Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Renal Services (UK) Limited- Wiltshire

Block 10, Salisbury District Hospital, Odstock Road, Salisbury, SP2 8BJ

Date of Inspection: 20 August 2013

Date of Publication: September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Renal Services (UK) Limited
Registered Manager	Miss Aileen Heminsley
Overview of the service	Renal Service (UK) Limited, Wiltshire provides dialysis treatment for up to 11 adults.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

During our visit we spoke with five people and we observed treatment and care. We spoke with three of the four staff on duty and the manager. We inspected the premises and looked at four care records.

We were told by people they understood their treatment and care. People told us they knew how to use the call bells but rarely had to because staff were attentive to their needs. We observed staff responded respectfully and promptly to the needs of people.

We looked at treatment and care records and found these included detailed assessments and care plans. We saw when people were having treatment, their care records remained close to them and staff referred to them.

We observed that the premises were clean and people told us it was always this way. The provider had systems in place to review and minimise the potential for infections from staff, people and equipment.

We found the building was accessible for people who required wheel chairs and other walking aides. The waiting room and treatment area were suitable to meet people's needs.

Staff told us they were well trained to undertake the care and treatment of people having dialysis treatment. Records showed that staff had undertaken further training and received regular supervision and annual appraisals.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

All people received dialysis treatment at the main regional service at Portsmouth Hospital. Each person had a treatment plan from the regional service prior to admission to the unit. People told us they understood their treatment and care at the unit. People said, "staff told me about my treatment, they are very good and nothing is too much trouble" and "the staff always tell me about my care."

Staff told us that they got to know people well as they came to the unit three times a week for several hours each time. Staff told us if there were care or treatment issues that needed to be discussed with people they were offered convenient times for these discussions. People were offered a choice of coming in early or staying after treatment to discuss their treatment with staff. People were offered the consultation room instead of the treatment room because if gave them more privacy to discuss issues.

Staff said "we chat a lot with people but know our professional boundaries" and "we get to know people very well and this helps us to provide care."

The dialysis treatment room we saw was used by all sexes and was open plan in design. We saw there were no screens by beds. The manager told us screens were available which were used if requested or if treatment meant a person had to partially undress. The manager told us screens were not routinely used so staff could monitor people and medical equipment quickly and efficiently. All five people we spoke with told us they did not mind having their treatment in front of others.

We observed the building and treatment area was freely accessed by people through the main and side doors. The side door was intended as an exit only for staff but was used by patients and members of the public to bypass the reception area. People entering the building through this entrance were able to have access to the treatment room and observe the treatment and care of other people. This meant that people's dignity and privacy could be compromised. The provider may find it useful to note that as far as was reasonably practicable, they should make suitable arrangements to ensure the dignity and privacy of people.

People told us they knew how to use the call bells but rarely had to because staff were very attentive. We observed staff supporting and interacting with people in a respectful manner at all stages of their treatment. We observed staff talking quietly and close to people on occasions so that others close by could not hear the conversation. We saw staff asked how people were feeling and explained what they were doing.

We looked at four care records and saw people had signed consent forms stating they understood and agreed with their treatment.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection we found people experienced care, treatment and support that met their needs and protected their rights. We spoke with five people and looked at four care records and found each contained additional assessments to support people's treatment. For example we saw each care record included a manual handling risk assessment and a malnutrition universal screening tool (MUST).

We saw care records were stored next to people when they were having treatment. We observed staff referred to these care records. This meant the delivery of care and treatment was appropriate for each person and minimised the risk of harm. When people had completed their treatment, the care records were stored securely in labelled containers together with the specific medicine and equipment required for their treatment. This ensured enough medical stocks were available and that treatment and care needs could be met promptly at the person's next appointment.

The four care records we looked at showed the person's named nurse kept care and treatment records updated with information and test results. The records were signed to confirm information was regularly discussed with people. This meant people were able to be fully involved in their care and treatment. Each care plan documented regular discussions between health professionals. This co-ordination between health professionals meant care and treatment was planned by the most appropriate professionals to meet the persons individual needs and minimise risks.

The manager told us in order to ensure the welfare and safety of people some of the written information in care records was also entered into a computerised information data base. That meant consultants and other health professionals based at the Regional Unit had access, and were able to assess and evaluate people's treatment plans and minimise risks.

The manager told us that if there were problems with people's care or treatment the person's named nurse would follow this up, contacting other health care professionals as necessary until the situation was resolved. We saw this was documented in the four records we looked at. The manager told us that staff had direct telephone access to senior medical staff if there were any queries or concerns regarding treatment or care. For

example the manager told us if someone had an infection they could seek medical advice to delay treatment or transfer the person to the Regional Unit. We observed a trolley in the treatment area which contained equipment to be used in the event of an emergency. Training records confirmed that all staff had completed basic life support training.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection and were cared for in a clean, hygienic environment.

Reasons for our judgement

We spoke with five people and four staff. People said "every time staff give me my treatment they wear gloves, apron and a mask" and "I like the building it's very clean." We spoke with the manager and looked at records. We inspected the premises for cleanliness and infection control.

We saw the environment was clean. There were antiseptic hand gels throughout the unit and at every treatment station for people and staff to use. We observed the sluice room, kitchen and store rooms were all clean and tidy. The manager told us a contract cleaner was responsible for cleaning all floors and general areas three times a week. This included the provision of a deep clean every six weeks which was overseen by the manager of these staff. The manager told us there were no issues with the standard of cleaning from the contractor and, disposable products were used once and then replaced to reduce the risk of spreading infections.

The provider had systems in place to identify and treat people with infections safely. Staff told us people had regular tests to check for infections and if people were diagnosed with an infection they received their treatment in an isolation room attached to the main treatment area. At the time of our inspection we saw the provider was not auditing infection rates. The provider might like to note that auditing for trends in infection rates could prevent and reduce rates of infection and improve the quality of the service.

We observed the building and treatment area was freely accessed by people through the main and side doors. The manager told us the side door was intended to be an exit only for staff which bypassed reception. The provider may find it useful to note, this meant there could have been risks of spreading infections. This was because people entering the building through the side doors and may not have seen the advice for hand washing in the reception area.

Staff demonstrated that they had a good understanding of infection control and how to minimise risks. Staff were able to tell us about infection control policies. Training records showed all staff received training on infection control. We observed staff wore disposable aprons, gloves and visors when they provided treatment for people. We saw that staff disposed of these items as soon as they completed their tasks. We observed staff washing

their hands and using antiseptic hand gel frequently and in-between providing treatment for people. Staff told us they were responsible for cleaning the treatment areas after every treatment session. This included the beds, dialysis machines and table areas. The manager told us staff were trained how to do this during their induction. We observed staff cleaning the treatment areas thoroughly and disposing of waste products appropriately. This meant people were protected against the risks of infection and infection spreading.

Staff told us they checked the environment and equipment every day for cleanliness. We saw records had been dated and signed by staff for the day we visited confirmed these checks had been completed. Other audit records showed a detailed list of equipment throughout the internal building was inspected by staff for cleanliness every month. These checks helped identify infection risks and prevent the spread of infection.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We spoke to five people and the manager and looked at records. People told us "I can get my wheelchair in the disabled toilet easily" and "I have enough private space." All the people and staff we spoke with felt the building was suitable to provide dialysis treatment.

We observed the building was freely accessed by people through the main and side doors. This meant unauthorised people could access the building and patient care and safety could be compromised if there was an emergency.

We saw lighting outside the buildings and all windows were double glazed which supported the buildings security. We observed the internal rooms used to store equipment, medical supplies and clinical waste were kept locked at all times and were accessible only to staff on the unit.

The external medical equipment store room and waste areas were both secured with locks. The manager told us Salisbury District Hospital staff checked the building during the night. This meant appropriate measures were being taken to ensure the security of the building.

The manager told us the provider had a contract with Salisbury District Hospital to maintain the building and grounds leased by the provider. The manager told us the provider employed ancillary staff to fix or repair any internal damage to the building and this was done promptly.

We saw the provider had a property maintenance policy that defined standards for the building. This included additional planned and emergency maintenance services for the building such as electrical and mechanical services. This meant the building was safe for people and staff.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with four staff and the manager and looked at records. All four staff told us the manager was supportive and approachable. One staff told us "I feel listened to because I want the best and am not afraid to ask." The manager told us they felt supported by other senior colleagues whom could be contacted at any time on the phone.

Although at the time of our visit there were no newly recruited staff, the manager showed us the induction programme for new staff. This covered the provider's clinical procedures and policies and the identification of training needs. The manager told us new staff were allocated a mentor for support until assessed and signed off by the mentor as competent to provide treatment and care unsupervised.

Staff told us every day before patients arrived; the staff on duty had a meeting. This meeting was used to discuss the individual needs of patients arriving for treatment and allocate roles and other tasks between staff. All the staff we spoke with told us they found this a supportive process which enabled them to provide treatment and care in an organised and effective way.

The staff and manager we spoke with all told us statutory training was in date for all staff. This included manual handling, fire training and emergency resuscitation and their training record confirmed this. We saw records that showed the provider monitored and checked the professional registration details of all qualified nurses working at the service. Staff told us there were opportunities to gain supplementary qualifications or attend courses that would benefit the delivery of treatment and care to people. This meant appropriate systems were in place that supported staff in their roles and ensured people received safe and appropriate treatment and care.

All four staff and the manager told us they got regular professional support, supervision and training from senior managers. Staff told us that they had an annual appraisal of their performance and records confirmed this. Staff told us if they identified issues in between formal supervision times, these were dealt with promptly by the manager. For example, staff told us they experienced issues providing treatment for one person due to complications with their condition. The manager promptly arranged a clinical teaching session for all staff. This meant staff needs were effectively evaluated and the quality of

the service improved within an environment in which clinical skills could flourish.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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