

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

## Renal Services (UK) Limited- Milford-on-Sea

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Date of Inspection: 28 December 2012

Date of Publication: April  
2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard

## Details about this location

Registered Provider	Renal Services (UK) Limited
Registered Manager	Miss Aileen Heminsley
Overview of the service	The Renal Unit at Milford on Sea, Hampshire provides a dialysis service for up to 14 people per day.
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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*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'.*

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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 December 2012, 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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During our visit we observed treatment and care and spoke to eight people. We observed that staff responded respectfully and quickly to the needs of individuals. People told us that the care and the treatment they received were excellent. They said the staff were knowledgeable and gave them information that was clear and helpful. They told us that they were involved in all of the decision making processes concerning their consent to treatment and care and this encouraged their independence.

We looked at people's treatment and care records and found that these included detailed assessments and care plans. We saw that the staff referred to these frequently and in consequence people received safe and appropriate care.

People who used the service were protected against abuse because the staff had received training and were confident about the actions they should take if abuse was suspected.

Staff told us that they were well trained to undertake the care and treatment of people in a skilled and competent manner. We saw from staff records that staff had undertaken further training and they had received regular supervision and annual appraisals. In so doing the provider had ensured that the staff were able to provide appropriate and safe treatment and care.

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 privacy, dignity and independence were respected.

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 were fully involved in decisions relating to their care and treatment.

During our visit we observed staff interacting with people who used the service.. We saw that three staff on duty, were respectful when they spoke with people. We saw that staff had good rapport with people and they involved them at every stage of their treatment. When people had questions for the staff, people were not hurried and time was taken to ensure that they were able to fully understand the meaning of the read-outs from the technological machinery.

We spoke with eight people. Who all told us that the staff were excellent and consistently treated them with respect. We were told they were always able to be fully involved in all aspects of their care and treatment. People told us how the staff informed them about their tests and how their diet could influence these. They told us that this was necessary in order to help them remain in the best possible health.

During the morning session there were six people in the main unit receiving care and treatment. There was one person in an individual room and the staff told us that it was their preference to have the treatment on their own. We spoke with this person who told us that the staff always did their best to ensure that they were enabled to have the treatment in the single room. They told us that the staff respected their wishes and ensured that their decisions about the location of treatment and care were supported.

The people we spoke with said that the service had changed their lives. They told us that in the past they had to travel long distances to receive treatment three or four times a week. They said that this was exhausting and time consuming. They said that having a local service had increased the quality of their lives.

We spoke to five people who said that they had chosen to be with others in the main room.

They spoke of the support they gained from other people in the same situation as them. They also said that, while there was not a great deal of space in the room, it was similar to other units they had attended in the past. They told us that their dignity was always respected by staff and that screens were always offered but were rarely taken up. We asked people about their privacy. They told us that the staff were very discrete when they carried out any treatment or care and they all said that because of this their privacy was protected.

There was evidence of an annual service user survey and we saw how comments that were made had been acted on where possible by the service managers. The people we spoke with told us that they had no hesitation in raising issues of concern but that they rarely had any. They explained that the staff were responsive and knowledgeable so there was never any need for negative comment. People also said that if they had any reason for concern or complaint they had received a guide to raising these in the pre-admission pack that clearly explained how they could raise these issues.

## 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

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### Our judgement

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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.

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### Reasons for our judgement

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We observed the staff as they provided treatment and care to the people using the dialysis service. At the commencement of treatment or care, the staff spoke with each person about their individual needs and explained what they were going to do.

The people using the service attended three or four times a week for up to four hours a time. Those we spoke with had extensive knowledge about self care and they told us that the nurses encouraged their independence by providing them with timely and appropriate information regarding dialysis results and the potential of these to influence their health and well-being.

We reviewed the care records of eight people who use the service. Each one contained a signed consent to treatment and care form. The provider might like to note that some of these were signed at the start of their attendance at the unit which was several years before and may have needed to be updated as the person's needs for care and treatment changed.

Staff were able to describe the important of obtaining consent to each individual treatment and care procedure. The staff told us they knew that people the importance of people understanding what the process entailed so that consent was fully informed. The staff told us that they took time with people so that they were sure that they understood their treatment and care options and that they agreed with these.

At the time of our visit there were no people using the service that were unable to make their own decisions regarding treatment or care. The staff were able to describe what the Mental Health Act (2005) could mean to people in their care and demonstrated a good understanding of this.



**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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During our inspection we found that people experienced care, treatment and support that met their needs and protected their rights. The staff at the unit told us that the treatment plan for people using the renal service was created by senior medical staff at the Regional Unit where an assessment was made prior to admission to the unit. We reviewed the records of the eight people using the service and found that each contained detailed and comprehensive care plans in their records. We saw that the staff had direct telephone access to senior medical staff with any queries about treatment or care and we saw that this worked effectively in practice.

In people's records we saw that there were up-to-date clinical guidelines regarding the specific treatment and needs of people using the service. The staff told us that they used these to ensure that the staff had the most up to date information and knowledge about people's conditions and to ensure that the care provided to people was evidence based.

The staff told us that the care plans were developed with each person using the service. We saw that these contained information about each person's needs, preferences and aspects of diversity. People told us that the staff were well trained in the specialist area but also in the individual conditions affecting each person. They told us that although the treatment plan was determined by the medical staff at the regional unit, how that plan was implemented was decided by them and the staff. They told us that because the staff worked with them, this ensured that they felt confident that the staff would always keep them safe and protected from harm.

We saw an incident recording book and found that incidents were reviewed by the organisation's Quality Manger and actioned by the Service Manager. We saw that incidents recorded during the past twelve months related to external organisations, for example the delay in an ambulance arriving to take a person to hospital.

All of the three staff on duty were able to explain in clear terms what they would do in the event that an emergency occurred. They all were able to show us the procedures relating to medical emergencies, for example relating to collapse of a person and environmental emergencies such as fire. The staff told us that they received regular training in these areas and in consequence they felt competent to effectively manage emergency

situations. The staff showed us the emergency equipment which had a routine programme of checking and this was undertaken on a weekly basis.

The staff could access guidelines via the intranet which belonged to the parent NHS Trust. Policies and procedures were also found that related specifically to dialysis and renal care.

**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 use the service were protected from 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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During our visit we spoke with staff about what they would do if a safeguarding adults matter was brought to their attention. The staff told us that if they had any suspicion about abuse they would report this to the manager. They told us that they had received training in safeguarding adults and their staff records confirmed this.

The staff told us about the various types of abuse and they were confident that in the event it was necessary to refer concerns to their manager, these would be acted on swiftly. The staff showed us that the safeguarding policy and procedure was available on the computer intranet. However, the provider might like to note that these related to the location in which the main renal unit was based and not the location of the unit we were inspecting.

We saw that the provider had an up to date whistleblowing policy and procedure also provided by the main NHS provider. The staff were able to tell us the circumstances under which this could be used and told us that they would use this if necessary.

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

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## Our judgement

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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.

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## Reasons for our judgement

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The provider had ensured that staff received training and support that enabled them to meet the needs of people using the service. During our visit we saw the training records of staff. These demonstrated that the staff took part in a wide range of training courses. The training covered condition specific topics together with mandatory training such as infection management and control. We saw that there was a Learning and Development programme available on the intranet and we saw that each staff member's records contained up to date information about training undertaken. In addition the staff records showed when refresher courses were needed.

The staff we spoke with said that they were very happy with the training they had received. They told us that when they started work with the company, they received an intensive period of induction. Following this they worked alongside more experienced members of staff for up to three months to learn the more practical aspects of the work. The staff told us that they were all sponsored by the company to undertake specialist further training which gave them the unique qualification required to work with people with renal conditions.

When we spoke with people they told us that the staff were extremely well trained and knowledgeable about their conditions and also their care and treatment needs. They said that the training ensured that they were competent to carry out treatment and care which could be difficult and complex.

The staff told us that they received supervision on a three monthly basis which we found evidence of in their staff records. The staff said that these supervisions were useful and ensured that they felt listened to by managers and well supported. The staff said that they were able to raise any issues with the manager who was approachable and knowledgeable in their specialist area of work. We were told that there were six weekly meetings with the manager who also regularly visited the unit to review care and support the staff.

We were told that all members of staff received annual appraisals when gaps in knowledge or information were identified and acted upon. We saw staff records relating to appraisals being completed each year. In some cases, if staff wanted to experience other

care situations they were allocated to another unit in a different area to extend their skills and expertise. We saw that this had been recorded on staff records.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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