

eXroid (HQ)

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

Outstanding 

Are services safe?	Good 
Are services effective?	Outstanding 
Are services caring?	Outstanding 
Are services responsive to people's needs?	Good 
Are services well-led?	Outstanding 

Overall summary

This service is rated as Outstanding overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at eXroid (HQ) as part of our inspection programme. This was the provider's first inspection of the service since it registered with the Care Quality Commission (CQC) in February 2020.

eXroid (HQ) provides electrotherapy for the treatment of haemorrhoids (piles) by colorectal specialist consultants in the UK, in clinics across the country.

The service is registered with CQC to provide the following regulated activities: Treatment of disease, disorder or injury.

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

Our key findings were:

- Policies and procedures were comprehensive, up to date and relevant to the service.
- All staff had the appropriate level of training for safeguarding adults relevant to their role and staff training in other required subjects was up to date.
- Consent was recorded appropriately for each contact with the patient.
- Patient feedback was positive about their care experience.
- The service was supportive of patients' needs and patients were able to access the service in a timely manner.
- There was clear leadership and leaders had the capacity and skills to deliver high-quality, sustainable care.
- The provider had effective processes for planning of the future leadership and workforce of the service.
- Governance arrangements were implemented effectively.
- The provider had a culture which drove high quality sustainable care. There were high levels of satisfaction across all staff.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were consistently high levels of constructive engagement with staff and people who use services.
- There were systems and processes for learning, continuous improvement and innovation.

We saw the following outstanding practice:

Overall summary

- The provider had developed an accredited device which used electrotherapy technology to shrink internal haemorrhoids. They had undertaken over 4000 haemorrhoid treatments in the UK and were gaining valuable insight and understanding in the progression and changes in this disease. They undertook analysis of these treatments regularly, to understand the occurrence and prevalence. They aimed to publish findings so that both sufferers and medical professionals could access more data in this area, in order to improve services and advice currently available.
- The provider had developed a patient assessment tool to monitor treatment progress, which was the subject of a poster presentation at The European Society of Coloproctology. The provider had developed this into a leaflet which patients were able to share with their GP or other specialist to update them on treatment progress and as an education tool.

Dr Sean O*Kelly

Interim Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to eXroid (HQ)

The Registered Provider is eXroid Technology Limited

Innovation House

Ramsgate Road

Sandwich

CT13 9ND

The eXroid team of clinicians is backed and supported by a management team based at the headquarters who have experience in hospital and healthcare management, both in the NHS and private healthcare.

eXroid is a private company providing consultations and treatments for patients with internal Haemorrhoid Disease (HD). eXroid is an electrotherapy treatment for haemorrhoids, which is offered from CQC registered clinics (which are part of the provider's registration) across the UK and is an alternative to banding for people with smaller haemorrhoids.

The company operates a four-tier management responsibility structure. This structure may be adapted as the company grows :

Chairman and Medical Director

Founder and Commercial Executive Director

Managing Director

Finance and Commercial Director

Non-Executive Director

Operations Manager

Regularity Affairs Quality Assurance Manager

Marketing Manager

Sales and Patient Services Manager

International Business Development Manager

Chief Clinical Operations Officer

Digital Communications Officer

Patient Services Officer

Services are provided from the following satellite clinics:

- Quinn Clinics Bristol Clinic and Head Office, 4 Redland Court Road, Bristol, BS6 7EE - Mon-Fri: 10am-6 pm or 12-8pm.
- 26 Castle Street, Canterbury, Kent. CT1 2PX - Mon-Sat: 8:30-5:00
- Spire London East Hospital, Roding Lane South, Redbridge, Essex. IG4 5PZ - 9.00am – 5.00pm Mon – Sat.
- Stratum Dermatology Clinic, 5, Ormond Terrace, Regent St, Cheltenham GL50 1HR - Mon-Fri: 8:30am-5.00pm
- 10 Harley Street London W1G 9PF - Mon-Fri: 8:30am-9:00pm, Sat-Sun: 8:30am-5:30pm.
- Raynes Park Health Centre, 1 Lambton Road, Wimbledon, SW20 0LW - Mon-Fri: 8:30am-8.00pm, Sat: 9:00am-1:00pm.
- Pall Mall Medical, 61-67 King Street, Manchester. M2 4PD - Mon-Fri: 8:00am -7.30pm, Sat:10:00am-2:00pm.
- Oaklands Hospital, 19 Lancaster Road, Salford, Greater Manchester, M6 8AQ
- Stratum Dermatology Clinic, Cantay House, 38-39 Park End St, Oxford OX1 1JD - Mon-Fri: 8:30am-5.00pm

- Ipswich Road, Woodbridge, Suffolk. IP12 4FD - Mon-Fri: 8:00am-8:00pm and Mons, Weds, Thurs, Friday 8:00am-6:30pm
- The Crescent Clinic, 9 The Crescent, Taunton, TA1 4EA
- Midland Health, Highfield Clinic, 23a Highfield Road, Edgbaston, Birmingham, B15 3DP - Mon-Fri: 8:00am-7.00pm, Sat: 8:00am - 1:00pm
- 1 Park Avenue, Solihull, West Midlands, B91 3EJ - 8.00am – 5.00pm Mon–Fri, 8.30am – 3.00pm Sat.
- Little Aston Hall Drive, Little Aston, Sutton Coldfield, B74 3UP - 8.00am – 5.00pm Mon–Fri, 8.30am – 3.00pm Sat.
- Spire Dewsbury Clinic, Dewsbury, West Yorkshire. WF13 4AN - Mon-Fri: 9am-6:00pm
- Spire Elland Hospital, Elland, West Yorkshire. HX5 9EB - Mon-Fri: 8:00am -7.30pm, Sat:10:00am -2:00pm.
- Spire Methley Park Hospital, Methley Lane, Methley, Leeds, LS26 9HG - 9.00am – 5.00pm Mon – Sat.
- Healthshare Clinic Winchester, Chilcomb Park, Chilcomb Lane, Winchester. SO21 IHU - Mon-Fri: 8:00am - 6.00pm.

There are three satellite clinics that are outside of CQC regulation:

- the areas Cyncoed Consulting Rooms, Cyncoed Medical Centre, Dartington Drive, Cardiff. CF23 8SQ - Mon-Thurs: 8:30am-5:30pm and Friday 8:30am-12pm.
- GP Matters, 24 Buckingham Terrace, Glasgow G12 8ED - Mon-Thur: 9:00am -6:00pm, Fri: 9:00-1:00pm/
- Remedy Clinic, 29 Westland Square, Pearse Street, Dublin 2, D02 W135 - Mon-Fri: 7.00am – 9.00pm Weekends: 8.00am - 6.00pm

The Cardiff satellite clinic is regulated by Healthcare Inspectorate Wales (HIW) who undertook a remote quality check of Cyncoed Consulting Rooms as part of its programme of assurance work and registered the premises in January 2021.

The Glasgow clinic is regulated by Health Improvement Scotland. It is currently administered through the Health and Social Care Directorates of the Scottish Government.

The Dublin clinic is regulated by HIQA (Health Information and Quality Authority) who promote safety and quality in healthcare services in Ireland. To do this, they inspect hospitals and other healthcare providers and talk to patients, staff and managers to determine if healthcare providers are meeting national standards.

Therefore, all of these clinics fall outside of the CQC scope of registration.

Treatment and care is delivered by one of the provider's GMC registered consultant grade specialist doctors, the majority of which are colorectal surgeons or general surgeons with a specialist interest in colorectal treatment, who are supported by chaperones and an administration/ service provider management team. The doctors had practising privilege which was the 'licence' agreed between individual medical professionals and a private healthcare provider. In effect, they set out the clinician's offer, such as the range of surgery they are competent to perform. The nurses/ chaperones were also not employed directly by eXroid, some were agency contracted and some were provided directly by the clinic sites. Those provided by the clinics directly were stipulated in the clinic contract.

Services were provided to patients aged 18 years or over. The patient profile was from an informed, largely adult population; however, there was potential for attracting individuals with learning difficulties, or psychological or psychiatric conditions.

Patients with haemorrhoids can call for advice and guidance or book an appointment online. There is a tailored assessment framework in use with a pre examination consultation, including medical history and symptom recording. A proctological (a rectal) examination with a GMC Specialist Consultant is undertaken.

The service provides a post examination consultation, including specialist advice on treatment options and suitability for the electrotherapy treatment. There are informed consent procedures. Treatment of up to three haemorrhoids can be provided. The service utilises eCAT (a clockface) diagnostic tool for patients to take away for tracking changes in their condition. Aftercare services include a four-week post-treatment patient follow-up call and access to patient services experts.

All patients were given an emergency contact number as part of their aftercare support.

All clinics had disabled access apart from Canterbury Skin and Laser Clinic which is situated on three floors: the ground floor and two upper floors. Waiting areas and facilities were provided by the satellite clinics.

How we inspected this service:

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Speaking with staff in person and on the telephone.
- Requesting evidence from the provider.
- A short site visit to 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 questions therefore formed the framework for 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 (who were present with a patient undergoing treatment) 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.
- We reviewed processes for the monitoring of staff immunisations. We saw records which confirmed that the Hepatitis B status of relevant staff was monitored. The provider held immunisation records relating to varicella, tetanus, polio, diphtheria and MMR (measles, mumps, rubella), for staff employed within the service, in line with current UKHSA (UK Health Security Agency) guidelines.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. For example, those that were employed under practising privileges and the chaperones/nurses contracted from an agency. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The doctors had practising privileges which is an established process within the independent healthcare sector whereby a clinician is granted permission to work in a private hospital or clinic in independent private practice. The clinician would have to work to the hospital / clinic's standards of governance and abide by their policies and procedures. It would also set out what the clinician could or could not do. The chaperones were not employed directly by eXroid, some were agency contracted and some were provided directly by the clinic sites. Those provided by the clinics directly were stipulated in the clinic contract.
- All 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. We looked at training records for all of the chaperones and saw that they had received training in Mental Capacity Act and Deprivation of Liberty Safeguards, manual handling. Some of the chaperones had previous experience as care workers and had achieved (National Vocational Qualification) NVQ Level 2 and 3.
- There was an effective system to manage infection prevention and control. We saw that the provider had undertaken six monthly infection prevention and control and hand hygiene audits of all their clinics in 2021 and 2022. The Regularity Affairs Quality Assurance Manager was responsible for the sterile consumable treatment kits and compliance with the regulatory requirements relating to them.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, we saw that device and compliance was an item on the agenda of the Board Meeting Minutes for March and April 2022. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. For example, we saw records that risk assessments for a new clinic in Manchester had been reviewed that included regular fire drills undertaken conducted by the operations manager.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There were planned induction processes and a plan of required training for staff to complete as part of the induction process. The service was supported by the provider's central human resources team in this regard.
- The medical director contacted patients if there was a cause for concern and made onward referrals if necessary to their GP.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Staff utilised emergency medicines and equipment provided by the CQC registered host provider satellite clinic.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- We saw that there were appropriate professional indemnity arrangements in place for all clinicians providing the electrotherapy procedure.

Information to deliver safe care and treatment

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

- All consultations were recorded on an iPad cloud-based device which was GDPR (General Data Protection Regulation) compliant, with each element of the consultation, examination and treatment being delivered and recorded in detail digitally. Patient's comments and questions were answered, and consent was then obtained based on the information delivered, recorded and understood at consultation.
- 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 had a system 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 systems for the appropriate and safe handling of medicines.

- Annual checks were carried out in August 2022 for all host locations. We saw clinic risk assessments that showed emergency medicines and equipment were checked.
- Private prescription pads were provided for the doctors to use, they recorded this through Semble (the provider's patient management system).

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues undertaken by the CQC registered host location that were shared with the provider of this service.
- 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

Are services safe?

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. For example, a patient was asked to input her own name into the tablet which then showed her the names of previous patients. The medical director reiterated to the doctors that the patient should only be touching the tablet to sign the consent form and this was added to doctors meeting agenda. 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, patient feedback about dignity had identified that they felt exposed walking across the room after removing their clothes from the waist down. The provider had supplied all of their clinics with dignity pants.
- 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 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.
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

We rated effective as Outstanding because:

Outcomes for people who use services are consistently better than expected when compared with other similar services.

- There was a truly holistic approach to assessing, planning and delivering care and treatment to patients who used the services. For example, patients were assigned to an individual member of the Patient Services team, so they followed the individual patient through their procedure journey from initial contact and booking through to their four week follow up call.
- The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care. For example, the provider had developed a device which used electrotherapy technology to shrink internal haemorrhoids and continued to monitor its safety and effectiveness. NICE (National Institute for Health and Care Excellence) say that in terms of the published evidence so far 'Evidence considered in the NICE guidance found that eXroid had mixed results regarding effectiveness.' NICE also stated that 'eXroid was more likely to be effective for grade 1 and 2 haemorrhoids than in grade 3 haemorrhoids. More longer-term evidence would be needed to see the long-term efficacy of using eXroid compared with current standard treatments.'
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued. High performance was recognised by credible external bodies.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. For example, all doctors had received an annual appraisal and they were offered an accredited eXroid medical practitioner training programme. We saw that all chaperones had received appraisals and that one was currently being supported to study for a Master's in Public Health at Manchester University.
- Staff, teams and services were committed to working collaboratively, people who had complex needs were supported to receive coordinated care and there were innovative and efficient ways to deliver more joined-up care to people who used services. For example, we saw evidence that under special circumstances, the medical director had visited the home of a patient who was paralysed and following a risk assessment, performed the treatment in the privacy of their home.
- The systems to manage and share the information that was needed to deliver effective care was coordinated across services and support integrated care for people who used services. For example, the provider had a haemorrhoid professional hub and was always looking to partner with professionals and businesses that could help them in their mission to treat as many haemorrhoid sufferers as possible with an optimal patient pathway. Also, patients consent was sought so that the provider could contact the patient's GP if necessary.
- Consent practices and records were actively monitored and reviewed to improve how patients were involved in making decisions about their care and treatment. Engagement with stakeholders, including people who used services and those close to them, informed the development of tools and support to aid informed consent.
- Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with patients was used to do so.

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)

Are services effective?

- Clinicians employed by the service had high levels of skills, knowledge and experience to deliver the care and treatment offered by the service.
- Clinicians kept up to date with current evidence-based practice. We found that clinicians assessed needs and delivered care and treatment in line with relevant current legislation, standards and guidance. These included the National Institute for Health and Care Excellence (NICE) and The Association of Coloproctology of Great Britain and Ireland.
- NICE had conducted two evaluations in June 2015 and December 2019 for electrotherapy for the treatment of haemorrhoids, and recognised that direct current electrotherapy (DCE), when compared to other available treatments offered the patient the lowest risk, pain level, down-time and complications, whilst also being one of the least invasive and easily accessible treatments. It was also the only treatment that could be used for all four grades of haemorrhoids. Currently, a further evaluation by NICE was being conducted in order that the treatment could be offered within the NHS hospitals and GP practices.
- An abstract summarising the information from the first 812 patients treated was accepted by the Association of Coloproctologists of Great Britain and Ireland (ACPGBI) for presentation at their annual conference in July 2021 and has now been published in the September 2021 edition of the medical journal, Colorectal Disease.
- We looked at 45 accepted articles in colorectal journals and professional bodies, for example, the University of York, and the National Library of Medicine and saw that the electrotherapy treatment provided by this provider was safe and effective, non-invasive treatment for haemorrhoid disease. Patients were also able to return to normal activities immediately after treatment. These UK results were consistent with studies performed in the USA.
- 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 to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, we reviewed case studies of patients who had been treated by the provider with direct electrotherapy. We saw that some patients needed more than one treatment, however, this had been fully explained to them at the time of their initial consultation.
- Staff assessed and managed patients' pain where appropriate.
- All consultations were recorded on an iPad cloud-based device which were GDPR (General Data Protection Regulation) compliant, with each element of the consultation, examination and treatment being delivered and recorded in detail digitally. Patients's comments and questions were answered, and consent was then obtained based on the information delivered, recorded and understood at consultation.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider used information about care and treatment to make improvements. For example, the provider constantly strived to innovate and develop all of their technology based on the outcomes of ongoing clinical research and evaluation. They had patent applications pending in over 130 countries worldwide and were committed to continuously improving the technology to be increasingly effective in treating this condition for their patients. Their latest device features and developments were: Fully adjustable current – the doctor was able to adjust the level of current delivered to match the patient's tolerance, as some could find the sensation uncomfortable. Ergonomic design – the handle was designed to allow the doctor to have easy control at the desired angle and was comfortable to hold during the procedure.

The provider 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. In 2021 the clinical medical director sent out a hand washing and IPC audits to the doctors, chaperones and clinics, as they did this

Are services effective?

year. The clinical medical director told us that last year the returns were very poor in terms of those actually completing the forms and sending them back. They received completed forms from three out of 12 teams (25%) by the defined return date. The provider told us that those that did return forms had achieved a high score but the provider was disappointed with the lack of engagement from the teams in the time frame requested. As a consequence, the provider changed the procedure this year and automated the audits via an online form to make it easier to fill out and return. The provider sent timely reminders and undertook both email and verbal chasing to get forms returned by the defined closing date.

- The audit this year, as a consequence of these changes being implemented and a more rigorous approach to getting forms returned, led to a 100% return rate (47 out of 47 contacts in the teams, consisting of 18 doctors and the rest chaperones). The provider told us that the quality of the forms filled out was uniformly excellent and there were only four doctors and three chaperones that did not get 100% in terms of fulfilling gold standard practice, with each of these seven individuals exceeding 95%, which was above their defined minimum of 85%.
- The results of this year's audit results were going to be presented at the two monthly doctors meeting, but due to significant annual leave, the provider made the decision to cancel this meeting, deferring to the next one in September. The provider planned to repeat the audit on an annual basis.
- Every two months over the past three years, since their technology was launched, the provider had held a doctor's meeting. We saw minutes of regular board meetings and Microsoft team video calls. We saw that at the May 2022 meeting, the provider updated the team on important things happening in the company and on any pertinent changes to the service that the doctors needed to be appraised of. They discussed patient complaints they had received from which learning points could be drawn that could then be cascaded to the wider team. In this way, the provider kept contact with the wider treating teams around the UK, and that staff had this really useful forum to support each other and update each other on anything related to the device, the consumables and feedback of a more personal nature. The provider had useful discussions relating to other diagnoses presenting in patients and how they could best manage these in terms of onward referrals.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals, doctors and nurses were registered with the General Medical Council (GMC)/Nursing and Midwifery Council (NMC) 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. We looked at 13 doctor's appraisal forms and some contained 360 degree feedback from colleagues. We also looked at training records for 20 doctors and saw that they had taken the opportunity to train as a trainer in this provider's direct electrotherapy treatment and that three nurses/chaperones had been trained by the provider to be able to undertake direct electrotherapy treatment for haemorrhoids.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, we saw evidence that one doctor suspected that there was something more serious when examining a patient for haemorrhoid treatment. They immediately telephoned the patient's GP to ask them to make a two week cancer referral for which the patient was seen and diagnosed.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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. 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.

- The provider's website provided information for haemorrhoid sufferers on the best foods to eat to improve their digestive system and treating haemorrhoid flare-ups when away from home.
- 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. For example, during the consent process patients would be informed, in particular, about other treatment options, including non-surgical treatments for lower grade haemorrhoids. They would be told that electrotherapy was not always successful and that repeat procedures may be necessary. They would also be told that the procedure could be painful, and general or regional anaesthesia may be needed to deliver electrotherapy at higher levels of current.

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?

We rated caring as Outstanding because:

Patients are truly respected and valued as individuals and are empowered as partners in their care

The provider had developed and trademarked a simple and clear diagnostic tool (eCAT) to support patients and practitioners to conduct effective examinations to facilitate informed mutual decision making and consent. They had made eCAT available to all patients and practitioners for referral and treatment, helping patients and practitioners understand the patient's current status and how haemorrhoid disease progresses. They had also taken the clinically used and recognised assessment questionnaire - the haemorrhoid severity score - and turned it into a free to use self-assessment for patients to do online. In this way they were able to become more aware of the changes in their symptoms over time and could get advice delivered directly to their email address to ensure they sought the right help at the right time.

- As part of the provider's assessment of the patient and recording of their findings, the doctor would draw on a simple tool developed by the provider to help monitor treatment progress from the outset. The doctors found this very useful, especially when patients had multiple treatments, so that they could follow treatment progress. When the provider moved to digital record keeping, this was adapted into their cloud-based system for recording all patient examination and treatment details in a GDPR compliant, encrypted system. Furthermore, the provider then went on to develop what was now their trademarked Clockface Assessment Tool (eCAT). This was the subject of a poster presentation at the ESCP (The European Society of Coloproctology) last year. The provider had also printed this into a leaflet to give to patients for them to share with their GP/specialist. It had therefore become an education tool as well.
- Feedback from patients who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. We looked at published case studies and testimonials of which there were many. For example, patient A presented with 3 large grade 3 Piles, having suffered with haemorrhoids for over 15 years. After 1 treatment, all three had shrunk to small grade 2's. The change to the patient symptoms reflected this significant shrinkage documented. THE PATIENT'S STORY "For years I was unable to complete 18-holes of golf with my friends without having to stop for toilet breaks the whole way round. After just 1 treatment I experienced such a significant change in my symptoms I was able to rejoin my friends and complete 18-holes without having to stop.
- Another PATIENT'S STORY we saw said "I'm 33 years old and have been dealing with grade 3 haemorrhoids for just over ten years. Before discovering eXroid, I had been to see a consultant who had told me they would need surgically removing and I was terrified of the pain and couldn't afford to take time off for the down time afterwards. The consultant I spoke to was cold and adamant that surgery was all I could do. He was wrong. Finding eXroid was a blessing. The staff are incredibly reassuring and the procedure was successful and pain free. I am very grateful for their service and I would encourage anybody suffering to contact them as it has made such a huge positive difference".
- Patients fed back that staff went the extra mile and the care they received exceeded their expectations. For example, Patient Services assisted a patient with travel arrangements to attend and be taken home from clinic and arranged a ground floor room as the patient was elderly with mobility issues. Another example was, a clinic running over to ensure that they could see a patient prior to him going to work offshore – this had meant the doctor, clinic and chaperone had all given up their time to enable this patient to see someone before he was posted offshore for months, and should provide him relief whilst he was away. We looked at patient feedback and saw that one patient had stated "Wonderful really happy and most important NO pain fantastic staff minor discomfort but my life is pain free highly recommend".
- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Relationships between patients who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders.

Are services caring?

- Staff recognised and respect the totality of patients' needs. They always took patient's personal, cultural, social and religious needs into account.
- Patients who used services were active partners in their care. Staff were fully committed to working in partnership with patients and making this a reality for each person.
- Staff always empowered patients who used the service to have a voice. They showed determination and creativity to overcome obstacles to delivering care.
- Patient's individual preferences and needs were always reflected in how care was delivered.
- Patient's emotional and social needs were seen as important as their physical needs.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. There were ongoing processes to assess feedback from patients and doctors, that allowed the provider to quickly consider and to implement changes in whatever area the feedback related to if appropriate. We saw a number of examples where this had happened during the last year. One patient brought to the provider's attention that they felt uncomfortable removing their underwear for their examination and treatment to be undertaken. The action then implemented in all the clinics, was the provision of dignity pants for use in such a clinical situation. All patients were now given the option of being able to put on these garments so that they felt less exposed during their assessment.
- Feedback from patients was positive about the way staff treat people. Currently, there were 293 reviews on Trustpilot and 87% had rated the service as outstanding. We noted that all reviews posted had been responded to in a professional and sensitive manner and that the provider had stated that they wanted to help, and understand the patient's feedback to help improve future patient experiences, and asked the patient to contact them. The provider told us that they took negative feedback seriously and used this in order to help to improve patient services. For example, following some feedback regarding aftercare contact, the provider had established a new telephone line which had three options to choose from when patients were calling, this meant that they had more people available to answer the phone and those who were already booked in could speak to someone sooner rather than have to wait for a call back. Also, they had set up a 'book a call' service where potential patients were able to choose who they spoke with, as a result of feedback relating to patients wanting to speak with someone of the same sex as them. This was also appropriate to allow patients who had cultural or religious needs to arrange their appointment with their required consultant.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. The provider was able to care for patients who might otherwise be excluded from receiving traditional treatments because of other healthcare or medication-related concerns. This was due to the less invasive and reduced risk nature of the electrotherapy treatments provided.

Involvement in decisions about care and treatment

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

- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

Are services caring?

The service respected patients' privacy and dignity.

- Staff recognised the importance of patient'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?

We rated responsive as Good because:

Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.

- Patient's individual needs and preferences were central to the planning and delivery of tailored services.
- The services were flexible, provide choice and ensured continuity of care.
- The involvement of other organisations and the local community was integral to how services are planned and ensured that services meet people's needs.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs and promoted equality. This included people who were in vulnerable circumstances or who had complex needs.
- People could access appointments and services in a way and at a time that suited them.
- There was active review of complaints and how they were managed and responded to, and improvements were made as a result.

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, a few patients reported more discomfort during the procedure than they expected. This was sometimes due to their increased sensitivity in this area, but also secondary to fissures (commonly caused by damage to the lining of the anus) also found to be present when examined. Some of those patients were in too much pain to allow proper examination, and were unable to undergo treatment of their internal haemorrhoids. In response, the action taken was to provide each clinic with topical anaesthetic agents such as lidocaine ointment), which could be applied to ease any discomfort experienced. In selected patients with more severe fissures with concomitant internal haemorrhoids, who opted not to undergo a general anaesthetic procedure and where topical anaesthetics were not effective, the provider arranged for them to be seen by one of their consultants in a hospital setting where they would carry out a pudendal nerve block (blocking the pudendal nerve with injection of local anaesthetic). This resulted in completely numbing the pain from the fissure and allowing the electrotherapy assessment and treatment to be carried out in total comfort.
- All clinics had disabled access apart from Canterbury Skin and Laser Clinic which is situated on three floors: the ground floor and two upper floors. Waiting areas and facilities were provided by the satellite clinics. However, we spoke with the consultant dermatologist at this clinic who told us that they had a paralysed patient brought into the clinic on a stretcher by a private ambulance so they could be treated in the downstairs treatment room. They also told us that they had had patients in wheelchairs who had been helped into the building, if safe to do so, and treat them in the downstairs consultation and treatment room. However, if challenging to bring them into the clinic, the consultant dermatologist would arrange to treat them elsewhere, for example, in one of the Spire Hospitals or in the Harley Street clinic by special arrangement.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider had a number of patients who had been offered surgical treatment of their symptoms but had been taking anticoagulants (blood thinning medicines), thereby putting them at increased risk of post treatment bleeding. Those patients were able to undergo direct electrotherapy without the need for stopping their anticoagulants, thus further reducing the risks associated with treatment. The provider had collected

Are services responsive to people's needs?

data on all patient subgroups and reported on this to the ESCP, in the form of a poster presentation and subsequent abstract publication. The provider now advocated that those patients on anticoagulants should be considered for direct electrotherapy as their treatment of first choice, ahead of any operative procedure with inherent greater risks to them.

- The service gave patients timely support and information.

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. All patients were given an emergency contact number as part of their aftercare support.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, we saw evidence that in the last 12 months, the provider had identified a number of patients with suspicious lesions, who had attended the service for treatment of haemorrhoids. Doctors had referred those patients under the NHS two-week pathway via their GPs, so that appropriate investigation and treatment could be organised. These processes prevented more serious disease progression and resulted in patients presenting earlier than they would have otherwise done. Staff told us they were proud of this very important aspect of their service.

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.

All expressions of dissatisfaction were recorded as 'complaints' as the provider felt that they could learn from all feedback – therefore some 'complaints' were registered from a patient commenting on the feedback request they have sent them, rather than them contacting the provider to make a complaint. For example, if a patient completed their post treatment feedback and made a comment such as 'I thought I would only need one treatment' – the provider would register this as an expression of dissatisfaction to understand whether this was a common recurrence and discussed how they could be more transparent in their communications, that more than one treatment could be required. In this case, the provider reviewed their confirmation of appointment letter and the website to ensure that the information was prominent.

Over the last 12 months, the provider had recorded 35 complaints; 32 had been resolved on first response and three of which had been escalated internally. The service had not yet failed to resolve a complaint it had received in the course of providing care and treatment to patients.

- 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. For example, if a complainant remained dissatisfied following the response, he/she may obtain further advice from the Independent Healthcare Advisory Service. The provider's complaints policy (due for review 2023) stated - Should a patient remain unhappy with the response from eXroid, they should seek further assistance from ISCAS – the Independent Sector Complaints Adjudication Service.

Are services responsive to people's needs?

- The service had a complaints policy and procedures. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a patient complained that they were spoken to rudely by a treating doctor when they did not attend due to having Covid. The Medical Director spoke to the doctor concerned to find out their side of the story. The complaint was acknowledged in two working days of receipt and a full response given in 20 working days. Another patient was not able to be treated due to an existing condition identified at their consultation. They felt they had no ongoing support, as the clinic they attended was covered by a locum doctor at the time of their appointment. The patient had been contacted by the provider and advised to discuss the diagnosis further with their GP. Complaints were discussed and reviewed and auditing of complaints was completed on a bimonthly basis to look at trends. Any identified trends were then shared at the next upcoming doctors meeting and presented to the board on a bimonthly basis.

Are services well-led?

We rated well-led as Outstanding because:

The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.

The provider operated a four-tier management responsibility structure and has a Business Plan that sets the outcome targets that the company was required to achieve from the identified resources available. This paper served as their corporate map and provided the supporting document which described how their organisation, discipline and responsibilities would be managed in order to deliver the Business Plan within the legal structure of the company. It outlined the responsibilities of their team and the process in which they govern the security, reliability, growth and prosperity of eXroid Technology Limited.

The provider had documented governance. This document served to clarify their responsibilities and their decision making framework for all members of staff and their stakeholders to both operate and hold them to account on. It was both a reference guide for active use in ensuring good decisions were appropriately made and an audit tool to review their practice and ensured they reflected and learned from their decisions and actions. It would be used as the measure and reference guide for any future due diligence analysis.

The Care Quality Management Committee meet on a monthly basis, review and take action on all aspects of care and quality reported in their direct to consumer UK operations. Minutes of the meetings are incorporated in the monthly Board meeting and appropriate actions taken and monitored.

- The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- Governance and performance management arrangements were proactively reviewed and reflect best practice.
- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Throughout the pandemic, the provider has continued to have regular Microsoft team meetings and when safe to do so, has had team face to face meetings.
- Staff at all levels are actively encouraged to raise concerns.

There is strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. The clinical medical director held regular two monthly meetings with staff working at the satellite clinics.

Innovative approaches were used to gather feedback from people who use services and the public, including people in different equality groups.

- Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.
- The leadership drove continuous improvement and staff were accountable for delivering change.
- Safe innovation was celebrated.
- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.
- Leaders at all levels were visible and approachable. The clinical medical director, managing director, operations manager, regularity affairs quality assurance manager and chief clinical Operations officer all worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Are services well-led?

- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The practice held two monthly meetings at which strategic development was discussed and actions agreed. We saw evidence of clinical Microsoft team meeting recordings that took place during the lockdown periods of the pandemic.
- Staff met regularly to discuss any issues or complex cases and to offer and receive peer support.

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.
- Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences.
- Staff said that the leadership inspired them to deliver the best care and motivated them to succeed.

Vision and strategy

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

The provider had committed to a set of attributes that encapsulated the behaviours they expected to see in all aspects of their business that represented their standards and their culture.

Empathy – a deep understanding of their patient's mind set regarding the embarrassment and fear surrounding the subject of piles.

Expertise – in house consultant expertise that provided training and ensured clinical excellence was kept to the highest level.

Dependability – patient funnel that left the consultants to concentrate on what they did best.

Evolution – constantly evolving. They would move quickly with consideration, review regularly, respond and adapt intelligently to evolve and grow.

- There was a clear 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
- 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.

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.

Are services well-led?

- The service focused on the needs of patients.
- Staff felt they were treated equally.
- 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 service was focussed on achieving the best outcomes for their patients presenting with haemorrhoid symptoms.
- Staff were proud that they had systems and processes which enabled them to identify and address issues and concerns quickly, so that they were always learning from their patients and treating teams to further improve what they were doing.
- The provider collected data to support reflection of their service achievements and were proactive in assessing this and crafting abstracts and papers to present at both national and international conferences. Staff were keen to ensure that the benefits of direct electrotherapy treatment could be brought to the attention of the wider medical community. We looked at post-market surveillance complaint data and patient feedback data for the provider's treatment systems. This data demonstrated the type, frequency and severity of complaints and adverse events associated with electrotherapy of haemorrhoids. For example, post procedure pain or discomfort
- 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/chaperones, 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 had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- Staff reported that they were proud of the organisation as a place to work and spoke highly of the culture.
- Staff told us they received informal support when required and could request learning and development at any time.

Governance arrangements

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

The provider had a company governance document. This document served to clarify their responsibilities and their decision making framework for all members of staff and their stakeholders to both operate and hold them to account on. It was both a reference guide for active use in ensuring good decisions were appropriately made and an audit tool to review their practice and ensured they reflected and learned from their decisions and actions. It was used as the measure and reference guide for any future due diligence analysis.

For example, the operations manager undertook clear lines of risk assessment prior any premises being validated to be able to use the eXroid direct electrotherapy treatment:

- Prior to contacting the clinic, they reviewed the CQC register and latest report
- Completed the risk assessment checklist
- Requested H&S, Fire and Complaints Policies from clinics
- Annual IPC and Hand Hygiene audits were completed

Are services well-led?

- Annual calls were made to the clinic / practice Manager to discuss any policy changes, complaints and captured feedback
- All clinicians attended the bi-monthly meeting which was the forum at which significant events analyses, complaints, compliments, new policies and procedures were discussed as well as feedback from courses attended and clinical cases were reviewed.
- Communication was effective and organised through structured, minuted meetings.
- All clinicians met daily via Teams meetings to discuss work prioritisation and vulnerable patients as well as difficult cases and current events. Chaperones also met daily on site.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- The provider had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- A 'template menu' had been developed and embedded within the service's clinical records system. This was developed and maintained by the Medical Director. It was a single point of entry that ensured all clinicians were using up to date, agreed templates. This helped to reduce the variability of the patient experience, as well as improving the safety of work carried out by new members of staff. The templates promoted uniformity of record keeping with all clinicians knowing where to find the correct information.
- The provider's research had demonstrated that diagnosis was a key but an inconsistent experience for patients. They had developed and trademarked a simple and clear diagnostic tool (eCAT) to support patients and practitioners to conduct effective examinations to facilitate informed mutual decision making and consent. They had made eCAT available to all patients and practitioners for referral and treatment.
- The provider also utilised a clinically accepted and recognised assessment questionnaire, the haemorrhoid severity score. The provider made this available as a self-assessment tool for patients to complete online. In this way patients were able to become more aware of the changes in their symptoms over time and could obtain advice delivered directly to their email address to ensure they sought the right help at the right time.

Are services well-led?

- 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.

- Staff feedback highlighted a strong team with a positive supporting ethos.
- Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered.
- 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. The provider used Trust Pilot, Survey Monkey and post procedure patient feedback forms and also undertook regular clinical evaluation reviews of the treatment and patient feedback and complaints.
- Staff could describe to us the systems in place to give feedback. 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. For example, we looked at some of the doctor's feedback that included comments such as "after witnessing the evolution of haemorrhoids treatment over the past two decades, I was pleased to learn that a novel non-invasive technology could be applied safely and effectively. Many patients have avoided traditional surgery and benefitted from the treatment, leading me to the adoption of this electrotherapy treatment in my practice".
- 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.

- This direct electrotherapy treatment had been evaluated by the National Institute for Health and Care Excellence (NICE) who had produced two sets of approval guidelines which accredited the treatment as safe and effective.
- The direct electrotherapy treatment was currently being evaluated again by NICE and if approved, the treatment would be available in all NHS hospitals and GP services, this would reduce waiting lists for patients wanting haemorrhoid treatment.
- eXroid was honoured and proud to be named winner in the Kent Excellence in Business Awards (KEiBA) 2021 within the Technology Business of the Year category.
- The provider had been at the forefront of developing and manufacturing this treatment. The provider had constantly strived to innovate and develop all of their technology based on the outcomes of ongoing clinical research and evaluation. They had patent applications pending in over 130 countries worldwide and were committed to continuously improving the technology to be increasingly effective in treating this condition for their patients.

Are services well-led?

- In May 2021 the Medical Director and direct electrotherapy practitioner, led a talk for ARCH (the Association of Registered Colon Hydrotherapists). The presentation was to demonstrate and illuminate different proctological conditions to hydrotherapists, such as haemorrhoids, skin tags, anal fissures, anal fistulas, tumours and perianal rashes. The aim was to empower haemorrhoid sufferers, educating them on their condition through many different trusted channels.
- The provider is cited in the Colorectal Disease peer reviewed medical journal of two article abstracts, the second abstract, is entitled 'The Clockface Assessment Tool (eCAT) a new tool to assist in recording proctological examination'.
- There was a focus on continuous learning and improvement. The provider told us that when new doctors were trained, they would attend an observational clinic and then attend further training in a clinic they would be working from. A new onboarding tool was being set up to ensure there was a seamless process for onboarding new doctors.
- All staff received individualised training opportunities which were discussed at their appraisals.
- 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 Medical Director had suggested that for the next round of Messly's training (the GMC national survey to discover the best ranked foundation rotations for doctors) that they do a new campaign to target gastroenterologists.

The provider had links with the Canterbury Christ Church University Engineering students and had given talks on the technology they had designed and manufactured.