

The Whiteley Clinic Bristol

Quality Report

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Date of inspection visit: 13 October 2016

Date of publication: 08/02/2017

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

Good



Are services safe?

Good



Are services effective?

Not sufficient evidence to rate



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Outstanding



Overall summary

The Whiteley Clinic, Bristol is operated by The Whiteley Clinic Ltd. which is an organisation consisting of clinics in three locations across England. The Whiteley Clinic, Bristol was governed by and follows protocols of The Whiteley Clinic Ltd. The Bristol clinic has no inpatient beds. Facilities include one operating theatre, a waiting/recovery room, a consultation room and a room used for ultrasound screening.

The service provides outpatients and diagnostic imaging in order to perform minimally invasive surgery for vascular conditions. We inspected outpatients and diagnostic imaging and day case surgery.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 13 October 2016.

Summary of findings

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.

The main service provided by this service was outpatients and diagnostic imaging.

We rated this clinic as Good.

We found areas of outstanding practise within outpatients and diagnostic imaging service

- The Bristol clinic was committed to providing a positive experience for patients with effective treatment for vascular conditions.
- All incidents, comments and complaints were reported and investigated by the Bristol Clinic. Staff used all opportunities to provide learning and shared the outcomes with staff in each of the other two Whiteley clinics. Bristol clinic staff were always looking for ways to improve outcomes and experiences for patients. Any change in practice that could improve the experience for patients was trialled as soon as possible.
- The Whiteley Clinic Ltd. was instrumental in creating a national database of outcomes for vascular surgery techniques and all staff at the Bristol clinic were aware of their contribution.
- Staff were competent in their roles. Staff attended training and were fully supported to attend courses that would increase their skills. Staff performance was monitored and support was provided in a sensitive way for staff to improve in areas where they did not feel confident.

- Patients were fully involved in decision making about their treatment, were informed of payment options and supported to provide relevant information to insurance companies.
- Staff took time to get to know their patients, recognised patient anxiety and worked to ensure patients felt as comfortable as they could.
- Staffing was managed in a way that ensured patients were cared for safely.
- The vision for The Whiteley Clinic Ltd. was shared with Bristol clinic staff who found senior managers and executives visible and approachable.

We found areas of good practice in relation to outpatient and diagnostic imaging:

- Processes were used that kept patients free from avoidable harm.
- Infection prevention and control processes were monitored and improvement actions were taken when necessary.
- Patient records were kept securely and were available for patient consultations.
- GPs were kept informed of procedures performed on their patients.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service to improve. Details are at the end of the report and are regarding processes for ensuring accurate medicine administration and more secure transportation of patient records.

Professor Ted Baker

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Outpatients and diagnostic imaging

Rating

Good



Summary of each main service

Outpatients and diagnostic imaging for surgery was the main activity of the clinic. Patients attended for consultation and minimally invasive surgical techniques for vascular conditions. First appointments were offered within two to three weeks of first contact with the clinic and procedures were organised to fit around the patient's lifestyle in a way that would give the greatest benefit to the patient. Patient experience was the focus of the way treatments were delivered. Research and evidence led the techniques used in all aspects of the service and patients were offered monitoring of their condition over many years. We rated this service as good because it was safe, caring, responsive and outstanding in well led. Effective was not rated.

Summary of findings

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Good



The Whiteley Clinic Bristol

Services we looked at

Outpatients and diagnostic imaging;

Summary of this inspection

Background to The Whiteley Clinic Bristol

The Whiteley Clinic, Bristol is operated by The Whiteley Clinic Ltd. The Whiteley Clinic Ltd. offers services from clinics in Guildford, London and Bristol, for patients with vascular conditions. The head office is located in Guildford and the service in Bristol opened in 2014. The Bristol clinic primarily serves the communities of the West Midlands and South West of England although it also accepts patient referrals from outside this area.

Regulated activities provided by this clinic are treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures. These activities are provided for the treatment of vascular conditions on an outpatient basis.

This is the first inspection of this service by CQC at this location. We inspected the service on 13 October 2016 as an announced inspection. We did not carry out an unannounced inspection.

The hospital has had a registered manager in post since April 2014.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, Sue Oulsnam and a specialist advisor with expertise in nursing, surgical procedures and private health care. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection.

Information about The Whiteley Clinic Bristol

The clinic is located in a large traditional building in Bristol which is used for clinical consultations and minor surgical procedures. Parking was available within the grounds of the clinic and provision had been made for people with mobility difficulties. Different organisations use the location by booking rooms with the manager of the building. The Whiteley Clinic uses a suite of rooms for two days a week. These are located on the lower ground floor for consultation, recovery, ultrasound screening and operating theatre. The clinic is registered to provide the following regulated activities: treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures. They treat the following conditions:

Venous leg ulcers, varicose veins, leg telangiectasia (spider veins), phlebitis, venous eczema and other venous skin damage.

During our inspection, we visited all areas in the clinic. We spoke with seven staff including; registered nurses, health

care assistants, reception staff, medical staff, and senior managers. We spoke with seven patients. We also received eight 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed eight patients' records.

There were no special reviews or investigations of the hospital carried out by the CQC at any time during the 12 months before this inspection. This was the clinic's first inspection since registration with CQC.

Activity (July 2015 to June 2016)

- In the reporting period July 2015 to June 2016 there were 332 outpatient and day case episodes of care and 259 total attendances recorded at the clinic; of these 100% were funded by means other than NHS.
- No patients stayed overnight at the clinic.

Summary of this inspection

Two surgeons worked at the Bristol clinic under practising privileges. The Bristol clinic employed one registered nurse, one health care assistant and a sonographer for the two days it operated. Reception staff were provided by an alternative provider and the registered manager undertook much of the operational management of the location's premises. Staff from the Guildford and London Whiteley Clinic locations were available to support the quality and safety performance of the Bristol clinic.

Track record on safety

- No never events
- Clinical incidents: 0 no harm, 0 low harm, 0 moderate harm, 0 severe harm, 0 death
- No serious injuries

No incidences of hospital acquired
Meticillin-resistant Staphylococcus aureus (MRSA),

No incidences of hospital acquired
Meticillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium
difficile (c.diff)

No incidences of hospital acquired E-Coli

Four complaints.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Grounds maintenance
- Laser protection service
- Laundry
- Maintenance of medical equipment
- Pathology and histology

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 rated safe as good because:

Good



- Staff followed the principles of duty of candour, were open about incidents and made patient safety a priority. All incidents were investigated and learning from each was shared with staff across all of the Whiteley clinics. The team discussed unexpected patient outcomes in order to identify more effective treatments for complex conditions.
- Equipment was serviced and maintained to ensure it was safe to use. Staff followed cleaning schedules and were aware of their own responsibilities for equipment they used. Audits of hygiene standards, including hand hygiene, were carried out to ensure any risks to patients were minimised. Staff followed recommended processes when using laser equipment to ensure there was minimal risk to patients and staff.
- The clinic monitored the incidence of infections and had reported none for the 12 months before our inspection.
- Nursing staff used safe practices for the delivery, storage and administration of medicines, which met the Nursing and Midwifery Council Standards for medicine management.
- The clinic kept patient records confidential. However, these were in paper loose leaf folders. There was a potential risk that the paper record could fall out of the folder although there had been no incidents of lost records reported. There were no occasions when up to date records were unavailable for a patient's appointment. A trial of electronic patient records was planned for November, 2016. This would reduce the risk of losing paper records, increase security, transport and availability of records across The Whiteley Clinic Ltd. locations.
- All staff assessed risks and acted appropriately to minimise the risk to patients and staff. Patients had their medical condition assessed to ensure the clinic was a suitable place for them to receive treatment. Patients had local anaesthetic during their procedure which allowed them to be mobile as soon as possible. This reduced the risks associated with hospital stays.
- All staff were up to date with their mandatory training ensuring they were using the most up to date practices including infection control, lifting and handling and basic life support. The clinic did not see people under the age of 18 years but staff who were in contact with adult patients had undertaken

Summary of this inspection

safeguarding children and young people training. This was to ensure they would be able to recognise and report concerns about any children who accompanied their parents to the clinic.

- Specialist advice was available for patients following their procedure and any queries were responded to promptly.

Are services effective?

We inspected the effectiveness of the service but do not have enough information to rate it.

We found the following areas of good practice:

- There was no national database to record long term outcome measures for patients following vascular surgery. The Whiteley Clinic was taking steps to create a database for organisations to contribute their patient outcomes. The clinic was measuring outcomes from patients it treated and using success measures from international organisations. The clinic was undertaking research projects wherever possible to ensure methods they used were effective. Their protocols for treatment of vascular conditions followed national guidelines (National Institute of Health and Care Excellence) where they were available.
- Staff used audit processes to monitor the effectiveness of other areas of practise in the Bristol clinic. This included infection control, record keeping and compliance with using the World Health Organisation's checklist for safer surgery. Action plans were developed following any audit and steps were taken to improve results that were less than 100%.
- During their procedure patients had their pain assessed, monitored and controlled. Patients told us their pain was kept under control
- Staff attended training to ensure they were competent to perform their roles. This included ensuring those who needed practising privileges (authorisation to practise at the Whiteley Clinic Bristol from the senior executives) had met the criteria in the policy. For example, engaged in appraisal processes, were up to date with mandatory training, had relevant and recent surgical experience. Staff were encouraged to undertake further training to develop their skills and this was fully supported by the Whiteley Clinic Bristol. A member of unregistered nursing staff was completing a National Vocational Qualification (NVQ) and another was taking part in advanced training on infection control.
- Staff ensured that documented patient consent was current and were aware of actions they should take if a patient changed their mind or if they became confused.

Not sufficient evidence to rate



Summary of this inspection

- The team of nursing staff, sonographers, medical staff and managers worked together to help the patients' appointments go as smoothly as possible. The Bristol clinic informed GPs of a patient's attendance in a timely way.

Are services caring?

We rated caring as good because:

- Overall patients said staff at the Bristol clinic demonstrated compassionate care when treating patients. Patients told us they were treated as individuals and one patient stated "all of my needs were responded to". Patients were treated with dignity and respect.
- Patients were involved in making decisions about their treatment options. Staff ensured that patients understood their treatment options by discussion and providing further information in written format. Patient feedback was encouraged and surveys produced for the Bristol clinic showed a high level of patient satisfaction. 100% Rated their overall treatment as good to excellent.
- Staff supported emotional needs of patients by using a variety of techniques to relieve anxiety. This included engaging patients in conversation, using music and stress balls. Relatives who accompanied patients were looked after and kept informed of progress of the procedure. They were provided with refreshments for the duration of their stay. In some cases they were able to stay with their relative for the whole procedure.
- Staff ensured their patients were involved in their care and did not take any actions without assessing how the patient would be affected. Any concerns patients had were followed up promptly before and after the procedures.
- Staff took the time to get to know their patients and ensure they felt at ease. Staff engaged them in conversation during their procedure as a distraction technique and provided clear explanations of progress. Patients could watch a screen showing progress of their procedure and staff explained the detail.

Good



Are services responsive?

We rated responsive as good because:

- Facilities were arranged to make it convenient for patients to attend the clinic. There was adequate parking, facilities for patients with limited mobility and areas to wait at different stages of the procedure.

Good



Summary of this inspection

- Appointments were arranged at a time that was convenient for the patient and waiting times from contact to first appointment was usually two to three weeks. Patients were given timed appointments and did not wait long once they arrived at the clinic.
- Patients had their individual needs met as far as possible. Patients had their individual clinical condition assessed and if they wanted to and there were no clinical concerns, could have two procedures completed in one day. This meant fewer visits to the clinic and less interruption to everyday life or work commitments. The clinic supported patients with completing information for insurance companies.
- All staff were committed to making the patient's stay as comfortable as possible. Any patient concerns were investigated and discussed to assess any steps the clinic could take to improve their treatments. One action that had been instigated by patient comment was of skin problems from compression bandaging. The clinic was trialling an alternative compression bandaging technique to assess the effects on skin condition for more patients. Patients were contacted about any complaint and its progress in a timely way. Some responses we saw were the same day.
- Patient information was comprehensive and provided at every stage of consultation.

Are services well-led?

We rated well-led as outstanding because:

- Bristol clinic staff were aware of the vision of the organisation and constantly assessed how they could contribute to a high quality, person-centred service. They wanted to provide patients with varicose veins the best treatments using the latest techniques, safely and in a comforting environment. They did this by ensuring that up to date, research-based practice was implemented. Whiteley Clinic Ltd. protocols were updated according to latest research results and followed by staff at the Bristol clinic.
- Staff were encouraged to contribute their Ideas for improvement and were recognised for their efforts. Ideas were discussed and acted upon. Developments were shared across the whole organisation to improve care for their patients.
- The Whiteley Clinic Ltd. used research from international organisations and from its own research and development department which was a partnership with the University of Surrey. Learning and research results from the Whiteley Clinic Ltd. were shared internationally. Effectiveness of vascular

Outstanding



Summary of this inspection



surgery in England was limited and to improve data collection, staff at the Whiteley Clinic Ltd. were creating methods of recording outcomes for patients who have had vascular surgery. The chief executive of the company had set up a UK branch of the College of Phlebology to act as a resource for other vascular treatment organisations. This included information from the Bristol Clinic.

- Governance procedures ensured that quality was maintained. Risks were monitored and staff were confident in raising any issues. These were discussed and steps were taken to reduce the risks as soon as possible in the Bristol clinic.
- Any feedback from patients was used to improve the service. This could be from casual comments, written or emailed to any of the staff at the Bristol Clinic who would ensure it was discussed at governance meetings.
- All staff at the Bristol clinic put the patient at the centre of their work. The recruitment process reinforced these values by assessing personal attributes of applicants.
- Information of clinical and business developments was cascaded to staff for continuous improvement. Staff were able to view internet video links to presentations provided by chief executive of the Whiteley Clinic Ltd.
- There was a strong emphasis on openness and honesty within the Bristol clinic. Patients were always kept informed of any delays or untoward events that may affect their care.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	 Outstanding	Good
Overall	Good	Not rated	Good	Good	 Outstanding	Good

Outpatients and diagnostic imaging

Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Outstanding 

Are outpatients and diagnostic imaging services safe?

Good 

We rated safe as good

Incidents

- The Whiteley Clinic Bristol had safe systems and processes to prevent patients from experiencing avoidable harm. Staff were knowledgeable about the systems and confident to report any incidents that would present a risk to patients, relatives or staff. We saw in the minutes of clinical governance meetings that incidents and learning from them were discussed. Meetings were held at the corporate headquarters and information was cascaded to staff in Bristol by email and at team meetings. Clinical governance meeting notes were circulated to all staff in the Bristol clinic and required a signature when they had been read. We observed staff using the reporting system regarding an incident which had occurred at the time of our visit and staff told us what steps they had taken immediately to prevent it happening again.
- There had been no serious incidents or never events reported for Bristol between July 2015 and June 2016. Never events are serious patient safety incidents that are wholly preventable and should not happen if healthcare providers follow national guidance on how to prevent them. Each never event incident type has the potential to cause serious patient harm or death and must be reported to CQC as a serious incident even if it did not result in harm to the patient. Any never event

indicates a failure in measures to keep people safe from harm. All incidents, including minor incidents which caused no harm, were investigated by the registered manager or executive lead and reported to the clinical governance meeting.

- The risk of patient death whilst at the clinic was very low. There had been no deaths at the clinic and no meetings were held regarding mortality. Clinical governance meetings were held monthly and this group discussed patient cases that were more complex or had unexpected outcomes. Learning from these discussions was shared with staff by distributing the meeting notes. As an example, we saw discussion notes of a patient's successful treatment but the patient reported their symptoms persisted. Further investigation was recommended to find relief for the patient.
- No radiology procedures were carried out at the Bristol clinic. Screening of veins was undertaken using ultrasound equipment which does not emit ionising radiation. This meant that there was no risk of ionising radiation incidents.
- All staff who handled laser equipment had undertaken training in core skills of laser usage. A member of nursing staff was the laser protection supervisor and the external laser protection advisor had documented that local rules were in place to maintain safety. This was due to be re-assessed in December 2016. We were told about a laser malfunction which was discussed at the clinical governance meeting and advice was sought from the manufacturer. This advice was distributed to all consultants who handled lasers. All staff we spoke with were aware of the advice and no further malfunction had occurred.

Outpatients and diagnostic imaging

- Staff we spoke with could describe their responsibilities to inform patients as soon as reasonably practicable, when a notifiable safety incident had occurred. This was demonstrated at the time of our visit when there was an unexpected power outage while a patient was undergoing treatment. The procedure was stopped to maintain safety and the patient was immediately informed of the reason and offered alternatives for ongoing treatment. The patient told us they had felt fully informed.
- We saw cleaning checklists that were signed and dated by staff to indicate completion of the task. This included weekly and monthly cleaning and detailed equipment to be cleaned and what product to use.
- An external agency provided services for cleaning of non-clinical facilities and waste management. Audits of the cleanliness of the environment were carried out six monthly and action plans were developed and signed when actions were completed. This included equipment, floors and waste management. The registered manager for the Bristol clinic received a copy of the audit and managed any improvements that needed to be actioned with external agencies and staff at the clinic. Results were also reported at clinical governance meetings. For March and September 2016 there was 98% compliance with hygiene standards and the registered manager had signed to confirm when actions had been completed. This included reminding the caretaker to use correct waste bags and ordering additional equipment. All areas we visited looked visibly clean and a patient had stated on written feedback that the clinic was “very clean”. Hand sanitising gel was available for staff and patients to use with instructions attached.

Clinical Quality Dashboard or equivalent

- The Bristol clinic followed guidelines from the National Institute for Health and Care Excellence (NICE) and had monitored the number of deep vein thrombosis experienced by patients following their procedures. Within the inspection reporting period there had been no incidents of deep vein thrombosis occurring for patients who had attended the Bristol clinic. We saw how results from all of the Whiteley clinics were assessed at clinical governance meetings and changes in anticoagulation procedures were monitored with information cascaded to the Bristol clinic staff. There was no requirement for the Bristol clinic to display results of patient safety monitoring such as numbers of falls, catheters or urinary tract infections as these were not relevant to their service.

Cleanliness, infection control and hygiene

- The clinic maintained safety for patients by monitoring hygiene, cleanliness and incidence of infections. It was visibly clean. Staff received training at their induction in hand hygiene, use of personal protective equipment and responsibilities for cleaning of equipment. The lead nurse for quality and infection control for The Whiteley Clinic Ltd. regularly visited the Bristol clinic and carried out spot checks of hand hygiene practices. Staff followed the World Health Organisation’s recommendation which defines the key moments when health care workers should perform hand hygiene. The spot check did not include information on compliance with staff being bare below the elbow in clinical areas. Results were documented and staff were informed immediately of any improvements they needed to make. Posters displayed hand hygiene information and we saw staff following good practice guidelines for hand hygiene including being bare below the elbow in clinical areas.
- The clinic had a process for ensuring the operating theatre room was cleaned between patients to prevent cross-contamination which we saw taking place. Clinical areas we saw could be easily cleaned and met the standards advised by the Department of Health Building Note (HBN) 00-10 Infection Control in the Built Environment.
- Surgical site infection rates were monitored and no surgical site infections were reported for the period between July 2015 and June 2016.
- Infection control audits were scheduled to take place every six months. The most recent audit for the Bristol clinic had been undertaken in September 2016. This included assessment of policies, assurance that external waste contractors were registered with the Environment Agency, cleaning schedules, staff training and assessment of the environment. The audit results we saw showed 100% compliance with management of policies, training and cleaning schedules.

Outpatients and diagnostic imaging

- Staff disposed of single use equipment after each use and processes to decontaminate reusable medical devices were managed by an external agency.
- Water safety checks were carried out by an external agency and the Bristol clinic had reports of each check completed to ensure the water system was not contaminated.

Environment and equipment

- The environment and equipment were suitably arranged, maintained and monitored to prevent avoidable harm to patients, visitors and staff.
- All areas we visited were tidy and free from clutter with equipment stored safely and accessible to staff when needed.
- Agreements with external agencies were in place for the maintenance of the clinic building and some of the equipment such as examination couches. The Bristol clinic informed the external agency if there were any problems with any of the equipment. The registered manager ensured remedial actions were taken promptly, such as when a problem with the examination couch had been reported in March 2016.
- Clinical equipment was maintained and checked to ensure it was ready for use if needed. Labels were attached to indicate the next maintenance date. Resuscitation equipment was labelled to show it had been checked and was safe to use. It was readily available in areas where patients attended. This included an automated external defibrillator and oxygen cylinders.
- Waste was segregated and stored in coloured bags, which were labelled with the date when it was full. Guidance was available in the dirty utility room for the type of waste to put in the coloured bags. This room was not accessible to patients and waste was managed by an external agency.
- The scrub room was equipped with storage and appropriate equipment for decontaminating hands such as knee operated taps.

- Some treatments carried out used laser equipment which could present risks if mishandled. We saw staff took appropriate precautions such as goggles, closing blinds and ensuring signs were in place outside the room to prevent anyone from entering.
- Patient waiting and recovery areas were furnished with easily cleanable equipment.

Medicines

- Nursing staff followed processes which met the Nursing and Midwifery Council Standards for Medicine Management. The Bristol clinic had a dedicated medicines cupboard, which was locked and secured to a wall and keys were held by registered nurses. Fridges were used for storing certain medicines and these fridges were checked daily when the clinic was open. An external supplier delivered the medicines and stock was documented by staff when delivered by the supplier.
- Nurses were able to administer prescribed medicines using protocols which met the Nursing and Midwifery Standards for Medicines Management. Protocols, based on research outcomes, called patient group directions, were written and signed by the clinical lead. These provided nurses with the detail of fluids needed for each procedure performed. Registered nurses prepared the fluid for a patient by adding medicines and attaching a label describing the additive to the fluid bag. The fluid was administered by the doctor, although, on one occasion, we did not see them check the fluid and additives. It would be good practice for the doctor to assure themselves that what has been prepared is what they were expecting to administer on each occasion.
- Patients' allergies were clearly documented in the prescribing section of the patient record for all staff to be aware of. Medicines given were prescribed by medical staff in the patient record. Any medicines the patient needed to take home were prescribed by a doctor using an electronic system and given to the patient for dispensing by their local pharmacy. Patients who were allergic to plasters had alternative dressings used after the procedure.
- The Bristol clinic did not store or use any controlled drugs.

Records

Outpatients and diagnostic imaging

- Patient care records were managed by the Bristol clinic to assess risk and maintain patient safety. The policy used met the Access to Medical Records Act 1990 and the Data Protection Act 1998. All consultations were documented in the same patient record. Risks associated with treatment were assessed and documented, starting at the initial consultation with the specialist. We saw how GPs had shared information with specialists to ensure clinical risks could be fully assessed and the clinic sent letters to GPs after a patient's procedure to ensure appropriate aftercare. Further consultations included investigations using ultrasound, with detailed results being clearly documented for consultants to see.
- Patients who were to continue to be treated at the Bristol clinic had their records stored in locked cabinets in areas not accessible to patients. Staff were able to access the records if they needed to refer to them. If patient records were needed either at or from another Whiteley Clinic Ltd. location they would be transported in the car of a staff member. Staff at Bristol confirmed they followed The Whiteley Clinic Ltd. policy by using cases with combination locks when transferring notes between sites.
- At the time of our visit the Bristol clinic maintained paper patient records which were filed loosely in folders. These meant papers could potentially fall out of the folders and become lost. Staff told us of plans to implement an electronic patient record keeping system and a trial of the system was planned for November 2016. Staff told us how this would make record keeping more secure and sharing of information between Whiteley Clinic Ltd. locations more efficient.
- We saw records which were legible, signed and dated by the clinician entering the information. Information was individual to each patient and included GP letters and comments from the patient.
- The lead nurse for quality and safety ensured records at the Bristol clinic were audited six monthly and action plans were developed for any improvements needed. An audit in April 2016 showed 96% of patient records complied with The Whiteley Clinic Ltd. policy standard. The improvement needed which was for handwritten entries to be more legible was shared with staff.
- The Bristol clinic followed the protocols of the organisation to protect adults and children from risk of abuse. There were identified leads for safeguarding patients, which included medical staff and the registered manager for the Bristol Clinic. All staff had completed safeguarding adults training and those who worked face to face with patients had completed safeguarding children training at level two. This follows the guidance that clinical and non clinical staff who have some contact with children. People under the age of 18 years were not treated at the clinic but staff told us, some adult patients might be accompanied by their child. Although they had not reported any safeguarding concerns, staff we spoke with, were aware of what might concern them and who to go to for further support if they needed it.
- Access to clinical areas was limited to staff who had a swipe card. Reception staff were always at the desk upstairs and able to monitor visitors to the clinic.

Mandatory training

- Mandatory training included health and safety, fire awareness, moving and handling, basic life support, safeguarding of adults, information governance, complaints handling and equality and diversity. Training was provided by an external agency and attendance was monitored by the lead nurse for quality and safety. At the time of our visit all staff were recorded as being up to date with their mandatory training.

Assessing and responding to patient risk

- Staff at the Bristol clinic followed the clinic policies to reduce risk to patients. Consultants assessed patients individually at a pre-operative clinic to ensure they could be cared for safely in that setting. Before the procedure, nurses documented base line recordings of a patient's condition, such as heart rate and blood pressure. This was not repeated routinely unless the patient felt unwell.
- Emergency equipment was available for use and staff were trained in basic life support. Should further support be required the procedure was to call the emergency services although this had not occurred at the clinic.
- Patients who attended the Bristol clinic spent around three hours in the clinic for each procedure. Patients

Safeguarding

Outpatients and diagnostic imaging

were assessed for their risk of developing a deep vein thrombosis and treated according to their risk. This might include the patient taking medication as a preventative measure.

- Procedures carried out at the clinic did not reduce patients' mobility, which meant they would be able to return to their own place of residence post procedure. This reduced the risks associated with hospital stays for example, hospital acquired infections and deep vein thrombosis.
- Patients received local anaesthetic prior to their procedures and were able to recover from their procedure in a waiting area close to the operating theatre. Nursing staff were not in constant attendance but supported patient care after the procedure and would respond to any call from the patient or relative. Patients were provided with a bell to call for support if they needed anything or felt unwell.
- The Bristol clinic used a check list which met the five steps to safer surgery which is based on the World Health Organisation standard for safer surgery. This checked consent of the patient, procedures being performed and identification of the patient. We saw all staff taking part in the checklist to ensure information was correct. Completion of the checklist was audited six monthly and showed 99% compliance for April 2016. The action plan identified a need to remind staff to ensure they signed the paperwork in all areas that were required and when the action was completed it was signed and dated.
- Patients had access to specialist advice at any time following their procedure if they needed it. Consultants operated a rota so they could offer telephone advice. If it was necessary, patients could be seen on a Thursday or Friday at Bristol or have another appointment scheduled for a different day at an alternative Whiteley clinic. If the consultant who provided the advice thought it was necessary the patient would be directed to their local emergency department. We were told of one occasion when a patient was unable to receive any support using the telephone number provided. An investigation found the consultant on the rota had problems with a telephone battery. Staff were reminded to ensure they had full battery on their telephones when they were on call.

Nursing and support staffing

- There were no national guidelines to assess the number of staff needed to safely care for patients. The Bristol clinic set their own staffing guidelines. We saw staffing rotas that were planned a month in advance. These were reviewed weekly by the lead nurse to ensure there was an appropriate skill mix in place for the following week. When patients were present there was always a registered nurse and a health care assistant in the clinic. This meant the ratio of staff to patient ranged from one to one and one to four and the clinic had assessed this as appropriate.
- The Bristol clinic employed a registered nurse (0.9 whole time equivalent) and a health care assistant (0.4 whole time equivalent). There were no staff vacancies.
- The clinic did not employ agency or bank staff. Procedures undertaken were specific to the Whiteley Clinic Ltd and Bristol clinic staff were trained to follow the protocols. This meant that it would be difficult to use agency or bank staff who were not familiar with the protocols. A protocol was in place for any unexpected staff absence or when extra support was needed. Staff would move from another Whiteley Clinic location to Bristol if it was necessary. At the time of our inspection an extra nurse had moved from another Whiteley clinic in order to allow Bristol clinic staff to speak with CQC inspectors.

Medical staffing

- Medical staff were granted practising privileges before they were able to practise at the Bristol clinic. This is a process where a private clinic can give authority for a doctor to practise there, subject to them meeting certain conditions. Practising privileges were reviewed by the Medical Advisory Committee which was incorporated in the clinical governance meetings. A handbook was available for those wanting to apply or renew their practising privileges to inform them of the standards they had to meet to be successful in their application.
- Consultants who were vascular surgeons were trained to use the Whiteley Clinic Ltd. protocol for all patients seen and the Bristol clinic did not employ locum or agency doctors. If a consultant was unexpectedly absent, and no doctor was available from another Whiteley Clinic location, the clinic would be cancelled.

Outpatients and diagnostic imaging

- The clinic was open between 8am and 6pm on Thursday and Friday but could remain open beyond 6pm if a patient needed to stay. A doctor remained on site until the patients had left the clinic. Outside of these hours if a patient needed further advice following a procedure at the clinic they could access a consultant by using an emergency telephone number. This number was published on the Whiteley Clinic Ltd. website, patient information leaflets and through a voice message on the regular contact number for the clinic.

Emergency awareness and training

- All staff were aware of procedures to be followed in the event of fire or other emergency situation. Fire safety was part of the mandatory staff training programme and staff informed us at the start of our visit about the fire evacuation procedures. We saw fire extinguishers stored safely in appropriate places.
- Emergency lighting and a generator were available in the event of a power outage. At the time of our visit the emergency lighting and generator were used successfully after a socket fused and caused a power cut.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate 

The effectiveness was inspected but not rated as an outpatient service.

Evidence-based care and treatment

- Treatment and care of patients undergoing procedures at the Bristol clinic was based on available evidence. However the effectiveness of this type of vascular surgery was not well documented. The Whiteley Clinic Ltd. was a leader in developing and researching more effective techniques for treating varicose veins. They had been using endovenous laser techniques to treat varicose a number of years before this treatment became part of NICE clinical guideline 168.
- The Bristol clinic followed The Whiteley Clinic Ltd. protocols. These protocols were based on national and international research, which had been produced by international phlebology organisations. The Whiteley

Clinic Ltd. had a research department which was working with Surrey University to identify the most effective methods of treating varicose veins. We were shown research results from the clinic that confirmed their practice was effective, for example details of lasers and how they are used to prevent varicose veins recurring. Short term results were positive but research involving patients who had vein stripping (not a laser technique) showed a high incidence of varicose veins recurring. Vein stripping was a technique the Whiteley Clinic Ltd. did not use. The Whiteley Clinic Ltd. was following patients up over a long period of time to provide evidence of effectiveness of The Whiteley Protocol. This included patients from the Bristol clinic. The longest follow up to this date involved patients who had undergone treatment for their condition 15 years previously. The Whiteley Clinic Ltd. was working with an external organisation in to develop a registry for organisations in England to contribute to, in order to measure the success of varicose vein procedures.

- Bristol clinic staff used a research finding, which concluded that talking to patients during their procedure was more effective than other distraction techniques in reducing the pain they felt.
- The organisation did not contribute to the Private Health Information Network (PHIN) but had an appointment with PHIN in November 2016 to discuss how they could contribute information.
- The clinic carried out local audits on practises within the Bristol clinic and developed action plans to improve patient care and safety. These included audits of records, infection prevention and control and clinical and medicine records. The target for compliance was 100% and any results below this level had action plans written and a review planned. As an example, in March 2016 the Bristol clinic was 100% compliant with standards of clinical infection prevention and control. Environmental hygiene was 98% compliant with standards audited. Areas for improvement included incorrect waste bags used in one area of the clinic and dust found at the bottom of a bed. The action plan identified a person responsible for ensuring steps were taken to improve compliance.

Pain relief

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- Patients had their pain assessed throughout and following their procedure. Local anaesthetic prevented pain during the procedure and we saw a procedure where staff talked with the patient and monitored pain using patient reactions.
- Local anaesthetic was administered to reduce pain and discomfort and distraction techniques were used by staff to help patients feel more at ease.
- Pain relieving medicines were prescribed for patients at their discharge if they were needed.
- Patients we spoke with said their pain had been well controlled.

Nutrition and hydration

- The clinic provided adequate nutrition for the time patients were attending the clinic. Patients' stay was usually up to three hours and patients' had access to hot drinks, water and biscuits; including a gluten free option.
- Patients did not need to be starved for their procedure at the Bristol clinic because no general anaesthetics were used. This meant patients whose medical condition such as diabetes, could ensure they brought in adequate nutrition to meet their needs.

Patient outcomes

- Patient outcomes for vein surgery were not well documented nationally. The Whiteley Clinic Ltd included outcomes for the Bristol clinic to measure patient outcomes long term. There were no national comparisons and The Whiteley Clinic Ltd, were developing their own methods of comparing results. They had published results that found, following open surgery, 23% of patients had a recurrence of varicose veins within one year post procedure and 83% had a recurrence within five to eight years post procedure. Eighty-nine patients had taken part in a follow up appointment 15 years after their procedures. This is better than anything else we know about and the Whiteley Clinic Ltd. procedures and outcomes were measured at the Bristol clinic.
- Lead clinicians from the Whiteley Clinic Ltd. had an appointment booked to discuss engagement with the Private Healthcare Information Network (PHIN). Private

healthcare providers have been a required to provide this information since September 2016 so that data could be submitted and used by the public to compare outcomes with clinics offering similar services.

- Patients were encouraged to leave feedback verbally or in writing and the clinic sent patient satisfaction surveys to each patient electronically at the end of their treatment. The satisfaction survey asked patients about their treatment, consultant, experience, outcomes and whether they would recommend the service to others.
- The Bristol clinic results were shared with The Whiteley Clinic Ltd. who undertook research of their outcomes and shared results with external organisations, presented at international meetings and published in professional journals.

Competent staff

- The Whiteley Clinic ensured that staff were competent to practise in the clinic by offering bespoke training and providing support to improve and develop existing skills.
- The clinic followed the corporate policy for practising privileges. Medical practitioners' practising privileges were reviewed every two years at clinical governance meetings (which incorporated the Medical Advisory Committee). The clinical governance meetings were attended each month by the responsible officer, specialist surgeons and registered managers who provided advice on any application for practising privileges to be granted. Areas they monitored to inform decisions about allowing a practitioner to practise at The Whiteley Clinic included relevant clinical experience, limitations of practice, continuing professional development, complaints about the practitioner and feedback from clinical colleagues. Consultants were required to provide evidence of having completed specialist surgical training and have relevant clinical experience in vascular surgery. They were then trained in the specific protocols The Whiteley Clinic Ltd. had developed.
- Complex cases and unexpected outcomes were discussed in detail at the clinical governance meetings. Decisions about ongoing care for these patients were made at these meetings. If a change of practice was needed, this was discussed and actioned.

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- The lead clinician ensured his competency to practice and lead the organisation by engaging with supervision from Public Health England.
- Staff received performance appraisal and supervision to ensure they maintained their competencies. The appraisal process identified areas where staff wanted to improve their practise. This had included staff wanting to improve their confidence with patients, skills in phlebotomy (taking blood) and infection control techniques. Staff told us they had received support and supervision to achieve their objectives. Part of the support had involved using a scenario and role play to support the staff member with ongoing supervision.
- All staff told us they were able to access relevant training. For example, one non registered member of staff was being actively supported to complete a National Vocational Qualification level two.
- Staff were encouraged to take part in research and present findings at international events. This included students who had joined the team for a limited time.
- Bristol clinic staff were aware that processes had been used to manage poor performance at an alternative Whiteley Clinic but they had not had any experience for this at the Bristol clinic.

Multidisciplinary working

- The Bristol clinic comprised of consultants, nursing staff and sonographers who worked together to provide accurate diagnosis and treatment for patients. The small team in the Bristol clinic worked closely together at each stage of a patient's treatment.
- Patients were provided with information detailing expected length of stay before their clinic attendance. Patients were supported to arrange transport for returning home after the procedure. Relatives were able to wait at the clinic for the patient until they were ready to go and staff called taxis if they were needed.
- Letters were sent to GPs informing them of patients' attendances and ongoing clinical care needs. Bristol clinic nurses would contact community nurses if patients needed on going care such as application of dressings.

Access to information

- The system to ensure patient records were available at the time of consultation or treatment met the NICE QS15 standard for patients experiencing co-ordinated care with clear and accurate information. Some patients would be seen at an alternative Whiteley clinic and the notes would be transported to Bristol for any attendances. There had been no occasions when patients were seen without relevant medical records being available. If patient records were unavailable in Bristol for an appointment, a process was available for them to be scanned in another location and sent using secure email for the clinician to view.
- We saw that GPs were informed of a patient's attendance within four weeks which followed the Whiteley Clinic Ltd. policy.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff members we spoke with were aware of the limitations a patient's mental capacity could present. Patients were consulted about every part of the care pathway and staff ensured patients gave their consent before visitors or relatives were able to view the procedure or information was shared.
- Consent for the procedure was discussed between patient and consultant at a pre-operative attendance. Nursing staff discussed consent at the time of the procedure to ensure the patient was clear about the procedure and had not changed their mind. Staff explained the actions they would take if the patient became confused. It would result in postponing or cancelling the surgery and referring the patient to a relevant care agency, such as a GP or an emergency service. This had happened in another Whiteley Clinic Ltd. location but not at Bristol. This minimised the risk of using restraint procedures or seeking authorisation for a deprivation of liberty.

Consent records were audited in April 2016. The results showed consent forms had been completed appropriately in 99% of the key questions. These questions included ensuring patients signed and dated the consent form for the planned procedure and that a member of staff signed to confirm the patient consent. One of the records had

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shown confirmation of consent had not been signed by staff. The action identified was to remind staff of their responsibilities in confirming that written patient consent was documented

Are outpatients and diagnostic imaging services caring?

Good 

We rated caring as good

Compassionate care

- Staff were passionate about making patients' experiences positive ones and no actions were taken without involving the patient. Patients told us they felt confident in the expertise of the staff caring for them. Patients' comments included "the staff are excellent in their skill level and personal care of the patient" and "a very positive experience".
- The Bristol clinic met NICE QS15 guidelines ensuring they treated patients and their relatives with respect, compassion and dignity at all times. Staff introduced themselves by name and took the time to interact with patients and their relatives wherever possible. Patients told us staff were professional and friendly in their approach and information was provided in a way they could understand. This helped patients' awareness of what to expect before, during and after their procedure.
- Staff were caring in their approach to all patients and their relatives. Patients told us they "felt listened to" and "all of my needs were responded to". Clinic staff phoned patients one or two days after their procedure. This was to ensure any problems with a patient's recovery received the appropriate response. Patients told us they found this follow up reassuring and they could not fault the care they received. All patients we spoke with said they would recommend the clinic to others if they needed similar procedures.
- Patients arranged their own funding and were given information on prices of procedures. Payment options were agreed during private consultation. Information was provided at each stage of their procedure and patients told us they had all the information they needed.

- Processes in the clinic protected patient privacy at all times. Patients could request a chaperone to accompany them during consultation and treatment. Information about requesting a chaperone was displayed in all patient areas and in information leaflets
- Patients told us they felt fully informed during the procedure and staff helped them to cope with any discomfort. Staff involved patients in conversation throughout their procedure to distract them from any discomfort felt. Patients told us they felt the staff worked as a team and were comforted by the conversations. Patient comments included "throughout the whole procedure I was kept informed".
- Results from the most recent patient satisfaction survey showed that 100% of respondents had rated their overall treatment at the Bristol clinic, as good to excellent.

Understanding and involvement of patients and those close to them

- Patients we spoke with felt fully involved in deciding their treatment plan. This allowed the patient and their family to discuss the procedure. Any queries were answered at their planned appointment.
- All relatives were cared for, depending upon their needs were given a choice of waiting at the clinic or returning later in the day. Relatives were given information on when the patient would be ready to go home. Other relatives, who preferred to wait at the clinic, were provided with refreshments and kept informed of progress. Relatives were often able to accompany the patient during their procedure. They and their family member were able to view screens that showed progress of the procedure.
- Patients felt able to contact the clinic if they had any concerns before or after their procedure. When they did, staff took the concerns seriously and responded with information on the same day. One patient requested copies of scans, which they received by email without extra charge or delay.

Emotional support

- Staff were supportive and put patients at their ease. Patients who were particularly anxious felt they were put at their ease by all staff in the clinic. When patients visited the clinic they received a diagnosis and

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treatment options were explained, including any risks associated with those treatments. Patients told us the way staff provided the information helped to relieve their anxiety about the procedures.

- Patients were awake during their procedures and staff ensured they were involved in lively conversation. Patients told us they felt included in the conversation and we saw examples of humorous stories being shared, helping to distract the patient. Patients we spoke with felt this helped them to relax more knowing their relative was being looked after.

Are outpatients and diagnostic imaging services responsive?

Good 

We rated responsive as good

Service planning and delivery to meet the needs of local people

- The service had been planned to meet the needs of people who lived in the West Midlands and South West of the country and could not have the procedure performed by an NHS organisation. Open days were held in the clinic for patients to find out about the service and what was offered. This open day included a diagnostic scan, which was free of charge.
- Patients' appointments were arranged flexibly between 8.30am and 6pm, when the Bristol clinic was open (Thursday and Friday of each week) or at an alternative clinic on a different weekday. Appointments were planned according to patient lifestyle. For example, patients who had holidays booked in sunny climates arranged their procedures for a time after their return. This reduced the risk of skin discolouration from exposure to sunlight.
- Clinics were planned and booked in advance to ensure facilities and staffing were available.
- The premises were appropriate for the service delivered. Parking was available for patients in the grounds of the building, with ramps at the entrance. The clinic was arranged on one floor of the building, which could be accessed using stairs or an elevator. Premises consisted of consulting rooms, changing areas, with lockable cabinets for patients' belongings, a waiting area equipped with reclining seats and a toilet which was suitable for use by people with mobility problems. The clinical area was close to these rooms and consisted of a clean utility/scrub room, separate dirty utility for waste and a minor operations room for the clinical procedures. The minor operations room contained facilities to scan, laser, administer medicines and provide distractions (music and TV) for the patient. There was space for all staff who needed to be in attendance with the patient. There was also office space for Bristol clinic staff in the same corridor.

Access and flow

- Patients could make their own appointment at the clinic or through a referral from their GP. Four patients we spoke with had accessed the clinic following recommendations from other Whiteley Clinic Ltd. patients. Clinic appointment timings were organised to allow enough time for the patient, depending upon their needs. Patients were seen at the time of their appointment and there were no delays.
- Wherever possible, appointments were arranged at times to suit patient's availability. One patient had health insurance from their employer but was due to leave that employment. Their appointment was brought forward to a time before the employment was to end which allowed the patient to arrange funding. Patients were given appointment times for half an hour before the procedure was planned to take place. They were immediately greeted by reception staff on entering the building and were accompanied to the clinic rooms with little or no waiting.
- Patients were assessed using diagnostic tests and consultation for suitability of treatment at clinics before any procedure took place. Patients were aware that they would leave the clinic on the same day as their procedure and that there were no facilities for overnight stays. However, if they needed to stay beyond the normal clinic opening hours, staff would ensure they were able to stay with the patient.
- Bristol clinic lists were monitored at weekly clinical operations meetings held at Guildford. Waiting times were discussed at this meeting. Patients were seen for a first appointment within two to three weeks of making initial contact with the clinic. Patients were able to take

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information given to them at their appointment and review it at their leisure. They would contact the clinic if they decided to proceed with treatment and their treatment option was fitted in when it was suitable for the patient. Time from initial appointment to treatment varied because it was dependant on the patient's timescales for making the decision. This meant that measuring time from appointment to treatment was an inaccurate measure of responsiveness. Patients who expressed a preference to be seen sooner than the next available appointment at the Bristol clinic would be offered an appointment at one of the other clinics

- There were minimal cancellations at the Bristol clinic and they were for valid reasons when they did occur. In the reporting period July 2015 to June 2016 there had been only one cancelled procedure due to a non-clinical reason. Bristol staff told us there had been another recent occasion when a list had to be cancelled at short notice due to consultant sickness and no other consultant was available. All six patients had been informed by telephone the night before their appointment and all attended further appointments within two weeks.

Meeting people's individual needs

- Patients had their individual needs met. Most patients were independent and fully mobile, although there were facilities for people with mobility problems, such as ramps, an elevator and spacious toilet facilities with grab rails in place. Only adults were treated at the Bristol clinic. People living with dementia or patients with a specific learning difficulty that would affect a person's ability to give informed consent were not treated at the Bristol clinic. There was a portable induction loop system for patients to use if they had hearing aids.
- The Bristol clinic used a medical translation service if they needed it for patients whose first language was not English.
- Patients were kept fully informed of their procedure and given a choice of re-scheduling if there were any delays or changes to planned procedures.
- 'Stress balls' for patients to squeeze were being trialled as a distraction with television and music offered as an alternative.

- Clothing was provided by the clinic to cover patients during procedures. This had recently been upgraded to improve the quality and a range of sizes. Each patient received a personal bag which contained a dressing gown, appropriate size of disposable underwear, gauze, gloves and guidance on how to apply compression stockings. The gloves provided in this bag were used to assist the application of compression stockings. Staff had found latex gloves to be more efficient for this activity but if patients were allergic to latex non latex gloves were provided as an alternative. Patients could bring the bag back to appointments and use it to keep additional information and appointment dates.
- Patients were able to receive treatment for both legs, depending upon the procedure and their clinical condition if they chose. This reduced the number of visits to the clinic and supported people who might find it difficult to be away from work for too long. Relatives were able to sit with the patient as soon as the procedure was completed which was a support for the patient.
- Printed information was provided for patients to take home, which gave a full explanation of their planned procedure and what to expect.

Learning from complaints and concerns

- The Bristol clinic followed corporate procedures for reviewing complaints and comments, which were discussed individually. In the reporting period July 2015 to June 2016, four complaints were received by the Bristol clinic. There was no similar service with which to compare these results but this figure was slightly higher than the rate of other independent acute hospitals.
- The Bristol clinic encouraged feedback from patients and investigated reasons for any patient dissatisfaction. The registered manager of the Bristol clinic followed the organisation's complaints handling policy and kept patients informed of progress in a timely way. The Whiteley Clinic Ltd. held monthly governance meetings and discussed all complaints, concerns and thank you messages that had been received by each of the three Whiteley clinic locations. Staff at the meeting identified learning points and actions they could take to improve outcomes for the patient. This information was cascaded to all staff by e mail, through a 'mandatory read' document and discussed at team meetings. For

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example, a patient from the Bristol clinic shared concerns about unexpected bruising post procedure. This was discussed at the Whiteley Clinic Ltd. clinical governance meeting and resulted in the organisation updating the patient's aftercare leaflet to ensure patient information was accurate.

- Of the four complaints reported between July 2015 and June 2016, none were referred to the Independent Healthcare Sector Complaints Adjudication Service.
- A 'Patient Guide' leaflet was available in waiting areas which included details of how to complain and the process that would be followed.

Are outpatients and diagnostic imaging services well-led?

Outstanding



We rated well-led as outstanding.

Leadership / culture of service related to this core service shift to first bullet point

- Leaders of the Bristol clinic were skilled in managing the clinic and ensuring staff were trained appropriately for the services they performed. Staff were encouraged to access training and to develop their skills to benefit the patient. Leadership in quality and development was led by the corporate team. Bristol staff were included in clinical governance meetings but could not always attend due to the time spent travelling. To maintain communication and openness the corporate team attended the Bristol clinic on a regular basis and they were in contact at least weekly. Staff felt part of the Whiteley Clinic Ltd. team and they could approach any member of the leadership team with issues.
- We saw interactions between staff displaying mutual respect and inclusiveness. As an example, a member of Bristol clinic staff had initiated an improvement in the quality of disposable underwear, used to protect patient dignity, and was supported by the team in following the action through. Staff were aware of the team's roles and responsibilities and supported each other where they could.

- All staff at the Bristol clinic put the patient at the centre of their work. The recruitment process included a focus on the personal attributes of an applicant to ensure they would provide patient-centred care.
- Payment options were discussed at consultations and patients were aware how they would pay for their procedure. They were supported by the clinic if further information was needed for insurance purposes.
- The Bristol team showed compassion for each other and staff who returned to work after a lengthy absence were supported to return to work and update their skills, according to the clinic's protocols. This helped staff to feel more confident in their practice. Staff were proud to work in the Bristol clinic. The leadership team were openly proud of contributions staff made to patient care and development of the clinic.
- Feedback from patients, received via surveys, emails, letters or verbal, was collated and discussed at clinical governance meetings to assess how the patient experience could be improved.
- There was a strong emphasis on openness and honesty within the Bristol clinic. Any issues or untoward events were discussed at the clinical governance meetings and treated as learning opportunities. Patients were kept informed of procedures, issues or when things went wrong and knew what to expect. For example, patients were informed immediately of an unexpected power outage in the clinic affecting their treatment times and what was being done to rectify the problem.

Vision and strategy for this this core service

- The organisation had developed a vision: "to provide the best treatments for patients with varicose veins and venous disease by offering the very latest techniques that are proven to work and offer a safe, comforting environment". Bristol clinic staff were aware of the vision and enthusiastic about providing a cure for varicose veins.
- The Whiteley Clinic Ltd. measured the success of their treatments by undertaking research and these findings were shared with professionals and specialists in venous surgery worldwide. In order to ensure they were providing the most up to date and effective treatments,

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The Whiteley Clinic Ltd. had partnered with Surrey University to develop a research and development department. Any new developments were put in place at the Bristol clinic.

- The experience of the patient was central to the way in which care was delivered by all Bristol clinic staff. All patient comments were shared with Bristol clinic staff and shared with the wider organisation for discussion about what worked well and what could be improved.
- The chief executive and founder of The Whiteley Clinic Ltd. was also the clinical lead consultant. Bristol clinic staff told us the chief executive shared information with them using the internet video conferencing facility. These talks were called “state of the nation” and detailed progress of the organisation, including its research and development section.
- All staff we spoke with were aware that their suggestions for improvement would contribute to the aims of providing a positive patient experience and were confident in providing suggestions for improvement to the leadership team.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The Bristol clinic had effective governance systems which supported the delivery of safe and high quality services. Clinical effectiveness and risks were monitored through corporate clinical governance group meetings’ which were held monthly at the organisation’s head office. This meeting was attended by a range of staff, including registered managers, nurse specialists, consultants, Whiteley Clinic board members and sonographers. It also incorporated the medical advisory committee. Any issues were fully discussed and notes of the meetings were distributed electronically for staff to read. The process included a method of monitoring who had read the email and staff were reminded if they had not read anything that was marked mandatory.
- Numbers of Whiteley Clinic Ltd. board members had been recently reviewed. One board member had their role altered to a non-executive director who could be called on for advice when necessary. Directors met with senior managers weekly to discuss current practise and future projects.

- Whiteley Clinic Bristol staff were arranged in teams such as nursing, sonography and administration. Each team was led by a person who had this responsibility across all locations of the Whiteley Clinic Ltd. This ensured that practice across the organisation was consistent and shared with all team members. Specialist nurses for The Whiteley Clinic Ltd. had responsibility for ensuring infection control and quality were monitored and this was seen in Bristol from infection control audits. Results from the Bristol clinic were reported to the group’s clinical governance meetings and any actions were discussed and shared with Bristol staff. All staff knew what they were accountable for and who to approach for support.
- Bristol clinic staff were all trained in the trade-marked Whiteley Clinic Ltd. protocol and were aware of their responsibilities in maintaining standards and the contribution they made to the care of the patients.
- Some services were provided by external agencies, such as pathology, pharmacy, facilities management and water testing. These were managed using service level agreements and the clinic retained certificates of assurance of the organisations they partnered.
- Clinical and environmental risks were assessed and discussed at the organisation’s clinical governance meetings. Actions were identified for reducing any risk. Clinical risks had a protocol developed to inform staff of the safest methods to perform procedures. Post procedure risks such as deep vein thromboses were monitored by the Whiteley Clinic Ltd. with no incidence in Bristol clinic patients. Details of safe storage and use of substances hazardous to health were available for staff information. Fire and laser management was assessed using an independent organisation. Certificates were available to verify the safety of the services. Staff were confident in reporting any risks to managers and these were acted on immediately if it was possible.
- The Whiteley Clinic monitored practising privileges at the corporate clinical governance meetings. Practising privileges is the process for independent health care organisations to allow practitioners to provide services in their organisation, subject to them meeting certain conditions. These were reviewed for each practitioner every two years and we saw documented discussions of the decisions made. The policy expected the

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practitioner to demonstrate certain standards had been met such as evidence of continuing practice development, recent appraisal, number and range of procedures performed. Personnel files we reviewed confirmed the policy was being followed.

- A programme of audits took place at the Bristol clinic to assess safety and quality of the service, which included infection control, consent and clinical records. The most recent audit on infection control had scored 100% staff compliance and there had been no incidence of hospital acquired infections reported. These results could be compared with other clinics in the Whiteley group.

Public and staff engagement

- The Bristol clinic engaged with the public and staff in a variety of ways. Patients' views were collected and contributed to changes in the service provided with any verbal, written or emailed feedback discussed at the organisation's clinical governance meetings. Patients were encouraged to complete survey forms following their treatment. The questions included how they rated their experience and whether they would recommend the service to anyone else. They were also asked for comments on what could be improved. These survey results were anonymous but could identify which clinic had been attended. The most recent patient survey for the Bristol clinic reported that out of 16 patients 15 would return for further treatment if it became necessary. Meeting notes we saw showed how the discussion on feedback from Bristol clinic patients had focussed on improving quality for the patient.
- The clinic provided information for local GPs through programmes which were held at the building in which the clinic was located. The lead clinician of the Whiteley Clinic Ltd. took part in delivering this lecture about effectively treating varicose veins. Bristol clinic staff could attend free of charge.
- Open days at the Bristol clinic were held twice a year for the public to attend free of charge. This allowed them to learn about varicose veins, available treatments and receive a free diagnostic test.
- Staff felt confident in contributing ideas to any of the leadership team. Any concerns were dealt with

immediately and if they could not be resolved were taken to managers. We saw discussion notes of equipment that needed to be purchased for the Bristol clinic to solve a storage problem.

- The Whiteley Clinic Ltd. had a research and development department which offered support and opportunities to students and medical professionals. Some patients from Bristol had accepted research opportunities that had been offered to them. This had been instigated on an adhoc basis as there was no established system for providing these opportunities within the Bristol clinic.
- The Whiteley Clinic Ltd. encouraged staff development by funding external development courses for Bristol clinic staff to attend. There was an annual academic day which included Bristol clinic staff. The one held in June 2016 included external speakers updates on the research and development arm of the clinic and changes to protocol.

Innovation, improvement and sustainability

- Actions were taken by the Bristol clinic and its staff to encourage improvements and a sustainable service. The focus for any improvements was on the quality and effectiveness of treatment for the patient. For example, an action initiated by Bristol clinic staff was to supply a range of better quality underwear in a range of sizes to improve the patient experience across all of the Whiteley Clinic Ltd. locations.
- The Whiteley Clinic Ltd. had recently been awarded a grant from Innovate UK. This is a UK programme which helps businesses to improve competitiveness and productivity through better use of knowledge, skills and technology. The grant had been awarded to develop a new range of medical devices targeting surgical instruments used in the investigation and treatment of venous disease. This was being administered by the organisation's head office and Bristol clinic staff were involved in the process when it was appropriate.
- The clinic had developed a research and development department, in collaboration with the University of Surrey. The lead clinician believed in sharing knowledge to improve long term outcomes for patients. Bristol clinic staff told us that progress was shared using email, team updates and face to face conversations.

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- University students were able to undertake research projects at the Bristol clinic and were supported to publish their results and present them internationally.
- The founder member of the Whiteley Clinic Ltd. was the founder member of the UK branch of the College of Phlebology and had set up a leg ulcer charity. All Bristol clinic staff were able to signpost patients to the charity for additional advice and were aware of plans for the UK branch of the College of Phlebology.
- Any contributions to improvements in practice and patient experience, made by Bristol clinic staff, were recognised by senior managers of The Whiteley Clinic Ltd. These improvement ideas and actions were shared across all staff within the group.

Outstanding practice and areas for improvement

Outstanding practice

- The Bristol clinic provided services according to individual needs and preferences of the people who used their services. All comments made by patients were used to identify where improvements could be made for patients.
- The culture of the service was genuinely open and concerns and comments raised by staff were valued as integral to learning and improvement.