

# Adsum Healthcare Limited

## Inspection report

24-28 The Broadway  
Old Amersham  
Buckinghamshire  
HP7 0HP

Tel: 01494 257484

Website: [www.adsumaesthetics.co.uk](http://www.adsumaesthetics.co.uk)

Date of inspection visit: 13 September 2019

Date of publication: 17/10/2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

The previous inspection was in October 2017.

The inspection report for the previous inspection can be found by selecting the 'all services' link for Adsum Healthcare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Since the October 2017 inspection, our inspection methodology has changed and therefore this is a rated inspection and the key questions are rated as:

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

We carried out an announced comprehensive inspection at Adsum Healthcare Limited in Amersham, Buckinghamshire on 13 September 2019. 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.

Adsum Healthcare Limited provides a range of pre-operative assessment and post-operative care for surgical procedures in vascular surgery and is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the services available at Adsum Healthcare Limited, for example cosmetic treatments, including radio frequency skin tightening for reduction in the appearance of wrinkles are exempt by law from CQC regulation. Therefore, we were only able to inspect the aspects related to consultations, examinations and treatments for vascular diseases and disorders. This included micro-sclerotherapy (for small varicose veins) and ultrasound guided foam sclerotherapy (for large varicose veins) as part of this inspection.

The practice manager is the registered manager. A registered manager is a person who is registered with the CQC 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection, we received nine completed comment cards which were all positive about the standard of care they received. The service was described as first-rate and professional, whilst staff were described as attentive, helpful and caring. Feedback also stated they felt all the staff took an interest in them as a person and overall impression was one of wanting to help patients.

Our key findings were:

- The regulated vascular services within Adsum Healthcare Limited were providing safe, effective, caring, responsive and well led care in accordance with the relevant regulations.
- The service had clear systems to keep people safe and safeguarded from abuse. The service used recognised tools to identify and respond to changing risks to patients including deteriorating health and well-being, post treatment complications and medical emergencies.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about their care.
- All feedback from patients told us they had very positive experiences of the vascular clinic and felt they were treated with respect, compassion and dignity.
- Services were tailored to meet the needs of individual patients. Every patient attending the service had their own particular pattern of venous disease which meant no two procedures were the same.
- There was an overarching vision and strategy with evidence of good local leadership within the service.
- There were a variety of regular reviews in place to monitor the performance of the service. These included random reviews for consultations and treatments, for example reviews on consent and surgical site infections.

# Overall summary

The area where the provider **should** make improvements is:

- Continue to follow the new process to monitor the usage and contents of the first aid kit.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

**Chief Inspector of Primary Medical Services and Integrated Care**

## Our inspection team

Our inspection was led by a Care Quality Commission (CQC) lead inspector.

## Background to Adsum Healthcare Limited

Adsum Healthcare Limited is based in Old Amersham, Buckinghamshire and provides a range of pre-operative assessment and post-operative care for surgical procedures in vascular surgery. The service also provides consultations, examinations and treatments for other vascular diseases and disorders. This includes micro-sclerotherapy (for small varicose veins) and ultrasound guided foam sclerotherapy (for large varicose veins).

Sclerotherapy is a medical procedure used to eliminate varicose veins and spider veins. Sclerotherapy involves an injection of a solution (generally a salt solution) directly into the vein.

In addition to the vascular procedures, Adsum Healthcare Limited also provide a variety of aesthetic cosmetic services, for example, radio frequency skin tightening for reduction in the appearance of wrinkles. These cosmetic services are exempt by law from Care Quality Commission (CQC) regulation. Therefore, we were only able to inspect the vascular service and not the aesthetic cosmetic services.

All services are provided from:

- Adsum Aesthetics, The Broadway, Old Amersham, Buckinghamshire HP7 0HP.

The service website is:

- [www.adsumaesthetics.co.uk](http://www.adsumaesthetics.co.uk)

The vascular surgeon (with practising privileges) is also the owner of Adsum Healthcare Limited and is supported by two vascular nurses in the provision of all vascular procedures. A practice manager and receptionist undertake the day to day management and running of the service.

The service is open between 8am and 5pm Monday to Friday. When necessary, the service could stay open longer to accommodate patients' needs. Out of regular clinic hours, an emergency telephone line and emergency enquiry email address was available to all patients. The telephone line was covered by the vascular surgeon. The emergency number was published on the website and was included in all the clinic's post-procedure information leaflets.

# Are services safe?

## We rated safe as Good because:

- There were systems to assess, monitor and manage risks to patient safety. The service learned when things went wrong and took steps to prevent incidents from reoccurring. The service had processes and systems in place to keep patients safe, with an increased focus on strengthening infection prevention control processes.

## Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service conducted safety risk assessments. We saw these risk assessments had considered risks of delivering vascular services to patients and included systems and processes for staff to follow to reduce risks. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service did not treat patients under the age of 18. However, staff recognised patients may on exceptional occasions bring in children. In line with national guidance, the service had systems to safeguard children from abuse.
  - The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
  - The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
  - Staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The vascular surgeon within the service was the safeguarding lead and had been trained in safeguarding adults and children up to level 3 and told us what action they would take in the event of a safeguarding concern. At the time of our inspection, the two vascular nurses were working towards level 3 training in line with current safeguarding intercollegiate requirements. We saw the non-clinical members of staff involved in the provision of regulated services had the correct level of safeguarding training for their role and responsibilities.
- Notices in the waiting and reception area advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a DBS check.
  - Following our October 2017 inspection, the service had strengthened its existing arrangements to manage infection prevention and control. For example, one of the nurses had been appointed the infection control lead, the storage of clinical waste was now in line with recommended guidance and a daily, weekly and monthly monitoring system to formally monitor cleanliness had been implemented. This included documented cleaning logs for equipment such as the ultrasound probes which were cleaned between each use with a cleaning system that was recommended by the manufacturer.
  - We saw the service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, equipment was serviced at regular intervals.
  - The service carried out additional appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing staff, to cover each other's annual leave.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being, post treatment complications and medical emergencies. However, there was no system for alerting other health

## Are services safe?

care staff to an emergency although it was observed that the treatment rooms were in close proximity to one another and the reception/waiting area. Therefore, if an emergency arose, a call for help could be heard.

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. During our inspection, we saw there was a first aid kit. However, all the contents, for example, bandages and dressings were out of date. We saw these were replaced immediately and a new process implemented to monitor the contents at regular monthly intervals.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. For example, any medicine prescribed was supported by a prescription, including batch number and an entry in the patient's record.
- The service had systems for sharing information with staff and other agencies (where appropriate) to enable them to deliver safe care and treatment. The registered GP details were taken for each patient engaging with the regulated activities provided by the service.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Although rare given the nature of the service, appropriate and timely referrals could be made in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines. During our inspection we looked at the systems in place for managing medicines. We spoke to the vascular surgeon, a vascular nurse and practice manager staff regarding the governance, administration and supply of medicines. We saw:

- Medicines were stored appropriately in the service and there was a clear audit trail for the ordering, receipt and disposal of medicines. There were processes in place to ensure that the medicines were safe to administer and supply to patients.
- We checked medicines held for use for day to day treatment all were within their expiry dates and there was a system in place for monitoring the expiry dates and ensuring medicines were held safely and securely.
- The service used solely private outpatient prescriptions; we saw a system in place for the governance of these prescriptions. Only the vascular surgeon had access to the system to monitor and track these prescriptions. Once highlighted, the practice manager worked with the vascular surgeon to set up a process which allowed wider in-house monitoring of the prescriptions.
- The service did not prescribe Schedule 2, 3, 4 or 5 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).

### Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity within the vascular field of medicine. This helped staff to understand current and emerging risks that led to safety improvements.

### Lessons learned and improvements made

The service had mechanisms to learn and make improvements if things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- The service had not reported any serious incident relevant to the services we inspected since our October 2017 inspection. At that inspection, we saw lessons were shared to make sure action was taken to improve safety in the service. For example, there had been an incident which resulted in a change in the compression stocking used post treatment. At this inspection (September 2019) we were therefore unable to test whether the system was applied as intended. However, staff we

## Are services safe?

spoke with were aware of the system and told us they would have no hesitation in submitting an adverse incident report. There was a recording form available to report such an incident.

- Staff we spoke with were aware of and complied with the requirements of the Duty of Candour. The vascular surgeon and practice manager encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

- There was a system for receiving safety alerts. The service received service specific alerts from the British Association of Sclerotherapist's, as well as individual alerts and updates direct from the manufacturer of the medicines used within the sclerotherapy service. These alerts were reviewed by the vascular surgeon and nurses to decide if they were relevant to the service and acted upon when necessary. We noted that the service had not received any safety alerts that were relevant to the regulated activities we inspected.

# Are services effective?

## We rated effective as Good because:

- The service had systems to keep staff up to date with current evidence-based guidance including specific sclerotherapy guidance. Staff had the skills, knowledge and experience to carry out their roles. The service monitored performance and activity to make quality improvements where possible. Where appropriate, patients were given post treatment after care advice which included dressing advice.

## Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients' immediate and ongoing needs were delivered in line with relevant and current evidence-based guidance and standards, including specific sclerotherapy guidance alongside National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Systems were in place to keep all clinical staff up to date. This included access to guidelines from NICE (CG 168 Varicose veins: diagnosis and management) and the British National Formulary. We saw this information was used to deliver care and treatment that met patient's needs.
- The vascular surgeon had enough information to make or confirm a diagnosis. For example, when a patient attended for a consultation they were given a venous duplex ultrasound by a surgeon who would map their veins and complete a report. This report was then reviewed with the patient and included a discussion on the treatment options. Following this review, the surgeon would write to the patient to confirm the agreed treatment plan.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. For example, local anaesthetic was used during ultrasound guided foam sclerotherapy. This was reflected in the patient record which included the type of medicine, the route of administration, the volume used, manufacturer, batch number and expiry date. Local anaesthetic was not routinely used for the treatment of small varicose veins (micro-sclerotherapy).

## Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Although not fully documented, clinical audits had a positive impact on quality of care and outcomes for patients. We saw short term patient outcomes and results from the two procedures were highly positive; this was recorded at the six-monthly review appointments. The follow up management plans reviewed patients which provided evidence of effectiveness of the procedures. We were told, the surgeon used patient outcomes, with consent from patients, as part of his research studies and scientific work in venous disease. Furthermore, we were told research findings indicated there may be reoccurrence of varicose veins between five and ten years after treatment. The service told us they were reviewing a clinical audit cycle which reflected research findings. This cycle would be a five-year cycle reviewing the effectiveness of the procedures, specifically the recurrence of varicose veins.
- Other clinical audit activity included a review of post treatment infections, staff told us the most recent audit reported there had been no surgical site related infections.
- The practice manager also completed a variety of audits, these included audits of records, consent and records management.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The service had an induction programme for all newly appointed staff. We spoke with a newly-appointed member of staff who spoke positively of the induction programme which included the opportunity to shadow experienced members of staff.
- Relevant professionals were appropriately trained and registered with their professional body.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The vascular surgeon had extensive qualifications, experience and a specialist interest in vascular surgery.



## Are services effective?

This included many publications on venous disease, particularly those related to the pathogenesis of venous ulceration. Furthermore, they also introduced duplex ultrasonography within clinical investigation of venous disease to the United Kingdom.

### Coordinating patient care and information sharing

Within the scope of the service, we saw staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care and treatment. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients were referred to their GP if they were unsuitable for treatment or if investigations within the consultation had identified other problems. We heard of examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultations with their registered GP on each occasion they used the service. Staff explained that they encouraged sharing of information with registered GPs but also supported patient choice. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. For example, we were told of several circumstances that the service, on request, would give details of an alternative provider.

### Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care. This included advice about the post treatment compression regime and the recommendation to avoid long haul air travel and vigorous exercise post-treatment.
- Risk factors and known inherited factors for varicose veins were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- There was a range of patient literature available for each treatment provided. The literature included clear concise information including management of potential side effects.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. For example, there were consent forms for each different procedure, and where a person had various treatments, the appropriate written consent was sought for each. Written consent was obtained after a description of the potential associated risks and benefits. This ensured that appropriate levels of consent were sought. Once confirmed the consent documents were scanned into the person's treatment records and stored appropriately.
- We saw the process for seeking consent was monitored through weekly records audits. We saw an ongoing consent audit for 2019 which highlight out of the 60 reviewed cases, all but one (1.6%) had clear, concise and appropriate consent recorded. We saw the one case which did not meet the consent standard, had recorded consent but was not considered to meet the consent standards regarding legibility.
- The service displayed full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments.

## Are services effective?

This was displayed in the reception area and was included in all patient literature information packs. This information clearly outlined what was and what wasn't included in the treatment costs. For example, a single

treatment of ultrasound guided foam sclerotherapy did not include treatment for phlebitis. Phlebitis is the term for an inflamed vein near the surface of the skin (usually a varicose vein), caused by a blood clot.

## Are services caring?

### We rated caring as Good because:

- Staff treated patients with kindness, respect and compassion. Patients were involved in decisions about their care. Patients feedback highlighted that they received both a detailed verbal description and a treatment plan when a course of treatment was proposed. Staff respected patients' privacy and dignity. Feedback from patients told us they had very positive experiences of the vascular clinic.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We received nine Care Quality Commission (CQC) comment cards all of which were positive and indicated that patients were treated with kindness and respect. Staff were described as friendly and professional. We noted a theme in detailed comments which were complimentary regarding services and their gratitude for the difference their treatment had made to their confidence and appearance.
- The service sought feedback on the quality of clinical care patients received. There was a series of in-house patient satisfaction survey which were provided to all patients throughout the different stages of accessing services. For example, a post-consultation survey which included questions to monitor patient's satisfaction with the initial consultation and treatment options. This was followed by a post-procedure survey which included questions to monitor patient's satisfaction and the quality of care with the treatment. There was also a general satisfaction survey which covered all aspects of care.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The service told us they had never needed to provide interpretation services for patients who did not have English as a first language. However, staff were clear on how such services could be obtained. Patients were also told about multi-lingual staff who might be able to support them.
- Detailed information leaflets were available in easy read formats, including photos to help patients be involved in decisions about their care. This included relevant and up to date information including what can be treated, how the treatment is given and the advantages and disadvantages of the different types of treatment.
- Patient feedback through comment cards, highlighted that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Furthermore, the feedback also highlighted they received both a detailed verbal description and a treatment plan when a course of treatment was proposed.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

### Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. A dignity screen and dignity blanket were available in the treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments. As part of the consultation and treatment booking process, patients were advised to wear shorts to avoid the need to fully undress. If a patient needed to get undressed, the blinds at the windows would be shut and staff would leave the room.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

- Patients had timely access to services. Patients interested in commencing treatment were given relevant information and booked their consultations as part of a planned programme. The service took account of patient's needs and concerns were taken seriously. Feedback from patients was positive with regards to booking appointments, access to care and the timeliness of the services provided.

## Responding to and meeting people's needs

The service organised and delivered to meet patients' needs. It took account of patient needs and preferences.

- The service understood the needs of their patients and improved services in response to those needs. Every patient attending the service had their own particular pattern of venous disease which meant no two procedures were the same. Treatment plans were tailored accordingly. Where multiple procedures were required, the procedures could be broken down into manageable sessions.
- The facilities and premises were appropriate for the services delivered.
- Some reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Although the service had no disabled access, this was clearly described within the service leaflet. The service was situated on the ground and first floor, so some treatments were available to those requiring ground floor access. We were told that in the circumstance of being unable to provide service to a disabled person, they would, on request, give details of an alternative provider.

## Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The service was open between 8am and 5pm Monday to Friday. When necessary, the service could stay open longer to accommodate patients' needs. Out of regular clinic hours, an emergency telephone line and emergency enquiry email address was available to all

patients. The telephone line was covered by the vascular surgeon. The emergency number was published on the website and included on all of the clinic's post-procedure information leaflets.

- Waiting times, delays and cancellations were minimal and managed appropriately. We saw the appointment system and the waiting time at the time of our inspection was one to two weeks. However, if there was an emergency, cancellations or other exception circumstances, patients could be seen at much shorter notice.
- Patients reported that the appointment system was easy to use. The majority of bookings were recorded on an electronic booking system. This included full personal details as well as free text notes that related to the individual patient. Notes of calls or other contact from patients were also recorded on this system. Bookings were made allowing extra time depending on the outcome of the initial scans. This had the effect that patients did not wait for excessive periods and that they were seen on time. The service had recently commissioned third party websites to support and facilitate appointment booking.

## Listening and learning from concerns and complaints

The service had a system to take complaints and concerns seriously and if required responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The practice manager was the designated responsible person who handled all complaints in the service. Any complaints which required a clinical review included either the vascular surgeon or vascular nurse.
- There had been no complaints reported related to the services we inspected since our October 2017 inspection. At that inspection, we saw the service had learned lessons from individual concerns and complaints. At this inspection (September 2019) we were therefore unable to test whether the complaint process system was applied as intended. However, staff

## Are services responsive to people's needs?

we spoke with were aware of how to handle complaints and provided examples of how they managed concerns raised, for example, when some patients where not 100% satisfied with the treatment.

# Are services well-led?

## We rated well-led as Good because:

- The service had a culture of high-quality care. The service focused on the needs of their patients, in turn, patient satisfaction from various sources was positive. Governance arrangements were actively reviewed and reflected good practice. There were clear and effective processes for managing risks, issues and performance. There was a focus on continuous learning and improvement. Staff told us this was a useful approach to seeking out and embedding new and more sustainable models of care

## Leadership capacity and capability

Staff had the capacity and skills to deliver high-quality, sustainable care.

- Although a small team, there was a clear staffing structure and staff were aware of their own roles and responsibilities. All staff were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges within vascular medicine and were addressing them.
- The practice manager and vascular surgeon were visible, and staff told us they were approachable and supportive. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop capacity and skills, this included an ongoing review of additional assistant surgeons joining the team to support the succession plans within the service.

## Vision, strategy and culture

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. It was evident through discussions with staff the service prioritised compassionate care. Staff spoke of a commitment to help treat patients attending the service.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff stated they felt respected, supported and valued. They were proud to work for Adsum Healthcare Limited, proud of the achievements and proud of the patient outcomes.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals and were supported to meet the requirements of professional revalidation where necessary. The vascular nurses were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work. For example, all staff attended the yearly British Association of Sclerotherapist's (BAS) conference which included live demonstrations of sclerotherapy using the latest innovations.
- There was a strong emphasis on the safety and well-being of all staff.
- All staff spoke positively of relationships between staff and teams.
- The culture of the service encouraged candour, openness and honesty. Staff we spoke with told us the service had a 'no blame' culture and that they would have no hesitation in bringing any errors or near misses to the attention of the vascular surgeon, practice manager and external bodies. None of the staff we spoke with recalled any instances of poor practice that they had needed to report.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The governance arrangements were appropriate to the limited range of services provided and the small team delivering these services. This included embedded structures, processes and systems to support good governance and management of the regulated services.
- Staff were clear on their roles and accountabilities. For example, following our October 2017 inspection, the service had reviewed the role of the infection control lead. At the September 2019 inspection, all staff were clear this role was now aligned to one of the vascular nurses.
- Service specific policies were implemented and were available to all staff. All staff that we spoke to were aware of how to access policies and the policies were kept up to date by an annual review.

## Are services well-led?

- Given the small team providing regulated activities, informal meetings were held, and learning/actions of meetings documented and recorded.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations. There was oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. For example, a business continuity plan was in place to manage incidents that could prevent the service from being delivered.
- There was clear evidence of action to change practice to improve quality and make the service safer. For example, the service had actioned all the feedback provided at the October 2017 inspection. This included improvements made to infection prevention control including a daily, weekly and monthly monitoring system to formally monitor cleanliness had been implemented.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve overall performance. Clinical outcomes and other performance information was combined with the views of patients.
- Although, informally recorded, quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The service involved patients, the public, staff and external partners including the manufactures of the products used to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services. For example, patient satisfaction surveys were provided to all patients throughout the different stages of accessing services. The practice manager told us that urgent concerns would be reviewed and dealt with immediately.
- Staff told us they were encouraged to provide feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back.
- The service regularly monitored online comments and reviews and responded to these and they were share with staff.
- We saw the vascular surgeon continued to write various academic reviews and for global publications following the conclusion of his period as the Associate Editor (Venous Section) of the European Journal of Vascular and Endovascular Surgery where he was responsible for raising the standards of publication of scientific work in venous disease.

### Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Staff had been supported to access additional training, for example yearly attendance at the British Association of Sclerotherapist's (BAS) conference. Staff told us this was a useful approach to seeking out and embedding new and more sustainable models of care.
- The vascular surgeon had a long and strong record of sharing work locally, nationally and internationally.
- The service had systems to review internal and external incidents and complaints. Learning was shared and used to make improvements.