

# Veincentre Stoke

## Inspection report

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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.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** The service was previously inspected on 28 February 2018 but was not rated.

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 Stoke on 29 May 2019 as part of our inspection programme.

Veincentre Stoke is based in Stoke-on-Trent, Staffordshire and provides specialist non-surgical diagnosis and treatment for adults suffering from venous insufficiency, a condition that occurs when the venous walls or valves in the leg veins are not working effectively.

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.

Twenty-nine patients provided feedback about the service through our Care Quality Commission (CQC) comment cards. Six patients contacted the CQC directly to share their experience of the service. Feedback obtained clearly demonstrated positive outcomes for patients. Patients told us staff were excellent, caring, helpful, professional and friendly. They told us they were involved in decisions about their care and the service was good value for the money they had paid. They considered the clinic provided an excellent service with the care and treatment exceeding their expectations. Patients also told us they were given all the information they needed to make an informed decision about their treatment options in advance of their treatment in addition to receiving detailed aftercare support and advice.

## Our key findings were :

- There was a transparent approach to safety with 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 vulnerable people from abuse, and to ensure the premises were safe for patients, staff and members of the public.
- There were systems in place for checking emergency equipment however, they were not always effective. This was rectified immediately after our inspection.
- There were systems in place for the appropriate and safe handling of medicines however, records were not always completed in line with national guidance following the administration of medicines. This was rectified immediately after our inspection.
- 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.
- Clinicians assessed patients according to appropriate guidance, legislation and standards and delivered care and treatment in line with current evidence-based guidance.
- Staff were supported through supervision, training, coaching and mentoring appropriate to their role.
- Patient feedback was that staff were excellent, caring, helpful, professional and friendly.
- Patients were offered appointments at a time convenient to them and with the same clinician to ensure their continuity of care and treatment.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- There was evidence of continuous improvement and innovation.

We saw the following **outstanding** practice:

- Veincentre Stoke delivered 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 enabled more efficient working and delivery of care and treatment. Data showed to us by

# Overall summary

the service demonstrated outcomes for patients undergoing treatment for varicose veins were above national thresholds. For example, lower complication rates and higher patient reported outcome measures.

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

- Follow and act on their own processes for checking that emergency equipment is in date.

- Monitor staff compliance with completion of records made following the administration of medicines.
- Review their processes for assessing that staff are physically and mentally suitable to carry out their role.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection was led by a CQC inspector and included a general and vascular surgical specialist advisor.

## Background to Veincentre Stoke

Veincentre Limited is registered as a limited company with the Care Quality Commission (CQC) and is the service provider. Clinics are provided at sites based in Manchester, Bristol, London, Stoke-on-Trent, Nottingham, Southampton and Oxfordshire. The services are provided to adults privately and are not commissioned by the NHS. During this inspection we visited the location in Stoke-on-Trent which is situated at:

- Lyme Vale Court, Lyme Drive Park, Stoke-on-Trent, Staffordshire, ST4 6NW.

Veincentre Stoke provides a private consultation and treatment service to adults with varicose veins. The service is owned and managed by the founder, medical director and registered manager, who is a consultant interventional radiologist. It provides consultations, ultrasound scanning and minimally invasive treatment procedures to manage symptoms and treat complications of venous insufficiency and improve the appearance of varicose veins.

A range of treatments are provided based on the assessed needs of 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 clinic comprises of two operating theatres, a recovery area and a reception area. All vascular services are located on the ground floor and the head administrative office is based on the first floor.

Opening hours are between 9am till 5.30pm Monday to Wednesday and 9am till 6pm Thursday and Friday. Clinics are provided on Tuesday and Wednesday 9.30am – 6pm and alternate Fridays 9.30am – 6pm, subject to consultant availability. Patients can choose to access the provider's other clinics if convenient to them. Appointments can be booked over the telephone or by email. Patients are usually seen within three weeks of their initial enquiry however, 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 that provides direct contact to a consultant.

The staff team at Veincentre Stoke consists of:

- A male consultant vascular surgeon
- Two male consultant interventional radiologists
- A business manager and assistant business manager
- A board of directors
- A female nurse practitioner and female staff nurse.
- A health care assistant
- Reception and administrative staff.

Practising privileges are given to two consultant ophthalmic plastic surgeons within the premises who undertake eyelid surgery under local anaesthetic.

We carried out an announced comprehensive inspection on 29 May 2019.

Before our inspection we reviewed a range of information we held 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 consultant interventional radiologist, a nurse practitioner, a health care assistant and administrative staff. We gained feedback from 29 patients, carried out observations and a review of documents.

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:

### 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. 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 provider worked with other agencies to support patients and protect them from neglect and abuse. Staff we spoke with were aware of the safeguarding leads within the service and who to contact externally to report any safeguarding concerns. 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). We looked at the records of four members of staff and found that immunity to hepatitis B was not available for all members of staff and a risk assessment had not been completed demonstrating how this risk would be mitigated. The day after our inspection the provider forwarded to us risk assessments which rectified this issue. We also found that prior to employment, staff had not received a health check to ensure they were physically and mentally suitable to carry out their role.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. We saw that non-clinical staff had received level one and clinical staff had received level two training for safeguarding children which was below the recommended level of training. However, the service did not provide services to children and had completed a comprehensive risk assessment demonstrating the actions they took to mitigate

potential risks. All staff had direct access to support from the safeguarding lead who had received the required level of training. 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. Bi-monthly infection control and clinic audits had been completed and findings acted on. A legionella risk assessment had been completed and appropriate action taken to reduce the risk of legionella. The provider used single use surgical equipment to reduce the risk of infection during surgical procedures. They carried out audits of their infection control policies against National Institute for Health and Care Excellence (NICE) guidelines, for example, preventing surgical site infections.
- 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 took into account the profile of patients 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. Staff told us there were adequate staffing levels.
- There was an effective induction system for new staff.
- The practice had developed a series of emergency grab cards to support patients and staff in emergency situations such as anaphylactic shock or needle stick injuries. These were readily available throughout the clinic.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Non-clinical staff had been provided with in-house basic life support (BLS) training. The provider informed us that they were in the process of arranging formal BLS training for staff. The clinic held emergency equipment that included an automated external defibrillator (AED), oxygen and medicines for use in an emergency. However, we found that the pads on the AED had expired in July 2018. The day after the

## Are services safe?

inspection, the provider forwarded to us an invoice that demonstrated new pads had been ordered and evidence that this had been treated as a significant incident to prevent the issue occurring again.

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were indemnity arrangements in place to cover potential liabilities.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider sent a letter to the patient's GP informing them of the care and treatment they had received unless the patient requested this was not to be done. If a patient did not wish this information to be shared with their GP, the patient was provided with the letter to keep themselves and were required to sign a disclaimer.
- 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 and emergency medicines and equipment minimised risks.
- Staff prescribed 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. However, accurate records following the administration of medicines were not completed in line with national guidance. We found that a nurse had administered medicines as prescribed

however, the route of administration had not been documented and the nurse had not signed or dated that they had administered the medicine. The day after our inspection the practice forwarded to us a revised prescription proforma rectifying the concern.

### Track record on safety and incidents

#### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, a fire risk assessment and premises checks.
- They reviewed and analysed safety measures and indicators, along with adverse events and complaints. This helped the provider 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 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. For example, following an incident when part of an instrument had broken off, the practice had developed an additional check list for staff to adhere to prior to the instrument being used.
- The provider was aware of and complied with the requirements of the Duty of Candour. Staff told us that the provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and Medicines and Healthcare products Regulatory Agency alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.
- When there were unexpected or unintended safety incidents, the provider gave affected patients reasonable support and an apology. Learning was shared with staff and the required improvements implemented.

# Are services effective?

**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. The provider had developed proformas, questionnaires and risk assessments for the entire treatment. For example, pre and post-surgery questionnaires were sent to patients and risk assessments for venous thromboembolism were completed.
- Clinicians had enough information to make or confirm a diagnosis.
- 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 made improvements through the use of clinical 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 provider had undertaken. For example, adverse events, patient reported outcomes, infection control, policies and national safety standards for invasive procedures (NatSSIPs). We saw that the audits were driving improvement in quality.

Veincentre Stoke delivered 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 enabled

more efficient working and delivery of care and treatment. Data showed to us by the service demonstrated outcomes for patients undergoing treatment for varicose veins were above national thresholds:

- The service used information about care and treatment to make improvements. They participated and contributed to national, international and multicentre data studies and audits. For example, the provider used Patient Reported Outcome Measures (PROMs) to measure health gain in patients undergoing treatment for varicose veins. Data they showed us demonstrated year on year improvement rates above NHS thresholds.
- The service focused on the needs of patients and monitored patient outcomes through the Aberdeen Varicose Vein Severity Score (AWVQ). This is done using a pre and a post-operative questionnaire sent to all patients with a standard set of questions as defined in the AWVQ.

## **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 and staff carrying out additional roles had competencies signed off by the lead consultant.
- 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. For example, the provider had introduced an effective 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, clinicians at the service ensured they had adequate knowledge of the patient's

## Are services effective?

health, any relevant test results and their medicines history. Patients were 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. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The provider had risk assessed the treatments they offered.
- 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.

### **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 patients advise so they could self-care. For example, the provider showed us evidence that they had supported patients to successfully quit 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. We found that the consent process was thorough and followed national standards.
- 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?

## 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 treated patients. Six patients had contacted the CQC directly to share their experience of the service and we received 29 CQC comment cards. Patients told us staff were excellent, caring, helpful, professional and friendly. They told us they were involved in decisions about their care and the service was good value for the money they had paid. They considered the clinic provided an excellent service with the care and treatment exceeding their expectations. Patients also told us they were given all the information they needed to make an informed decision about their treatment options in advance of their treatment in addition to receiving detailed aftercare support and advice.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider gave patients timely support and information. An emergency helpline was available to patients 24 hours a day, seven days a week.

### Involvement in decisions about care and treatment

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

- Interpretation services were available, at a cost, for patients who did not have English as a first language. Information leaflets were available to help patients be involved in decisions about their care and to make informed decisions.
- Patients told us through comment cards, that they felt listened to and supported by staff and had enough 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, communication aids and a hearing loop were available.

## 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.
- The provider had taken measures to reduce the sound from consultation rooms.

# Are services responsive to people's needs?

## 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. For example, the provider offered a competitive fixed rate price regardless of the extent of the disease to improve access to their service.
- 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 and guide dogs were welcome to accompany patients with visual impairment.

### 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, 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 and seen within the week.

- Patients reported that the appointment system was easy to use. For working aged patients, appointments were available until 5pm or alternatively they could be seen at the provider's Nottingham clinic up to 7pm and limited Saturday appointments were available.
- Referrals and transfers to other services were undertaken in a timely way.

### 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. The provider told us that they emailed patients to inform them how they could raise a complaint. 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 a complaint policy in place. The service learned lessons from individual concerns, complaints and from analysis of trends. Complaints formed part of the agenda at staff and clinical governance meetings and were reviewed regularly to identify themes and trends. It acted as a result to improve the quality of care. For example, following a complaint regarding an incident during a surgical procedure, the patient required an admission to the local hospital and was given an apology. The patient suffered no adverse outcome. A root cause analysis of the incident was carried out and staff reminded of the standard operating procedure when carrying out this treatment.

# Are services well-led?

## 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 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.
- 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.

- The service's vision was: 'To provide the highest quality of care, utilising the most effective evidence-based therapies at an affordable price'. This was underpinned by their core values of honesty, safety, effectiveness, efficiency, respect and value for money. These were clearly displayed in the patient waiting room. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.
- The provider had plans to introduce electronic patient notes.

### Culture

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

- Staff felt respected, supported and valued. They were very proud to work for the service. Staff we spoke with were extremely positive about how the provider had developed and nurtured them to develop their roles.
- 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. For example, the provider published, on

their website, their quality measures over the previous five years to demonstrate their performance. Target levels were set, based on published literature, to ensure they were meeting or exceeding the standards set by international comparable services. 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.
- 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 in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. A nurse practitioner had received additional training over a two-year period to deliver additional services to patients. Several staff we spoke with had been employed as apprentices and developed and supported into permanent employment. Staff 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. Staff surveys had been completed to understand the needs of 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.
- There were very 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.
- Staff were clear on their roles and accountabilities and knew who to go to for support. For example, the safeguarding lead or infection control lead.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

# Are services well-led?

## 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.
- The provider had a patient safety management system targeted to the speciality of vein disorder and were the largest contributor of data to an international audit process. Data demonstrated lower complication rates for the most common complications of vein treatment when compared to national thresholds.
- 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 a business continuity plan in place to manage incidents that could prevent the service from being delivered.

## 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 monitored and reported on 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 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 provider encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The provider had carried out an ongoing survey of patients' views, pre and post-surgery, on the service they provided. Over the period of January 2017 – April 2019, the provider had received 795 responses. The results demonstrated that 99% of respondents had confidence and trust in the specialist treating them and 98% reported that they would be extremely likely or likely to recommend Veincentre to a friend or family member. Negative responses were individually followed up by a telephone call or email.
- Staff could describe to us the systems in place to give feedback. For example, through staff meetings and appraisals. 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 was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Staff had been supported to access additional training and development in-house, nationally and internationally.
- 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. For example, the provider had implemented a coaching system to support and develop doctors and nurses. A nurse practitioner had

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received extensive training to develop a nurse-led clinic in the 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).

- The practice had won the Small Business award for Staffordshire and South Cheshire for the service they provided.