

Veincentre Limited

Veincentre Manchester (St Anne Street)

Inspection report

4th Floor National House

36 St. Anne Street

Manchester

M2 7LE

Tel: 01782753960

Website: www.veincentre.com/locations/manchester

Date of inspection visit: 14 May 2019

Date of publication: 21/06/2019

Ratings

Overall rating for this service

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.

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 Veincentre Manchester (St Anne Street) as part of our inspection programme. The service has not previously been inspected.

Summary of findings

Veincentre Manchester is based in Manchester city centre and provides a specialist non-surgical diagnosis and treatment of adults suffering from venous insufficiency, a condition that occurs when the venous walls or valves in the leg veins are not working effectively. The clinic is owned and managed by Veincentre Limited, which was established in 2003 by a consultant interventional radiologist and provides consultations, ultrasound scanning and minimally invasive treatment procedures to manage symptoms, treat complications of venous insufficiency and improve the appearance of varicose veins.

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

Feedback received through seven completed CQC comment cards described the service as very good, that they received good explanations and that everyone was kind and friendly. We did not speak to any patients on the day. Staff we spoke with told us they were well supported in their work and were proud to be part of a team which provided such a high quality, specialised service.

Our key findings were:

- Patients received detailed and clear information about their proposed treatment which enabled them to make an informed decision. This included costs, risks and benefits of treatment.
- Patients were offered appointments at a time convenient to them and with the same clinician to ensure their continuity of care and treatment.
- Patients' needs were fully assessed, and care and treatment were tailored to individual needs.
- Clinicians assessed patients according to appropriate guidance, legislation and standards and delivered care and treatment in line with current evidence-based guidance.
- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording adverse incidents.
- There were effective procedures in place for monitoring and managing risks to patient and staff

safety. For example, there were arrangements in place to safeguard people from abuse, and to ensure the premises were safe for patient, staff and members of the public.

- Staff were supported both personally and professionally and received opportunities for supervision, training, coaching and mentoring appropriate to their role.
- Patients told us staff were kind, caring, and put them at ease and maintained their dignity.
- Information about services and how to complain was available and easy to understand.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

We saw the following outstanding practice:

Veincentre Manchester delivers a super specialist service to treat varicose veins. (A super specialist is a sub-specialist who has self-limited their practice to one aspect of a sub-specialty). This single disorder management enables more efficient working and delivery of care and treatment by clinical staff who are highly trained, supervised, coached and mentored. They have a patient safety management system targeted to the speciality of vein disorder and are the largest contributor of data to an international audit process.

Data showed to us by the service demonstrated lower complication rates for the most common complications of vein treatment when compared to national thresholds.

The areas where the provider **should** make improvements are:

- Review the documentation of water temperatures in response to the legionella risk assessment.
- Review the documentation of the induction process and ensure it includes all necessary induction including management of medical emergencies.
- Review the training programme to ensure all staff receive training and updates in medical emergencies.
- Review the emergency medicines held at the clinic and develop a risk assessment for those considered not necessary to be kept on site.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Veincentre Manchester (St Anne Street)

Detailed findings

Background to this inspection

Veincentre Manchester is based in a period building in the city centre of Manchester. The clinic has recently been renovated and is designed to meet its specific needs. The service is registered with CQC under the Health and Social Care 2008 to provide the following Regulated Activities:

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Veincentre Limited is the service provider. Clinics are also provided at other sites based in Bristol, London, Stoke, Newcastle Under Lyme, Nottingham and Oxfordshire. The services are provided to adults privately and are not commissioned by the NHS.

Veincentre Manchester provides consultations, ultrasound scanning and minimally invasive treatment procedures to improve the appearance of varicose veins. A range of treatments are provided based on the assessed needs of individual patients. These treatments include foam sclerotherapy where injections of a solution are made directly into the vein, avulsions where small incisions are made in the skin and the vein removed and endovenous laser ablation (EVLA) a laser treatment carried out under local anaesthetic. The premises have been specifically designed for the treatment and comprises of consultation rooms, a minimally invasive operating theatre/recovery area and a reception area. The clinic is located on the fourth floor of the building which is easily accessed by lifts and accessible corridors.

Office hours (based in the head office at Stoke) are between 9am and 5.30pm Monday to Wednesday and 9am and 6pm Thursday and Friday. Subject to consultant annual leave, clinics are provided at this location (Manchester) on a Monday, Thursday and Fridays between 10.30am and 5pm. Appointments can be booked face to face, over the telephone or by email. Patients are usually seen within three weeks of their initial enquiry although additional clinics can be provided if demand exceeds this. Patients with urgent symptoms are prioritised. The service has an out of hour's emergency telephone line providing direct contact to a consultant.

The staff team at the Manchester clinic consists of one consultant vascular surgeon, two consultant interventional radiologists, a nurse practitioner and receptionist supported centrally by a business director, director of strategy, medical secretary and a further range of reception and administrative staff.

How we inspected this service

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser.

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

Detailed findings

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?

Our findings

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. They had appropriate safety policies and a patient safety management system, 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 had systems to safeguard children and vulnerable adults 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 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).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Cleaning schedules were in place that were monitored. A Legionella risk assessment had been undertaken and regular water temperature checks were done. However, the temperature checks were not fully documented, it was confirmed that they reached the required temperature, however the actual temperatures were not recorded.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

- The provider carried out appropriate environmental risk assessments, which considered 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.
- There was an induction system for staff tailored to their role. Staff recently employed told us what this entailed. However, this was not documented.
- Staff could tell us about their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. However not all staff had received training on how to respond in the event of a medical emergency. Following the inspection, the provider told us they would ensure all staff received basic life support skills training and training in how to respond to a medical emergency. The clinic held emergency equipment that included an automated external defibrillator, oxygen and medicines for use in an emergency. However there was not an appropriate risk assessment in place to identify the list of medicines that were not suitable for a practice to stock, and how this was kept under review.
- 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. 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, including the patient's own GP.
- 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.

Are services safe?

- 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 systems for appropriate and safe handling of medicines.

The service did not have a large range of medicines for use at the clinic. They did not administer prescribed medicines other than those used for the treatment itself.

- The systems and arrangements for managing the small number of medicines they kept, emergency medicines and equipment minimised risks.
- On the day of inspection the service could not locate the prescription stationery they used. They told us that in the event of not having the stationery in stock, they would prescribe using an alternative method, however this was not detailed within the medicines management policy. The provider immediately rectified this, revised the policy and communicated changes to staff via email.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- They review and analyse safety measures and indicators, along with adverse events and complaints.

- The service monitored and reviewed activity. This helped it to understand risks 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 systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and acted to improve safety in the service.
- 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 the service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider 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 (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information and suitable technology and equipment to make or confirm a diagnosis and to carry out treatments.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. They participated and contributed to national, international and multicentre data studies and audits.
- The service also made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- We reviewed several completed audits that the service had undertaken, including:
Adverse events, patient reported outcomes, infection control, policies and NatSSIPs (national safety standards for invasive procedures).

Effective staffing

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

- All staff were appropriately qualified and experienced in the specialism. The provider had an induction programme for all newly appointed staff. However, there was no documented evidence to show this had been completed, staff told us they had completed an induction on commencement in their role.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery 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. The service had introduced a programme of coaching and mentorship for clinical staff working at the clinic.

Coordinating patient care and information sharing

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, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients were signposted to more suitable sources of treatment where appropriate.
- 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.
- 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

Are services effective?

(for example, treatment is effective)

deliver care and treatment was available to relevant staff in a timely and accessible way. 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 (for example in relation to stopping smoking).
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

- 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.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- 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. Patients were told about multi-lingual staff who might be able to support them.
- Patients told us through comment cards, 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.
- Staff communicated with people in a way that they could understand, for example, good written and pictorial information was available as well as verbal.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

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 provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The premises were suitable for those people with limited mobility, there was a hearing loop and translation services if required.

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.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Appointments could be made in person, via the telephone or via email.
- Referrals and transfers to other services were undertaken in a timely way when required.

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 treated patients who made complaints compassionately.
- 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 service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. Complaints formed part of the agenda at staff and clinical governance meetings and were reviewed regularly to identify themes and trends.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

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 to the future of services. They understood the challenges and developed strategies to address 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.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 clearly articulated and displayed vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant) and are aligned to the local and wider healthcare economy.
- Staff were aware of, able to articulate and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was 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 appropriately.
- 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. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- 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 felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, operational procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

Are services well-led?

Good 

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

- 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, treatments and referral decisions. Leaders had 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 for business continuity and 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.
- 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. There were plans to address any identified weaknesses.
- 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.

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. Patient feedback was obtained in the form of satisfaction surveys.
- Staff could describe to us the systems in place to give feedback, for example staff surveys. They told us they were able to contribute views at one to one meetings and staff meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work. Clinicians were encouraged to learn and develop competence in new techniques (for example Venaseal superglue and Clarivein ablation techniques).