Renal Services (UK) Limited- Skegness

Quality Report

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Date of inspection visit: 03 May 2017 IMS
Date of publication: 07/08/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Renal Services (UK) Ltd - Skegness is managed by Renal Services (UK) Ltd and was established in its current location in May 2011. Previously based in Ingoldmells Lincolnshire the service had outgrown the facilities available at that site.

Renal dialysis was provided on a satellite basis through a service level agreement (SLA) with University Hospitals of Leicester NHS Trust under the clinical supervision of -consultant -nephrologists based at the trust. The unit was nurse led with the patients being assessed for suitability for treatment in a satellite unit by their consultant nephrologist prior to being referred to the unit. All patients receiving renal services at Skegness were NHS funded patients.

There are ten dialysis chairs at the Skegness site offering three - four hourly sessions on three days per week Monday, Wednesday and Friday providing a total regular capacity of 90 dialysis sessions per week. In addition, the unit accepts 'away from base' patients who may be visiting or taking a holiday in the area.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 03 May 2017 followed by an unannounced visit on 18 May 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005

Services we do not rate

We regulate dialysis services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Skegness dialysis unit had a positive working relationship with the commissioning trust.
- Treatment and care provided was considered safe and patient focussed.
- Patients were routinely asked their name and date of birth prior to dialysis interventions and administration of medication.
- The unit had a qualified non-medical prescriber, ensuring medication changes were carried out in a timely manner.
- Staffing levels were appropriate to meet the needs of patients. There were no vacancies at the time of the inspection and sickness levels where exceptionally low.
- All staff had equal opportunities for professional and personal development.
- A clinical nurse specialist was implementing reflective practice and action learning across all Renal Services (UK) Ltd promoting shared learning and development.
- Managers provided active support to all staff, were visible and highly respected.
- The service provided care based on current best practice guidelines.
- The unit was promoting sepsis awareness.
- The unit was flexible, meeting patients need for altered dialysis times, whenever possible.

Summary of findings

- The unit provided holiday dialysis and had patients return year on year to receive their treatment. Feedback from visiting patients was consistently positive.
- The unit ensured there was always spare equipment, in case of failure, amounting to 20%.
- The unit and patients had a positive experience of the locally commissioned taxi service.
- All the taxi drivers received first aid training, carried a first aid box and had emergency contact numbers.
- The unit was actively involved in a 'sox off' programme. Promoting foot health in diabetic patients.
- Patient and staff feedback was consistently positive.

However, we also found the following issues that the service provider needed to improve:

- The service should include a clear description of duty of candour within the incident reporting / being open policy. This was completed prior to our unannounced inspection.
- The nominated safeguarding lead should access safeguarding training at level three.
- The service should consider publishing collected workforce relations equality standards data.

Name of signatory

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Dialysis Services		We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Summary of findings

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Renal Services (UK) Ltd - Skegness

Services we looked at
Dialysis Services

Summary of this inspection

Background to Renal Services (UK) Limited- Skegness

Renal dialysis Skegness, managed by Renal Services (UK) Ltd was opened in May 2011 providing contractual outpatient satellite dialysis to patients under the care of a commissioning NHS trust. The service was nurse led with clinical supervision from consultant nephrologists based in Leicester and Lincoln NHS Trusts.

The service has a registered manager who was appointed in September 2012, and was regulated for

- Treatment of disease, disorder or injury.

Renal Services (UK) Ltd - Skegness was an independent provider of haemodialysis in Skegness, Lincolnshire. The unit serves the community of Skegness and the surrounding area. It also provides haemodialysis for patients who may be on holiday, known as 'away from base' patients. The referring NHS acute trust provides a multidisciplinary team including a consultant nephrologist. Renal Services (UK) Limited employs unit staff.

The unit has had a registered manager in post since November 2012.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 3 May 2017, along with an unannounced visit to the service on 18 May 2017.

Previously inspected in January 2014 the service was compliant in all required standards. The 2014 inspection was conducted using the pre-2014 inspection methodology.

Our inspection team

The team inspecting the service comprised a CQC lead inspector, a second CQC inspector and a specialist advisor with experience in peer reviewing renal dialysis units.

Our inspection was overseen by Bridgette Hill, Inspection Manager.

Information about Renal Services (UK) Limited- Skegness

Renal dialysis service was provided from a building, central to Skegness town, which has been adapted to provide ten dialysis chairs and has ample space for all the associated support systems and storage requirements. There was limited private parking on site, easy access to local public transport and the service works closely with a local taxi service for the transport of patients.

Renal Services (UK) Ltd employs five registered nurses.

During the inspection and subsequent unannounced visit, we spoke with senior managers, all staff working at the unit and 16 patients. During our inspection, we reviewed five sets of regular patient records and three records of patients receiving dialysis away from base.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had been inspected once previously in February 2014, under the older methodology, which found the service met all standards of the quality and safety it was inspected against.

Activity

- The service currently has 27 patients receiving dialysis on a regular basis. All patients treated are over 18 years of age.
- The value of the NHS contract for Renal Services (UK) Ltd - Skegness was approximately £500,000 per annum.
- In the reporting period April 2016 to March 2017, there were 5235 dialysis sessions recorded at this unit; all of these were NHS-funded.

Summary of this inspection

- In the reporting period April 2016 to March 2017, there were no patients transferred to another health care provider.
- In the reporting period April 2016 to March 2017, there were no patients on the waiting list for dialysis treatment.
- There were no cancelled or delayed sessions for a non-clinical reason in the 12 months preceding this inspection.

Track record on safety

During the reporting period, April 2016 to March 2017

- There had been no never event incidents.
- There had been, two incidents reported (one patient fall and one patient aggression).
- There had been no serious incidents requiring investigation.
- There had been no incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA).
- There had been no incidences of healthcare acquired Methicillin-sensitive staphylococcus aureus (MSSA).
- No complaints had been received by the unit.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently have a legal duty to rate dialysis services.

We found the following areas of good practice:

- Staff understood and their responsibilities in relation to incident reporting and there was active sharing and learning corporately within Renal Services (UK) Ltd.
- Staffing levels were appropriate to meet patient need and staff had the required skill to assess and keep patients safe.
- Infection protection and control was regarded as a priority, with no reported health care acquired infections.
- Medicines were stored and administered in line with legislation.
- There was clear direction for managing clinical emergencies.
- Business continuity plans were in place to inform staff of actions to be taken in the event of a utilities failure.

However, we also found the following issues that the service provider needs to improve:

- There was not a clear definition of duty of candour in any of the unit policies.
- The safeguarding lead was not trained to the recommended Level three, at the time of the inspection.

Are services effective?

We do not currently have a legal duty to rate dialysis services.

We found the following areas of good practice:

- Patient's care and treatment was planned and delivered with clinical outcomes monitored in line with evidence-based guidance, standards, best practice and legislation.
- Patient's had an assessment of their needs, which included pain, nutrition and hydration, and consideration of individual physical health needs. In addition, care and treatment was appropriately monitored and updated.
- Information about patient's care and treatment, and their outcomes, was routinely collected and monitored. Outcomes for patients were consistently positive.
- There was effective multidisciplinary working with the unit and the referring trust working together to deliver effective care and treatment.

Summary of this inspection

- Staff were qualified and had the skills they needed to carry out their roles effectively and were supported to develop through access to training and annual performance reviews.
- Staff had good access to all the information they needed to assess, plan and deliver treatment and there was appropriate sharing of information between the unit and the referring trust.
- Consent to care and treatment was carried out in line with legislation and guidance and appropriately monitored.
- The unit had implemented a 'sox off' assessment to monitor for foot problems in patients receiving dialysis.

Are services caring?

We do not currently have a legal duty to rate dialysis services.

We found the following areas of good practice:

- Without exception, comments received from patients were positive and highly complementary about the care and treatment provided to them by the staff on the unit.
- We observed patients being treated with dignity and respect at all times.
- Staff were flexible and adjusted treatment times to meet patient's personal needs.
- Patients told us they were given emotional support to enable them cope with on-going dialysis treatment.

Are services responsive?

We do not currently have a legal duty to rate dialysis services.

We found the following areas of good practice:

- The unit was commissioned by a local NHS trust and was able to accommodate all referrals made.
- There was no waiting list for dialysis treatment.
- The unit was able to accommodate patients requiring dialysis away from base.
- The unit was able to offer flexibility of dialysis time for patients when needed.
- The unit had an established link with a reliable local taxi service.
- Written information was available for patients and relatives on the unit.
- The unit had received no complaints in the twelve months prior to our inspection.

Are services well-led?

We do not currently have a legal duty to rate dialysis services.

We found the following areas of good practice:

Summary of this inspection

- There was a governance framework in place and staff were aware of their responsibilities.
- Local leadership at the unit was effective with senior staff having the appropriate skills and qualifications to undertake their roles.
- Staff were committed to meeting their patients' needs and were passionate about delivering high quality care. Staff went over and above to meet individual needs.
- There was an organisational vision in place for the unit, to deliver "inspired patient care", supported by the organisational values: safety, service excellence, responsibility, quality, communication, innovation and people.
- Staff were very proud to work in the unit and were extremely positive about the leadership and support they received in order to their job.

Dialysis Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are dialysis services safe?

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Incidents

- Renal Services (UK) Ltd Skegness had a risk management and incident reporting policy (version f, reviewed April 2016) and a flow chart, which described the responsibilities of all employees for risk management and incident reporting. The flow chart included sharing information, as agreed in the service led agreement (SLA), with the commissioning trust.
- The service had not reported any never events or serious incidents for the twelve-month period April 2016 to March 2017 prior to the inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. Serious incidents are events in health care where there was potential for learning or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.
- Incident reporting was in paper format with all incidents reviewed by the head of nursing and the unit manager. The level of harm was also recorded in the unit incident file.
- There had been two patient safety incidents recorded in the period April 2016 to March 2017, these were a patient fall and an episode of aggression. We saw evidence of all incidents presented and discussed at three monthly corporate clinical governance meetings and monthly team leaders meetings. Minutes were available in a file with a staff signature sheet to identify who had read them; the team leader was responsible for implementing any actions locally. An example was the addition of a support handrail for the patient weigh scales. The minutes also included evidence of sharing and learning from other Renal Services (UK) Ltd.
- There was no data provided regarding no harm or near miss incidents.
- Risk and incident management was included in mandatory training.

Duty of Candour

- Duty of candour featured within the incident reporting policy; however, the policy did not define duty of candour or the responsibilities of staff in relation to being open and honest.We escalated this to the head of nursing who immediately put in place an action to include a definition of duty of candour, responsibilities of staff and a record of compliance within the incident reporting form. Following the inspection, we were provided with a copy of a revised incident form as evidence of inclusion of duty of candour.
- Staff spoken with during the inspection told us they understood the requirement to be open and honest and recognised the term duty of candour. However, none of the staff had been involved or reported an incident where duty of candour had been required.
- Duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology.

Mandatory training

- Renal Services (UK) Ltd held annual classroom based mandatory training days. Electronic staff records, held and updated by head office, indicated all staff at the Skegness dialysis unit were up to date with their required mandatory training. We reviewed five staff files, kept at the unit, and saw certificates, which confirmed their attendance. Staff were reminded by email when required to attend updates.
- Mandatory training included basic life support, health and safety, manual handling, fire safety, infection control, food hygiene, hand hygiene, information governance, equality and diversity, dignity and respect, safeguarding of adults and children, mental capacity act, risk and incident management.
- All staff had completed their mandatory training requirements. Evidence of this was seen within staff records, which included copies of certification.

Safeguarding

- The head of nursing was the corporate safeguarding lead, supported by the registered manager of the unit. We were informed a senior team member was always on-call for staff to access advice, if required.
- All staff within Renal Services (UK) Ltd received safeguarding training at level two, with revision, as part of their annual mandatory training requirements. We reviewed five staff records, which included certification as evidence of their training. The safeguarding lead was trained at level two, which is not in line with the recommendations of level three for safeguarding leads. We escalated this to the management team, who immediately began sourcing further training in order to meet the intercollegiate recommendations. Post inspection the head of nursing completed level three training.
- The unit is supported by the commissioning trusts safeguarding lead, who was trained to level four. This meets the recommended requirements for safeguarding provision.
- Levels of safeguarding training as set out in the intercollegiate document states clinical staff should be trained to level two. Those responsible for overseeing safeguarding need to be level three or above and there should be clear policies and guidelines for raising a safeguarding concern if identified. We were provided with a copy of the service vulnerable adult's protection policy, which includes instruction and contact details for raising a concern with the local authority.
- There was a good understanding of safeguarding, with staff able to give examples of when and to whom they would raise a concern. An example was provided relating to a concern raised at another Renal Services (UK) Ltd unit, which had provided an opportunity for sharing and learning in relation to safeguarding.
- The unit did not treat patients under the age of 18 years.

Cleanliness, infection control and hygiene

- The dialysis spaces and all associated rooms appeared visibly clean. The commissioning hospital received monthly environmental audits. These included; environment, waste disposal, health and safety, cleaning, hand hygiene and uniform audits. Between January 2017 and April 2017, scores were consistently above 96% for environment and 100% for all other audits.
- We observed four patients being connected and disconnected from haemodialysis using non-touch aseptic technique. Standards were consistent and staff described the methodology used to protect patients from unit-acquired infection. This was a priority of the unit as care of vascular access was vital for patient health and wellbeing.
- The unit had close links with a matron, employed by the commissioning NHS trust, who was responsible for supporting the dialysis units within Leicestershire and Lincolnshire, visiting each one several times a year. Feedback from the matron in relation to the Skegness unit stated 'Infection prevention, monthly returns of infection rates, incident reports, and environmental audits had given no cause for concern'.
- There had been no cases of healthcare acquired infection attributed to the dialysis unit in the 12 months prior to the inspection. This included no incidents of Methicillin-resistant Staphylococcus aureus (MRSA) Methicillin-sensitive Staphylococcus aureus (MSSA) (bacteria that cause infection) or any detected blood borne viruses. We were provided with

a scorecard, completed monthly, showing for the period January 2017 to April 2017 screening had been completed on all patients and there had been no identified infections.

- Patients receiving away from base dialysis, whilst on holiday, were screened for blood borne conditions such as hepatitis B prior to acceptance for treatment at the unit.
- The unit had a single room available for the isolation of infected, suspected infectious patients or those at risk from infection. We were told this had been utilised during a local influenza epidemic and no cross infection had been reported. There were established links with the commissioning trusts infection control team, for advice and guidance if required.
- Renal Services (UK) Ltd had Guidelines for Water Testing and Disinfection of the Water Plant and Dialysis Machines. These reflected the recommendations of the UK Renal Association and European Pharmacopoeia standards for the maintenance of water quality for haemodialysis and haemofiltration (2007). These guidelines had been reviewed by Renal Services (UK) Ltd water treatment specialist, medical director and an independent technician. The guidelines described required water testing daily, monthly, quarterly and yearly. Documentation seen during the inspection confirmed all mandatory testing had been completed for the twelve months prior to the inspection. Dialysis nurses spoken with during the inspection were able to describe water testing and what action to take in the event of contamination.
- Staff were appropriately dressed and were bare from the elbow to hand with no wristwatches. This was in accordance with best infection control practice. Personal protective equipment was provided and used appropriately. This included gloves, aprons and face shields to protect staff from coming into contact with patient blood or other body fluids. Hand hygiene audit showed 100% compliance.
- We saw staff cleaning equipment, including dialysis machines, blood pressure cuffs and other equipment, which patients had come into contact with during treatment.
- Clinical waste was segregated according to the contractual agreement.
- Staff documented daily flushing of all sinks to reduce the risk of legionella contamination.Legionella is a bacterium, which can be found in plumbing, showerheads and water-storage tanks.
- Renal services (UK) Ltd had an established audit schedule. All audits were complete and outcomes discussed at corporate and local meetings, meeting minutes were provided as evidence.

Environment and equipment

- The renal dialysis unit at Skegness had been adapted and refurbished to HBN07-01 standards providing the minimum 900mm between each dialysis chair. In addition, there was one side room for isolation purposes.
- Patient chairs were new and were in good condition. Additionally the unit had installed curtain rails and disposable curtains for patient privacy. Prior to this moveable screens had been used.
- All clinical and non-clinical areas appeared clean and free from unnecessary clutter meaning there was unobstructed access to patient areas.
- There was adequate storage with shelving, meaning stock was not stored at floor level. All storage was clearly labelled and within the stated expiry date.
- All equipment looked at during the inspection was found to be serviced and in date. Emergency and resuscitation equipment was regularly checked, we saw records for the period February and March 2017 indicating staff had checked equipment on each operational day. All emergency equipment was in sealed packaging, in date and ready for use.
- Resuscitation equipment was placed centrally within the dialysis area meaning it was easily accessible by all staff.
- Weekly checks of fire alarms, emergency lighting, call bells and first aid kits were signed as working or complete.

- Servicing and maintenance of the premises and equipment was carried out using a planned preventative maintenance programme. Dialysis equipment and other medical devices were serviced annually.
- Service records for all 13 dialysis machines and chairs were complete and up to date. This included details of any repairs carried out. In the event of an identified fault, staff decontaminated the item. Smaller items were sent to head office, larger items were removed from service and stored, away from the dialysis chairs, to await repair. This prevented faulty items being inadvertently used. Twenty-four hour contact numbers were visible in the clean utility for reporting broken equipment. Staff told us repair or replacement was quick and had not resulted in any patient treatment delays.
- Dialysis machines were replaced at 30,000 hours activity. This meets the British Renal Society recommendation of replacement between 25 and 40 thousand hours. The service had an equipment replacement schedule in place.
- The service kept 20% of their dialysis machines, as spare capacity in order to ensure immediate back up was available should a machine be faulty. These machines were checked, cleaned and prepared for use.
- Alarm parameters where set on the dialysis machines, we did not observe any overriding of the alarm systems by staff or patients, whilst on the unit.
- Due to the essential requirement for the supply of water and electricity, all Renal Services (UK) Ltd units were listed as priority with their local water authority and electricity board. If supply of water was interrupted, staff were immediately alerted. The break (water storage) tank continued to provide water for 20 minutes; this allowed time to safely discontinue patients' treatment. In the event of power failure, dialysis machines had reserve battery packs, which enabled staff to discontinue treatment safely.
- Each patient had a call bell. However, due to the size of the unit patients could verbally request assistance, if required.

Medicine Management

- Consultant nephrologist prescribed dialysis medication was delivered direct to the unit.
- Medicines were stored in locked cabinets within clean utility rooms. We saw records of receipt and monitoring of medication. No controlled drugs were stored at the unit. Medicines were ordered via the local commissioning trust or a private pharmaceutical company.
- Medication requiring refrigeration was stored in locked fridges. Fridge temperatures were monitored and recorded on each operational day. For the period February to April 2017, we saw completed records with no temperatures out of acceptable range.
- Dialysis fluids were stored securely on racking, off the floor, in a room with keypad access.
- Two oxygen cylinders were available for use in an emergency. The two cylinders where stored securely in line with HTM 02:01, in date and full.
- We saw staff consistently checking medication in line with best practice, including confirming patient identity using name and date of birth. This was in a structured format with both regular and away from base (visitor) patient's, meeting the requirements of Renal Services (UK) Ltd medicines management policy and the Nursing and Midwifery Council (NMC) code of practice. Patient identification was used when administering all medication or dialysis related fluids.
- There were no patient group directions (PGD) however; the clinic manager was a non-medical nurse prescriber. A PGD allows healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription.
- A non-medical prescriber is a health professional, other than a doctor (for example, a nurse or physiotherapist) who is qualified to prescribe a limited range of medicines. The non-medical prescriber used her qualification to update prescriptions as and when required. The non-medical prescriber completed annual re-affirmation of competencies, which were submitted to the commissioning trust lead for non-medical prescribing.

- The consultant nephrologists were able to fax signed prescriptions on request by the senior nurse on duty. The non-medical prescriber was able use her qualification to validate these faxed prescriptions as and when required.
- The consultant visited the unit each month and reviewed all prescriptions.
- There was no requirement for dedicated pharmacy support at the satellite unit. The patient's general practitioner (GP) prescribed non-dialysis medication. We observed a registered nurse contacting a GP surgery to arrange an urgent appointment for a patient who required some medication. Staff told us they had good relationships with the local GP services.
- Staff we spoke with during the inspection could describe the function of the drugs used within the dialysis process. This included such as erythropoietin (an essential hormone for red blood cell production) and anticoagulants (commonly referred to as blood thinners).

Records

- During treatment staff recorded patient physiological observations (temperature, pulse and blood pressure), dialysis levels and outcomes on a paper record. Following treatment, the information was transcribed onto an electronic patient information system.
- Some inconsistency was observed in recording the start and completion time of dialysis, although any variation from the prescribed time was included in the free text of patient records. This meant audits of start and finish times could be incomplete. This was escalated to the senior team who said they would bring this to the attention of the nursing staff and include in future documentation audits. On return to the unit for an unannounced visit we saw start and finish times for dialysis were being recorded.
- Patient information was communicated to the GP by the trust nephrologist in the form of letters. A copy of all communication was available within patient electronic records.
- Consultant nephrologists accessed patient records and blood results using the trust's electronic patient management system. Information was shared with the patients GP by letter.
- Staff at Skegness dialysis unit could access patient clinic letters through the electronic patient record system.
- For patients being treated away from base (their usual treatment centre), staff completed a detailed checklist, which included requesting a comprehensive summary of care from their base dialysis unit. During our unannounced visit, the records of three visiting patients were reviewed and found to be complete including screening and ongoing care.

Assessing and responding to patient risk

- Prior to referral to Skegness dialysis unit patients were established on renal dialysis under the care of their consultant nephrologist. Patients were accepted at Skegness once assessed as stable to receive treatment at a satellite unit
- Patients receiving dialysis at Skegness renal unit had been assessed by their consultant nephrologist, who considered them safe and stable to receive treatment at a satellite unit.
- Patient records included risk assessment of pain, using a numerical score, a score which identified an individual's risk of developing a pressure ulcer and an assessment to identify those at risk of a fall.
- For dialysis patients not at their base unit, records included a detailed checklist which included a three-month MRSA screen and one-month hepatitis B and C plus human immunodeficiency virus (HIV) screening.
- The service commissioned a local taxi service and drivers received basic first aid training. In the event of an emergency, drivers were aware of how to manage the patient and who to contact. All taxis contained first aid kits supplied by Renal Services (UK) Ltd.
- Physiological observations (Temperature, Pulse, Respiratory rate and Blood Pressure) were recorded at the commencement of dialysis and at periods during treatment, according to the patient's clinical presentation. On completion of dialysis, there was a repeat of observations and patients remained at the unit until they were considered stable. This was documented on the patient's daily dialysis record sheet and transcribed into the patients electronic records.

- We observed all patients including regular and away from base patients having their identity checked by name and date of birth prior to commencement throughout their stay on the unit.
- The service had a Medical Emergency / Cardiac Arrest Policy (March 2015) which outlined the required actions and post incident management. Staff told us they knew when to call 999, although the staff on duty had not had cause to do this.
- Renal services (UK) Ltd had an escalation policy for a patient with suspected sepsis requiring immediate review. This included close monitoring of the patient's observations and oxygen levels, requesting a '999' ambulance for immediate transfer to the nearest NHS trust emergency department and discussing the patient with the referring trust renal unit.
- All staff had recently received training on identification and management of patients with suspected sepsis. Staff spoken with could describe under what circumstances they would suspect infection and what action to take, including isolation and 999 calls.

Staffing

- The unit employed five full time registered nurses and one full time health care assistant (HCA).
- There were no nursing vacancies at the unit with an establishment based on a ratio of one registered nurse to four patients with the assistance of the HCA.
- The unit did not employ agency nurses. Staff shortages due to sickness or annual leave was covered by substantive staff doing additional shifts as bank nurses or by staff from other Renal Service (UK) Ltd dialysis units. Total bank nurse shifts for the three months prior to our inspection was twenty-two. Sickness was less than 0.1%. However, the unit did have agreements in place with nursing agencies as part of their contingency plan.All registered nurses had completed or were in the process of completing a university based advanced renal nursing course. Three had completed, with two undertaking the course.
- The service was primarily nurse led under the guidance of the patient's consultant nephrologist who visited monthly and held quarterly clinics at the unit. The consultant nephrologist was updated on patient's condition through electronic records and monthly blood tests.
- Technical staff attended the unit to undertake maintenance and calibration of equipment

Major incident awareness and training

- Appropriate clinical emergency equipment was available.
- Renal Services (UK) Ltd had a corporate business continuity policy, which outlined the roles and responsibilities of individuals in the case of identified emergencies including loss of water supply, electrical failure, fire or flood, bad weather and pandemic illness. There were established links with other Renal Services (UK) Ltd to enable transfer of patients to other units in order to receive their treatment if necessary.

Are dialysis services effective?
(for example, treatment is effective)

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Evidence-based care and treatment

- Services care and treatment was delivered and clinical outcomes monitored in accordance with Renal Association Standards, National Institute for Health and Care Excellence (NICE) and referral trust's requirements. The Renal Association was the professional body for United Kingdom (UK) nephrologists (kidney function specialist doctors) and renal scientists UK.
- Renal Association guidelines were followed for the management of 'life-threatening' haemorrhage from arteriovenous fistula (AV) and AV grafts; these are surgically created connections between an artery and a vein to facilitate needle access for dialysis. We saw patient records, which included evidence of discussions with patient's regarding the care of their fistula and bleeding risks.

- Fistulas and grafts were assessed pre-dialysis and following treatment. We saw evidence of this in all the patient records we reviewed. This met the NICE Quality standard [QS72]: Renal replacement therapy services for adults. If a concern was, identified staff could photograph the fistula or graft and forward to the referring consultant nephrologist for review.
- Staff at the unit were able to access all patient records, including blood and test results through the referring NHS trust's electronic database and used this information as part of their assessment process.
- The unit did not offer peritoneal dialysis. Peritoneal dialysis is an alternative method to haemodialysis a way to remove waste products from blood. A cleansing fluid flows through a catheter (tube) into the abdomen and filters waste products from blood, using the peritoneal membrane as a filter to correct electrolyte problems, remove toxins and excessive fluid
- The unit did not support patient's dialysing in their own home.
- Medical advance planning and end of life care decisions were made between the patient and their referring consultant nephrologist. Staff told us where advance decisions were in place this would be communicated to the unit.
- Patients with renal failure on dialysis are at risk of developing foot problems due to poor circulation. The lead nurse had developed a policy, which promoted checking patients feet each time they came for treatment.This promoted early detection of problems, particularly valuable for at risk patients such as those with diabetes. Staff could then document on the records that this had been completed. We saw minutes of meetings describing a new 'sox off' policy promoting foot health and patient records in which the patient's feet had been checked for skin integrity.

Patient outcomes

- Patient's clinical outcomes were monitored in line with the Renal Association standards and the commissioning trust requirements. Patients were allocated to a team of nurses with a named leader to oversee the review of blood results and dialysis prescriptions. The named nurse liaised closely with the patient.
- The clinical outcomes monitored included monthly blood results, vital signs, target weights and nutritional status.

Pain relief

- Patients were asked during the pre-dialysis assessment if they had any had any concerns or discomfort. Documentation included pain assessment using a numerical scale.
- Simple analgesia (pain relief) such as paracetamol was prescribed for all patients.
- Patients were able to take their own prescribed medication, if required.Should a patient require stronger pain relief a prescription could be written by the unit non-medical prescriber following consultation with the referring trust.

Nutrition and hydration

- Patients had access to food and hydration while undergoing treatment. In addition, patients brought snacks with them from home. The unit staff told us 'we aim to ensure all our patients commence treatment in a timely manner and tea and toast was offered with a choice of topping as soon as possible once dialysis was established'.
- A dietitian visited the unit monthly and was available for all patients by telephone should they need advice. Patients told us they found the dietician input helpful, supportive and easy to access.
- We saw evidence within patient records of nutritional assessments, discussion and care planning.
- There was written nutritional information and recipe books, with specialist advice, available on the unit.

Competent staff

- Annual performance reviews (appraisals) plus regular one to one meetings where in place to monitor individual staff targets and professional development plans (PDP). This was evidenced by training records held locally and in the corporate electronic staff records. We reviewed five staff records, which confirmed appraisal had taken place within the twelve months prior to our inspection.

- Staff spoken with during the inspection described their appraisal as useful and effective with achievable targets and objectives. Staff also told us they were receiving support with revalidation to maintain their registration status.
- All qualified nursing staff had their professional registration checked within the last twelve months prior to the service inspection. We checked five staff records and found evidence of pre-employment checks including registration status and criminal record check.
- Newly qualified staff where able to complete a preceptorship and received support to access and complete further training within the renal speciality. A projected date to complete speciality training was agreed and set in conjunction with newly qualified staff.
- All staff had a line manager who worked with mentors to provide supervision, management and clinical leadership. The line manager was responsible for ensuring induction checklists, competencies, workbooks, targets and objectives were achieved. Mentors were themselves supported by other senior nurses within the organisation.
- A clinical nurse specialist was in the process of implementing a process of reflective practice and action learning across all Renal Services (UK) Ltd to promote shared learning and development. Health care assistants (HCA) were encouraged to develop their personal skills. An example was provided of a HCA with an interest in blood tests and results who had a visit to a local pathology department organised by the unit manager. Staff reported receiving sepsis six training from the training lead.
- Training and supervision for required specific competencies, including catheter dressing, vascular accessing techniques, venepuncture, safe injection practices, management of intravenous cannula and arteriovenous fistula formed part of the renal competency programme. All five registered nurses at Skegness dialysis unit had been assessed as competent in all of these procedures.
- In addition to in-house training, Renal Services (UK) Limited actively encouraged staff to undertake university secondments to complete their advanced renal course. All five registered nurses had completed, or were in the process, of completing the advanced renal course.
- All new staff completed a four-week supernumerary induction programme, which included an overview of the concepts and practices associated with haemodialysis. This then progressed in incremental stages to enable registered nurses to acquire the competencies required to become an effective and competent renal practitioner.
- All staff were trained in the use of dialysis equipment, with assessed competencies recorded within the files reviewed.
- Mentorship courses were available for all senior staff nurses. Staff with mentorship responsibility had completed this training.

Multidisciplinary working

- Communication with patient's general practitioner (GP) was in the form of letters from the referring nephrologist. All communication was filed within the electronic staff records to which staff on the unit had access.
- Renal Services had close contacts with the referring trust's multi-disciplinary team (MDT). Where indicated, patients could be referred to a social worker, counsellor, dietician or other members of the MDT as indicated.
- Following the monthly review of blood results, a dietician provided support to patients remotely via telephone or in person during regular unit visits. If indicated the nurses were able to refer to an outpatient dietetic service at a local NHS trust.
- Overall responsibility for the patient's treatment and care was with the referring consultant. However, the day-to-day management within the dialysis was primarily nurse led. We saw evidence within patient records of decision making between the consultant and renal nursing staff.

Access to information

- Following treatment patient information was transcribed into the trusts electronic patient record.

- Consultant nephrologist's communicated with the patients GP via letters, which were also stored in the electronic patient notes.
- Staff ensured all information relating to dialysis including prescriptions, other medications, past medical history, treatment flow sheets, consent to treatment, blood results and specific haemodialysis fluid prescriptions was recorded and up to date within the patients electronic records. We observed updates being added to the records following each dialysis session.
- Monthly blood analysis results were accessed via the electronic records system.
- All staff had a personal login password to access patient's electronic notes.
- **Equality and human rights**Equality and diversity training was included within mandatory training and all staff had completed this training.
- Staff working within the dialysis unit at Skegness represented the ethnic population within the county of Lincolnshire. Diversity was recognised with the cultural and religious festivals of individuals shared and celebrated, for example the sharing of national foods.
- We reviewed five regular patient care records and three away from base patient records, which demonstrated staff had considered individual patient needs for example, age, disability, race and religion or belief.
- All staff had equal access to professional development.Workforce race equality standards (WRES) have been part of the NHS standard contracts since 2015. NHS and independent healthcare locations are required to have a WRES report. Skegness dialysis, following our inspection, informed us they do not publish this data. However, the data was available corporately for the company auditors and discussions were taking place regarding publication on the corporate website.
- Renal Services (UK) Ltd state they are an equal opportunity employer. They have a policy in place, which aimed, ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.
- All staff completed an equal opportunities monitoring form when joining Renal Services (UK) Ltd.

Consent, Mental Capacity Act and Deprivation of Liberty

- We saw a consent policy, written in line with the Mental Capacity Act 2005, Mental Health Act 1983 and Department of Health guidance documents on consent, was available to all staff. The eight patient care records reviewed included consent to treatment record. We observed staff obtaining verbal consent from all patients during the course of their treatment.
- At the time of this inspection Skegness, dialysis was not treating any patients identified as lacking capacity to make decisions in relation to their treatment. However, Renal Services (UK) Ltd did have a consent policy, which included guidance for staff in these circumstances.
- At the time of this inspection the unit had no patients with a 'do not attempt cardiopulmonary resuscitation' (DNACPR) order.

Are dialysis services caring?

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Compassionate care

- During our inspection, we spoke with 16 patients who received regular dialysis at the Skegness unit and three patients who were being treated 'away from base' on holiday. Without exception, comments received were positive and highly complementary about the care and treatment provided to them by the staff on the unit.
- Staff in the unit bought celebratory cards for patients, which they gave to them at the session closest to personal event.

- We were given examples of how staff were adaptable to assisted patient lead as normal a life as possible. One patient explained how staff and had altered a dialysis session to enable attendance at a surprise party and another told us how staff had opened the unit early to enable the patient to catch a holiday flight. Dignity and privacy was maintained throughout the dialysis treatment with the use of curtains around each dialysis station. We observed curtains used during the commencement of treatment and at other times when privacy was required or requested.
- Staff demonstrated a professional approach to patients at all times. They were able to engage with patients on a personal level engaging in everyday conversation and showed an interest in family and notable personal events such as birthdays, wedding anniversaries etc.
- Patient satisfaction was formally measured through an annual patient satisfaction survey. Responses were reported corporately based on a scale of one to five where one was 'no, never' and five was 'yes, always'. Results from the 2016 patient satisfaction survey showed 95% of patients felt, overall, they had been treated with respect and dignity.
- Patients were very complimentary of the taxi service describing the service as efficient and reliable. The taxi company tried to ensure the same driver picked up each patient; this had resulted in positive relationships and support based on individual need. For example, ensuring elderly patients are assisted to their door and safely inside their home.Staff gave us an example of where they had enabled a patient and his family to meet their wishes for end of life care. The patient who had a do not attempt cardiopulmonary resuscitation (DNACPR) notice in place, unexpectedly deteriorated whilst attending the unit for dialysis. Staff were able to provide end of life care, in the single room, and support the wishes of both the patient and family. This meant the patient did not have to undergo the trauma of transport to a local NHS trust and was able to die surrounded by local staff and loved ones.

Understanding and involvement of patients and those close to them

- Patients experiencing 'difficult times' who wished to receive dialysis in a quiet private area could be accommodated if they wished. In these circumstances, a friend or relative if needed could accompany them. An example provided of a patient living with dementia who was accompanied by a relative during treatment.
- Away from base dialysis patients were involved in their care choices and staff discussed with them preferred dialysis times and how the unit could ensure they had a positive holiday experience.
- Patients told inspectors that they were fully involved in all care plans and kept informed by all staff. We saw patients and staff discussing the use of haemodialysis lines and fistulas, patient's opinions and preferences where incorporated into care plans.
- Patients were encouraged to be self-caring, if they felt able to do so. We saw one patient setting up their own equipment and self-needling (inserting their dialysis needles). The patient told us they had only been able to do this with the support and understanding of unit staff.
- The nurses and consultant nephrologist informed patients about their blood results and medical conditions. They described both as approachable and informative.
- An away from base patient who attended the unit once a year, expressed delight in the care provided and the fact the manager remembered her and her family. She told us her and her family did not feel like 'visitors' and were treated with care and compassion.
- To enhance patient experience, the unit hosted patient days. Staff took responsibility to organise social events for patients and families at Christmas and other events throughout the year. For example competitions (such as an Easter bonnet) for patients and staff.

Emotional support

- One patient told us 'without the dialysis staff talking me through every stage of treatment it would have been impossible to go through commencing dialysis treatment, their continued support and understanding was invaluable'.

- Due to the close relationship with patients, staff could identify changes to patient's emotional wellbeing. All patients spoken with told us they felt safe and supported. Staff could access counselling services for patients if required.

Are dialysis services responsive to people's needs?
(for example, to feedback?)

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Meeting the needs of local people

- Renal Services (UK) Ltd, Skegness, was previously located in Ingoldmells and was a six-station unit, with no side room or consultation facility. Due to an increase in patient referrals, a new refurbished unit was commissioned in May 2011 to include a side room and consultation room. The building met the recommended building requirements for the provision of haemodialysis. The Skegness location was chosen for being central to the region and for having good transport links. Patients local to Skegness area previously travelled to Lincoln for their dialysis treatment, a three hour round journey. Patients told us not traveling long distances significantly improved the dialysis experience.
- The unit was centrally based within Skegness, had some private parking spaces and with easy access by local transport. However, the majority of patients made use of the taxi service commissioned by the unit. Patients told us the service was efficient and the drivers were friendly and helpful.
- The unit gave basic first aid training to all taxi drivers and provided each one with a first aid box and emergency contact numbers.
- The unit provided a service to patient's dialysing 'away from base' for example, on holiday. During our unannounced visit, we saw three patients receiving dialysis away from base.
- Away from base (visiting) patients were assessed by their referring doctor as being fit and stable to be treated in the guest unit. We saw documentation in the three visiting patients notes which reflected this. These patients had to have been clinically stable during dialysis sessions and require minimal nursing care. Patients were accepted for treatment away from base once all requested documents had been provided. The criteria for acceptance was clearly outlined in a booking information pack. The unit had a registered nurse coordinator with responsibility for managing away from base patients including Skegness patients who wished to receive their dialysis elsewhere for a temporary period.Visiting patients we spoke with said the booking process for away from base dialysis was easy.
- The unit had access to an external interpreting and/or translation service for patients who did not speak English or had little understanding of the language.

Service planning and delivery to meet the needs of individual people

- Renal services (UK) Ltd was commissioned to provide renal dialysis at their Skegness dialysis unit by a local NHS trust. They had a positive working relationship with the trust with regular contact with the consultant nephrologist, trust management and other specialists including infection control and dietitions.
- Toilet facilities were available for patients to use before dialysis commences. Toilets were not gender specific and were spacious enough to provide access for a wheelchair and assistant. Staff and patients told us it was rare they needed to use this facility during dialysis as this would interrupt or prolong the treatment. However, this could be accommodated if necessary.
- The provider had a dedicated holiday dialysis co-ordinator who liaised with trusts, patients, consultant nephrologists and other dialysis units, this included arranging overseas treatment bookings. The co-ordinator ensured all necessary administrative arrangements were in place and followed up any outstanding information prior to travel. Information was requested four weeks in advance and information checked by nursing staff prior to accepting the patient. All staff were aware of the process for arranging holiday dialysis.

- Away from base (holiday dialysis) was available on Tuesday, Thursday and Saturday when regular patients did not usually attend. The unit was able to offer all regular patients three dialysis sessions per week, for a minimum of 4 hours duration. However, they were able to be flexible, altering schedules on the consultant nephrologist's request and following discussion with the patient. For example twice daily dialysis or additional treatment hours. The overall aim of staff within the unit was to meet individual needs and enable patients to achieve and maintain a realistic and recognisable state of physical, psychological and social wellbeing.
- Each patient space included a call bell and personal entertainment equipment including television and radio with headsets for privacy.
- Individual televisions and portable DVD players were available during dialysis and patients were encouraged to bring in items of equipment or comfort aids.

Access and flow

- The unit provided outpatient haemodialysis for patients in end stage renal disease (ESRD) who were either already established on renal replacement therapy (RRT) or new patients who had been assessed by the referring doctor to be fit to commence treatment in a satellite setting. All patients referred to the unit were receiving treatment as part of the contract with the referring acute NHS trust.
- The unit was open Monday, Wednesday and Friday offering three four-hour sessions on each day. There was 10 dialysis stations (chairs) giving a capacity of 90 sessions per week. In addition, the unit offered away from base sessions for visitors to the area. These sessions were pre booked, based on session availability, and usually took place on Tuesdays, Thursdays or Saturdays. There were no sessions allocated solely for visiting patients.
- At the time of our inspection, the unit had 27 regular dialysis patients. All patients where adults aged over 18 years of age.
- The total number of sessions for the period April 2016 to March 2017 was 5235 inclusive of regular and away from base patients. Utilisation was reported as 50%.
- There was no waiting list for treatment at the unit.
- There was no planned dialysis sessions cancelled or delayed for non-clinical reasons for the period April 2016 to March 2107.
- We reviewed five regular patients and three away from base patient's dialysis records and found no documented delays in planned start or finish times. Patients told us they were always seen and treated on time.

Learning from complaints and concern

- Renal services (UK) Ltd had a corporate complaints policy, which outlined a staged approach to complaint management with clear time scales for response. There was an escalation procedure for complaints, which were not resolved in the initial stages.
- Skegness unit had not received any complaints for the twelve-month period preceding the inspection. We spoke with patients who said they had no cause to complain but would feel able to raise a concern with the senior nurse on duty during their dialysis. One patient said 'why would I complain, everything was great'.
- There was information in the unit explaining how to make a complaint.

Are dialysis services well-led?

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Leadership and culture of service

- Senior management were appropriately qualified and experience to provide strong leadership to all staff working within the unit. The unit manager with day-to-day responsibility for management was a Registered Nurse of 25 years' experience with post registration qualifications in renal nursing, teaching and assessing in clinical practice.
- The organisational structure meant all staff had a direct line manager and mentor who provided supervision and clinical leadership. The regional

clinical manager, head of nursing, head of quality, and the regulatory manager provided support to the unit manager le. Staff told us senior managers were visible, supportive and approachable.

- The unit manager was responsible for ensuring relevant induction checklists, competencies, workbooks, appraisals, targets and objectives were monitored, documented and achieved.
- Renal services (UK) Ltd held quarterly unit manager/ sister 'away days' with the executive team. These were used for sharing, learning, and updates on wider organisation issues including governance and recruitment. Staff told us these days were essential for organisational development and they appreciated the financial investment in them. Staff spoke positively about managers describing them as inspiring and supportive on a professional and personal level. Senior staff had offered accommodation in their own homes to newly employed staff in order to assist them with settling into the area. There was a collective positivity and commitment to provide quality care for all patients.
- Leaders demonstrateda clear commitment to the support of staff to progress in their career even though they recognised this meant some staff may move on to gain promotion. An example given was the support of a nursing apprentice who had gone on to do a degree in nursing elsewhere in the country.
- Staff told us they were included in the recent rebranding of the company and had been involved in the approval process for a new logo. We saw copies of the corporate six monthly newsletters in the staff restroom, which included a range of corporate news, development opportunities, personal 'thankyous' and family announcements.
- A clinical nurse specialist was implementing reflective practice and action learning across all Renal Services (UK) Ltd. The aim was to promote shared learning and development

Vision and strategy for services

- There was an organisational vision in place for the unit, to deliver "inspired patient care". This was supported by seven organisational values: safety, service excellence, responsibility, quality, communication, innovation and people. We saw the vision and values displayed in the clinical area and referred to within the staff newsletter. Staff spoken with did not know the organisational values. However, they spoke openly about excellence and the provision of high quality care.
- The organisational values were reflected within the staff appraisal system.

Governance, risk management and quality measurement

- The clinical governance lead for the unit was the registered manager supported by the regional clinical manager, head of nursing and the corporate quality and regulatory manager.
- There was an established and effective governance framework in place with clear process for sharing information up to board level and across the organisation.
- Staff had monthly unit meetings and shared information from these meetings onto the three-monthly clinical governance committee and senior management team meeting. We saw minutes of these meetings, which confirmed attendance appropriate to each level.
- Renal Services (UK) Limited executive board met every three months attended by the chief operating officer and medical director. This meant there was corporate oversight of the service.
- A risk register was held at provider level and maintained by the regulatory and quality manager. The risk register was reviewed by the chief operating officer, the regulatory and quality manager and chief executive each month. We viewed the risk register electronically and saw identified risks, which were applicable to all of the renal dialysis units under the management of Renal Services (UK) Ltd. These included recruitment, loss of water supply and other risks, which would prevent business from taking place such as fire or pandemic illness. The risk register was a standing agenda item on the quarterly senior manager meetings.

- Risks identified for the Skegness unit included recruitment, electrical failure, Water failure, and pandemic illness meaning staff became unavailable. All risks had appropriate escalation plans.
- The unit worked closely with the referring NHS trust ensuring they had common policies and procedures for the care of patients referred to them. The NHS trust had a nominated matron who regularly visited the unit and worked as a link nurse to support referred patients and for unit staff through monitoring quality of care and treatment provided.

Public and staff engagement

- The unit engaged with the British Kidney Patient Association (BKPA) advocacy service. Information received before our inspection described a well-led service, patients received safe care, all patients were happy with their care and staff were observed to be caring. The unit did not have a patient member of the BKPA although they told us they actively encouraged patients to join.
- The unit had a number of different methods to collect patient feedback. There was a confidential suggestions box in the unit in which patients could post feedback or raise a concern. This was in addition to patients being able to provide feedback or raise a concern verbally with staff on the unit, by telephone or in writing. An annual patient satisfaction survey was carried out in the month of December, which was consistently positive.
- Patients were directly involved in the selection of new equipment for example patient trials were carried out before final purchase decisions were made. For example, pressure-relieving cushions were trialled at the Skegness unit prior to purchase, exercise bikes were trialled by a group of patients, and two were purchased.
- The unit had hosted open days for healthcare professionals working in care homes and general practitioner surgeries giving them an opportunity to see dialysis in progress and gain an understanding of renal patient's care needs. In addition, the unit had held patient information days for existing and pre-dialysis patients.
- There was not an active user group for the unit. These groups meet to share views and can influence change within the unit they attend. The development of such a group had been suggested to patients by the unit team. However, it was thought the geographical distance of patients to the unit had been prohibitive. Patients spoken to at the unit said they felt able to speak up and make suggestions whilst at the unit.
- Patients were offered opportunities to attend national patient renal conferences, all expenses paid, but none had taken up this opportunity.

Innovation, improvement and sustainability

- The open days held by the unit aimed to increase awareness of renal disease for care home staff and increase communication for our patients who reside in care homes.
- The service developed links with local universities, which provided further specialist training for the senior renal nurses of the future.
- The service had introduced a 'sox off' initiative for the detection and prevention of foot problems in renal patients.

Outstanding practice and areas for improvement

Outstanding practice

- Local taxi service and drivers received basic first aid training. In the event of an emergency, drivers were aware of how to manage the patient and who to contact. All taxis contained first aid kits supplied by Renal Services (UK) Ltd.
- 'Sox off' programme implemented to ensure regular assessment of patients circulation. This was particularly relevant to diabetic patients, who are at additional risk of poor circulation.

Areas for improvement

Action the provider SHOULD take to improve

- The service should consider publishing a workforce race equality standards report within their public website