Fresenius Medical Care Renal Services Limited

Stockport NHS Dialysis Unit

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?	Good

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

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

- Individual pressure area risk assessments were not always repeated in a timely way.
- Records of patient's assessments of self -care competencies were not consistently maintained.
- Patient medicines prescribed by their GP were not recorded or reviewed in their dialysis care records.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis services	Good 	Our rating of this service stayed the same. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Stockport NHS Dialysis Unit

Stockport NHS Dialysis Unit is operated by Fresenius Medical Care Renal Services Limited. The service opened in 2013. The service is contracted by a local NHS trust for the provision of outpatient renal dialysis to their patients over 18 years old in the Stockport area. They had 20 dialysis stations and had provided 11,836 dialysis sessions in the last 12 months.

The unit manager was the CQC registered manager and had been since 2015.

The service is registered with the CQC to provide the following regulated activities: Treatment of disease, disorder or injury.

How we carried out this inspection

During the inspection visit, the inspection team:

- visited the dialysis unit, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with eight members of staff including the registered manager, regional nurse, deputy manager, nurses, dialysis assistant and administrator
- spoke with seven patients who were using the service
- reviewed seven patient care and treatment records
- observed a shift handover meeting
- looked at seven care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

The inspection team consisted of a CQC inspector and a renal nurse specialist adviser. We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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 SHOULD take to improve:

- The service should ensure that pressure area risk assessments are repeated based on individual patient needs.
- The service should ensure that records relating to self-care assessments are maintained.
- The service should ensure there is a process for recording and updating patient medicines prescribed by their GP within their care record.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Dialysis services

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

Are Dialysis services safe?

Good

Our rating of safe stayed the same. We rated it as good.

Mandatory training

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. The clinic manager monitored mandatory training and alerted staff when they needed training updates. They maintained a log of compliance which was colour coded and showed red when training was overdue. Overall training mandatory compliance was high for all staff working within the service.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included moving and handling, food safety, safeguarding, basic life support, infection prevention and control and health and safety modules. In addition, staff completed training specific to their roles in relation to dialysis. This included the prevention of needle dislodgement during dialysis.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. We saw that all staff working within the service had completed training in dementia and the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

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.

Nursing staff received training specific for their role on how to recognise and report abuse. All nursing staff were trained to safeguarding level two for both children and adults. The clinic manager was trained to level three for both children and adults. Members of the provider company's senior team had completed level four safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They had received training in equality, diversity and inclusion, and demonstrated an understanding of their responsibilities to protect patients who were vulnerable.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The clinic manager was the safeguarding lead and concerns were escalated to renal consultants and the regional nurse manager if the clinic manager was not available. The provider company's safeguarding policy was available to all staff and there was a list of key local contacts should staff need to contact external agencies about safeguarding concerns.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The environment was routinely monitored, and we saw that it was clean and tidy. We observed staff wiping down equipment and dialysis stations and there were clear cleaning schedules and records for all areas of the unit. Disposable privacy curtains were a few weeks out of date, the manager told us there had been a delivery delay and we saw they began the process of replacing the privacy curtains at the time of inspection.

The service generally performed well for cleanliness. Results from infection prevention and control audits showed that compliance with cleanliness and infection control was high. Results were between 98% and 100% every month since August 2021. Action as a result of the audits was taken, for example, in relation to the replacement of worn blinds and re-upholstering furniture that was damaged.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff wearing appropriate PPE, including face masks at all times when on the unit. A full range of PPE was easily accessible for use in different situations and aligned with the unit's risk assessments. We observed staff regularly washing their hands and all were bare below the elbows in line with the infection prevention and control policy. Staff had received hand hygiene training updates and audits showed good compliance.

Staff had regular competency assessments for the use of aseptic non touch techniques (ANTT) and we observed appropriate practice on the unit when connecting and disconnecting dialysis lines.

The service had assessed risks associated with Covid-19 and action had been taken to minimise the risk, including ensuring that dialysis stations were appropriately spaced apart and screening patients for signs of infection. There were arrangements with the local NHS Trust for dialysis in the event of a patient testing positive.

There were protocols in place for regular screening for infections. Patients were routinely screened for blood borne viruses, such as hepatitis or HIV and other infections, in line with national guidance. There were arrangements to dialyse patients who tested positive to infections in isolation using a dedicated dialysis machine.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Dialysis machines were cleaned using a heat disinfection cycle at the end of each treatment session and a weekly manual disinfection in line with manufacturer guidance. There were clear arrangements for labelling and segregating machines. Single use equipment including dialysis lines and needles were regularly checked and within date.

There were clear protocols for checking water safety within the unit. This included daily water temperature checks and monthly microbiology sampling. Results showed temperatures were in range and sampling showed no bacteria growth. Daily checks included water outlet flushing.

Good

Dialysis services

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. Call bells were checked monthly as part of a preventative maintenance programme.

The design of the environment followed national guidance. There was enough space between dialysis stations to prevent the risk of cross-infection and access in an emergency while ensuring that patient's privacy was protected with the use of curtains at each station if needed.

Staff carried out daily, weekly and monthly environmental safety checks. These included checks relating to fire and water safety. Planned maintenance of the water treatment room was carried out and we viewed records that showed an up to date schedule of works and planned servicing.

Staff carried out daily safety checks of specialist equipment. There were daily checks of dialysis machines, resuscitation equipment, water and oxygen safety. Records showed that relevant checks had been carried out, with no gaps in monitoring.

We reviewed responsive and preventative maintenance records for dialysis machines and saw that these were completed by the provider's maintenance team. Annual servicing was carried out and all machines used on the unit had been serviced in the last 12 months. Annual calibration and maintenance were in place for other equipment including dialysis chairs and beds, scales and clinical equipment.

The service had enough suitable equipment to help them to safely care for patients. All equipment was subject to regular maintenance and logs were in place to track and ensure maintenance and calibration had been completed. Staff reported that equipment was well maintained, and they had no issue with accessing equipment that they needed to use. Calibration stickers were seen on medical devices and these were in date.

Staff disposed of clinical waste safely. There were secure arrangements for the disposal of clinical waste, and we observed staff complying with the provider policy. Waste was managed effectively and taken to a central store within the unit. Sharps bins were seen to be used in line with guidance and appropriately labelled and filled. Staff had received additional training on the safe management of sharps.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. Staff had received training in basic life support and closely monitored patients for changes to their health during dialysis. Emergency equipment including a defibrillator was available and regularly checked to ensure it was in good working order.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. This included an assessment of the patient's vascular access for signs and symptoms of

infection, pain or impaired blood flow. There were clear assessment protocols and guidance in place for this. Detailed assessments were undertaken prior to commencing treatment. They monitored physiological parameters such as blood pressure, pulse, weight and oxygen saturation levels. They involved patients in discussions about their health and any changes since their last treatment.

Risk assessments were carried out for each patient. These included assessments of the risks of falls and pressure ulcers. These were reviewed on an annual basis, however, we saw that patients identified as at high risk of pressure ulcers did not have their risk assessments reviewed on an individual or more regular basis.

Staff knew about and dealt with any specific risk issues. There was a sepsis pathway in operation, providing a flow chart assessment procedure for staff to follow if a patient presented as being unwell. The process included the identification of red or amber flags that could indicate sepsis. The pathway indicated that red flag symptoms required escalation through 999 to hospital and amber flag symptoms required urgent consultant review and transfer to an acute hospital setting. Staff received sepsis training as part of the mandatory and essential training programme.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe.

Staffing

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

The service had enough nursing and support staff to keep patients safe. They operated a one in four ratio of dialysis staff to patients which was in line with national guidance. The staffing mix was four registered nurses and one dialysis assistant. We reviewed staffing rotas and saw that the number of nurses and dialysis assistants matched the planned numbers.

Managers accurately calculated and reviewed the number and grade of nurses and dialysis assistants needed for each shift in accordance with national guidance. The actual number of full time equivalent nurses was 8.31 against an establishment of 8.65. The actual number of full time equivalent dialysis assistants was 2.15 against an establishment of 2.3. The service was actively recruiting staff to replace one nurse who was currently working out their notice period.

The manager could adjust staffing levels daily according to the needs of patients. Where patient dependency increased, for example, where one to one care was required, staff liaised with the contracting NHS trust and often the patient would be transferred back to the NHS dialysis service. However, the clinic manager told us they could increase staff numbers using their flexible bank of staff if this was required.

The service had regular bank staff employed by the provider and managers had bank staff available who were familiar with the service. The flexi staff team rotated to the provider's dialysis units as required. In addition, the manager told us they worked closely with other provider run units and that staff could cover other units by working additional shifts as required. The service rarely used agency staff, having a total of seven shifts covered by agency in the last 12 months and no agency since January 2022.

Managers made sure all bank staff had a full induction and understood the service.

Good

Dialysis services

Medical cover was provided by renal consultants from the contracting NHS trust. We were told that the renal associate specialist who had been based at the clinic several days a week had recently retired. At the time of the inspection the medical provision arrangements were covered by two renal consultants who shared the patient caseload.

Staff told us that a consultant visited the unit on a weekly basis and reviewed blood results remotely when required. Blood results were initially reviewed by nursing staff and any issues flagged to consultants who also reviewed results as part of the monthly multidisciplinary team meeting. Staff told us they were adjusting to the changes in medical cover and that the consultants were available by phone should they have medical queries or concerns. They could also contact the on call renal team at the contracting trust if the consultants were not available and the need was urgent.

Records

Staff kept detailed records of patients' care and treatment. With the exception of incomplete records relating to patient's self-care competencies, 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. There was a combination of electronic and paper records in use. Records were stored securely. There were some gaps in records. For example, patient self-care competency assessments were incomplete. We reviewed the records of two patients carrying out aspects of dialysis self-care and saw that one did not have a clear competency assessment recorded, however, staff informed us that they were carrying out self-care and the patient had been assessed. A second patient had a record stating they were carrying out 10 out of 15 self-care activities, however, there was only a competency assessment record for one competency on their file.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Electronic records were password protected and required staff to log on with secure information. Paper records were locked away when not in use.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Medicines were administered by appropriately trained staff using individual patient prescriptions. We saw that prescriptions were appropriately authorised, and we observed nursing staff administering medicines safely. There was a two person checking system at the bedside and patient identity checks were carried out by verifying their name and date of birth.

Staff reviewed each patient's dialysis medicines regularly and provided advice to patients and carers about their medicines. Prescriptions relating to dialysis treatment were reviewed by the renal consultants in line with changes to requirements, for example blood test results. Consultants visited the clinic on a weekly basis and reviewed prescriptions as necessary remotely in between visits. Patient's requiring time critical medicines prescribed by their GP were encouraged to bring their medicines with them and administer them themselves while receiving dialysis. These medicines were not provided by the unit. However, current up to date medicines prescribed by the patient's GP were not always recorded within their dialysis unit record. This meant that staff did not have up to date comprehensive medicines information for all patients receiving dialysis.

Staff completed medicines records accurately and kept them up-to-date. A records audit was carried out every three months and this included the records relating to medicines administration. We saw that where there were gaps in recording, this was brought to the attention of staff and action taken to improve. Records we reviewed at the time of the inspection were accurate and up to date.

Staff stored and managed all medicines and prescribing documents safely. Medicines and prescription stationery were locked in the clean utility room. All medicines were stored securely. Temperature checks of the storage areas for medicines were carried out daily, including the medicines fridge. Records demonstrated that this was done consistently. Staff understood what to do if the temperatures were out of range and escalated this to the clinic manager. Records showed that temperatures were within range.

Staff learned from safety alerts and incidents to improve practice. The service had a process for receiving and acting on safety alerts. The clinic manager reviewed alerts, disseminated them and took relevant action as appropriate. There had been no medicines incidents in the 12 months leading to our inspection, however, we saw that staff meetings provided a forum for discussion and learning to improve practice. This included discussion relating to records audits that included 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.

Staff knew what incidents to report and how to report them. These included patient falls, sharps incidents, staffing issues and patients feeling unwell during or immediately after dialysis.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

Incidents were recorded using an electronic reporting system. Staff completed individual

statements as required.

The service had no never events. Staff reported serious incidents clearly and in line with the service's policy. The incident reporting process included the identification of the level of harm to the patient. For example, we saw that 10 incidents had been reported in the last 12 months. Of these, seven resulted in no harm and two in moderate harm. Incidents had been appropriately reported to external bodies and mortality reviews were carried out by the host trust when patients died.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. Staff we spoke with understood the requirements of the duty of candour. They told us they were open and honest with patients when things went wrong and offered an apology. All incidents were investigated by the clinic manager and feedback on findings of the investigation were given.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff newsletters from the provider included details of provider wide incidents and learning so that this was shared. There was a standing agenda item for discussion of incidents at staff meetings and we saw evidence of this.

Good

Dialysis services

Managers debriefed and supported staff after any serious incident. Staff told us they felt supported by the clinic manager and deputy.

Are Dialysis services effective?

Good

Our rating of effective stayed the same. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and protocols were based on relevant guidance including National Care Excellence (NICE) and Renal Association Guidelines. Patients were offered dialysis three times a week in line with Renal Association guidelines and were generally dialysed for four hours. In line with NICE Quality Statement 72 staff routinely assessed vascular access as part of treatment. Staff monitored patient's bloods every month in line with Renal Association guidelines.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Staff developed rapport with patients over time due to the frequency of their treatments. We observed staff supporting patients psychologically and emotionally and information was shared among the staff team to enable them to support patients.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Sandwiches and snacks were available through the host NHS trust and were delivered daily. Staff had completed food safety training and we saw there was close monitoring of food storage temperatures to ensure safety.

Specialist support from staff such as dietitians and speech and language therapists were available for patients who needed it through the local NHS trust. Staff made referrals and liaised with other professionals involved in patients' care to ensure they had appropriate support to meet their nutritional needs. Staff gave us examples of patients receiving visits from a dietician whilst on the unit receiving dialysis.

Pain relief

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

Staff assessed patients' pain as part of their assessment processes. Staff could administer simple pain relief such as paracetamol if prescribed. They encouraged patients to take their regular pain relief where relevant.

Patient outcomes

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

The service participated in relevant national clinical audits and submitted data against the Renal Association audit standards.

Staff monitored the effectiveness of care and treatment in line with clinical standards. Blood results were collated and monitored to establish the effectiveness of treatment in line with Renal Association guidelines. Results were shared with the consultant nephrologist at the commissioning trust and clinical discussions took place regarding individual patient treatments.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service benchmarked itself against other Fresenius dialysis services. For example, we saw that the service performed well in relation to treatment time, where patients receiving dialysis did so for four hours three times a week. Their target for effective weekly treatment time was 56% and they consistently exceeded this, for example, in April 2022 they achieved the required treatment time 85% of the time. As a result, they were second in the top five Fresenius clinics in the country.

An area where the service fell below target was in relation to vascular access. This measured the proportion of patients receiving dialysis treatment through a vascular fistula (recognised as the best type of vascular access for haemodialysis). Data showed that Stockport was in the bottom five clinics run by the provider within this area. Achievement was 45% against a target of 69% in April 2022. The Clinic Manager told us the reasons behind were patients refusing fistula formation, and access to vascular surgery had been impacted as a result of the pandemic as theatre lists had been cancelled. Surgery access was beyond the control of the service, however, they worked closely with the vascular specialist nurse who reviewed patients remotely on a regular basis due to the limitations of the pandemic as visits to the clinic were restricted. Dialysis centre staff also discussed issues relating to vascular access with patients on a regular basis.

Monthly performance results were reviewed as part of provider governance and quality reviews. The nurse manager for the region worked closely with the clinic manager to review results and identify areas for improvement. Variances in treatment were recorded on a patient concern register where patients with complex needs were also identified to ensure any issues were discussed at monthly multidisciplinary meetings.

The urea reduction (URR) rate is one measure of the quality of dialysis. The standard for URR is greater than 65%. Monthly figures provided by the service showed the proportion of patients meeting the standard of a URR greater than 65% was between 83% and 93% during the last year.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The clinic monitored areas such as water quality, infection control, blood results and medicines management.

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. All staff had annual competency assessments to ensure that their skills were updated, and they adhered to best practice. This included a self-assessment, peer assessment and demonstration of skills.

Managers gave all new staff a full induction tailored to their role before they started work. New staff attended a 12 week induction period that included training, working shadow shifts and undertaking competency assessments.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had received an appraisal in the last year.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We viewed meeting minutes and saw that these were comprehensive and included a range of areas discussed including incidents, complaints, changes to practice and information updates.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to complete renal modules and those in management positions completed additional human resources training. Training needs were identified as part of the appraisal process. Staff told us that opportunities for training were available to them.

Managers made sure staff received any specialist training for their role. This was identified as fundamental training and included practical and theoretical training relating to renal nursing and dialysis assistant roles.

Managers identified poor staff performance promptly and supported staff 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. Discussions about individual patients, their treatment and blood results were regularly reviewed with input from a consultant nephrologist, dietician, renal nurses, vascular access nurses and a renal social worker.

Staff worked across health care disciplines and with other agencies when required to care for patients. This included regular liaison with GPs and district nurses, including visiting professionals seeing patients during dialysis to manage the burden of appointments.

Staff referred patients for mental health assessments when they showed signs of mental ill health, including depression. Staff told us this was generally done in liaison with the consultant nephrologist from the commissioning trust as the responsible clinician for their treatment and care.

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.

Staff assessed each patient's health at every dialysis session and provided support for any individual needs to live a healthier lifestyle. Patients could access support from a renal specialist dietician through the local NHS dietetic clinic. Each dialysis session included a review of treatment and an assessment of patient's needs. Information on health promotion and healthier lifestyles was available to them through the service.

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.

Good

Dialysis services

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Because of the nature of the service, patients receiving treatment at the unit had the mental capacity to make decisions about their care. However, staff were aware of the need for ongoing assessment and that changes in capacity could occur. They monitored patients for any changes as part of their ongoing assessment processes.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. We saw evidence of written consent in patient care and treatment records. Consent was recorded in relation to treatment and sharing information with other relevant professionals.

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act (1983) and the Mental Capacity Act (2005) and they knew who to contact for advice. Decisions about the appropriateness of patients continuing to receive treatment and care at the unit were made by the contracting NHS trust.

Are Dialysis services caring?

Good

Our rating of caring stayed the same. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff treating patients with dignity and respect.

Patients said staff treated them well and with kindness. Patients we spoke with consistently told us that staff treated them well. They described a friendly and approachable team who treated them with compassion and provided support as needed. Patient survey results for the current year showed that 92% of patients felt they were treated with respect and 91% said the team delivered care with compassion.

Staff followed policy to keep patient care and treatment confidential. Discussions about patients' treatment and care were held discreetly. Records were stored securely and only accessible to staff involved in the patients' care.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff had completed equality and diversity training and demonstrated an understanding of and respect for patients' needs and how they might impact care.

Emotional support

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

Good

Dialysis services

Staff gave patients and those close to them help, emotional support and advice when they needed it. They had a holistic approach to supporting patients and built rapport over time to enable more open discussion.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. They used privacy curtains during treatment if a patient needed more privacy. There were rooms available away from the treatment area if patients required a quiet space to discuss any issues or concerns.

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

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. They held regular discussions about aspects of their treatment and care. They involved patients in self-care. This included patients weighing themselves before and after treatment, carrying out baseline observations including blood pressure, setting up and programming machines and putting in and taking out their own needles.

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

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Regular patient surveys were conducted to gain feedback on the service. Patients were also encouraged to feed back when on the unit receiving treatment. The 2022 patient survey showed that only 11% of patients did not feel they were sufficiently educated about their condition and better ways to manage it. The clinic manager had developed an action plan that included ensuring that all patients had a monthly discussion with their named nurse about their blood results and treatment. Other action included promoting the use of the 'my companion' app, where blood results and treatment data were available with support for patients to take a more active role in their treatment. Data showed that there was a higher than average proportion of patients accessing the app at Stockport when compared with the provider's other services nationally.

Staff supported patients to make informed decisions about their care. They explained treatments and options to facilitate this.

Patients gave positive feedback about the service. They told us they were happy with their care and felt supported by the staff within the dialysis centre. We observed staff interacting with patients in a friendly and professional manner.

Are Dialysis services responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Good

Dialysis services

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. Service leads had a good understanding of the changing needs of the local population and worked closely with the commissioning trust to meet those needs. The service was commissioned on behalf of patients who attended the local NHS trust to ensure flexibility and capacity for dialysis services. Patient referrals were organised by the commissioning trust and followed an agreed referral criteria for patients with lower dependency and less complex needs.

The service leads met regularly with the commissioning trust and had plans to increase capacity of the service, from 20 to 24 dialysis stations to enable more flexibility to meet the needs of the local population.

Facilities and premises were appropriate for the services being delivered. The service was provided from a single storey purpose build unit. There was free parking available for patients and space for patients to be dropped by the front door. Patients received dialysis in single or shared bays and there was enough space and privacy around each of the bays to appropriately meet their needs.

There was appropriate seating within the waiting area and toilet facilities included those for patients requiring more accessible facilities. There was oversight of the unit from the nurses' station. Patients had the choice of dialysis chairs or beds to suit their comfort needs.

The service had systems to help care for patients in need of additional support or specialist intervention. This included involvement from the multidisciplinary team, including where social, emotional or psychological support was required. Continuity of treatment at the centre was the responsibility of the consultant nephrologists and there were times when patients with complex needs were transferred back to the commissioning NHS trust as this was more appropriate to their needs.

Managers monitored and took action to minimise missed appointments. There was on-call technician support in the event of system failures within the service. The service had access to emergency support for essential utilities such as water, electricity and IT services. There were arrangements with the commissioning trust and other provider run services to ensure the continuity of treatments should there be a disruption to services.

Managers ensured that patients who did not attend appointments were contacted. Where staff were unable to make contact directly with the patients, they contacted their next of kin or other professionals involved in their care. They collated data on missed dialysis treatments as part of monitoring records. Staff contacted the consultant nephrologist and informed them of missed treatments.

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 reasonable adjustments to help patients. The service was accessible to patients in a wheelchair. Patients were referred directly from the commissioning trust and were generally medically stable in line with the arrangements of the commissioning agreement. Patients with more complex needs received treatment on the trust's own dialysis unit.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Food was supplied through the commissioning NHS trust; however, patient's preference was shared, and staff checked to ensure that individual patient needs were met.

Staff had access to communication aids to help patients become partners in their care and treatment. In addition, they worked with individual patients to promote self-care. This included most patients being involved in monitoring their weight and other physical observations that were a routine part of their dialysis treatment. In addition, patients were encouraged to taken on self-care within the scope of their abilities and willingness. There were two patients on the unit undertaking a degree of self-care as part of their 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.

Managers made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had 20 dialysis stations and provided 11,836 dialysis sessions out of a possible 12,480 in the last 12 months. This was a rate of 95% occupancy of dialysis stations. The service was open from 7 am to 6.30pm six days a week and provided two dialysis sessions, one at 7am and one at 12.30pm.

There were no patients waiting for treatment at the time of inspection. Referrals to the service were through the commissioning trust's consultant. The service was also able to provide dialysis away from base, for example, when patients were on holiday and required dialysis sessions. This was organised by the commissioning trust and we saw evidence that relevant checks and information was sought about patients accessing this service, including information on blood results and infections.

Managers worked to keep the number of cancelled appointments/treatments to a minimum. There were business continuity plans in place to ensure collaborative working with other dialysis services to ensure continuity in the event of a disruption. Potential delays to treatment were identified, for example, in relation to transport. Staff worked closely with the commissioning trust and patients to address any transport issues quickly and ensure patients were collected for treatment in a timely way.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. These were generally addressed with staff as they arose and patients, we spoke to felt comfortable to do this.

The service clearly displayed information about how to raise a concern in patient areas. There was clear guidance on the dialysis unit about how concerns could be raised. This included in-person, by letter, telephone, email or through the service suggestion box.

Good

Dialysis services

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Staff understood their responsibilities in relation to the duty of candour and involving patients in the outcome of complaints investigation.

Managers shared feedback from complaints with staff and learning was used to improve the service. There had not been any complaints in the last year, however, staff told us that shared learning was discussed in staff meetings in the event of any complaint and we saw there was space for this within the meeting agenda.

Staff could give examples of how they used patient feedback to improve daily practice. For example, in relation to focusing on greater patient involvement in their care following the results of the most recent patient survey.

Are Dialysis services well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

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

The unit manager was the CQC registered manager and they were supported by a deputy manager. They were knowledgeable and experienced and clear about their responsibilities and reporting requirements. The regional nurse provided support to the unit manager and the staff team.

Staff told us that service leads were visible and approachable and that they felt supported. Senior staff within the commissioning trust were also available to support clinical decision making and wider issues around meeting patients' needs.

There was clear shift leadership on a day to day basis and there was corporate support in relation to the leadership of governance arrangements and responsibilities for monitoring.

Vision and Strategy

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

The main aim of the service was to provide safe, effective, quality care for adults with end stage renal disease. The provider had objectives that included improving life expectancy and quality of life for patients and promoting staff professional development. They had a clear focus on partnership working to deliver their objectives.

Good

Dialysis services

The provider had developed core values for its services that were collaborative, proactive, reliable and excellent. Service leads had an understanding of the provider's strategy and mission. They were able to describe working arrangements that were aligned to the provider's objectives, particularly around partnership working and promoting quality of life for patients.

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.

There was an open, friendly and approachable culture on the unit. Staff worked well together as a team and there were close working relationships with local services. Staff told us they enjoyed working on the unit, they felt there was good teamwork and supportive leadership. They felt they could raise concerns or issues should they arise. There were arrangements for staff to raise concerns outside of the line management structure, this included contacting the provider's internal reporting telephone line. Patient's concerns were listened to and addressed quickly.

Staff had received training in equality, diversity and human rights. Staff survey results were positive about inclusion and diversity within the unit, this included having a sense of belonging at work.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was a clear service governance structure. The provider's board had clear reporting and committee structures which included clinical governance, information governance and infection prevention and control. Minutes of provider monthly clinical governance meetings showed that incidents, complaints, safeguarding, policies, quality and performance, audits, safety alerts and patient satisfaction were all reviewed as part of the agenda. Regional staff including the regional nurse attended the clinical governance meetings and cascaded information to the unit manager and staff.

Staff meetings minutes showed that information relating to clinical governance was shared with staff. There were clear processes for information to be cascaded between operational and corporate lines of accountability. 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 involved in regular discussions, kept informed and had the opportunity to contribute.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had comprehensive risk management processes to mitigate the potential harm from risks identified. Risks were categorised into clinical, technical and operational and were rated prior to and post implementation of mitigating actions. We observed action to mitigate specific risks. This included actions relating to water safety, premises, equipment, medicines, infection control, fire safety and dialysis safety.

The management of performance included benchmarking the quality of treatment against the provider's other services and renal quality standards. Service leads had a comprehensive understanding of performance and action to improve.

The service had a business continuity plan and worked closely with the commissioning trust and other local units within the provider group to ensure the continuity of service. This included cover across units in the event of staffing shortages.

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 and secure. Data or notifications were consistently submitted to external organisations as required.

The service had a dedicated patient care record and information system and patient care needs and outcomes were recorded. The record system was not integrated with the commissioning trust's system and this had been identified as an area for improvement. We were told that when a doctor had been based on the unit information was more easily shared with the contracting NHS trust. However, at the time of inspection information was shared with consultants using secure email and through verbal discussion in cases that were more urgent. The clinic manager told us there were plans in place for the contracting trust to review the electronic record system in use in order to better align it to the trust's system. In the interim, the clinic manager and deputy manager both had access to the trusts' pathology reporting system and also trusts' electronic patient record system. Staff printed elements of the patient record to share these with the contracting NHS trust when patients were transferred there to continue their dialysis treatment. Information was shared with consultants using secure email and when they were reviewing patients on site.

Data was analysed and shared with relevant staff and as part of the provider's governance processes. This included performance against dialysis standards. The clinic manager was aware of the requirements for submitting notifications to external organisations and these were undertaken appropriately. Staff had training in information governance.

Engagement

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

We observed staff actively engaging with patients about their treatment, before and during dialysis. Each patient had a named nurse and they encouraged patients to share their care and opinions about the service.

Patient surveys were undertaken annually. Patients were asked to score each statement and a score of nine to ten was identified as positive, seven to eight as neutral and one to six as a detractor. We saw that 88% of patients would recommend the unit, with 3% as detractors. Patients being treated with respect, compassion and feeling satisfied with the quality of care were the highest rated areas. The lowest rated area (76%) was around patients being educated about their condition and better ways to manage it. The clinic manager worked with staff to develop improvements in relation to patient feedback. They were aware that there were impacts as a result of not having a nephrologist on site as much as they had previously and they were in regular discussion with the commissioning trust on how to manage this and make changes to ensure ongoing safety and satisfaction with the service provided. Another area identified was to improve the uptake of the 'my companion app' as a resource for providing patients with ongoing information about their blood results and ways to better manage their condition.

Staff told us they felt engaged with the provider and had opportunities to feed back and be involved in improvements, including attendance at regular meetings. A staff survey had been completed in 2021 that included questions about management feeling engaged, work/life balance, feeling valued and respected. Results showed responses were mostly positive. Staff were satisfied with the support they received locally from the unit manager, with a score of 100%. There was an action plan to improve and we saw that action from this was 97% complete at the time of inspection.

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.

Staff we spoke with during our inspection demonstrated they were committed to continually learning and making improvements to the service. Staff understood the services performance against key performance indicators and other measures. They could identify where improvements were required and were open to challenge poor practice. Meeting minutes showed that learning from incidents and complaints was given priority and there was evidence of appropriate improvements.

The provider shared 'after action review' bulletins across their services. This enabled learning and improvements to be shared beyond individual services. For example, a disruption in electricity in one service was reviewed in relation to the emergency preparedness of the clinic. This raised concerns that different clinics may have different levels of preparedness and it was identified there was an opportunity to improve across all clinics. We saw an 'after action review' plan that had been completed that was to apply at Stockport and other clinics in relation to checking emergency equipment and discussing this with staff teams to ensure they all understood what to do in a similar situation.

There were plans in place to develop the capacity of the dialysis service, with an additional four dialysis bays in development, however, there was no clear timeline for this at the time of inspection.