

# UK Vein Clinic, Manchester

## Inspection report

Pall Mall Medical  
61 King Street  
Manchester  
M2 4PD  
Tel: 07813923191  
[www.ukveinclinic.com/](http://www.ukveinclinic.com/)

Date of inspection visit: 4 october 2022  
Date of publication: 14/11/2022

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 to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

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

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 UK Vein Clinic as part of our inspection programme.

This inspection was a comprehensive inspection to check the provider was complying with the regulations under the Health and Social Care Act 2008. We inspected five key questions to determine if the service is safe, effective, caring, responsive and well led.

UK Vein Clinic Diagnostic Treatment Centre is one of two independent health care facilities under the management of UK Vein Clinic (Manchester) Limited. The service provides treatment for symptomatic varicose veins to improve community access and to deliver effective varicose vein treatment, helping in the management and resulting in improved patient outcomes, wellbeing and satisfaction.

The medical director, Dr P Finigan is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

We rated the service as good for providing **safe** services because:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.

We rated the practice as good for providing **effective** services because:

- Patients received effective care and treatment that met their needs.

We rated the practice as good for providing **caring** services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care

We rated the practice as good for providing **responsive** services because:

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

# Overall summary

We rated the practice as good for providing **well led** services because:

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector, with access to advice from a specialist advisor.

## Background to UK Vein Clinic, Manchester

UK Vein Clinic provides treatment for symptomatic varicose veins to improve community access and to deliver effective varicose vein treatment. The service provides access to the latest technology which is backed with a proven evidence base, whilst adhering to the NICE guidance for the treatment of symptomatic veins. The service was offered on a private fee-paying basis

The service has two locations based in London and Manchester. This inspection was for the Manchester location: 61 King Street, Manchester, M2 4PD.

The service in Manchester is made up of a small clinical team of one consultant who is also the registered manager and medical director. The consultant is supported by a lead nurse, who is also the clinical operations manager. They also had a team of consultants and nurses available at the second site in London. The service was supported by a patient manager and administration team.

Website: [www.ukvein.com](http://www.ukvein.com)

The service is registered with CQC to undertake the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Surgical procedures.

### How we inspected this service

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

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

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

# Are services safe?

## **We rated safe as Good because:**

The service had developed safeguarding policies and procedures which provided appropriate guidance to staff. There were systems to assess, monitor and manage risks to patient safety. Staff had the information they needed to deliver safe care and treatment to patients. The service had systems in place to learn and make improvements should things go wrong.

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction. The service had systems to safeguard children and vulnerable adults from abuse but did not treat anyone under the age of 18.
- The service had systems 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 provider 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). The lead nurse acted as chaperone and was suitably trained for the role and had received a DBS check.
- The service had a service level agreement meaning they had use of two clinical rooms in a shared building. With access to shared areas within the building which were maintained by a third party, this included Legionella testing and some areas of infection prevention and control. The latest environmental infection control audit was completed on 31/08/22 and the fire safety check was carried out in 03/07/22.
- Clinical and surgical infection prevention control (ICP) were overseen by the lead nurse, with checklists in place.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for managing healthcare waste.

## **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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

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

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

- Patients attended the clinic for assessment and treatment for symptomatic varicose veins.
- The service was provided by the clinical staff onsite who followed best practice guidance.

# Are services safe?

- The two staff members that undertook consultations, procedures and regulated treatments were registered healthcare professionals. They had the skills, knowledge and experience to deliver the care and treatment offered by the service.
- Individual care records were electronically 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- Clinicians made appropriate and timely referrals 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.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. These were available in the reception area and in the two consultations rooms. A defibrillator and oxygen were available.
- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The Registered Manager and Lead Nurse monitored and reviewed activity. This helped them to understand risk and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when 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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. However, the service had experienced no incidents since opening.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- They would give affected people reasonable support, truthful information and a verbal and written apology.
- They would keep written records of verbal interactions as well as written correspondence.

# Are services safe?

- There was a good understanding of the principles of the duty of candour, the service was open and honest and although they had not had an incident.

# Are services effective?

## **We rated effective as Good because:**

The provider assessed needs and delivered care in line with current legislation and evidence-based guidance. The service was actively involved in quality monitoring activity. The provider obtained consent to care and treatment in line with legislation and guidance.

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

- Patients with varicose veins attended for minimally invasive surgical procedures on their veins within the clinical treatment room. The treatment is classed as an outpatient treatment in a treatment room and is conducted by a vascular surgeon with the support of a lead nurse.
- The minor clinical procedures followed strict clinical protocols and guidelines for undertaking surgical activity within a community clinical environment.
- Patients' immediate and ongoing clinical needs were fully assessed, along with patients mental and physical wellbeing discussed.
- Clinicians had enough information to make or confirm a diagnosis and to propose and undertake appropriate treatment.
- The service ensured they provided information to support patients' understanding of their treatment, including pre and post-treatment advice and support. Patients were reviewed appropriately after treatment and staff were available for advice and guidance by telephone.
- We saw no evidence of discrimination when making care and treatment decisions.
- The clinic was equipped a range of equipment for clinicians, such as doppler ultrasound.

## **Monitoring care and treatment**

### **The service was actively involved in quality improvement activity.**

- We reviewed a sample of clinical records and found that they contained ample information including embedded templates to obtain sufficient information. These notes were legible and stored securely within a clinical IT system.
- The service used information about care and treatment to make improvements. They monitored feedback internally through their electronic records system, through patient feedback and externally on their website and social media platforms.
- An auditing schedule was in place and this included checking people's records to ensure consent was obtained and to review the quality of the information recorded in the written record. We observed the first cycle of a clinical audit around deviation of treatment had been undertaken. External independent clinical audits were taking place.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing Council and were up to date with revalidation
- The provider 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.

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



# Are services effective?

## **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. 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. We saw 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 consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- 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. We observed there were clear and effective arrangements for following up on people who had been referred to other services.

## **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 and followed patients up and invited them back for a final scan, 3 months after their treatment.
- The service provided pre-and post-treatment advice and support to patients. Patients were sent an aftercare video, which was delivered by the lead nurse, making the patients feel even more supported by a familiar face.
- Guidance and support were provided out of hours by access to a clinician, via a mobile phone 24 hours a day.
- Patients were provided with information about procedures, including the benefits and risks of treatment provided. The service sent all patients consent forms and treatment plans prior treatment and costing.
- Risk factors were identified and highlighted to patients to enable effective recovery. Where appropriate, staff gave people advice so they could self-care.
- Patients were sent an email post treatment from the service to obtain feedback on the service provided.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service monitored the process for seeking consent appropriately.

## **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.
- Procedures were in place to ensure those seeking treatment who were under the age of 18 were identified and treatment declined.

# Are services caring?

## **We rated caring as Good because:**

Staff actively supported patients to be involved in decisions about their care and treatment. Staff understood the needs of patients and respected their privacy and dignity.

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

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received .
- Feedback from patients was positive about the way staff treated people. Patients were asked to complete online feedback and questionnaires throughout their treatment. This information was stored in a clinical system and analysed.
- 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.**

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available at request.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All consultations were undertaken in a private treatment room. The client waiting area was situated away from the reception area. This promoted privacy for conversations.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The service took complaints and concerns seriously and told us they would respond to them appropriately to improve the quality of care.

## **Responding to and meeting people's needs**

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

- The service was offered on a private fee-paying basis. It was accessible to people who chose to use it and who were assessed as suitable to receive treatment and procedures.
- The facilities and premises were appropriate for the services delivered.

## **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 and aftercare.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

## **Listening and learning from concerns and complaints**

### **The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available.
- Staff told us the service would inform 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 a complaint policy and procedures in place. The service had received no complaints, however we were satisfied that they knew what to do and that they would respond appropriately to complaints and use feedback to improve the quality of care.

# Are services well-led?

## **We rated well-led as Good because:**

The service had developed a mission statement and a set of values which outlined the standards patients should expect to ensure the delivery of good quality care. The service had a culture of high-quality sustainable care and there were clear responsibilities, roles and systems of accountability to support governance and management. There were processes for managing risks, issues and performance.

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

#### **Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### **Vision and strategy**

#### **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. The service had a realistic strategy and supporting business plans to achieve priorities. These included areas to: reduce the waiting times and improve choice for patients, to provide a treatment room based service which improved community access, ensure correct patient information and aftercare management plan supported patients appropriately.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

### **Culture**

#### **The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The registered manager and staff were aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

### **Governance arrangements**

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

# Are services well-led?

- The service's day to day and overall governance was overseen by the medical director who understood the required accountability and governance processes to ensure safe care and effective treatment.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. However, these were in their infancy and needed to be embedded further as the service developed.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## 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, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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

### The service involved patients, the public, staff and external partners 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 and culture.
- Staff could describe to us the systems in place to give feedback. We spoke to the patient manager who explained the service systems for patients to feedback were in place. The service would share learning and suggest service improvements to respond to and resolve any patient concerns.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### There was evidence of systems and processes for learning, continuous improvement and innovation.

## Are services well-led?

- The service used the latest technology to ensure patients received the most up to date treatment in vein treatment.
- The service made use of patient feedback. Learning was shared and used to make improvements.