

Adsum Healthcare Limited

Quality Report

Adsum Healthcare Limited
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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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Adsum Healthcare Limited based in Old Amersham, Buckinghamshire on 17 October 2017 to ask the service the following key questions.

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

Summary of findings

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

Are services well-led?

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

Background to Adsum Healthcare Limited

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Adsum Healthcare Limited was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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.

All services are provided from:

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

This service 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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the vascular service and not the aesthetic cosmetic services.

Adsum Healthcare Limited was formed in 2010 and moved to the premises, a converted residential dwelling in Old Amersham in 2011. The premises have been converted into three treatment rooms, an open plan reception area, a waiting area and a back office. All vascular services were located on the ground floor.

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 medical secretary undertake the day to day management and running of the service.

The practice manager is the registered manager. (A registered manager is someone who has been selected by a provider to be legally responsible for managing regulated activity from a provider location).

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. If patients called the day to day contact number out of hours there was a voice message diversion for emergencies.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. All of the 29 patient comment cards we received were positive about the service experienced. Patients said they felt the Adsum Healthcare Limited offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect and the care they received exceeded their expectations. Patients stated they felt all the staff took an interest in them as a person and overall impression was one of wanting to help patients.

Following the inspection we spoke with four patients who had all recently used the vascular service. All four patients commented their experience had been excellent and aligned to the findings on the comment cards. All the patients we spoke with said they would recommend the service.

Our key findings were:

Summary of findings

- There was an effective system in place for reporting and recording significant events.
- Procedures were in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection and compliance with these was monitored.
- 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.
- Staff were supported to receive training appropriate to their role and to keep up to date with developments and best practice in sclerotherapy.
- All written and verbal feedback from patients told us they had very positive experiences of the vascular clinic and felt they were treated with respect, compassion and dignity.
- 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 to individual needs and according to the best options for treatment at that time.
- Patients we spoke with told us (and comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.
- Information about services and how to complain was available and easy to understand.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. Patients were told about any actions to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Procedures were in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection and compliance with these was monitored.
- We found equipment was visibly clean throughout the service, and staff had a good understanding of responsibilities in relation to cleaning and infection prevention and control. For example, we saw ultrasound probes were cleaned between each use with a cleaning system that was recommended by the manufacturer.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

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

- There was evidence that staff were aware of current evidence based guidance including specific sclerotherapy guidance.
- The service had a system to assess and monitor the quality of service that patients received by conducting regular audits. Patient outcomes were reviewed as part of audits. However, the

Summary of findings

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

- There was evidence of clinical supervision, mentorship or support. The provider supported clinicians in their continuing professional development.
- Staff sought patients' consent to care and treatment in line with the specialist treatment provided. Before patients received any care or treatment they were asked for their consent and the service acted in accordance with their wishes. We saw that the service had various consent policies and robust procedures to ensure these were complied with.

Are services caring?

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

- All written and verbal feedback from patients told us they had very positive experiences of the vascular clinic and felt they were treated with respect, compassion and dignity.
- There were patient information literature which contained information for patients and relatives including procedural information. 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.
- Patients confirmed that they received both a detailed verbal description and a treatment plan when a course of treatment was proposed.
- Staff spoke with passion about their work and told us they enjoyed what they did.

Are services responsive to people's needs?

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

- 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.

Summary of findings

- Patients we spoke with told us (and comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.
- The service had good facilities and was well equipped to treat patients and meet their needs. Although the service had no disabled access, this was clearly described within the service leaflet.
- Information about how to complain was available and easy to understand and evidence showed that the service responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

- The service had a number of policies and procedures to govern activity.
- Staff told us they had received inductions and role specific training including appraisals. Evidence was demonstrated in accurate, well-kept personnel files.
- 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.
- The service ensured continuous learning and sharing of information, for example the vascular surgeon was the Associate Editor (Venous Section) of the European Journal of Vascular and Endovascular Surgery.

Adsum Healthcare Limited

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out on 17 October 2017. Our inspection team was led by a CQC Lead Inspector. The team included a nurse specialist advisor.

How we carried out this inspection

Prior to the inspection we asked the service to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We carried out an announced visit on 17 October 2017. During our visit we:

- Spoke with a range of staff including a vascular surgeon (also the owner), a vascular nurse, practice manager and medical secretary.
- Reviewed the outcomes from investigations into significant events and audits to determine how the service monitored and improved its performance.

- Checked to see if complaints were acted on and responded to.
- Observed the premises to check the service provision was in a safe and accessible environment.
- Reviewed documentation which governed the day to day running of the service including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.
- Spoke with four patients who had recently used the service.
- Reviewed 29 comment cards where patients shared their views and experiences of the 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 five questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

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

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and recording significant events. This was supported by a critical and untoward incident policy and corresponding framework.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available.
- In the last 12 months, no clinical incidents and one non-clinical incident had been recorded. We saw the service had carried out a thorough analysis of the non-clinical incident using the significant event analysis toolkit.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the service. For example, the incident we reviewed resulted in a change in the compression stocking used post treatment.

Staff were able to describe the rationale and process of duty of candour, Regulation 20 of the Health and Social Care Act 2008. This relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

We reviewed medicine and other safety alerts and found they were recorded, and shared with relevant staff. Although not subscribed directly to receive alerts, the service received service specific alerts from the British Association of Sclerotherapists. These alerts were reviewed by the vascular surgeon to see if they were applicable to the service. Following the inspection, the service made a decision to subscribe directly to receive safety alerts. This new process was to be managed by the medical secretary with clinical oversight from the nurses and surgeon.

Reliable safety systems and processes (including safeguarding)

The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We saw all staff had completed safeguarding vulnerable adults and children training.
- 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 Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We reviewed three personnel files and found that all recruitment checks had been undertaken prior to employment. The provider's recruitment policy clearly stated that checks required included: proof of identification, two references, proof of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Medical emergencies

There were arrangements in place to deal with a clinical or medical emergency.

- We saw all staff were trained in basic life support (BLS) and emergency medicines (including oxygen) and emergency equipment was accessible to staff in a secure area of the service. We saw the location of the emergency medicines/equipment had appropriate signage and all staff knew of the location.
- All the emergency medicines we checked were in date and fit for use and there was an automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electric shock to attempt to restore a normal heart rhythm in an emergency.
- However, there was no system for alerting other healthcare staff to an emergency although it was

Are services safe?

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.

Staffing

The service had an appropriate recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. 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. A process was in place to manage staff absences. Staff told us there was always enough staff to maintain the smooth running of the service. They provided cover for each other during annual leave or sick leave.

Monitoring health & safety and responding to risks

The service had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the service. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment.

- We saw a health and safety policy which was supported by a health and safety risk assessment. The risk assessment had considered risks of delivering services to patients and staff including systems to reduce risks. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. Health and safety information was displayed for staff to see and the practice manager was the identified health and safety representative.
- There was an up to date fire risk assessment, staff had received fire safety training and the service carried out fire drills. All electrical equipment was checked in June 2017 to ensure the equipment was safe to use. Throughout the inspection we observed all clinical equipment had been calibrated where relevant in June 2017 to ensure it was working properly. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances

hazardous to health and infection control and an legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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.
- There was a business continuity plan in place for major incidents such as power failure or building damage. Contact details for key members of staff were included.

Infection control

The service maintained appropriate standards of cleanliness and hygiene. The areas of improvement we highlighted were quickly resolved.

- We observed the premises to be clean and tidy. However, in one of the treatment rooms we found high and low level dust. Following the inspection, evidence was submitted which demonstrated there had been a full review of the current cleaning arrangements to prevent this occurring again. We found equipment was visibly clean throughout the service, and staff had a good understanding of responsibilities in relation to cleaning and infection prevention and control. For example, we saw ultrasound probes were cleaned between each use with a cleaning system that was recommended by the manufacturer. The service told us there was a visual checklist to monitor cleanliness; however this checklist was not recorded or documented. During the inspection we saw the service implemented a daily, weekly and monthly monitoring system to formally monitor cleanliness.
- The practice manager was the infection prevent control (IPC) lead and had support from one of the nurses to complete this role. Following the inspection, we were informed of the decision to allocate this extended IPC lead role to one of the nurses, additional IPC training was being arranged. There was an infection prevention control policy in place. This was last reviewed and updated in June 2017. We saw all staff had received up to date IPC training. We saw evidence that infection control audits occurred twice a year. The last audit also included an IPC risk assessment to monitor any potential risks.

Are services safe?

- In the last 12 months, we saw data which reported there had been no surgical site related infections.
- Personal protective equipment (PPE) such as gloves and aprons were available for use by all staff. There were spill kits available in the event of a body fluid spillage.
- All instruments used for treatment were single use.
- Records showed that all clinical staff underwent screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.
- We saw hand washing facilities and hand sanitising gel was available at point of care in all treatment rooms, including other areas of the service. This was in line with epic3: 'National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England' (epic3) and Health Technical Memorandum (HTM) 00-09.
- All waste was kept appropriately in a clinical waste bin until collected. However, we found that although the waste bin was locked it was not secure. This was not in line with national guidance, which states bulk storage areas should be totally enclosed and secure, and kept locked when not in use. We informed the practice manager during the inspection. Following the inspection the service submitted evidence which provided assurance that the bin had been secured.

Safe and effective use of medicines

During our inspection we looked at the systems in place for managing medicines. We spoke to the vascular surgeon and practice manager staff regarding the governance, administration and supply of medicines.

- 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. Any medicine prescribed was supported by a prescription, including batch number and an entry in the patient's record.
- The service used solely private outpatient prescriptions; we saw a system in place for the governance of these prescriptions.
- Patient Group Directions (PGDs) had been adopted by the service to allow the vascular nurses to administer medicines. PGDs are protocols based on research outcomes. We saw these were written and signed by the surgeon. These provided the nurses with the detail of fluids needed for each procedure performed.

Are services effective?

(for example, treatment is effective)

Our findings

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

Assessment and treatment

The service assessed needs and delivered care 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 service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- 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.
- 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).
- Follow up management was routinely reviewed at six monthly intervals. All patients received an electronic or telephone reminder to ensure follow up management was completed in line with national guidance.

Patient outcomes

We saw the service had an effective system to assess and monitor the quality of service that patients received by

conducting regular audits. We saw the service used recognised tools to ensure fair and objective auditing. There was evidence that audits and survey results were analysed and discussed.

- Short term patient outcomes and results from the two procedures were highly positive; this was documented and recorded at the six monthly review appointments. The follow up management plans reviewed patients which provided evidence of effectiveness of the procedures. The surgeon used patient outcomes, with consent from patients, as part of his research studies and scientific work in venous disease. 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.
- The practice manager also completed a variety of audits with a view 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.
- We also looked at the post treatment questionnaire completed by patients. We reviewed 16 completed surveys. We saw the service had reviewed and analysed the results of the surveys, with previous years to ensure that their standards were high and any trends or patterns could be identified. Given the specialist treatment provided we were told there were no national comparisons available.

Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- There was an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Clinical staff (vascular surgeon and vascular nurses) were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continual professional development (CPD) to regularly update their skills. This showed the provider ensured all relevant training was attended so that staff

Are services effective?

(for example, treatment is effective)

were working within their sphere of competency. Training certificates we saw also evidenced that staff attended off site training as a team for example training in basic life support. This demonstrated that the service was supporting their staff to deliver care and treatment safely and to an appropriate standard. We spoke with members of staff who confirmed they had their learning needs identified and they were encouraged to maintain their professional expertise by attendance at training courses.

Working with other services

There was evidence of the service working with other services.

- With patient consent there was routine sharing of information with NHS GP services. In addition, we saw the service shared relevant information, with the patients consent, with other independent services when necessary. For example, we were told of several circumstances that the service, on request, would give details of an alternative provider.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with the specialist treatment provided. For example:

- The service was able to demonstrate that all staff understood the relevant consent and decision-making requirements of legislation and guidance.
- Before patients received any care or treatment they were asked for their consent and the service acted in

accordance with their wishes. We saw that the service had various consent policies and robust procedures to ensure these were complied with. 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 in the last 12 months, all 403 procedures (292 sclerotherapy procedures and 111 ultrasound guided foam sclerotherapy procedures) had clear, concise and appropriate consent recorded.

The service displayed full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. 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?

Our findings

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

Respect, dignity, compassion & empathy

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

- We were told that treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Staff were mindful of the confidentiality policy when discussing patients' confidential information to ensure that it was kept private.
- Staff within the service knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Furthermore, appointment times were planned to ensure the likelihood of a busy reception area was reduced.
- A dignity screen was available in the treatment rooms 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.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the service. We received 29 completed cards all were highly positive about the service experienced. Patients said they had received an excellent service and staff were sincere, welcoming and caring. Comments said staff treated them with respect and were genuinely interested in their wellbeing.

We also spoke with four patients who had all recently used the service. All verbal comments aligned with the positive written feedback. Verbal comments expressed gratitude towards staff and stated how fortunate they felt to have such an excellent service locally with many patients expressing how they would recommend the service to others.

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 patients satisfaction with the initial consultation and treatment options.
- A post procedure survey which included questions to monitor patients satisfaction with the treatment.
- A general satisfaction survey which covered all aspects of care.

We reviewed the last 16 completed patient satisfaction surveys and saw:

- 100% of patients were satisfied with the service received. The practice manager advised the service was reviewing different tools to collect and increase patient feedback. The initial thoughts included electronic collection via a mobile tablet computer. This review also included options to allow patients to rate the service using a tool similar to the NHS Friends and Family Test. A national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

Involvement in decisions about care and treatment

Patient feedback (written and verbal) told us that they felt involved in decision making about the care and treatment they received.

- Staff introduced themselves by name to the patient and relatives.
- There was patient information literature which contained information for patients and relatives including procedural information. 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.
- We saw that treatment plans were personalised and patient specific which indicated patient and their relatives were involved in decisions about care and treatment.
- Feedback highlighted patients felt involved in decision making about the care and treatment they received.

Are services caring?

They also told us 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting patients' needs

The vascular clinic at Adsum Healthcare Limited could be accessed through the website, www.adsumaesthetics.co.uk, in person by attending the service or through a telephone enquiry.

- 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.
- Patients we spoke with told us (and comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.
- The service provided continuity of care to their patients by ensuring they saw the same vascular surgeon and vascular nurse each time they attended. When this was not possible they were able to see the other vascular nurse.

Tackling inequity and promoting equality

The service offered appointments to anyone who requested one (and had viable finance available). Although the service did not discriminate against any client groups, improvements could be made to further improve access for all patients wishing to access the service.

- 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.

- For patients whose first language was not English the service advised they were able to provide a medical interpreter. We were told that the vast majority of patients attending the service were able to speak English.
- There was a hearing loop for patients who experience hearing difficulties.

Access to the service

- 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.
- 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.
- We saw the appointment system and the waiting time at the time of our inspection was 1-2 weeks although if there was an emergency, cancellations or other exception circumstances, patients could be seen at much shorter notice.

Concerns & complaints

There was an effective system in place for handling complaints and concerns.

- There was a complaints resolution policy and procedures in place which was in line with recognised guidance for Independent Doctors Federation (IDF) and Independent Sector Complaints Adjudication Service (ISCAS).
- 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.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a complaints resolution procedure available to help patients understand the complaints system; this was on display in the waiting area. There was also a section on the services website which allowed patients an opportunity to complain, compliment or make suggestions.
- The service received 20 complaints in the last 12 months and none of them were referred to ISCAS.

We looked at three of the complaints which had been received in the last 12 months. On review we found all were satisfactorily handled and dealt with in a timely way. The

service demonstrated an open and transparent approach in dealing with complaints. Whilst reviewing the complaints we saw the vast majority of complaints were in fact post treatment queries as opposed dissatisfaction or concerns about the service received. For example, one complaint was a patient querying the amount of swelling post treatment. This had been investigated by the vascular nurse and the investigation included a post treatment telephone assessment. Although no trends could be analysed, the service discussed complaints and told us they would share any lessons that were learnt from concerns and complaints to improve the quality of care.

Are services well-led?

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

Our findings

The service had a governance framework which supported the delivery of the strategy and good quality care.

- Service specific policies and procedures were in place and accessible to staff. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date.
- The service identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks. All the risk assessments had identified risks and how to mitigate risks.
- Although a small team, there was a clear staffing structure and staff were aware of their own roles and responsibilities.
- 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. The information collated from these reviews was discussed at monthly team meetings and business lunches. This ensured an understanding of the performance of the service was maintained. However, the programme of clinical audits was under review as the current arrangements had not formalised quality improvement of outcomes for patients.
- The service had two separate registrations and a system in place to ensure that all patient information was stored and kept confidential. One registration was with an external clinical data storage company who acted as guardians of data and the other registration was with the Information Commissioner's Office. We saw the business contingency plan included elements of actions which reviewed the risk of losing patient data.

Leadership, openness and transparency

All staff had the experience, capacity and capability and worked together to run the service and ensure patients accessing the vascular clinic received high quality care. It was evident through discussions with staff the service prioritised compassionate care. Staff spoke of a commitment to help treat and cure patients attending the service.

The vascular surgeon (also the owner) was a leader and staff told us that he was approachable and always take the time to listen to all members of staff.

- Staff told us that the service held monthly team meetings. Although we saw evidence of the meetings, we saw they were informal with limited documentation and supporting correspondence. The practice manager was aware of this and was reviewing different options including formalising daily "huddles" to discuss issues arising.
- Staff told us that there was an open culture within the service and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the service, and the vascular surgeon encouraged all members of staff to identify opportunities to improve the service delivered. Staff told us, work and appointment permitting they took breaks together and were able to discuss any concerns or ideas with the practice manager at any time.
- 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. None of the staff we spoke with recalled any instances of poor practice that they had needed to report.

Learning and improvement

The service consistently sought ways to improve; this included immediate learning from our inspection findings.

- All staff had formal training which focussed on essential skills such as safeguarding and basic life support. We also saw all staff attended the yearly British Association of Sclerotherapists (BAS) conference which included live demonstrations of sclerotherapy using the latest innovations. Furthermore, the vascular surgeon had just concluded a 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. We saw detailed professional testimonials which acknowledged him as a leading

Are services well-led?

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

international authority and expert in venous disease, including the management of vein problems using ultrasound guided sclerotherapy and other modern methods of vein ablation.

Provider seeks and acts on feedback from its patients and staff

The service encouraged and valued feedback from patients, the public and staff.

- There was a system in place to seek and act upon feedback from patients using the service. For example, patient satisfaction surveys were provided to all patients throughout the different stages of accessing services. There was a post consultation survey, a post procedure survey and a general satisfaction survey which covered all aspects of care.
- The service reviewed the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.
- There were many examples of compliments received by the service. For example, we saw several compliments relating to the efficiency of the service in treating patients with trypanophobia (a fear of needles and injections).
- Staff we spoke with told us their views were sought informally and also formally during service meetings, business lunches and at their appraisals. They told us their views were listened to, ideas adopted and that they felt part of a team.