

Veincentre Limited

# Veincentre Stoke

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 28 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Veincentre Stoke is based in Stoke on Trent, Staffordshire and provides a specialist non-surgical diagnosis and treatment of adults suffering from venous insufficiency, a condition that occurs when the venous walls or valves in the leg veins are not working effectively. The clinic is owned and managed by Veincentre Limited, which was established in 2003 by a consultant interventional radiologist and provides consultations, ultrasound scanning and minimally invasive treatment procedures to manage symptoms and treat complications of venous insufficiency and improve the appearance of varicose veins. Clinics are also provided at other sites based in Bristol, London, Manchester, Newcastle Under Lyme, Nottingham and Oxfordshire. The services are provided to adults privately and are not commissioned by the NHS. Dr David West is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

In preparation for and during the inspection, 37 patients provided feedback about the service they had received. Feedback obtained clearly demonstrated positive outcomes for patients. Patients spoke very highly of the care and treatment they had received from the clinic and told us they would highly recommend the service. They considered the clinic provided an excellent service with the care and treatment exceeding their expectations. They described staff as friendly, efficient, helpful and caring. Patients also told us they were given all of the information they needed to make an informed decision about their treatment options in advance of their treatment in addition to receiving detailed aftercare support and advice. Staff we spoke with told us they were very well supported in their work and were proud to be part of a team which provided a high quality, specialised service.

## **Our key findings were:**

- Patients received detailed and clear information about their proposed treatment which enabled them to make an informed decision. This included costs, risks and benefits of treatment.
- Patients were offered appointments at a time convenient to them and with the same clinician to ensure their continuity of care and treatment.
- Patients' needs were fully assessed and care and treatment was tailored to individual needs and delivered in line with current evidence based guidance.
- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording adverse incidents.
- There were effective procedures in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection.
- Clinicians assessed patients according to appropriate guidance and standards.
- Staff were supported with their personal development and received opportunities for supervision, training, coaching and mentoring appropriate to their role.
- Patients told us staff were kind, caring, and competent and put them at their ease and maintained their dignity.
- Information about services and how to complain was available and easy to understand.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- There was an effective system in place for reporting, recording adverse incidents.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and an apology.
- The service had systems in place for receiving and responding to external safety alerts.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received training in safeguarding and this was discussed during meetings held.
- Procedures were in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection and compliance with these was monitored and reviewed.
- We found the clinic and equipment visibly clean. There was a designated infection control lead in addition to a comprehensive cleaning manual and infection control policy in place. Staff had received training and demonstrated a clear understanding of responsibilities in relation to infection prevention and control.
- There were effective procedures in place for monitoring and managing risks to patient and staff safety. Clinicians had the information needed to deliver safe care and treatment.
- Patients received clear aftercare advice, information of how to contact the clinic outside normal working hours in the event of an emergency and medicines for pain relief where appropriate.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- Patients' needs were fully assessed and care and treatment was tailored to individual needs and delivered in line with current evidence based guidance to achieve effective outcomes.
- There was evidence of clinical supervision, coaching, mentorship and support. Staff felt well supported in their work and were provided with appropriate training to meet their learning needs that covered their scope of work.
- The service had effective systems in place to assess and monitor the quality of service that patients received. Patient outcomes were reviewed as part of a range of audits carried out.
- The clinic had a consent to examination and treatment policy in place and effective procedures to ensure these were complied with prior to patients receiving any care or treatment. Patients' consent to care and treatment was obtained in line with the specialist treatment provided, documented and audited.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Patients shared positive experiences of the care and treatment they received. They described staff as friendly, efficient, helpful and caring and told us they were treated with respect, compassion and dignity.
- People considering treatment were provided with appropriate and timely information to make an informed decision about any treatment including procedural information, associated costs and the risks and benefits of the range of treatment options available. Post treatment patients were provided with aftercare information and details of how to contact the out of hour's emergency line.

# Summary of findings

- Staff fully involved patients in their treatment plan and written consent was obtained prior to any procedure being carried out.
- Staff demonstrated caring attitudes, spoke passionately and were knowledgeable about their work. They strived to provide patients with positive treatment outcomes.
- Patients told us they felt listened to, were respected and that their privacy and dignity was promoted.

## **Are services responsive to people's needs?**

We found that this service was providing responsive services in accordance with the relevant regulations.

- The service served the whole adult population and aimed to provide affordable and accessible treatment.
- Patients were offered convenient, flexible and timely appointments at a preferred clinic and saw the same clinician for continuity of their care and treatment. Patients with urgent symptoms were prioritised.
- Treatment plans were personalised and tailored according to procedures undertaken and in accordance with patients' assessed needs.
- The service had good facilities and was well equipped to treat patients and meet their needs. All patients were seen on the ground floor.
- Information about how to complain was available in the patient information pack. Evidence showed that the service responded quickly to issues raised. Learning from complaints was communicated with staff and action taken to avoid repetition.

## **Are services well-led?**

We found that this service was providing well-led services in accordance with the relevant regulations.

- There was effective leadership, management and governance arrangements in place that assured the delivery of high quality care and treatment.
- The service had a suite of policies and procedures to support good governance.
- The service vision and values were clearly visible and communicated to staff and patients. A culture of openness and honesty was promoted throughout the service.
- Patient and staff views was encouraged and shared to review, shape and improve the service provided.
- Staff received induction and role specific training in addition to appraisal, supervision, coaching and mentoring. Staff felt well supported, respected and valued by their colleagues and their leaders. Regular staff meetings took place and these were recorded.
- There were a variety of regular and comprehensive reviews in place to assess and monitor the quality and performance of the service. Effective systems and process were in place for learning and improving.

# Veincentre Stoke

## Detailed findings

### Background to this inspection

Veincentre Limited is registered as an organisation with the Care Quality Commission (CQC) and has three locations registered with CQC at Stoke on Trent, Bristol and Manchester. Veincentre Stoke clinic is situated at Lyme Vale Court, Lyme Drive Park, Stoke on Trent Staffordshire ST4 6NW. The organisation provides a consultation and treatment service to adults with varicose veins privately and therefore services are not commissioned by the NHS. The service is owned and managed by the founder, medical director and registered manager, who is a consultant interventional radiologist.

Veincentre Stoke provides consultations, ultrasound scanning and minimally invasive treatment procedures to manage symptoms and treat complications of venous insufficiency and improve the appearance of varicose veins. A range of treatments are provided based on the assessed needs of individual patients. These treatments include foam sclerotherapy where injections of a solution are made directly into the vein, avulsions where small incisions are made in the skin and the vein removed and endovenous laser ablation (EVLA) a laser treatment carried out under local anaesthetic. The clinic was renovated in 2017 and has been specifically designed for varicose vein treatment and comprises of two minimally invasive operating theatres, a comfortable recovery and a reception area. All vascular services are located on the ground floor and the head administrative office is based on the first floor.

Office hours are between 9am and 5.30pm Monday to Wednesday and 9am and 6pm Thursday and Friday. Subject to consultant annual leave, clinics are provided at this location on a Tuesday, Wednesday and alternate Fridays between 9.30am and 6pm. Patients can choose to access the provider's other clinics convenient to them. Appointments can be currently booked over the telephone

or by email. Patients are usually seen within three weeks of their initial enquiry although additional clinics can be provided if demand exceeds this and patients with urgent symptoms are prioritised. The service has an out of hour's emergency telephone line providing direct contact to a consultant.

The staff team at the Stoke clinic consists of one consultant vascular surgeon, two consultant interventional radiologists, a nurse practitioner, two health care assistants, a business director, director of strategy, medical secretary and a range of reception and administrative staff. Practising privileges are given to a consultant ophthalmoplastic surgeon who undertakes minimal access eyelid surgery under local anaesthetic within the premises.

We carried out an announced comprehensive inspection on 28 February 2018. The inspection was led by a CQC inspector, a GP specialist advisor and a second CQC inspector.

Before visiting we reviewed a range of information we hold about the service and asked the service to send us a range of information. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies. As part of the inspection we spoke with a range of staff including the medical director/registered manager, business director, strategy director, a consultant vascular surgeon, a nurse practitioner and reception and administrative staff. We gained feedback from 37 patients, carried out observations and review of documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?

# Detailed findings

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

We found that this service was providing safe services in accordance with the relevant regulations.

### Safety systems and processes

The service had clear systems to keep patients safe and safeguarded from abuse. Staff had received training in safeguarding children and adults in addition to equality and diversity. Safeguarding was discussed during meetings held. Staff understood their responsibilities and had access to a safeguarding policy and designated lead.

The provider carried out staff checks on recruitment and on an ongoing basis, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff employed, including consultants with practising privileges. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We reviewed the recruitment records held for six staff and found all of the required documentation had been obtained prior to staff commencing employment.

Information in the clinic waiting area advised patients that staff were available to act as chaperones. Designated staff acted as chaperones were trained for the role and had received a DBS check.

There was an effective system to manage infection prevention and control. The nurse practitioner was the designated infection prevention and control lead and had used her previous experience to improve procedures. Discussions with them demonstrated they had a clear understanding of their role and responsibilities to ensure appropriate standards of cleanliness and hygiene were maintained. Staff had access to an infection control policy and had received training. There was a comprehensive cleaning manual and schedule in place that covered all areas of the premises and detailed what and where equipment should be used. Pre and post-operative clinic checks were completed and regularly audited. Feedback we received from patients showed they were happy with the standard of cleanliness of the clinic during their visits.

The clinic ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

The clinic had arrangements in place to respond to emergencies and major incidents. Clinical staff and health care assistants had completed training in emergency resuscitation and life support to ensure they were able to respond appropriately to any changing risks to patients' health and wellbeing during their treatment. There was a designated first aider in place who had received training to assist them in their role. In rare circumstances of patients requiring emergency transfer to hospital a letter was sent with the patient to assist the hospital team outlining the treatment.

Emergency medicines and equipment were easily accessible to staff during clinic times and stored in a secure area of the clinic overnight. All staff we spoke with knew of their location. The clinic had emergency resuscitation equipment available including an automatic external defibrillator (AED) and oxygen. The clinic also had medicines for use in the event of an emergency. Records completed showed regular checks were carried out to ensure the equipment and emergency medicine was safe to use. Staff were able to share changes that had been implemented following an incident where a patient required medical intervention. This led to the introduction and implementation of emergency grab cards which were readily accessible in treatment rooms, the reception area and office and the relocation of emergency medicines and equipment.

The clinic had a comprehensive risk register in place and we saw assessments were carried out on all aspects of the business and regularly reviewed and updated. These included environmental risk assessments. All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly. Fire checks and drills were carried out.

Staffing levels and the skill mix of staff were planned and reviewed to ensure patients received safe care and treatment. Each clinic had two members of clinical staff present, usually a doctor and a nurse. Where a health care assistant was utilised the nurse was present within the

# Are services safe?

building in the event of an emergency. The provider had a pool of bank staff available but rarely used these as staff from their other sites were utilised in the event of unexpected absence of a clinician. Agency staff were available but were only used as a last resort to cover nursing duties only. They received a brief induction and worked directly under the supervision of a consultant.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

Patients completed a health assessment questionnaire before attending their assessment to check any condition which makes a particular treatment or procedure potentially inadvisable for them. The provider website included information about risks associated with treatment to enable potential patients to make an informed choice about treatments provided.

Clinical staff had access to patient clinical records at the time of consultation and treatment. Clinical assessments were undertaken and were currently recorded in a paper format. We reviewed a patient assessment and found this had been comprehensively completed. The clinic were due to move to an electronic system shortly. Regular audits were undertaken to ensure all relevant data was recorded correctly.

## **Safe and appropriate use of medicines**

The arrangements for managing emergency medicines in the clinic kept patients safe (including obtaining, recording, handling, storing and security). The service had a comprehensive medicines management policy in place that was developed in conjunction with a pharmacist. Any medicine administered was only done with an accompanying prescription by a doctor and patients were provided with verbal and written instructions for any medicines. For example, medicines for pain relief.

## **Track record on safety**

The service had a good safety record. There were comprehensive risk assessments in relation to safety issues

and graphs were produced of key safety measures including adverse events in order to reflect on the findings. The service monitored and reviewed activity on a regular basis to understand risks and improve practice where identified. There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA). We saw external alerts were shared and discussed at clinical governance patient safety meetings held.

## **Lessons learned and improvements made**

There was an effective system in place for reporting, recording and learning from adverse incidents. This was supported by a critical and adverse incident policy and corresponding framework. We saw staff had access to a policy and standard form to record and report adverse incidents and events. All events were graded in accordance with the risk management policy for example, low, moderate, high or extreme and shared and discussed at regular clinical governance meetings held. Lessons were shared across the other clinics to make sure action was taken to improve safety. Since 2017 to date the clinic had five incidents recorded. Three were clinical and two were non-clinical incidents. Records showed appropriate action had been taken to reduce the risk of reoccurrence and learning had been shared with staff and changes in practice implemented. We saw graphs of incidents and events were produced of key safety measures which demonstrated no significant issues. The provider had identified that there had been an increase in adverse events reported and considered this was a reflection of a lower threshold for what was classified as an adverse event and therefore this resulted in a higher level of reporting with the severity of the vast majority of the incidents across all clinics low.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. When there were unintended or unexpected safety incidents, patients received support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

### **Effective needs assessment, care and treatment**

We saw detailed clinical assessment were undertaken prior to patients receiving care and treatment. The assessment included obtaining a brief medical history to check any condition which makes a particular treatment or procedure potentially inadvisable for patients. Assessments and treatment protocols were based on a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance and the Cardiovascular and Interventional Radiological Society of Europe (CIRSE). CIRSE is a non-profit, educational and scientific association aiming to improve patient care through the support of teaching, science, research and clinical practice in the field of cardiovascular and interventional radiology. Staff had access to best practice guidelines and used this information to deliver care and treatment that met patient's needs. The provider monitored that these guidelines were adhered to through routine audits of patient's records.

### **Monitoring care and treatment**

The provider reviewed the effectiveness and appropriateness of the care provided. All staff were actively engaged in monitoring and improving quality and outcomes. Audits were carried out to demonstrate quality improvement. These included asking patients to complete a set of questions using a recognised varicose vein scoring system in their pre-consultation questionnaire and the same set of questions post their treatment. For example, the amount of pain they experienced; ankle swelling; cosmetic aspects of their varicose veins; interference with social and domestic activities. These two sets of results were then reviewed and assessed over time. The provider told us outcomes for patients compared favourably with published literature, guidelines and NHS results.

### **Effective staffing**

We found staff had the skills, knowledge and experience to deliver effective care and treatment. The clinic provided a unique and specialised private service for patients with varicose veins and other manifestations of venous insufficiency, a medical condition affecting the circulation

of blood most often located in the legs. Patients received treatment from a consultant vascular surgeon or consultant interventional radiologists which were NHS consultants, qualified and trained in their specialist areas in addition to a nurse practitioner. The provider also trained doctors from around the world in providing this specialist treatment and told us they had trained six doctors in the last 12 months. New staff received an induction to their work.

We saw staff had access to a variety of training to meet their learning needs and to cover the scope of their work. This included e-learning training modules and in-house training. Essential training included equality and diversity, safeguarding, infection prevention and control, fire safety, conflict resolution, health, safety and welfare, duty of care, consent and person centred care. Staff training was recorded on a training log and monitored to ensure staff were up to date.

Staff learning needs were identified through a system of meetings and appraisal. Staff were asked at their annual appraisal about their learning needs and desires. Staff were supported through one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors and the nurse. This was to ensure they were competent in providing safe and effective care and positive outcomes for patients. The provider had recently established a coaching system whereby each consultant was shadowed by the medical director once a year to ensure they were competent in meeting the standards required of them and providing high quality care and treatment. Clinicians shared positive experiences of the coaching system and found it a mutual learning opportunity. All staff had received an appraisal within the last 12 months and those we spoke with told us they were very much supported in their training and development. Staff performance was monitored through audits and reports to include patient feedback, complaints and adverse events. The provider told us if a consultant's performance was not up to standard they were not granted practising privileges to undertake treatment of patients using the service. Action had been taken to manage former staff performance to ensure high standards were maintained.

### **Coordinating patient care and information sharing**

The clinic was a standalone specialist service and therefore did not routinely engage with other health services to share

# Are services effective?

(for example, treatment is effective)

patient information. However, they strongly encouraged patients to consent to allowing the clinic to share all appointment reports with their GP to keep them informed of the outcome in relation to assessments and treatment received. Patients were requested to complete a written declaration if they did not wish information between relevant services to be shared.

## **Supporting patients to live healthier lives**

Following assessment only suitable patients likely to benefit from treatment received treatment. The clinic was not involved in regularly monitoring patient ongoing health as it was not relevant to the service. However, where abnormalities or risk factors were identified by a clinician, these would be discussed with the patient prior to any proposed treatment. Patients were asked questions in relation to their lifestyle during their assessment, for example if they were a smoker.

## **Consent to care and treatment**

The service had consent to examination and treatment policy in place and staff sought patients' consent to care and treatment in line with legislation and guidance. There were effective systems in place to audit whether consent forms had been completed and patients provided with a completed copy. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. The medical director had provided staff with training lectures on the MCA to increase their awareness however we found the consent policy was not compliant with the MCA but this was immediately rectified during the inspection. The clinic did not provide services for children and young people. We saw the clinic obtained written consent before undertaking procedures and specifically for sharing information with outside agencies such as the patients' GP. The process for seeking consent was demonstrated through records we reviewed and discussions we held with staff and a patient. This showed the clinic met its responsibilities within legislation and followed relevant national guidance.

# Are services caring?

## Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

Patients told us that staff were professional, kind, courteous and helpful to them and treated them with dignity and respect and this was reflected in the results of an internal survey undertaken. At the end of the initial consultation and up to 12 months, patients were requested to complete a 'How was your service' survey asking for their feedback on the service they received, including how they were treated. Satisfaction results indicated patients were very satisfied with how they were treated.

Staff received essential training in areas that included equality and diversity, person centred care, communication, consent, duty of care and privacy and dignity. Staff were aware of and worked in line with the organisations core values, which included treating people with respect.

### **Involvement in decisions about care and treatment**

The provider told us they went to considerable lengths to honestly and openly educate their patients about all aspects of their presenting condition. This was to ensure they were fully involved in decisions about any proposed care, treatment and associated costs. We saw patients had access to a range of extensive information on the provider website in addition to written pre and post treatment literature that was provided in patient information packs and was sent to people on their initial enquiry to the service and during their appointment. A different format could be made available upon request, for example large print.

Patients were encouraged to ask questions about any treatment and were listened to, which was confirmed in discussions we had with a patient. The outcome of an internal survey completed by patients showed 94% of patients said they were definitely involved as much as they wanted to be in decisions about their care and treatment. Six percent said they were to some extent. We saw potential patients and their families had access to a 'frequently asked questions' section on the provider website that had the facility to add new questions and for answers to be added for others to see. Patients were able to bring a partner or friend into the consultation and treatment sessions if they wanted to be accompanied. Interpreter services were available upon request at the patients' own expense; however, we were advised that patients so far had not requested this facility.

### **Privacy and Dignity**

The clinic respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and the clinic complied with the Data Protection Act 1998. All confidential information was stored securely and the provider was in the process of investing in a new IT system with electronic notes.

Assessment and treatment rooms were located away from the main waiting area. We saw doors were closed during consultations and treatment to maintain patients' privacy and dignity. The clinic had gained patient feedback through an internal survey. Results showed that 100% of patients commented that they were always given privacy and dignity when discussing their conditions or treatment with staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

### Responding to and meeting people's needs

The clinic served the whole of the adult population of people with troublesome veins. Although the clinic provided private healthcare the ethos was to keep their prices competitive and thus make treatment accessible to as many people as possible.

The facilities and premises were appropriate for the services delivered. Assessment and treatment rooms were all on the ground floor. The clinic did not provide automatically opening doors for patients to access the building, however, the provider was looking into developing a new entrance area. Prior to attending patients were asked if they had any disability access needs in a pre-consultation questionnaire they completed. The provider told us they rarely saw patients with a physical disability but would do whatever necessary to accommodate their needs by seeing patients at their other clinics with access if required. We saw a hearing loop was available and the clinic welcomed guide dogs in non-clinical areas. There were adequate toilet facilities available. A range of reading material and refreshments were also made available in the waiting area.

Following treatment, patients were encouraged to call the clinic if they experienced pain or had any concerns and were provided with written aftercare advice and a leaflet containing important information to give to a medical practitioner in the event of an emergency. The clinic also provided an out of hour's emergency telephone line providing patients direct access to a consultant. Patients were also offered a 15 minute appointment free of charge if they had any post treatment concerns or required reassurance.

### Timely access to the service

Patients were offered appointments at times to suit them. Subject to consultant annual leave, clinics were provided at this location on a Tuesday, Wednesday and alternate Fridays between 9.30am and 6pm. Patients could also access a range of clinics based at the provider's other locations convenient to them. Patients were usually seen within three weeks of their initial enquiry. Additional clinics could be provided if demand exceeded this. Patients with urgent symptoms were prioritised and either offered an urgent appointment or signposted to a relevant service, for example the NHS 111 service or A&E in the event of an emergency (bleeding). Appointments were very rarely cancelled. The provider told us they only made clinic slots available once they had received confirmation from the clinician that they were available to work that day. For example, that they had no planned holidays or NHS commitments. The clinic was able to provide a one stop consultation and treatment service providing greater convenience for working patients.

### Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care. There was a designated member of staff for dealing with complaints. We saw the clinic had a complaints policy available and all patients were advised at the time of booking how to make a complaint and this was contained within the information pack sent to patients prior to treatment. However, the complaints procedure was not displayed in the clinic waiting area and patients were not advised of the escalation process should they not be satisfied with the outcome of the investigation into their complaint. The provider told us they would action this.

The clinic had received one written complaint in the last 12 months. We reviewed this and saw there was an effective system in place which ensured there was a clear response to the patient and learning had been disseminated to staff about the event.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

### **Leadership capacity and capability;**

The founder and medical director had extensive experience in the delivery of high quality patient care through both the NHS and private hospital sector and had treated a vast range of conditions. We saw there was a clear leadership structure in place and staff felt supported by the management team and were aware of their role and responsibilities. Directors told us they operated a very flat organisational structure. Staff we spoke with told us the medical director and all members of the management team were approachable and always took the time to listen to them. We saw directors and managers worked in the same open plan office at the location, which was the provider's head office. We observed staff speaking with members of the team, managers and directors openly and with ease. Staff told us they felt well supported and appropriately trained and experienced to meet their responsibilities.

### **Vision and strategy**

The provider had a clear vision to provide the highest quality of care utilising the most effective evidence-based therapies at an affordable price. They recognised the challenges in maintaining a quality service and had developed a vision and set of values and had shared these with staff and patients through their website and by displaying these in the reception area of the clinic. The directors told us that honesty was their key value. The provider had a strategy plan for 2017-2022 to assist them with achieving and maintaining their priorities, values and their vision. This included bringing in external investment to grow the business whilst maintaining quality, safety and outcomes within a person centred, friendly environment. Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them and were reminded of these during their appraisal and meetings held. They were provided with opportunities to feedback comments and suggestions for forward planning.

### **Culture**

Observations made and feedback gained from staff and patients showed the culture of the service actively

encouraged candour, openness and honesty. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process. There was a system and processes in place to enable staff to raise concerns freely and anonymously.

There were processes for providing all staff with the development they needed. This included appraisal and opportunities for career development. For example, a former apprentice had been supported with their development and promoted over time to become the assistant business manager. All staff had been appraised in the last year. Staff told us the organisation supported them to maintain their clinical professional development through training, supervision, coaching and mentoring. The provider was focused and committed to achieving high standards of clinical care and governance and provided staff with the necessary support. Staff told us they felt valued and supported in their work and were very proud to work for the provider.

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The clinic had systems in place for knowing about notifiable safety incidents and shared information about their performance on their website for all to see.

### **Governance arrangements**

We found the provider had effective structures, processes and systems of accountability which were clearly set out and understood to support the delivery of the service provided. The provider had a clinical governance programme in place that comprised of audits, adverse incidents, complaints, risk assessments, patient feedback and education and training. There was also a suite of policies and procedures in place to govern activity and these were available to all staff. We saw new and changes to existing policies were shared, discussed and recorded during staff meetings held.

### **Managing risks, issues and performance**

We saw there were effective systems in place for monitoring the quality of the service, managing risk and making improvements and actively seeking feedback from patients and staff. There were a variety of checks in place to monitor the performance of the service. Key performance indicators in relation to quality and safety were measured and acted upon immediately if deterioration was identified.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

The provider told us that the safety of their patients was top priority and was one of their core values. They had commissioned the service of an external safety expert who helped them produce a comprehensive patient safety management system. This was to reduce avoidable harm to patients, monitor compliance and safety performance in addition to using key patient safety indicators in measuring safety. The provider had a risk management policy in place in addition to a risk register. Risk assessments we viewed were comprehensive and had been reviewed. We saw risk assessment was a standing agenda item and discussed in clinical governance meetings held. There were also checks in place to ensure clinicians worked within standard operating procedures and safety check lists were completed. The provider had oversight of external safety alerts to include Medicines and Healthcare products Regulatory Agency (MHRA) alerts in addition to internal adverse incidents, and complaints. There was clear evidence of action to change practice to improve the quality of the service and structured systems in place to monitor and support staff at all levels.

## **Appropriate and accurate information**

The provider acted on appropriate and accurate information. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. There had been no data security breaches. Staff had access to a confidentiality policy in addition to records and information management policy and were aware of their responsibilities. Confidentiality was a standing agenda item and was regularly discussed in staff meetings held. The provider was shortly looking to move to an electronic paperless clinical note system which will assist with auditing clinical notes. Clinical governance and administration staff meetings were held and these were minuted. Issues such as adverse events, risk assessment, health and safety, changes in policy, training and complaints were regularly discussed.

A programme of audits ensured the clinic regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, where patients records were audited for quality of content and completion, lessons were learnt and actions documented and taken. In the most recent audit of 100 patient notes from each clinic, 10% of the notes did not

contain answers to set questions asked. However, the provider was looking to introduce an electronic notes system which will require the user to complete all required fields.

## **Engagement with patients, the public, staff and external partners**

The provider encouraged and valued feedback from patients and staff. At the end of the initial consultation and up to 12 months later, patients were invited to complete a satisfaction survey asking for their feedback about the service they had received. Recent results showed 94% of patients said they were extremely likely to recommend the service to their friends and family and 6% said they were likely to. Patients had the opportunity to leave additional comments about their experiences at the end of the survey. We saw all of the comments were highly complementary about the service patients had received. Results were constantly monitored and shared with staff and action was taken if feedback indicated that the quality of the service could be improved. The provider also encouraged patients to leave reviews on independent review sites and where possible responded to reviews. For the sixth year running the provider had been awarded the Patients' Choice Award for the number and quality of their reviews placed on an independent website. The clinic had also gathered feedback from staff through anonymous annual staff surveys and during staff meetings, appraisals and general discussion.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation. The provider told us although they did not currently participate in research projects they had been approached to do so and were examining all of the requirements for this. The provider actively participated and contributed in an external international safety audit on fibroven and we saw suitable consent had been obtained for anonymised patient involvement.

We saw there was a focus on continuous learning and improvement at all levels within the service in addition to providing training for doctors from around the world on clinical techniques. The provider told us they encouraged consultants to learn new techniques, for example, medical grade glue used in the treatment of varicose veins however, they would only promote treatments that had sufficient

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

evidenced base to prove effectiveness and safety. The provider also worked with local colleges to provide apprenticeship opportunities and offered permanent positions to all four apprentices they had taken on. One had been trained up and had a dual role of a secretary and health care assistant. The nurse practitioner we spoke with had been trained up to run her own nurse led clinics providing endovenous laser ablation treatment following training and coaching and was shortlisted for a nurse of the year award in 2016.

The provider made use of internal reviews of audits, incidents and complaints and consistently sought ways to improve the service and shared outcomes with staff. Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and

open discussions. There was a comprehensive annual report available for Veincentre which set out the background and vision for the company that also included a review of the achievements in 2017 and the vision statement. The provider assisted the private healthcare information network (PHIN) by providing detailed data on all their procedures to improve public access to information on the quality and outcome of private healthcare. This enabled potential patients to make direct comparison across all private healthcare providers. PHIN is the independent, government mandated source of information about private healthcare, working to empower patients to make better informed choices of private health care providers. There was a succession plan in place for ensuring the continued success of the business.