropriately segregated and were told that the service had a contract for clinical waste disposal. Sealed waste bags and sharps boxes were stored in a staff only area of the unit until their collection.

### 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.**

The service had a comprehensive policy in place for the early detection and management of the deteriorating patient. Staff responded promptly to any sudden deterioration in a patient's health. Staff used the National Early Warning Score (NEWS) system to identify patients whose health was deteriorating, and they told us that they would call 999 should a patient require emergency intervention. We saw that this process had been followed in the incident reports that we looked at. The service had an exclusion criterion for referrals to the service and did not take patients deemed medically unstable, patients who had hepatitis B or C or patients requiring peritoneal dialysis. Patients with more complex dialysis needs would be seen by the renal services provided by the trust.

# Dialysis services

Staff completed risk assessments for each patient on admission, using recognised tools, and reviewed these weekly, including after any incident. These included admission assessments of skin integrity, falls risk, pressure ulcer risk, moving and handling, venous needle dislodgement and environmental assessments. Staff told us about patients with specific risk issues. We saw evidence in the patient records where staff had completed care plans for patients who had experienced a recent fall and were at risk of developing a pressure ulcer. For example, a patient had an appropriate pressure relieving cushion in place. Records were audited monthly to ensure risk assessments had been updated.

Key criteria were assessed and recorded prior to commencing dialysis and another assessment completed on completion of the treatment session. All patients were monitored, and assessments recorded on an hourly basis throughout treatment, however, the frequency of the checks could be altered depending on the initial assessment of the patient.

Staff knew about and dealt with any specific risk issues. Staff had training on sepsis, anaphylaxis, and complications of dialysis.

All staff had completed basic life support training which provided staff with the knowledge and skills to be able to respond to patients requiring resuscitation.

Staff shared key information to keep patients safe when handing over their care to others, such as when transferring patients to the emergency department who become unwell. The service used a Situation-Background-Assessment-Recommendation (SBAR) communication tool to provide information when handing over the care of a patient. In addition, handovers of patients care to other staff included all the necessary information to keep patients safe.

Shift changes and handovers included all necessary key information to keep patients safe, such as infection control, mobility, and learning from incidents that occurred. We listened to a handover meeting where key information was shared.

Staff followed processes for patient identification, which met the NMC standards for the safe management of medicines. Staff routinely asked patients for their names and date of birth, prior to commencing dialysis and giving them medication.

Each patient seen at the service had a personal emergency evacuation plan (PEEP) in place and this was rated in accordance with the individual's mobility level.

## Staffing

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

The service had enough nursing and support staff to keep patients safe. The unit worked to a predetermined staff level and skill mix as contractually agreed with its commissioning NHS Trust. The unit manager reviewed daily staffing levels and adjusted them according to the actual number of patients attending for dialysis. During clinic hours there were 2 registered nurses, with a maximum of one nurse to 4 patients, however this could be flexed to meet needs. Patients

# Dialysis services

were allocated to a named nurse on a weekly rota. The service was relatively new and had recruited nurses from overseas to fill vacancies when they initially opened. There was a low turnover rate with no vacancies. The registered manager told us that they were aware that the 2 nurses were due to leave the service in the next few months and so they had already started the process to recruit to those vacancies, with one vacancy already being filled.

The number of nurses and healthcare assistants matched the planned numbers across the previous 3 months of shift rotas we reviewed.

The service did not use agency staff but had access to bank staff if required. We were told that there was a contingency plan in place should there be any unexpected staff absence. If existing staff were unable to cover the shift, then they could request cover from a staff member at other Diaverum locations or use a 'floating' nurse who was used to provide cover at any of the corporate locations.

The registered nursing staff included the unit manager, deputy manager and a team leader.

## Medical staffing

**The service did not directly employ the medical staff; however, the unit was supported by enough medical staff from the commissioning trust with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

The service had an onsite renal consultant, from the commissioning trust, in attendance once a week. The consultant prescribed the patient's medicines as required and we were told that following us raising a concern on the inspection, the consultant now prescribed oxygen for all patients to be dispensed as required. Renal consultants/registrars from local trusts utilised the rooms for outpatient appointments. All patients were assessed before each dialysis session to ensure that they are fit to have the treatment. If staff have concerns about the health of the patient before or during treatment, they can speak with the consultant or registrar at the commissioning trust.

## 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 dialysis unit used a combination of electronic and paper records. Patient notes were comprehensive, and all staff could access them easily. We observed that staff were competent in the electronic record system, and all had received mandatory training to use the system effectively. Staff consistently completed and updated risk assessments for patients.

A post-treatment patient report was shared electronically with the consultant nephrologists after each treatment session to highlight any problems encountered in treatment and to request further advice and support as needed.

Records were stored securely. Patients paper records were stored in a keypad protected cabinet at the nurses' station.

We reviewed 5 sets of patient records. We saw they were legible, clear and all dated and signed. These were of good quality and contained patient demographics including height, weight as well as the patient prescription and blood results. All patients had a care plan and risk assessments to provide staff with the necessary information to provide safe care and treatment.



# Dialysis services

Staff were able to access patients' tests, records of treatment and their NHS clinic letters undertaken at the commissioning trust on the electronic system.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines. However, they did not ensure all medicines administered were prescribed.**

Staff followed a safe system or process for the administration, prescription, recording and storing of most medicines. However, during our inspection we observed a patient whose condition deteriorated. We noted this patient was administered oxygen; on checking the patient's medication administration record, oxygen had not been prescribed. We spoke with a member of nursing staff who told us there was no policy or procedure for staff to follow if oxygen was required for example, if a patient had sepsis, was end of life or going into cardiac arrest. This is not in line with National Institute Care Excellence guidance. Oxygen is one of the most common drugs used in medical emergencies and should be prescribed because of the risks to some patients with underlying health conditions.

This was raised immediately with the registered manager who told us following the inspection that the service had introduced a process whereby patients who were suitable for oxygen therapy had been prescribed this for administration as required.

In addition, we were told the service would manage the administration of oxygen using patient group directions (PGDs). PGDs permit the supply of prescription-only medicines to specific groups of patients, without individual prescriptions. These were still in development and would be approved by the trust with input from the service.

For other medicines the service followed a corporate medicines management policy and separate procedures which provided staff with guidance and information on the safe management and administration of medicines. Staff were aware of where to find it on the intranet.

Staff completed medicines records accurately and kept them up to date. We reviewed 5 medicines charts and found all were comprehensive and clear. Staff reviewed patients' medicines regularly. Each patient had an individualised treatment prescription record. We saw that the prescriptions were kept on the unit's electronic patient record system and dialysis prescriptions were printed out into the paper patient records.

Staff could describe the process they followed when preparing each patient's medication against the prescription chart prior to starting dialysis and at the completion of dialysis treatment. We observed this process being carried out safely during this inspection.

Patients brought their own supply of medicines unrelated to dialysis with them and self-administered these. The unit did not store or administer any controlled drugs.

Staff stored and managed all medicines and prescribing documents safely in secure areas. All medicines we reviewed were within date. We found that medicines were stored securely in locked cabinets. Nursing staff had access to a locked storage cupboard where all medication was kept safely and securely. There were effective systems in place with the trust for the ordering, transporting and discarding of medicines.



# Dialysis services

The service stored medicines which needed to be refrigerated in a locked fridge. We saw evidence that staff recorded the daily fridge and room temperature checks, in line with their corporate policy, to ensure that medicines were kept at the correct temperature, so they were still effective. The parameters had been within the outlined acceptable ranges. The escalation procedure for when parameters were out of range was clearly displayed for staff to follow.

The manager carried out a monthly audit of prescription delivery. This audit included checks that parameters, such as dialyser type, acid concentrate, sodium level and fluid temperature matched the patients' prescription. In addition, the manager ensured that patients' weight, blood pressure and temperature were recorded before and after dialysis. Results for March and April 2023 ranged from 98% to 100%.

All staff completed mandatory training in preventing medication errors and completed annual competency declarations that included medicine management competencies. The registered manager was the clinic lead with responsibility for the safe and secure handling and control of medicines for the service. We looked at staff medication competency records which was a mixture of online and paper records. The process in place did not show clearly that staff were up to date with their relevant training as some paper forms had not been fully completed to show staff were competent to administer medicines. During the inspection the manager did confirm and provide evidence that all staff had been assessed as competent to administer medicines.

Patient's GPs had access to the commissioning trust's electronic patient database, which enabled them to review information about their patients. Staff followed current national practice to check patients had the correct medicines. A renal pharmacist from the commissioning trust provided support to the clinic and advice relating to dialysis medicines.

## 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 had a clinical incident reporting policy and procedure to follow. This included definitions of clinical incidents, corporate reporting requirements and timescales, external notification processes and escalation processes for different incidents. The accountability and responsibilities of staff were clearly defined in the policy.

Staff knew what incidents to report and how to report them. Staff reported incidents through an online reporting system and staff we spoke with could give examples of the types of incidents they had reported. Staff were aware of the clinics top five incidents reported: trips, falls, not completing treatment, not attending, and gaining vascular access. Staff reported incidents clearly and in line with the company policy, staff we spoke with confirmed they were encouraged to report incidents by their manager.

They told us that the incident reporting system was straightforward to use. The manager reviewed all incidents logged, would look for any themes and trends and we saw the monthly report prepared for the trust.

Staff told us they received and could provide feedback on incidents and the manager encouraged staff to take part in reflective practice following any incident, both internal and external to the service. Staff were required to sign a sheet to say that they had read and understood the contents of patient safety alerts. The manager held monthly staff meetings where incidents, root cause analysis reviews and lessons learned were a standard agenda item.

## Dialysis services

Staff learned from safety alerts and incidents to improve practice. Staff discussed the feedback and looked at improvements to patient care. We reviewed the last 4 reported clinical incidents and saw that changes had been made as a result of feedback where necessary. Senior management had oversight of any incidents that occurred within the unit.

Managers shared learning with their staff about never events that happened across the service and elsewhere. The service had reported no never events in the 12 months prior to the inspection. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers.

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.

### Is the service effective?

Good 

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

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance, including National Institute for Health and Care Excellence (NICE) guidance and Renal Association Haemodialysis guidelines (2019). Nursing staff had access to clinical standard operating procedures for renal satellite centres. This included vascular access queries, pathology and pharmacy issues.

During the inspection we observed staff undertaking their clinical duties in line with best practice guidelines. We saw staff assess the service user prior to initiating dialysis and then observed them carry out the process of connecting them to the dialysis machine. The staff were seen checking on the service users regularly and we saw that they involved them in discussions throughout their dialysis treatment.

Nursing staff had access to clinical standard operating procedures (SOP) for renal satellite centres. This included vascular access queries, pathology and pharmacy issues.

We reviewed a number of the policies and SOP's provided by the registered manager and noted that they had been reviewed and/or updated in line with internal governance requirements.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Staff told us that they would meet with patients who were not currently receiving dialysis to help them prepare, both mentally and physically, for when they have to begin dialysis treatment.

### Nutrition and hydration

**Staff gave patients food and drink when needed. Patients had access to a dietician.**

# Dialysis services

Patients had enough to eat and drink during their dialysis; they were provided with tea and biscuits and were encouraged to bring their own food and drinks with them.

Alternative snacks and drinks were available for patients with any special dietary requirements.

Specialist support from the commissioning trusts dietitians was available for patients. As a result of patient feedback, the clinic had arranged for patients to be seen face to face by the renal dietician once a month, during their dialysis treatment session.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff prescribed, administered and recorded pain relief accurately in the patient's electronic record.

Where appropriate pain medication was listed on the patient's prescription chart as pro re nata (PRN) meaning it could be dispensed as needed. This meant that patients received pain relief quickly after requesting it.

## Patient outcomes

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

The unit was nurse-led; however, overall responsibility for patient care lay with the consultant nephrologists from the commissioning trust. Patient treatment prescriptions and care plans were individualised to achieve effective patient outcomes in line with the UK Renal Association Standards.

The service was audited monthly and inspected annually by the commissioning trust as part of its quality assurance framework known as Safety Triangulation Accreditation Review (STAR). The accreditation review process consisted of a series of audits focusing on fundamental standards and allowed the service to benchmark its performance against others providing a similar service. Audits completed in May 2023 were fully compliant.

The service participated in relevant national clinical audits, for example the National Renal Dataset, and evaluated monthly outcomes against Renal Association quality indicators. We saw evidence that the service collected individual patient data such as ultrafiltration rates, pre and post dialysis weight, frequency and duration of treatment sessions and a detailed blood analysis overview. We saw results that showed any out-of-range patient results were flagged and escalated for clinical review.

The registered manager told us that they complete a quality monitoring review quarterly, which is shared with the head nurse at Diaverum. This allowed the provider to have a clear picture of the clinical performance of the unit.

The registered manager showed us that analysis of the quality indicators since September 2022 have shown a continual improvement. All outcome measures were collated nationally and compared UK wide. Individual clinic performance was then RAG (Red, Amber, Green) rated and areas for improvement highlighted.

# Dialysis services

The service utilised several drivers to help evaluate patient treatment outcomes and effectiveness and used these to identify areas for improvement, such as The Gold Standard Framework for dialysis data, dialysis clearance adequacy data and patient's haemoglobin levels.

The service used standard methods of measuring dialysis dose. Urea Reduction Ratio (URR) is the most widely used index of dialysis dose used in the UK. URR is the percentage fall in blood urea achieved by a dialysis session.

Outcomes for patients were positive, consistent and met expectations, such as national standards. However, the service recognised that due to the higher proportion of elderly patients accessing the service the mortality rate was generally higher than seen in other geographical areas.

Managers shared information from quality audits with staff and made sure staff understood the results. We saw that staff had to sign performance reports to confirm that they had read and understood the findings. We were told that staff were invited to share ideas for improving outcomes for patients and involved in any decisions that were made regarding changes in practice or processes.

Improvement against performance was monitored and discussed at both quality review meetings with the commissioners and at staff meetings.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised their staff's work performance and held 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.

All new staff had a full induction tailored to their role before they started work. The induction period included training, working shadow shifts and undertaking competency assessments. Managers made sure staff received any specialist training for their role. Staff who had been employed from overseas told us that they had been provided with all the training they required to allow them to obtain their nursing personal identification number (PIN) and were not permitted to work without supervision until they had been assessed as competent in the clinical skills required for the service. They remained supernumerary on the service rota until they had received their PIN and had been signed off as competent in all procedures.

Staff told us that they had not had a formal appraisal since starting at the service, however, they had been regularly assessed in respect of their competency through both clinical observation and online assessments. Managers told us that a new corporate appraisal system was being introduced, with a mid-year review scheduled for all staff to be completed by the end of July 2023 followed by an appraisal to be undertaken later in the year. Following the inspection, the provider submitted further evidence to show that all staff have now received a mid-year review.

The service had a clinical educator who supported the learning and development needs of staff.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Where any actions were identified all staff had opportunity to input into any action plans required.

# Dialysis services

Managers worked with staff to identify any training needs and gave them the time and opportunity to develop their skills and knowledge. Staff told us that they were given time away from their clinical duty to complete training, or they might undertake some online training whilst their patient was having their dialysis.

Managers made sure staff received any specialist training for their role. Nursing staff undertook training in, medicines management, catheter and fistula management and the management of renal patients. Staff were able to access specialist training sessions, held at the local trust, should they wish to do so.

Managers told us that if they were to identify any staff performance that was below standards expected they would discuss this with the staff member promptly and support them to improve.

## 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. Managers attended a monthly quality assurance meeting which included NHS trust consultants, and other relevant professionals, for example dietitians and clinical nurse specialists. We saw evidence of notes from multidisciplinary team discussions recorded in patients' electronic records.

Patients' care pathways were reviewed by the relevant consultants and staff gave input where there were any changes required to care plans. Every month each patient using the service had routine bloods taken. These were reviewed by the nurse, the manager and the consultant to allow them to determine if the treatment was being effective and to make any changes that may be required.

Staff worked across health care disciplines and with other agencies when required to care for patients. The service manager told us of the close working relationship they had with hospice services and GP practices and described how they worked together to assist staff caring for patients who had end stage kidney failure. The team would provide support to each other when dealing with the care and loss of one of their patients.

Staff told us that the service had a referral pathway for a renal psychologist at the trust. Despite there being a long waiting list, if they had urgent concerns, they could contact the psychologist to expedite the referral and the patient was generally seen very quickly.

## Seven-day services

**Key services were available to support timely patient care.**

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests when required. The service operated clinics every day except Sundays. A renal consultant was available for staff to access during clinic opening hours remotely.

## Health promotion

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

## Dialysis services

The service had relevant information available promoting healthy lifestyles and signposting patients to support available to them locally. Posters and leaflets were seen in various areas of the clinic.

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

### 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. We saw a copy of the mental capacity assessment form used by the service.

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

Staff clearly recorded consent in the patients' records. Records reviewed on inspection showed that staff were compliant in recording patient consent.

Staff received and mostly kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Training records showed that 8 out of the 9 staff were compliant in the completion of their mandatory training relating to mental capacity and consent, with one member of staff overdue to complete their training renewal.

Staff demonstrated that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and they knew who to contact for advice and where to find the relevant policies. The registered manager explained that if a patient was very confused for example patients living with dementia, they did not always continue with dialysis treatment as the patient could become too distressed and dislodge tubes. In such cases the patient's care was discussed at a multidisciplinary meeting and the patients' representative was included in discussions and decisions.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

### Is the service caring?

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

# Dialysis services

## 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.

Patients said staff treated them well and with kindness.

Staff told us that due to the nature of the treatment being given, which meant that patients attended for regular treatment sessions over long periods of time, staff could build up a good relationship with patients. The clinic tried to maintain a level of continuity by allocating a named nurse to each patient. The role of the named nurse was clearly defined in their role specific job description and included but was not limited to ensuring that a personalised care planning meeting was held with the patient as often as was felt they were required.

Staff followed policy to keep patient care and treatment confidential. All staff had completed mandatory training modules on the accessible information standards and protection of personal data.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. The registered manager told us that they would always try and accommodate requests for a same sex nurse/care worker when this was requested.

## 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 named nurse for each patient was responsible for supporting both the physical and emotional needs of their patients. They were required to ensure that the renal holistic care tool was undertaken every 3 months or where there were any concerns identified. The holistic care assessment included an assessment using the distress thermometer score, a tool that was originally developed for use with cancer patients receiving treatment or palliative care services to evaluate their psychological wellbeing.

Where any mental health concerns were identified the named nurse was responsible for ensuring that renal psychology referrals were completed and sent appropriately.

Named nurses or healthcare workers who had had a close involvement with a patient and/or their family contacted families/carers of recently deceased patients to provide them with support and information and to work in liaison with the trust's renal bereavement support service.

## Dialysis services

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. We were given an example of a patient who preferred to be left to have their treatment quietly and who used the time to carry out work calls, attend conference calls. Staff described how they had supported the patient to have their dialysis in a vacant bay/treatment area whenever this was possible.

Staff undertook training on breaking bad news with all staff having completed a training module on having difficult conversations, produced by the UK Kidney Association for nursing staff. Staff demonstrated an understanding of the emotional and social impact that having long term dialysis could have on both patients and those close to them.

The service had a referral pathway for access to a renal social worker should additional support be required.

### 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.

Staff talked with patients, families and carers in a way they could understand and had access to 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 were encouraged to give feedback regarding their care via the corporate feedback system, known as the Perception of Care survey. The service had a positive net promoter score of 95% in the 2022 survey of patient feedback. The survey asked for feedback on specific areas for example, access, communication, fluid intake and diet, information, needling, privacy and dignity, scheduling and planning of appointments, sharing decisions about care, support, tests and investigations, the environment and transport.

Patients gave positive feedback about the service. Feedback shared in the 2022 survey results included positive comments from patients, for example, one patient stated that, “the care couldn’t be improved upon, and that staff were fantastic workers”. We saw evidence that patient feedback had been listened to and changes made in response to survey results.

Staff supported patients to make advanced and informed decisions about their care by holding regular personalised care planning meetings where the named nurse and patient could discuss their care needs and amend plans as required. Family or other patient representatives and other members of the multidisciplinary care team could be included in these discussions as required.

### Is the service responsive?

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

#### **Service delivery to meet the needs of local people**



# Dialysis services

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

Managers planned and organised services, so they met the changing needs of the local population. They tried to accommodate the needs of the patients in relation to the date and time of their appointments, with evening appointments available 3 days a week. The registered manager explained that should there be any unexpected delays for example, where a patient's transport has been delayed, they would always try to fit the patient in when they arrived to avoid them having to be rescheduled. The clinic had spare dialysis machines available and tried to keep one treatment space vacant for situations such as this.

Facilities and premises were appropriate for the services being delivered. The clinic facilities and environment met with Health Building Note 07-01 Satellite dialysis unit guidance NHS England. The building was accessible to patients with mobility problems and provided a quiet treatment space for patients who required more privacy.

Managers monitored and took action to minimise missed appointment and explained that patients who did not attend appointments were contacted. Any concerns around repeated missed appointments would be flagged to the relevant stakeholders for example social care, renal consultants etc. If appropriate a safeguarding alert would also be raised.

## 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 made sure patients received the necessary care to meet all their needs. Regular assessments of each patient's wellbeing and care needs were undertaken and any changes in need would be discussed with the patient, their representative and other members of the multi-disciplinary team.

The service had access to an application developed by Diaverum, in response to patient feedback, which allowed patients to communicate directly with the healthcare professionals involved in their care. The application was expected to help encourage patients to actively engage with the service allowing them to be more involved in their care and treatment decisions.

The service could provide information leaflets in different languages if requested by the patients and/or their carers.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to a language support line where interpreters could be accessed as required.

Patients were given a choice of food and drink to meet their cultural and religious preferences. The registered manager gave an example of when the clinic had held a special event during one of the clinic sessions and had made sure that all cultural and dietary needs had been catered for when buying food and drink for the event.

We were told that the clinic was now open to people who were on holiday in the local area, allowing them to access dialysis away from home. In the last year they had welcomed 6 patients who were on holiday in the area with several more bookings for the coming year already. This was an area that the service was trying to build upon and was looking at ways to promote this service to tourists.

# Dialysis services

We were told that the clinic now offered patients access to a vasculitis clinic on site, reducing the need to travel to the hospital for assessment and/or treatment.

## 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.**

The clinic did not currently have a waiting list for dialysis and tried to accommodate the individual needs and preferences of each patient when arranging appointments.

The service worked closely with the local ambulance service to ensure that transport was arranged ahead of appointments and met the needs of the patient attending the clinic. We saw evidence that contract review meetings were held to discuss performance issues and any changes in the service needs.

## 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.**

The registered manager told us that they had only had one complaint in the service in the last 12 months and this related to ambulance transport. This was raised with the ambulance service on behalf of that patient. The service has had a very high patient satisfaction rate. When the clinic first opened, they realised that patients were initially a little nervous about having their dialysis in the private sector, however, the staff have worked hard to build up a good level of trust with the patients.

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. There were posters in the waiting area providing information about the complaints process. Additionally, we saw that there was a suggestions box in the waiting area which patients could use to share any compliments, suggestions or concerns.

Staff understood the policy on complaints and knew how to handle them. Staff told us that they had not received any complaints whilst working at the service. They told us that if any concerns were to be raised by a patient during their treatment they would try and resolve the problem at that time if that was possible.

Managers shared feedback from patients with staff and learning was used to improve the service.

## Is the service well-led?

Requires Improvement 

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

## Leadership

# Dialysis services

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

Within the unit there was a clinical lead/registered manager who had been in post since September 2021, having previously worked at another Diaverum UK location. They reported to the area manager for the North region.

The registered manager told us how proud they were of what the service had achieved since it opened and felt that they and their staff had built up an excellent reputation in a short period of time. The registered manager was responsible for oversight of the whole service through monitoring the day-to-day operation of the service. Staff worked together to identify ways of improving the service and the clinic manager encouraged staff to share any ideas at team meetings.

The service had built up a strong relationship with the commissioning trust as well as with other stakeholder organisations such as the local hospices, primary care services and ambulance services.

Staff told us that the leadership team were visible and approachable and none of the staff reported any issues with accessing support or advice from their management team. In the 2022 staff feedback survey 100% of staff responding indicated that they felt their manager communicated with them effectively and that they had confidence in their manager.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders understood and knew how to apply them and monitor progress.**

The registered manager had a clear vision as to how they wanted to develop the service and had plans in place for achieving this, supported by the corporate leadership team.

Staff spoken with during the inspection did not appear to know what the service vision or strategy was when asked, although did explain that they were aware of plans to grow the service to include more access to independent dialysis (where patients carried out their own dialysis in the clinic) and to encourage more holiday makers to have their dialysis at the clinic.

We saw that there were posters in the clinic displaying details of the corporate vision and this was also displayed on the staff notice board in their break area.

The manager told us that the corporate vision was on the computer screensaver and so would be visible to all staff when they signed into the computer.

# Dialysis services

The manager told us that the vision for their service was to become a 'one stop shop' with outpatient clinics being held in the clinic, as well as access to other services such as blood tests. The aim was to minimise the amount of travel required for dialysis patients who currently had to travel to either Preston or Furness for their outpatient appointments. 'Ultimately' the vision was for them to become a centre of excellence.

## 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 that they felt supported and respected at work. Staff told us they were proud to work at the service and were proud of the care they gave to patients.

The staff feedback audit 2022 showed that 70% of staff felt proud to work in the service, with the remaining 30% stating that they neither agreed nor disagreed with this statement. Ninety percent of staff stated that they would recommend the service as a place to work.

Staff received annual training in their code of conduct as well as equality, diversity, and human rights training. Staff told us that they felt the service promoted equality and diversity and the team worked well together. Staff spoke highly about working relationships with other colleagues and strong teamwork. Staff appeared to be supportive of each other and gave examples of where they had provided cover, to allow a colleague to have time off for unexpected personal reasons, by swapping shifts etc.

Staff told us that they were assisted in developing their knowledge and skills through access to training and development courses, however, one comment raised in the 2022 staff feedback survey was that they needed to be given time outside of clinic hours to undertake training courses as it was difficult to concentrate on learning whilst also being responsible for patient care.

The service had a 'Speak up' policy that outlined how staff could raise concerns within the organisation, however, staff told us that they felt able to raise concerns at any time with the clinic managers. In the staff feedback survey 90% of respondents indicated that they felt they could speak up and raise concerns without fear of negative consequences, with the remaining 10% neither agreeing nor disagreeing with that statement.

## Governance

**Leaders did not always operate effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The governance processes in place had not effectively identified certain areas for improvement, for example; oxygen prescribing, formally documented staff appraisals, ensuring equipment is calibrated, the COSHH risk assessment, staff medication competency system and that policies are relevant and reviewed.

# Dialysis services

The service had a governance structure which enabled information to be escalated up to provider level and cascaded down to clinic level. Minutes of regional corporate meetings included sharing of organisational updates, policy changes, risk register updates and details of any performance concerns and incidents or breaches, as well as providing an opportunity to share any learning.

We saw in the minutes of the staff meetings that information relating to incidents, complaints, safeguarding, policies, quality and performance, audits, safety alerts and patient satisfaction were all reviewed as part of the agenda. We saw information relating to clinical governance was shared with staff.

Regular meetings were held between clinic leads and the commissioning NHS trust. There were clear processes for monitoring the performance of the service and staff told us they were actively involved in discussions, kept informed about any changes or concerns and had the opportunity to contribute suggestions or give feedback.

There were regular audits which included cleaning audits, hand hygiene compliance, clinical skills, health and safety and documentation audits. Actions for improvement were clearly recorded and discussed at staff meetings.

Staff at the service worked well with the referring trust and other providers to monitor performance and share information where required.

## Management of risk, issues and performance

**Leaders and teams had systems to manage performance, but these were not always used effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

The service had access to a digital corporate risk register where they would record any risks relating specifically to their clinic. We saw that this register was up to date and there was access to closed risks for reference if required. Risks were scored using a risk matrix and this score was amended on completion of any actions taken to reduce or minimise the risk.

There were regular risk assessments undertaken by the service including fire safety, clinical risks, risks to service provision and patient safety. However, we saw that the service was using a generic COSHH risk assessment that was not location specific and which was out of date. For example, we noted that HS-505A COSHH assessment advised staff to wear goggles when dealing with Virkon, a disinfectant however we were told that staff did not have to wear goggles as they dealt with Virkon in tablet form and not powder form, as specified in the risk assessment.

We saw that there were appropriate risk assessments and corresponding action plans were in place for risks to service provision, such as loss of power or water, lack of staff or mechanical failure of equipment. Staff were able to describe what actions they would take in these circumstances.

The registered manager told us that they had been planning for the departure of certain staff within the service by commencing the recruitment processes early to prevent a gap in staffing. The registered manager had also requested that process flow charts were produced by one key staff member who was due to retire, so that the replacement member of staff could follow these when commencing in post.

## Information Management

# Dialysis services

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

Staff had access to policies, procedures and standard operating procedures held securely in the provider's electronic system. Patient records were easily accessible via the computer terminals and handheld tablets. All staff had secure, personal log-in details and had access to e-mail and hospital systems.

We viewed the corporate governance policy which gave clear and concise information relating to roles and accountabilities at all staff levels and outlined the expected governance processes and procedures.

Staff used the technology available to them to effectively support care and treatment. We saw that all patient records were updated via the electronic patient record used by the service. The clinic had a variety of corporate digital systems which helped the service gather information and monitor performance. For example, they had a fully automated system which collected data directly from dialysis monitors and weighing scales. This was then automatically uploaded to the provider's electronic patient record system.

The consultant nephrologists provided the individual patients prescription for the clinic staff to be able to provide the correct dialysis treatment. The dialysis unit database uploaded to the trust database to ensure the trust had the latest information to support the collection of data and to ensure the consultant nephrologists received the updated dialysis information for each patient.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

Staff told us they routinely engaged with patients and their families to gain feedback from them. This was done formally through participation in the commissioning trust's NHS friends and family test and by conducting patient surveys. Feedback from these surveys showed patients were very positive about using the dialysis service.

Feedback methods included annual patient surveys, direct access for patients to senior managers, suggestion boxes and feedback cards and engagement with National British Kidney Patient Association.

The Perception of Care 2022 survey showed a score of 95% for patient satisfaction with the company. Improvements since the 2021 score were in relation to needling, planning of appointments, privacy and dignity and in tests and investigations. We reviewed comments made on the 2023 patient survey and saw that issues raised, such as concerns about transport and access to consultants were addressed by the company's 'You said, we did' document.

Staff we spoke with told us they received good support and communication with the unit manager and senior team and were confident of being able to raise any concerns with their managers. The provider had a whistleblowing procedure in place.

Staff meetings were held monthly, and staff participated in these, meetings were supported by standard agenda items and minutes were recorded. This was an effective communication tool and enabled any staff who were unable to attend to receive the information.

# Dialysis services

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.**

Staff were able to access support and training to support continued professional development. Overseas staff told us that they had been given time to develop the knowledge and skills required to allow them to perform their role competently whilst they awaited their required UK professional registration.

Staff were encouraged to share their suggestions on ways to improve the service and its outcomes for service users. They were given the opportunity to comment on and influence changes introduced by the provider.

The registered manager told us that the service had developed a pathway for service users to undertake their own dialysis at the clinic, without the need for a nurse to carry out the process. Any patient who was assessed and deemed capable of performing their own dialysis could book an appointment slot in the same way as those who needed nurse led dialysis. This service was still in developing however one patient had completed this pathway for self-dialysis and the registered manager was continuing to work with the referring trust and other agencies to develop and promote this service.

The service had also introduced their 'd.Holiday' service which allowed members of the public to access dialysis whilst visiting the local area, meaning they did not miss their dialysis session or have to attend a hospital some distance away to have their treatment.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17(2)(b) HSCA (RA) Regulations 2014 Good governance. The provider did not always have effective governance processes in place to effectively identify certain areas for improvement.</p> <ul style="list-style-type: none"><li>• The systems and processes being developed were not embedded for the prescribing of oxygen.</li><li>• The service did not ensure all policies in place were relevant for the service and that review dates were appropriately identified.</li><li>• The service did not ensure all equipment is calibrated regularly as per manufacturer's instructions.</li><li>• The COSHH risk assessments were not all kept up to date and were not location specific.</li><li>• The soft furnishings were not replaced in line with infection control policies/guidance.</li></ul>