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- Skegness

Skegness Dialysis Centre, Skegness Road,
Skegness, PE25 1JL

Date of Inspections: 31 January 2014
28 January 2014

Date of Publication: February 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

Registered Provider	Renal Services (UK) Limited
Registered Manager	Mrs. Marilyn Handley-Bruce
Overview of the service	This is a renal dialysis unit which serves the whole community.
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 carried out a visit on 28 January 2014 and 31 January 2014, observed how people were being cared for, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

Patients told us they had signed consent forms for their treatment. They told us staff always asked their permission prior to the treatment commencing or care being given. One person said, "They (staff) explain everything to me." Consent forms were seen in the care plans.

Care plans reflected the current needs of patients. Patients told us they had been involved in the assessment process and in telling staff what their current needs were. They told us they knew staff kept daily notes on them. The care plans included details of when other health and social care professionals had been involved in each patients' care.

All equipment had been maintained and staff told us there was sufficient for the use of the current patients visiting the unit. Patients told us they were aware why staff were required to wear protective clothing and were not offended by that. One patient said, "They (staff) have a job to do."

Patients told us there were sufficient staff available to meet their needs. Staff told us they worked as a team and were involved in discussions about staffing levels.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Patients told us staff were kind to them and asked their permission before commencing any treatment or care tasks. They told us they had given consent to their current treatment. One patient said, "They (staff) explain as much as they can to me." Another patient told us, "Staff put the needle in my arm dead right, but always ask me if its ok with me before they start."

We looked at three care plans. Each one had a consent form, signed by the patients we had spoken to.

The provider had a consent policy in place which had been reviewed in June 2013. This gave instructions to staff on how to obtain consent for treatment from patients and what to do if they refused at any point. The provider also had a policy in place for maintaining patients privacy and dignity.

We observed staff through out the day assisting patients with a number of tasks, such as positioning themselves on the recliner chairs and helping someone sit in a wheelchair. On each occasion the staff were calm and unhurried with the patients, asking them how well they felt and giving encouragement where needed.

Staff told us every patient currently had given consent to treatment. They related a recent incident where a patient with learning disabilities had to attend the unit. They had allowed the patient's personal carer to sit with them, which is usually discouraged because of a risk of infection, because the patient was anxious. However, after only a couple of visits the patient stated they would like just the unit staff to look after them whilst they received treatment. Staff adhered to that patient's new instructions.

Leaflets were on display in patient areas giving details about local advocacy services and support agencies for patients to access. One patient told us they knew about the local renal patients association. One patient was observed looking at the information in the

reception area whilst waiting for their transport home.

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

Patients told us all their current needs were being met and they understood the treatment they were receiving. They told us staff knew a lot about their particular conditions and patients could discuss this with staff. One patient said, " I'm treated like a lord here." Another patient told us, "They (staff) are careful when inserting the needle."

We looked at three care plans. Each one gave details of the patients initial assessment their previous medical history and their current treatment. Patients told us they knew staff kept notes on them and had seen those notes.

The records gave details of patients medical history and where this was relevant to the patients' current treatment it was highlighted. On one record details had been highlighted for review of a patient's previous problems with deep vein thrombosis and on another about a patient's high blood pressure. This was relevant to their current treatment which staff were monitoring.

Staff kept daily notes on when each patient was on the dialysis machine and afterwards how the treatment had gone. Before and post checks were made on the records, including patient's target weights being obtained. Staff recorded details such as; stable on discharge, intervention during dialysis and needle clotted so removed.

The records included the involvement of other health and social care professionals. Patients told us they were seen by the consultant regularly and had access to a dietician.

We observed staff helping patients with a number of different tasks through out the day. These included; assistance to get on and off the recliner chair, help into a wheelchair and advice about diet and fluid intake. Staff were calm and explained themselves using plain english.

Each care plan had records of authorisation for transport. Patients told us the taxi transport was very good. One patient said, "Its spot on." Staff told us the transport links they had were very efficient.

We saw the incident logs where staff had recorded events which had happened. Each one had details of the event with the date, the problem and how it had been resolved and whether it was to the patients satisfaction. Incidents included how staff had dealt with a recent emergency when a patient had severe chest pain, when someone had slid to the floor during a transfer off the reclining chair and a problem with a needle blocking in a person's arm. All had been signed off as satisfactorily completed.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

Patients told us staff always wore protective clothing when attending to them during treatment. They told us they were not offended by that and understood the reason for safe hygiene practices. They told us staff appeared to know a lot about the equipment in use and responded immediately when alarms sounded on the machines.

All storage areas were very clean and tidy. There was a system in place to ensure stock was used on a rotational basis. We saw the cleaning schedules for all areas which had been completed daily. When the unit was closed, on a Saturday, a deep clean of all patient areas took place. Staff were observed cleaning the treatment areas between patients and adhering to the provider's policy.

There were ample supplies of protective clothing such as gloves and aprons. Each staff member had their own protective mask, which had their name on.

Emergency first aid equipment was kept together on a trolley and easily accessible to all staff. Records showed checks were made daily to ensure everything was there and in working order.

The water treatment plant was away from the patient areas and was clean and tidy. The records showed when staff had attended to the tanks and when the supplier had made checks to ensure everything was working well. The last one was in November 2013.

Staff told us there were sufficient dialysis machines for the current needs of the patients. A system was in place for identifying repairs required. These were taken out of circulation until the report was completed. We saw one machine where this system was in place. All equipment currently in use had been maintained and we saw those records.

Staff records showed they had received training in the use of all equipment currently in use. Staff told us suppliers of equipment went to the unit each time a new piece of equipment was purchased. The suppliers attended for several days to ensure staff knew how to work the equipment safely.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Patients told us all their needs were being met. They said staff took time to explain treatments to them and were unhurried in their approach. One patient said, "Its relaxed, in a funny sort of way, as staff have time for you." Another patient told us, "I'm happy to attend, as staff have become my extended family and I am never hurried out, even if people are waiting."

Staff were observed during the day looking after patients.There was always a staff member in view of patients. Staff responded quickly when alarms sounded on machines and worked as a team until a problem was solved. Staff appeared to respect the knowledge of colleagues regardless of grade of staff. Staff told us they always worked as a team. One staff member said, "We all try and do a good job." Another staff member told us, "We have sufficient staff for the numbers of patients."

We looked at the rota for a four week period. Staffing levels had been maintained to the assessed needs of the patients. Staff told us the numbers of patients increased during the summer months when holiday makers visited the resort. The rota was then changed so staff did not work such long hours and were supported, if required, by bank and agency staff.

The manager told us the provider was currently recruiting new staff due to some staff leaving the area. They hoped those staff would be in post before the summer months.

We looked at the minutes of staff meetings for July and September 2013 and January 2014. These covered a number of topics including health and safety, patients needs and the sickness policy. Staff signed when they had read them, if they had not attended. Staff told us their opinions were valued when they voiced them.

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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