

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

## Renal Services (UK) Limited- Havant

Block C, Langstone Gate, Solent Road, Havant,  
PO9 1TR

Date of Inspection: 28 June 2013

Date of Publication: August  
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

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Renal Services (UK) Limited
Registered Manager	Mrs. Susan Hoare
Overview of the service	<p>The Renal Services (UK) Limited - Havant is a dialysis unit registered to provide the regulated activity treatment of disease, disorder or injury.</p> <p>The service provides haemodialysis for people with chronic renal disease.</p>
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Treatment of disease, disorder or injury

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We found that people's views and experiences were taken into account in the way that the service was provided. People we spoke with told us of the changes that the service had made following their requests.

We looked at treatment records for three people and spoke to three people who had used the service. We also observed people being cared for, spoke with the manager and two staff members.

All people we spoke with told us the service was really good. One person told us "it's absolutely brilliant". Another told us "it's better than being in hospital". A third person told us "it's personalised".

We found that the service had systems in place to ensure that staff were aware of how to recognise a safeguarding concern. Staff we spoke with were able to tell us what they would do if they were concerned about someone. People we spoke with told us they feel safe using the service.

We found that current recruitment practices meant that people could be assured that all relevant checks had been completed for all people who worked in the service.

We found that the provider had effective systems in place to monitor the quality of the service and found that people's views were taken into account and acted upon.

The service had a clear complaints procedure in place to be able to respond and learn from these. People we spoke with told us they knew who to talk to if they had a complaint.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who used the service were given appropriate information and support regarding their care and treatment.

The manager told us that the service supports mainly NHS patients who are referred via the consultant at the local hospital. The manager told us that information about their treatment would be provided by the consultant. The manager told us that information about the service could be found on the website and that people are directed to this by staff. We looked at the website and found that this provides people with information about the service they would expect to receive. For example, we found that this told people how the service would maintain their privacy and dignity, that they would provide individualised support and how to make a complaint.

People we spoke with confirmed this took place. The manager told us that following a referral the service would contact the person to arrange appointments. One person told us that when the service called they gave them information about food options and how long the treatment would take. They told us they were also give information about items they could bring with them that they could bring someone with them if they choose to.

We saw that the waiting room contained information for people in the form of posters and leaflets. This gave people advice about areas that may benefit them such as diet and fluid intake.

The manager told us that people's wishes were respected and that any suggestions they made would be seriously considered. They told us that some people liked to bring in I-pads and had requested beds close to the Wi-Fi point. We saw that this had been accommodated. We were told that some patients like to have the same bed of each treatment and this is accommodated as much as possible. The manager told us that they try to be flexible with people appointment times and we observed one person's treatment being rearranged at their request.

We saw that the unit had individual bays where people were seated during their treatment. The chairs were fully reclining so people could choose to lie down if they preferred. If people wanted or needed privacy this was accommodated with the use of screens that were placed around the bay.

We spoke to three people who had used the service. All three told us the service was excellent. They told us they were made to feel comfortable and that any suggestions or requests they made would be listened to and acted upon. One person told us "they support families and are really flexible with appointment times". Another told us "the hospital is efficient but Havant Service is more personalised".

We saw that each person's records contained a consent form which the person had signed. The provider may find it useful to note that one of these records had not been dated.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

On the day of our visit we observed care being given. This was done in a calm and friendly manner. We saw that nurses appeared to have built good relationships with patients.

We reviewed the records of three people who used the service. The manager told us that people's prescription was written by the referring consultant and we saw this information held within their records. The manager told us that on arrival for treatment people had their weight, blood pressure and temperature checked and this was recorded in their records.

We observed that following this a target weight loss was agreed and set which we were told gave the nurses the information about how much fluid the person aimed to lose during their treatment. We observed people being connected to the dialysis equipment and staff explained what they were doing. Whilst being dialysed we observed that people could watch television, listen to the radio, access the WI-FI or sleep.

We observed that throughout their treatment the nurses regularly checked on people. We saw that nurses also rechecked people's blood pressure and temperature and recorded this in the person's records. One person told us "I like to watch my monitor because my blood pressure can drop", they told us "sometimes I need more fluid and the nurses will do this".

We saw that risk assessments were completed for all people who used the service. This included moving and handling risk assessments. This also included the risk of skin damage to people. We saw that where a risk was identified the appropriate equipment was provided.

Records we looked at demonstrated the treatment people had reviewed, the monitoring and checks undertake and whether the person had reached their target. For example we saw that for one person, their daily records included that the person was "fluid overloaded" [this means the person was carrying excess fluid in their body]. The daily records included what action the nurse had taken.



We saw that records of involvement from other professionals were maintained and any discussions with the referring consultant were recorded. We saw for one person, their treatment had stopped early as they felt unwell and the staff at the service had contacted the on call registrar to discuss this. We saw for another person that the renal consultant had informed the service that the person needed to reach a specific target weight due to fluid on their legs. We saw in the records that this had been achieved.

People we spoke with told us about the service they received. One person told us "it's absolutely brilliant, they are always cheerful, they do a jolly good job, it's a really lovely unit". Another person told us "the staff are really good. Its gets boring but that can't be helped and it is better than being in hospital".

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected against the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to protect people.

The service had policies with regard to child protection however we could not find a policy in the service with regard to safeguarding adults. The registered manager told us that she had not seen this. We spoke with two staff, one told us "I think I saw it when I started", the other told us they hadn't seen it.

Following our visit we were told that the service followed the Portsmouth NHS Trust policy and sent us a copy of their Adult protection policy. This policy was dated June 2013 and outlined the types of abuse, reporting procedures and included the relevant contact details.

Staff we spoke with during our visit to the service demonstrated a good understanding about safeguarding vulnerable people from abuse and were able to tell us what they would look for and who they would report any concerns to. People we spoke with told us they felt safe using the service. One person told us "they know exactly what they are doing, they make me feel very safe. I have every confidence in them". The manager told us that all staff attended safeguarding of vulnerable adult training and we saw training records which reflected this.

The provider may find it useful to note that staff may benefit from a refresh of the policy to ensure their knowledge of local procedures is kept up to date.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. The manager told us that the service operated a robust recruitment process. We saw that all applicants were required to complete an application form. Staff we spoke to told us that they attended face to face interviews. The manager told us that before staff start work with the service two references were sought and a Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) check was carried out before they started work.

We looked at the recruitment files for six people. These contained an application form, interview questions, two references, photo identification. We saw for five of the six staff that records of CRB numbers and dates these were received were not stored on the files. We also found that for five of the six staff records of reference were not held on the files. The registered manager told us that this information was held at the main head office. We asked the registered manager to send us evidence that these checks were completed prior to staff commencing work at the service. We received information confirming that these checks were undertaken prior to the person starting work.

All of the staff we spoke with told us that they had to wait for their CRB/DBS to come back before they could start work. Staff described their recruitment as thorough.

We spoke with two staff who described their induction to us. They told us this involved a period of following other staff member and being observed before working on their own. They also told us they met with the manager or seniors regularly to sign off their induction workbook. We saw records in six staff files confirming their induction and saw evidence that the person had been assessed as competent in areas of their role.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The service conducted surveys to gain the views of people who used the service. The manager told us they send out surveys once a year and these focussed on a variety of areas such as appointment times, treatment times and the environment. We saw that following the surveys the information is analysed and an action plan produced. For example we saw that in February 2013 some actions identified included increasing the frequency of cleaning audits to weekly, to re issue the patient guide to all patients and to review patient schedules and times. We saw that these actions had been completed.

People we spoke with told us that they are sent surveys and that they felt any suggestions made would be taken forward. One person told us of a request they had made to wait on the bed rather than in a wheelchair, for their treatment to start. They told us this was accommodated straight away.

We saw that the service carried out regular audits. These included monthly audits for; documentation, hand hygiene, infection control. We reviewed the audits for documentation and found that these looked at all aspects of peoples records. We saw that where the audits had found gaps in records such as missing signature this had been addressed appropriately. We saw that the hand hygiene audit involved observation of staff practice and the registered manager informed us that any actions identified as a result would be addressed with the staff member of team as appropriate. We saw that the service also undertook daily and weekly checks as appropriate. We saw that checks were undertaken for resuscitation equipment, nurse call alarms, fire alarms, dialysis equipment and medicines fridge temperatures.

The registered manager told us that once a month the NHS professional link to the service also carried out an audit. We saw that these looked at a sample of 10 people's records, the service activity reporting, daily checks, water results, timely treatment, flexibility, staffing ratio, storage of records, complaints and adverse events. We saw records of these audits for April, May and June 2013. We saw that actions to be taken were identified and the

registered manager told us that these were followed up with the appropriate nurse on with the team during handovers. For example we saw that in June 2013 it had been identified that fridge temperatures had not been recorded and we saw records to show that this had been acted upon.

The manager told us that any complaints were taken seriously and we saw that these were logged. The manager told us that these were analysed by the quality manager who would look for trends and any learning from these.

The manager told us that they review all accident and incident records on a regular basis and use this information to identify patterns and trends. The manager told us that this information is also forwarded to the quality manager who would review these for trends and patterns. The manager told us that any learning from these would be discussed in staff meetings or handovers. Staff we spoke with confirmed that this took place.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We saw that the service had a clear complaints procedure and this was available in the patient guide and waiting room.

We looked at the complaints log and this detailed any complaints that had been made. The log had information on the nature of the complaint and details of any actions that had been taken. This also recorded if the person making the complaint was satisfied with the outcome.

Three people we spoke with told us they would talk to the manager if they had any concerns. One person we spoke with told us "I have no complaints but know who to talk to if I did".

Staff spoken with were aware of the complaints procedure and told us that they would try to resolve the person's complaint informally and at a local level however if they were unable to they would inform a senior staff member.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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