

# The Whiteley Clinic Limited

## Quality Report

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Date of inspection visit: 13th September 2016

Date of publication: 11/01/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

### Overall rating for this location

Outstanding



Are services safe?

Good



Are services effective?

Are services caring?

Good



Are services responsive?

Outstanding



Are services well-led?

Outstanding



### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

We carried out a comprehensive inspection of The Whiteley Clinic on the 13th September 2016 as part of our national programme to inspect and rate all independent hospitals. We inspected the core service of outpatients and diagnostic imaging services (including surgery) as these incorporated the activity undertaken by the provider.

The clinic premises were managed by a third party as was waste management.

We rated responsive and well led as outstanding and safe and caring as good at this hospital. We did not have sufficient evidence to rate effective.

### **Are services safe at this service?**

Incidents were reported, investigated and learning evidenced. Outcomes were communicated to all staff. Patients were cared for in a visibly clean environment that was well maintained.

There were arrangements to prevent the spread of infection and compliance with these was monitored. There were no outbreaks of serious infection reported.

There were processes for assessing and responding to patient risk. The service had enough staff with the skills and experience to care for the number of patients and their level of need.

The majority of staff had completed the provider's mandatory training programme. Staff were aware of their responsibilities with regard to the protection of people in vulnerable circumstances.

There were adequate supplies of appropriate equipment that was properly maintained to deliver care and treatment and staff were competent in its use. Staff demonstrated good medicines storage, management and administration.

### **Are services effective at this service?**

The clinic was effectively treating many patients that could not access the procedures they performed elsewhere in the country. Because of this, the clinic had developed its own clinical guidance, which it shared with clinical colleagues in the wider medical community. Regular clinical audit was established within the culture and processes of the clinic.

Staff were competent to perform their roles and provided teaching for others nationally and internationally.

### **Are services responsive at this hospital/service**

Patients were treated according to their individual needs. Appointments could be scheduled to address the particular condition of each individual patient. Extra time was built into appointments to avoid the need of patients being seen after their scheduled appointment time.

The clinic arranged procedures at a suitable time of year to maximize comfort for patients following their procedures. Post procedure help and advice was always available.

Provision was made at the clinic for patients with disabilities including suitable access for wheelchair users and an induction loop for patients with hearing aids.

Interpreting services were available for patients whose first language was not English.

### **Are services well led at this hospital/service**

The vision of the service was to provide high quality care and continuously research the procedures carried out at the service.

# Summary of findings

Staff engagement was high and members of the team were encouraged to develop their skills further. Staff were proud of the work they did and managers were proud of the staff.

The clinic provided teaching locally and internationally. The founder of the clinic established a charity to provide support and advice for patients suffering with venous ulcers.

The clinic had recently been awarded a grant to develop medical devices to assist in the treatment and management of venous disorders

## Our key findings were as follows:

- All staff working at the clinic were extremely dedicated, caring and proud to work there.
- We saw high levels of care, delivered by professional, specialist staff delivering innovative treatments.
- The culture at the clinic was very open and transparent. Patients were kept fully involved in their treatment. There was an evident commitment to improve the quality of care provided.
- Patients were involved in decision making.
- The executive director and senior management team were very visible. They shared their vision with the whole team.
- There was a tangible level of staff working together in pursuit of excellent care.

## We saw several areas of outstanding practice including:

- Shared vision and drive to deliver evidence-based, effective treatment and management of varicose veins.
- Provision of training in the local community and nationally.
- Establishment of a College of Phlebology to encourage further research in to venous disease.
- Establishment of a charity for the advice for patients with leg ulcers.

## The provider should:

- Complete a risk assessment to establish if an automatic electronic defibrillator is required at the clinic.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

## Overall summary

We found the service was outstanding overall, this was because;

- The leadership of the clinic was inspirational and the culture was one of striving to provide the best quality care for patients with varicose veins, venous leg ulcers, venous eczema and phlebitis.
- The clinic developed and researched its own clinical guidelines and protocols and shared this with the national and international medical community.
- Staff were competent to do their roles, were supported to develop their skills further and taught others nationally and internationally.
- The clinic was involved in and continued to promote research into the management of venous conditions.
- The clinic was involved in developing and promoting a charity for patients with venous leg ulcers and fund raising to support that charity.

# Summary of findings

- Staff at the clinic were involved in local community projects including providing training sessions to a local school and sponsoring sports teams.
- Staff were responsive to patient's needs. Patients could access treatment in a timely way and consideration was taken with regard to the time of year when planning procedures.
- Managers had developed systems and processes to keep patients safe from harm.
- Infection control processes and practise was in line with best practise and current legislation.
- The environment and equipment was fit for purpose, regular checks were in place to maintain this.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Outpatients and diagnostic imaging

### Rating Summary of each main service

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- The clinic developed and researched its own clinical guidelines and protocols and shared this with the national and international medical community.
- Staff were competent to do their roles, were supported to develop their skills further and taught others nationally and internationally.
- The clinic was involved in and continued to promote research into the management of venous conditions.
- The clinic was involved in developing and promoting a charity for patients with venous leg ulcers and fund raising to support that charity.
- Staff at the clinic were involved in local community projects including providing training sessions to a local school and sponsoring sports teams.
- Staff were responsive to patient's needs. Patients could access treatment in a timely way and consideration was taken with regard to the time of year when planning procedures.
- Managers had developed systems and processes to keep patients safe from harm.
- Infection control processes and practise was in line with best practise and current legislation.
- The environment and equipment was fit for purpose, regular checks were in place to maintain this.

Outstanding



# Summary of findings

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Outstanding



# The Whiteley Clinic

## Services we looked at

Outpatients and diagnostic imaging.

# Summary of this inspection

## Background to The Whiteley Clinic Limited

Mark Whiteley founded The Whiteley Clinic in 1999. The location of The Whiteley Clinic, Guildford is on the Surrey Research Park, next door to the Guildford Nuffield Hospital, St Luke's Cancer Centre and the Royal Surrey County Hospital.

The team at The Whiteley clinic invented a procedure for the management of varicose veins, venous leg ulcers, venous leg ulcers and phlebitis. Staff had developed the procedure, so it was a minimally invasive technique.

The Whiteley Clinic in Guildford is approximately 7000 ft.<sup>2</sup>, of which only 3500 ft.<sup>2</sup> are clinical areas for the investigation and treatment of patients. All of the clinical areas are in the ground floor facility. The 3500 ft.<sup>2</sup> of the first floor facility houses the necessary administration for running the clinic and a 35 person lecture theatre where doctors, nurses and other healthcare professionals can observe live scanning and live operating via a video link, with the scanning room and minor operating theatre in the clinical unit below.

In addition, this unit houses the research, development and teaching team, headed by a post PhD Doctor with

industry experience and includes a PhD student and research team. In-house research, development and teaching make The Whiteley Clinic unique, as a private clinic with an active and funded research and development programme.

The active and ongoing research, development and teaching programme had allowed the team to develop a protocol approach to investigation and treatment of venous disease. It was named The Whiteley Protocol and was followed by all doctors, nurses, vascular technologists. The protocol was well known by the administration staff so that everybody could understand the patient journey and advise patients appropriately from their first contact, throughout their treatment until discharge.

Only outpatients attended the clinic, there were no overnight stays.

Third party providers managed hazardous waste, laser protection, occupational health, pathology, laundry and when necessary central sterilised services.

## Our inspection team

Our inspection team was led by:

**Inspection Lead:** Louise Thatcher, CQC inspector.

The team included CQC inspectors and a specialist advisor.

## Why we carried out this inspection

We inspected this hospital as part of our national programme to inspect and rate all independent healthcare providers. We inspected outpatient and diagnostic services, which included surgery carried out as outpatients.

## How we carried out this inspection

We reviewed a wide range of documents and data we requested from the provider. This included policies, minutes of meetings, staff records and results of surveys



# Summary of this inspection

and audits. We placed comment boxes at the hospital prior to our inspection which enabled staff and patients to provide us with their views. We reviewed comment cards, which had been completed by patients.

We carried out an announced inspection on the 13th September. We decided not to do an unannounced visit, due to the small nature of the provider, premises and numbers of staff.

We interviewed the management team. We spoke with a range of staff, including nurses, healthcare assistants, vascular technicians, administrative and support staff.

We also spoke with patients and relatives who were using the clinic.

We observed care in the outpatient and diagnostic imaging departments, in the minor operating theatres and reviewed patient records. We visited all the clinical areas at the clinic.

## Information about The Whiteley Clinic Limited

Services provided at the hospital included outpatients and diagnostic imaging, surgery and lymphoedema therapy.

There was a minor operations theatre, 5 treatment areas, 2 consulting rooms, a scanning room and a rest area for patients following procedures. There was a separate waiting area.

There were 8 doctors with practising privileges at the hospital. Between April 2015 and March 2016, 38% of these carried out over 100 episodes of care during 2015, 25% carried out between 10-99, and 38% between one and nine episodes of care.

There were 3.3 full time equivalents (FTE) nursing staff employed. There were 1.3 FTE support staff including care assistants and operating department practitioners (ODP).

There were 751 day case episodes of care recorded at the hospital in the reporting period (April 2015 to March 2016); of these, one patient (less than 1%) was NHS funded.

There were 1,122 outpatient total attendances in the reporting period (Apr 15 to Mar 16); of these two patients (less than 1%) were NHS funded.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

Incidents were reported, investigated and learning evidenced. Outcomes were communicated to all staff. Patients were cared for in a visibly clean environment that was well maintained.

There were arrangements to prevent the spread of infection and compliance with these was monitored. There were no outbreaks of serious infection reported.

There were processes for assessing and responding to patient risk. The service had enough staff with the skills and experience to care for the number of patients and their level of need.

The majority of staff had completed the provider's mandatory training programme. Staff were aware of their responsibilities with regard to the protection of people in vulnerable circumstances.

There were adequate supplies of appropriate equipment that was properly maintained to deliver care and treatment and staff were competent in its use. Staff demonstrated good medicines storage, management and administration.

Good



### Are services effective?

The clinic was effectively treating many patients that could not access the procedures they performed elsewhere in the country. Because of this, the clinic had developed its own clinical guidance, which it shared with clinical colleagues in the wider medical community. Regular clinical audit was established within the culture and processes of the clinic.

Staff were competent to perform their roles and provided teaching for others nationally and internationally.

### Are services caring?

Patients were cared for with kindness, dignity and respect. Feedback from patients was very positive commenting on the professionalism and caring attitude of the staff. Patients were treated as individuals.

The environment allowed for patients to be treated with privacy and dignity.

Patient information was provided and appropriate to procedures. The clinic informed patients how to give feedback on care received.

Good



# Summary of this inspection

## Are services responsive?

Patients were treated according to their individual needs. Appointments could be scheduled to address the particular condition of each individual patient. Extra time was built into appointments to avoid the need of patients being seen after their scheduled appointment time.

The clinic arranged procedures at a suitable time of year to maximize comfort for patients following their procedures. Post procedure help and advice was always available.

Provision was made at the clinic for patients with disabilities including suitable access for wheelchair users and an induction loop for patients with hearing aids.

Interpreting services were available for patients whose first language was not English.

**Outstanding**



## Are services well-led?

The vision of the service was to provide high quality care and continuously research the procedures carried out at the service.

Staff engagement was high and members of the team were encouraged to develop their skills further. Staff were proud of the work they did and managers were proud of the staff.

The clinic provided teaching locally and internationally. The founder of the clinic established a charity to provide support and advice for patients suffering with venous ulcers.

The clinic had recently been awarded a grant to develop medical devices to assist in the treatment and management of venous disorders

**Outstanding**



# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	N/A	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding
Overall	Good	N/A	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding



# Outpatients and diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Outstanding
Well-led	Outstanding

## Are outpatients and diagnostic imaging services safe?

Good



We rated safe as good because:

- There were effective systems in place to report incidents. Staff were aware how to report incidents, safeguarding issues and a good knowledge of the Duty of Candour processes.
- Records were stored safely, up to date, legible, and were available for staff.
- Medicines were well managed within the department in line with legislation.
- The environment was clean and all equipment had been tested for safety in line with hospital policy.
- Hand gel dispensers were available throughout the clinic. We also saw adequate supplies of personal protective equipment such as gloves.
- Staff were up to date with mandatory training.
- Medical records were available for outpatient clinics.

### Incidents

- There were no “never events” reported by the clinic between April 2015 and March 2016. Never Events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.

- The clinic reported no serious injuries between April 2015 and March 2016.
- Between April 2015 and March 2016 the clinic reported a total of eight clinical incidents, and two non-clinical incidents. Out of the eight clinical incidents six, occurred in surgery, and two occurred in other services performed at the clinic. No clinical incidents had been reported for the outpatient and diagnostic imaging department. The two non-clinical incidents occurred in other services performed at the clinic, which were not part of this inspection.
- The clinic followed their corporate ‘Incident Reporting’ policy (dated June 2016).
- All staff we spoke with had a good understanding of the reporting system and could access it. All incidents, accidents and near misses were reported using a paper based system, which would then be uploaded to the electronic system.
- All incidents were reviewed and investigated by either Registered Manager or Executive Chairman, to look for improvements to the service. They were also investigated through a process of root cause analysis (RCA), with outcomes and lessons learned shared with staff. We saw four incident reporting forms which had been completed, with recommendations and action plans, which confirmed the process.
- All incidents and adverse events were discussed monthly Clinical Governance Meeting (CGM). Minutes of the clinical governance meetings confirmed this.
- Staff told us they either received feedback directly if they were involved in an incident or via the monthly CGM, where incidents and complaints would be discussed.



# Outpatients and diagnostic imaging

The clinic and staff told us the minutes from the CGM were a mandatory read, and are distributed to the staff via the clinic intranet. We saw the clinics intranet and confirmed this was the case.

- Staff were able to describe the rationale and process of duty of candour, Regulation 20 of the Health and Social Care Act 2008. This relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. Service users and their families were told when they were affected by an event where something unexpected or unintended had happened. The clinic apologised and informed people of the actions they had taken. We saw complaint records which indicated this occurred.

## Cleanliness, infection control and hygiene

- The clinic followed their 'Infection Control Policy' (dated May 2016), which included hand hygiene, use of personal protective equipment such as gloves and aprons, and spillage of body fluids.
- The examination couches seen within the consulting and treatment rooms were clean, intact and made of wipe able materials. This meant that the couches could easily be cleaned between patients.
- We found equipment was visibly clean throughout the department, and staff had a good understanding of responsibilities in relation to cleaning and infection prevention and control. We saw cleaning checklists for all areas of the clinic, including weekly and monthly cleaning schedules. The checklists included what to clean for example surfaces and call bells, as well as what product should be used.
- Personal protective equipment (PPE) such as gloves and aprons were available for use by all staff. We observed they were stored appropriately on wall mounted holders in the clinic rooms.
- Clinic data showed that between April 2015 and March 2016 there had been no reported surgical site infections.
- We saw ultrasound probes were cleaned between each use with a double cleaning system that was recommended by the manufacture.
- Cleaning staff used single use mop heads and colour coded cloths, based on the national guidance to avoid cross contamination. Cleaning equipment was stored in the dirty utility. There was a contract for cleaning and the schedule was available. Cleaning was carried out when the clinic was closed.
- We saw hand sanitising gel was available at point of care in all clinic rooms, this was in line with epic3: 'National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England' (epic3) and Health Technical Memorandum (HTM) 00-09. Posters were displayed which explained the '5 moments for hand hygiene' in line with World Health Organisation guidance.
- We saw staff who delivered direct patient care, cleaned their hands with alcohol sanitising gel correctly.
- We saw, overall, staff who delivered direct patient care were 'bare below the elbows'. However we saw two members of staff who were with patients wore wrist watches. This was not in line with the clinic's own infection control policy or best practise guidelines. We informed a member of the senior leadership team and this was dealt with on site, who reminded staff of the policy and best practise.
- All areas of the clinic we visited appeared visibly clean. Some areas of the clinic (corridors) had carpet, which could not be as easily cleaned as the laminated flooring when spills occurred. Department of Health's Health Building Note (HBN) 00-09: infection control in the built environment states 'Spillage can occur in all clinical areas, corridors and entrances' and 'in areas of frequent spillage or heavy traffic, they can quickly become unsightly'. However, we saw carpets were visibly clean and free from stains. The carpet was deep cleaned twice a year and could be cleaned on an ad hoc basis if spillages occurred.
- We saw infection control audits occurred twice a year. We saw action plans arose from these audits and evidence that action had arisen. For example, hand wash basins, not in line with current guidance were included in the business case and plans for refurbishment.
- The clinic did not have the facilities to sterilise reusable surgical instruments, these were sent to an external company for reprocessing. We saw there was a clear



# Outpatients and diagnostic imaging

procedure and tracking system in place for these instruments following use. We also saw these instruments were regularly checked for expiry dates and were sent for re-sterilisation if out of date. Sterile services department performed sterilisations and other actions on medical devices, equipment and surgical instrument used by healthcare professionals working in an operating department.

- We saw that waste was separated and in different coloured bags to signify the different categories of waste. This was in accordance with the Health Technical Memorandum (HTM) 07-01: Safe Management of health care waste, and control of substance hazardous to health (COSHH) and health and safety at work regulations.
- All waste was kept appropriately in bulk storage bins on the clinic premises until collected. However, we found that the two of the bulk storage bins were not locked, one of the bins was empty, but the second bin contained waste bags. This was not in line with HTM 07-01, which says bulk storage areas should be, totally enclosed and secure, and kept locked when not in use. We informed the senior leadership team, whilst we were on site, who gave us assurance the bins had been locked and would remain so.

## Environment and equipment

- The clinic and theatre areas were visibly tidy, well maintained and free from clutter.
- A third party maintained the clinic building. In addition, the clinic employed external contractors who maintained the fixtures and fittings including the air-conditioning and water checks. During our inspection, we saw there were service level agreements in place.
- Water supplies were maintained at safe temperatures and there was regular testing and operation of systems to minimise the risk of Legionella bacteria colonisation. This was undertaken by an outside company. During our inspection, we saw the records of regular testing that had been carried out. We were also told a risk assessment of the clinics water outlets had been completed and no low use outlets were identified. This

is in line with the requirements of Health and Safety Executive (HSE) L8 and Health Technical Memorandum HTM 04-01 A and B guidance on the control of legionella.

- The scrub room had sensor operated taps and we saw notices about hand hygiene located next to sinks. This was in line with HBN 00-09 Infection control in the built environment.
- The clinic had two changing cubicles available for patients to prepare for an examination. The cubicles had lockable doors. We saw lockers available for patients to use to store their belongings in whilst they had an examination.
- We saw two waiting areas. One for outpatients and relatives. The second, located by the treatment rooms was for patients to rest in reclining chairs following procedures. All procedures were done under local anaesthetic. We saw five reclining chairs which had wipe clean covers and were visibly clean.
- We saw drinks machines and water dispensers available for waiting patients in waiting areas.
- All disposable items we saw were in date, such as syringes and wound dressings.
- There was a system in place to ensure safety alerts relating to patient safety, medicines and medical devices were shared with staff across the clinic and responded to in a timely manner. Staff told us they would be alerted via the clinics intranet and were mandatory to read. The alerts could be sent to specific staff member groups or to the clinic as a whole.
- During our inspection we checked 10 items of medical devices in the clinic. This included three intravenous pumps. All medical devices we saw had up to date electrical safety tests. This is a process by which electrical appliances are routinely checked for safety once a year. This meant the clinic could give assurance that medical devices were safe to use.
- The clinic mainly used 'single use' medical devices and surgical instruments.
- Some treatments could be carried out using light amplification by stimulated emission of radiation (laser) therapy. We saw the laser was used in a designated room, with warning signs and light which activated



# Outpatients and diagnostic imaging

when the laser was in use. This was in line with laser safety guidelines (BS EN 60825-1: 2007. Safety of laser products: Part 1. Equipment classification and requirements). All staff working in this area had laser training and the lead nurse was the laser supervisor. The laser register was seen and contained a full record of patient details, procedure and laser settings. An external company provided the laser protection advisor service.

## Medicines

- The clinic had safe systems and processes in place for the management of medicines in the outpatient department. We saw medicines were kept in a secure cupboard and a trained nurse held the keys for those cupboards when the clinic was open and placed in a secure location when closed.
- The clinic used solely private outpatient prescription; we saw a system in place for the governance of these prescriptions. Patients were able to take prescriptions to the local pharmacy.
- Patient Group Directives (PGDs) provide a legal framework that allows the supply and/or administration of a specific medicine by name, authorised by a registered professional. We saw PGDs from medicines administered in clinic were up to date.
- We saw that when applicable medicines were stored in dedicated medicines fridges. We saw records which showed that daily temperature checks were undertaken. We also saw recommended actions to be taken if the fridge temperatures were not in the correct range.
- Controlled drugs were not used or stored in the clinic.

## Records

- The clinic followed their 'Records Management Policy and Procedure' (dated June 2016), which included record creation and keeping, record maintenance (including tracking of record movement) and archiving and disposal of records.
- All records were paper based. We saw the medical records of three patients. All medical records were tidy, legible, dated and signed, which was in accordance with the hospitals documentation policy. However all notes seen had loose filing, as this could mean pages from the notes could become lost.

- All of the staff that we spoke with told us that obtaining medical records for clinics had never caused an issue in the department, and could not recall when a patient could not be seen because their records were not available. Data we received prior to inspection informed us that the number of records which were unavailable was 0% (in the three months prior to inspection).
- At the time of inspection we saw patient personal information and medical records were managed safely and securely. During clinics, all medical records were kept in a locked office and transferred to the consultant when the patient arrived. Overnight medical records stored securely in the medical records room.
- We spoke with administration staff who told us, if patient's notes were not available on site, they would be able to scan the notes via a secure email account, to a different clinic within the group.
- There was no tracker system in place for ensuing staff knew where notes were at all times. This was contrary to the clinics 'Records Management Policy and Procedure', which says the clinic will ensure records are maintained by providing appropriate protection of records throughout their life cycle by providing a tracking system to control the movement and location of records. However, staff told us they could not recall a time when they could not find clinic notes, if the situation arose, they would contact the other clinics to trace the notes and have them scanned and available for the patient.
- The clinic told us notes were required to occasionally be transferred to another clinic for patients undergoing a pelvic vein embolization. These would be transferred by private car. Cases with combination locks were available for use when transferring notes between sites. Staff confirmed these were always used when transferring notes between sites.
- Medical records were audited every six months to ensure all relevant information regarding the patients care was documented. Any recommendations following the audit would be circulated to staff.

## Safeguarding

- Staff received mandatory training in the safeguarding of adults and children, as part of their induction, followed by safeguarding refresher training every three years.





# Outpatients and diagnostic imaging

- Data indicated 100% of nursing, healthcare assistant and sonographer's staff at the clinic had completed safeguarding vulnerable adults training. The data for consultants and clinical practitioners showed 11 out of 12 members of this staff group had completed their training, with the remaining one member of staff booked onto the next available course.
- There had been no safeguarding concerns raised by the clinic between April 2015 and March 2016
- The clinic followed their "Safeguarding of Vulnerable Adults" Policy, which included roles and responsibilities and how to report safeguarding concerns. This was accessible to all members of staff within the clinic. The policy was based on national guidance.
- The clinic did not treat patients under the age of 18. However, the clinic recognised patients may bring in children and recommended staff undertook additional child protection training, which is in line with best practise. The clinic had named leads for safeguarding both adults and children.
- Data indicated 100% of nursing, healthcare assistant and sonographer's staff at the clinic had completed child protection training. The data for consultants and clinical practitioners showed 11 out of 12 members of this staff group had completed their training, with the remaining one member of staff booked onto the next available course
- All staff we spoke with knew who the lead nurses were for safeguarding and had a good understanding of when they would ask them for help and advice.
- We also saw the clinic displayed their practice guide for vulnerable adult's escalation flow chart.

## Mandatory training

- Mandatory training was face-to-face and via an external company. The online training sessions were easy to access and staff found the sessions met their needs.
- Mandatory training for all staff groups was comprehensive modules included Fire awareness, health and safety, basic life support, safeguarding of vulnerable adults, infection control and information governance. Other training was recommended, for example equality and diversity, complaints handling and conflict resolution and child protection.
- We saw records which showed 100% of nursing, healthcare assistant and sonographers in the clinic had completed their mandatory training.

- The data for consultants and clinical practitioners showed that 10 out of 12 staff were compliant in infection control, moving and handling and fire awareness. The remaining two members of staff were booked onto the next available course. Eleven out of 12 of this staff group had completed health and safety, basic life support and Safeguarding of vulnerable adults, with the remaining one person booked onto the next available course.
- Consultants either undertook the training at the NHS hospitals they worked in or accessed the clinics training

## Assessing and responding to patient risk

- As part of the preoperative assessment process, all patients were assessed by a trained member of staff, where the suitability of the patient was made for a procedure before a decision to treat was made. If a decision was made not to treat at the clinic patients were informed.
- We saw the clinic had completed a number of risk assessments for the treatment areas and equipment. This indicated patients and staff were being kept from harm.
- The five steps to safer surgery is a core set of safety checks, identified for improving performance at safety critical time points within the patient's intraoperative care pathway. It is for use in any operating theatre environment, including interventional radiology. Staff audited the use of this monthly to ensure all steps were followed. The most recent audit of the checklist, in July 2016, scored 100%.
- We saw evidence of a clear process in place for patients who had become critically unwell in the clinic and required admission to hospital. The hospital followed their "Resuscitation Policy" (dated June 2016), and 'Policy for treatment of anaphylaxis' (June 2016).
- The clinic had procedures and equipment in place to respond to medical emergencies. We saw all staff grades were trained in basic life support (BLS). The clinic had an emergency box, which contained medicines, equipment and oxygen, for use in emergencies, such as anaphylaxis and cardiac arrest.
- At the time of inspection, the clinic did not have access to an automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening



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irregularities of the heart and delivers an electric shock to attempt to restore a normal heart rhythm in an emergency. The Resuscitation Council (UK), says “the best chance of successful resuscitation will be when defibrillation and other first aid procedures are carried out with the minimum delay (ideally within in the first three minutes)”, and goes on to say “the chances of resuscitation fall by at least 10% with every minute that defibrillation is delayed”. The clinic told us they were looking into the need to purchase one for the clinic. The Resuscitation Council (UK) recommends a risk assessment should be undertaken to assess the need for an AED.

## Nursing staffing

- There are no set guidelines on safe staffing levels for clinic. The clinic staffing levels and skill mix were planned and reviewed on a weekly basis to ensure the correct number or staff required to be on duty to ensure safe care and treatment of patients at all times. We saw the duty rota for nursing staff over the three clinics. It was completed at least a month in advance. The lead nurse worked between all three sites and ensured the skill mix was appropriate, this was demonstrated by the rota seen.
- There were no vacancies within the nursing and health care assistant staff at the clinic at the time of inspection. An establishment of 3.3 whole time equivalent (WTE) nurses 1.3 WTE health care assistants (HCA's) were employed.
- The clinic used its own bank staff that worked at the hospital regularly and were familiar with the organisation, policies and procedures. Bank staff were used in clinics on occasion, however the clinic reported, there were no bank nurses or health care assistants working in outpatient departments in the last three months of the reporting period (April 2015 to March 2016).
- Between April 2015 and March 2016, the sickness rate for nursing staff at the clinic was lower than the other acute providers we hold this type of data for. Except for May, June and November 2015 when the rate was higher.
- Between April 2015 and March 2016, the sickness rate for healthcare assistant staff at the clinic was 0%, except for April and May 2015, when the rate was higher than the other acute providers we hold this type of data for.

- There were eight consultants who had been granted practising privileges at the clinic. The majority of these also worked at other NHS trusts in the area.
- There was a ‘Handbook for practitioners practising privileges policy (medical consultants) (dated June 2016), which included the role of the medical advisory committee, eligibility for granting practising privileges, responsibilities of the practitioner and review of practising privileges. The clinic also had an up to date ‘Handbook for practitioners practising privileges policy (vascular technologists/therapists) (dated June 2016), which reflected the consultants handbook.
- The clinic’s medical advisory committee was incorporated into the clinical governance committee, because of the size of the service. We saw practising privileges were discussed at the clinical governance committee if an issue arose.
- Staff in the clinic told us they rarely had any issues with clinicians not arriving for clinic. They told us in the event a clinic had to be cancelled at the last minute, the outpatient staff would ring the patient and where possible stop them from attending. They would rebook them into a new appointment.

## Major incident awareness and training

- The clinic had a business continuity plan in place. The plan was an escalation reference for staff to use in the event of potential inability to carry out services or procedures at the clinic

## Are outpatients and diagnostic imaging services effective?

We did not provide a rating for effective as there was not sufficient comparable evidence against which to rate.

- There was a truly holistic approach to assessing, planning and delivering care and treatment to people who use services. The safe use of innovative and pioneering approaches to care and how it is delivered are actively encouraged. New evidence-based techniques and technologies are used to support the delivery of high quality care.
- The clinic was effectively treating many patients that could not access the procedures they performed elsewhere in the country. Because of this, the clinic had



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developed its own clinical guidance, which it shared with clinical colleagues in the wider medical community. Regular clinical audit was firmly established within the culture and processes of the clinic.

- The clinic had been working to the National Institute for Health and Care Excellence (NICE) clinical guideline, CG168, 14 years prior to its publication.
- The clinic had a clear pathway for all patients, which could be adapted to meet individual needs.
- Pain was well managed and adjusted according to each patient.
- The continuing development of staff skills, competence and knowledge is recognised as being integral to ensuring high quality care. Staff are proactively supported to acquire new skills and share best practice.
- Staff had access to a variety of external courses to develop their skills further.
- The clinic had an effective out of hour's service which was rotated among the consultant team.

## Evidence-based care and treatment

- The clinic had established its own protocol and guidelines in 1999, as it was the first to research and perform a particular technique. National Institute for Health and Care Excellence (NICE), clinical guideline, CG168, published in 2013 mirrored those the clinic had been working to.
- The culture at the clinic was one of dedication to research based culture and strived to demonstrate the effectiveness of its procedures through research.
- When a patient attended for a consultation they were given a venous duplex ultrasound by a vascular technologist / sonographer who would map their veins and complete a report. This report would then be reviewed by a consultant who would discuss a treatment plan with the patient. This process took around three hours. Following this the consultant would write to the patient to confirm the treatment plan.
- Research papers, produced by staff at the clinic had been presented at conferences globally and the findings adopted and used by clinicians around the world.
- The clinic also shared its research findings with clinicians via lectures and teaching sessions.

- A grant awarded by the Innovate UK, enabled the clinic to work with the Knowledge Transfer Partnership to develop medical devices for use in the management of venous reflux in the wider medical community.
- Research demonstrated the healing of venous leg ulcers using The Whiteley Protocol occurred in 85% (44 of 52 limbs) of which 52% (27) limbs were no longer confined to compression. Clinical improvement was achieved in 98% of limbs.
- The clinic had won national and international prizes for their research into the assessment and treatment of venous reflux.

## Pain relief

- All surgical procedures at The Whiteley Clinic were performed under local anaesthetic so that the patient was able to say if they were experiencing pain. In addition to this staff used a technique of talking to the patient throughout the procedure. Current research indicates pain levels can be further reduced by talking to patients during a procedure.
- Staff assessed patient's pain levels throughout procedures and analgesia adjusted accordingly. We saw documentation in medical records which indicated this was occurring.

## Patient outcomes

- Patient satisfaction surveys were sent electronically to all patients after discharge. Patients were asked about their treatment, consultant, experience, and outcomes. They were asked whether they were happy and would they recommend the service to others.
- The clinic continued to send patient satisfaction surveys up until and after five years following the procedure. This meant that the clinic was able to assess the long term effects of treatment to assist with future research.
- This was unique to this clinic because published research from The Whiteley Clinic showed that if veins were stripped by open surgery, varicose veins recurred in 23% of patients within one year and 83% within 5 to 8 years. Recurrence of varicose veins was apparent between one and five years after the procedure. Using The Whiteley Protocol, research demonstrated more than 80% of patients had no recurrence of varicose veins.



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- A total of 84% of the clinic's patients rated the results of their treatment as either excellent, very good or good. This represented a total of 86 out of 102 patients. 11% rated their outcomes as fair, while 5% rated the outcome as poor.
  - To ensure that the clinic could provide the correct advice to patients during the consenting period, they regularly performed audits of patients. They selected a treatment type, age range, disease type or a specific year and then would invite a group of patients that fulfilled those criteria to return for a free scan and assessment. The results were presented internally and when interesting at national/international meetings and published in peer-reviewed journals.
  - The clinic compared the results of surveys, with previous years to ensure that their standards were uniformly high and did not drop. They compared results at their different locations. Although they produced their patient satisfaction figures and published them on their website, few other vein clinics do so and so comparison between other centres was not possible at the time of the inspection. However, comparison should become possible with the venous registry that was being developed with the College of Phlebology.
  - Although some network hospitals and NHS hospitals use patient reported outcome measures (PROMS), the outcomes for varicose veins were not as specific as the clinic's patient surveys and audits were at the time of the inspection. It was hoped that the registry information should end up being better than the current system as a comparator of performance.
  - The procedures at this clinic meant patients could return to work the day after the procedure, whereas previous techniques had meant patients had to take time off work to recover.
  - Due to the specialised nature of the work carried out at the clinic, they were unable to take part in national audits as there were none on-going.
- Competent staff**
- We reviewed three personnel records and all three contained a CV, full employment history, proof of identity, qualifications, a Disclosure and Barring Service (DBS) check, induction checklists, medical indemnity insurance, recruitment checklists which included their hepatitis B status.
  - We observed information on the walls of the staff room, which included information about revalidation for nursing staff. The lead nurse confirmed during interview that staff were supported through this process and were given sufficient time and information to assist with this.
  - The lead nurse stated the Executive Chairman actively encouraged staff to undertake professional development and that they themselves had been given time to do this.
  - Patient service centre staff dealt with all enquiries at the first stage and offer guidance where they are able to. The Executive Chairman provided all of these staff with a basic level of training to enable the staff to speak with confidence to any potential patients. If the service centre staff were asked a clinical question to which they didn't know the answer, they were able to speak with nursing staff in order to get the answer.
  - The clinic did not use agency staff due to the specialised nature of the work that was undertaken. The clinic had access to bank staff, trained in the specific scans and treatments performed at the clinic. The bank staff were given a very similar induction to permanent staff to ensure that they had the right skills to perform the role. Both of the induction checklists were seen during the inspection.
  - Nurses and healthcare assistants all underwent their induction with the Clinical Quality Nurse. This included shadowing staff as they worked. During the shadowing they would not be expected to work and will not be counted as part of the team during any surgical procedure.
  - As part of the training and induction process for consultants, the Executive Chairman when performing surgery had a camera set up in theatre which relayed the pictures back to the training room. Patients who were being operated would have to give specific consent for their procedure to be filmed.
  - Every member of staff at The Whiteley Clinic had received an appraisal in the most recent appraisal period.



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- We saw staff had been encouraged to attend a variety of external clinical courses. This included a management course, a degree and they had been supported through research projects. In addition to this, the clinic had supported students from the local university.
- The clinic held annual academic days and encouraged staff to teach and present papers internationally.
- The Whiteley clinic vascular technologists were trained to such a high degree, they were able to identify a variety of very specific veins, which was necessary in order to treat varicose veins effectively. We saw a demonstration of this very specific scanning.

## Multidisciplinary working (related to this core service)

- Experienced consultants worked with less experienced sonographers in the early stages and more experienced sonographers worked with less experienced consultants when they first worked at the clinic. Interventional procedures always had a consultant and sonographer (vascular technician present). No one worked in isolation within the clinic.
- The Medical Advisory Committee (MAC) meetings include the Executive Chairman and a senior consultant. External members attendance was requested if something 'unusual' occurred. The MAC was currently incorporated into the Clinical governance meetings.
- The teams had the ability to video conference at each location and the Executive Chairman was present at each site every week. This means that the Executive Chairman had face to face contact with the senior management team each week.
- The lead nurse's speciality practice was the management of leg ulcers. They were supported by the consultants in managing this. The lead nurse involved tissue viability and district nurses in the treatment programme.
- Clinical governance meetings occurred on a monthly basis and discussion around clinical cases happened at each one. The multidisciplinary team that looked at clinical cases included a vascular technician, nurses, healthcare assistants, interventional radiologists, vascular surgeons and a lymphedema specialist.

- The clinic had an annual academic day where a variety of clinicians including vascular technicians, registered nurses, health care assistants, interventional radiologists vascular surgeons and a lymphedema specialist met and discussed cases of interest.

## Seven-day services

- The clinic opened between the hours of 8am and 6pm Monday to Friday. When necessary, the clinic could stay open longer to accommodate patients' needs. Out of regular clinic hours, an emergency phone line was available to all patients. The telephone line was covered by consultants on a rota basis. The emergency number was published on the website and included on all of the clinic's post-procedure information leaflets.
- If patients called the day to day contact number out of hours there was a voice message diversion for emergencies. Any emergency, unscheduled appointments with consultants, vascular technologists or nurses were made as necessary. Patients were normally seen the same day. On the occasions when a patient required more than telephone advice at the weekend, consultants would offer to review the patients in the clinic out of hours or would refer the patient to the local emergency department.

## Access to information

- The clinic had a website, which contains a comprehensive guide to the services that were provided. Patients could complete a self-assessment on the Whiteley clinic website. This enabled potential patients to look at the different symptoms they may experience and fill in a veins screening form, which was a free online service.
- The website provided details of the research that has been undertaken by the clinic as well as a full explanation of The Whiteley protocol.
- We saw a range of information leaflets available to patients in the reception area.
- The clinic was moving toward electronic only documentation, so patient information could be accessed at each location. At the time of inspection, records could be scanned and sent to other locations electronically. Therefore, staff could access patient information, if required.





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- Staff could access the clinics policies and meeting minutes electronically on the shared drive. They told us they had no difficulty accessing patient records and information.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- In order for a patient to consent to a procedure, the consultant assessed the patient's mental capacity, in line with the Mental Capacity Act, 2005.
- We were told that should anyone have been concerned about the mental capacity of the patient, they would not proceed with treatment at that time.
- We were told of an incident where an elderly patient was due to undergo a procedure. Just prior to the surgery starting, the patient started exhibiting signs of confusion. Following further checks by the consultant, the procedure was cancelled and the patient was taken by ambulance to the local NHS hospital.
- Because all procedures were planned, patients received full details the procedure. We saw staff giving full, detailed explanations of procedures and the after care. In addition to this patients had written information and had time to think about going ahead with procedures. This was in line with the clinic's consent policy.
- The consent policy advised staff to gain patient's written consent on the day of the procedure. This was in line with national guidance and royal colleges standards. We saw copies of consent forms in medical records, which indicated this was occurring.

## Are outpatients and diagnostic imaging services caring?

Good



We rated caring as good because:

- Patients were cared for with kindness, dignity and respect.
- Feedback from patients was very positive commenting on the professionalism and caring attitude of the staff. Patients were treated as individuals.

- The environment allowed for patients to be treated with privacy and dignity.
- Patient information was provided and appropriate to procedures.
- The clinic informed patients how to give feedback on care received.

## Compassionate care

- Staff treated patients with kindness, dignity and respect. Staff interacted with patients in a positive, professional and informative manner. This was in line with National Institute for Health and Care Excellence (NICE), QS15.
- We observed medical staff collecting patients from the waiting room, shaking hands and introducing themselves prior to consultation.
- We saw posters in the waiting and consultation rooms that chaperones were available, in line with the corporate chaperone policy (June 2016). All staff received chaperone training. In line with the policy, staff recorded in the patient notes if a chaperone was refused.
- There were two separate waiting rooms for patients. The first was for patients waiting for consultation and a second for patients to rest following their procedure, this room contained reclining chairs. There was a nurse station by the second waiting room that enabled patients to be kept under observation.
- We spoke to a patient post procedure who said, "the staff here are a very professional team" and commented that they were "treated as an individual". They commented on feeling comfortable throughout the procedure and the nurse checked regularly they were not in pain. The patient could not think of any way the service could be improved, as it had been a very positive experience.
- Patient feedback cards described the care as "wonderful beyond what one could wish for" and "any question was answered with care attention. All staff checked I was comfortable during my procedure and action was taken when I was in pain". In addition, patients commented that the environment appeared "spotless, clean and totally relaxing. Nothing was ever too much trouble".



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- In most recent patient satisfaction survey, 100% of patients rated their experience as good or very good. One hundred and eight patients responded to the survey, which was 10% of all attendances.

## Understanding and involvement of patients and those close to them

- Staff introduced themselves by name to the patient and relatives.
- We spoke to a patient who described the initial consultation, investigation and was then told the treatment options. The patient was encouraged to go home and to think before making a decision about treatment. This was in line with best practice allowing the patient time to consider all options.
- There were two patient information files, one in each waiting room. These contained information for patients and relatives including procedural information. There were feedback cards and a patient guide on how to make a complaint.
- Patient satisfaction surveys were sent to all patients on discharge and results are discussed at Clinical Governance meetings.
- The most recent patient satisfaction survey indicated 85% of patients felt they had received enough information about their procedure.
- The clinic had a testimonial booth where patients were encouraged to leave feedback. This was seen to be simple to use, is private and enables the patient to leave verbatim, real time feedback. This information was managed by the IT department and fed back at the clinical governance meeting. We saw minutes of this meeting, which indicated this was occurring.

## Emotional support

- The hospital website has a link and is active in the support of The Leg Ulcer Charity, where patients can access advice and support, if required. At the clinic the service for patients is nurse led with consultant overview.
- In the most recent patient satisfaction survey, 85% of patients felt they had been emotionally prepared for their procedure.

## Are outpatients and diagnostic imaging services responsive?

Outstanding



We rated responsive as outstanding, this was because;

- People's individual needs and preferences were central to the planning and delivery of tailored services. The services are flexible, provide choice and ensure continuity of care.
- Patients were treated according to their individual needs. Appointments could be scheduled to address the particular condition of each individual patient.
- Extra time was built into appointments to avoid the need of patients being seen after their scheduled appointment time.
- Provision was made at the clinic for patients with disabilities including suitable access for wheelchair users and an induction loop for patients with hearing aids.
- Interpreting services were available for patients whose first language was not English.
- The clinic provided a testimonial booth for patients to provide feedback to the clinic. Any feedback provided in the booth was discussed at clinical governance meetings.

## Service planning and delivery to meet the needs of local people

- The clinic used their other locations if they were at full capacity at Guildford. They gave patients the choice of whether to attend another location or increase their wait slightly. Some patients we spoke with had travelled from overseas and attendance at a different location was not a problem for them.
- If cases were urgent or patients requested it, clinic offered evening clinics or a Saturday clinic.
- Every patient attending the clinic had their own particular pattern of venous disease which meant no two procedures were the same. Treatment plans were tailored accordingly. Where multiple procedures were



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required, the procedures could be broken down into manageable sessions. Patients travelling any distance for two procedures could have had appointments scheduled for the beginning and end of the same day.

- The clinic booked patients in at a time of year with respect to which procedure they would undergo. For example, one procedure involved patients wearing bandages for a period after, the clinic offered this procedure in cooler weather periods.
- Two changing rooms were seen that enabled patients to change in private prior to procedure. Belongings could be locked away securely. Each patient undergoing a procedure was given an individual bag containing what they needed to get changed into, dressings and a contact card. This demonstrated an individualised approach as the patient could keep the bag and bring back what was required at follow up appointments.
- Refreshments of tea, coffee and cold drinks were available for patients and relatives.

## Access and flow

- Patients accessed the service either through a recommendation by a GP or refer themselves. The clinic used social media as part of its marketing strategy.
- The clinic had a self-assessment section on its website for potential patients to go through. The advice provided is dependent on the information that the patient puts in. The patient could then contact the clinic by email or by phone to make further enquiries.
- The new patient enquiries and bookings all went through a central point in the clinic. The call handlers spent an average of 10 to 15 minutes with each caller explaining the services they offer and gave them basic information about what the procedures entailed. The call handlers adapted their advice and guidance to suit each individual patient.
- Bookings were recorded on the clinic's electronic booking system. This included full personal details as well as free text notes that related to the individual patient. Notes of calls or other contact from patients were also recorded on this system. Bookings were made allowing extra time depending on the outcome of the initial scans. This had the effect that patients did not wait for excessive periods and that they were seen on time.

- Appointment waiting times were 2-3 weeks although if there was availability, patients could be seen at much shorter notice. Patients had the choice, should they want to, to be seen by any of the consultants.

## Meeting people's individual needs

- Each treatment plan was individualised and dependent upon the initial assessment and presenting problem.
- The clinic was wheelchair accessible and had toilet facilities for wheelchair users.
- Disabled patients were encouraged to bring carers with them to facilitate their visit to the clinic.
- There was an induction loop throughout the clinic for patients with hearing aids.
- Refreshments such as tea, coffee, water and biscuits were available for patients following their procedure.
- Relatives were able to collect patients after their procedure from the second waiting room and there was a nurse stationed in that area.
- The clinic had access to telephone interpreters for patients whose first language wasn't English. In circumstances where a patient didn't speak English as their first language, staff encouraged them to bring a relative to any consultation. Staff explained consent would be sought through a relative as long as the patient had consented to the relative interpreting for them via an independent interpreter.
- The clinic did not provide any written information in languages other than English although they did have plans to produce films about the services they offered in different languages. The languages they had planned to produce these in were Russian, Polish and Italian.
- The clinic had a testimonial booth which could be used by patients who used the service. The booth was a private area that had a touch screen computer which allowed patients to talk about the service they had received. There was also a facility to record video feedback. All feedback was discussed at the clinical governance meeting. We saw discussions of patient feedback had taken place.





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- The clinic provided each patient with a bag that they could keep for further appointments. This bag included a dressing gown, knickers, slippers, and guidance for how to use compression stockings, gauze and latex gloves.

## Learning from complaints and concerns

- Staff discussed complaints at the clinic's monthly Clinical Governance Meetings. This included representatives of all departments in the multidisciplinary team. The agenda itemised sections for "clinical complaints" and for "non-clinical complaints", which we saw.
- The Whiteley Clinic had a comments and complaints policy in place. They had a commitment to making a patient's visit to the clinic as comfortable and productive as possible and wanted to provide the highest level of service at all times.
- However, if a patient felt the clinic was failing in these aims, they welcomed their comments and suggestions. All comments, suggestions or complaints could be made to the consultant, the Registered Manager, a clinic nurse or any other member of staff. All complaints would be treated seriously and remain confidential, except to facilitate the investigation of the complaint. A complaint could be made verbally or in writing.
- We reviewed five complaints during the inspection and we saw the complaint was acknowledged in two working days and a letter explaining the outcome of the investigation was sent to the patient within 20 working days. This was in line with the clinic's complaints policy.
- Patients that complained were asked to come back and meet with senior team (this action was confirmed when talking to the lead nurse).
- The lead nurse was comfortable raising areas of concern with the senior clinical team. If there was a complaint they would try to deal with this and speak to the patient either face to face or on the phone. If the concern could not be easily resolved they would ask the patient to formalise the complaint in writing. The lead nurse and practice manager took responsibility to investigate and respond to all complaints.

- The clinic received 32 complaints in the reporting period April 2015 to March 2016. None of them were referred to the Ombudsman or Independent Healthcare Sector Complaints Adjudication Service.

## Are outpatients and diagnostic imaging services well-led?

Outstanding



We rated well-led as outstanding because:

- The vision of the service was to provide high quality care and continuously research the procedures carried out at the service.
- Staff engagement was high and members of the team were encouraged to develop their skills further.
- The founder of the clinic established a charity to provide support and advice for patients suffering with venous ulcers.
- Engagement project with the local community included sponsoring a local sports team and teaching local schoolchildren.
- The clinic had recently been awarded a grant to develop medical devices to assist in the treatment and management of venous disorders. It was working in collaboration with the University of Surrey to develop a new range of medical devices targeting surgical instruments used in the investigation and treatment of venous diseases in an on-going project.
- The clinic provided an international training academy.
- Staff at the clinic provided workshops and lectures internationally.
- By sharing their knowledge and research internationally, the clinic encouraged improvement globally.
- Continued research and assessment of their procedures, enabled the clinic to continually progress methods in the management of varicose veins.

## Vision and strategy for this core service



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- The clinic put their clinical service, supported with research, development and teaching at the heart of everything, they did. Their vision was to ensure patients got the most effective treatments.
- The clinic aimed to be at the forefront of all developments in management of venous disorders and to teach and share their knowledge with other doctors, nurses and members of the scientific community.
- The long term commitment of the clinic was to cure patients. Varicose veins could return following procedures. The clinic aimed to demonstrate with research good long term outcomes. Published research demonstrated the use of The Whiteley Protocol resulted in very low long-term recurrence of varicose veins and high patient satisfaction.

## Governance, risk management and quality measurement for this core service

- The governance framework ensured an effective organisational structure that supported the delivery of services and minimised the risks across all areas of business.
- The clinic had an audit timetable, which carried out a variety of audits every six months, which included infection control, consent, clinical and medicine records. We saw results of these audits, which indicated this was occurring.
- There was a robust system of governance. The management team met monthly and discussed incidents, infection control, complaints and risks.
- Clinical governance meetings were held monthly and were responsible for ensuring the appropriate structure, systems and processes were in place in the clinic to ensure the safe delivery of high quality clinical services. Incidents, complaints, infection control issues were discussed and risk reviewed at these meetings. We saw minutes of meetings which confirmed this and the minutes of governance meetings were available to all staff on the intranet. Staff at all levels were invited to attend clinical governance meetings.
- Risk was managed by assessing activities which included procedures and locations and the use of equipment. An assessment would also be triggered by an incident. We saw these assessments stored in the

Risk Assessment File. An external company carried out the annual Fire Risk Assessment. Any member of staff could raise and discuss risk at the clinical governance meetings.

## Leadership / culture of service

- At The Whiteley Clinic, medical secretaries reported to the lead medical secretary. Nursing staff and health care assistants reported to the lead nurse and sonographers reported to the lead sonographer.
- The lead medical secretary, clinical quality lead nurse, lead nurse, podiatrist and lymphoedema specialist all reported to the practise manager who was also the registered manager. This senior leadership team reported to the executive chairman and directors of the board.
- The Whiteley Clinic had inspiring and approachable leaders who shared a clear vision that was known and understood by staff working in the clinic. They welcomed innovation and celebrated success, by paying for any student or staff member who published their research, to travel and present their paper internationally.
- The founder of the clinic was also the founder of the Leg Ulcer Charity and the College of Phlebology.
- Staff spoke positively about their senior leadership team. They told us they were visible, approachable and inspired them to deliver a high standard of patient care.
- The leadership team were proud of the treatment and care staff provided at the clinic.
- There was an overwhelming sense of pride from all staff in the work and research the clinic had conducted.

## Public and staff engagement

- The clinic supported and engaged with the community in a variety of ways. They provided a course to local students in order to encourage them to engage with the medical profession. This was in order to work towards their vision of teaching future generations of doctors, nursing staff and others wishing to pursue a scientific career.



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- The clinic founder had established the leg ulcer charity, which provides information and support for sufferers of leg ulcers. It also promotes fund raising events for the charity.
- Staff told us they felt supported by their managers. They received regular communication via 'State of the Nation'. This was a communication via video link to bring the clinics situated in different parts of the country together.
- Staff told us they had received support to develop their careers further. We saw staff had attended a variety of external training courses, supported by their leaders.
- The clinic held summer and Christmas parties, to which, all staff were invited and staff we spoke with confirmed their attendance.
- Continued research and assessment of their procedures, enabled the clinic to continually progress methods in the management of varicose veins.
- Due to the small nature of the service, the medical advisory committee (MAC) was included within the clinical governance meetings. The purpose of the MAC was to ensure there were systems and processes in place in relation to governance and assurance. We saw minutes of meetings which indicated this was occurring.
- The Whiteley Clinic reviewed the practising privileges of each practitioner every two years. The review was based upon a full review of the practitioner's performance taking into account the most recent appraisal. The decision to renew practicing privileges was made by Professor Whiteley in conjunction with advice from the MAC. A variety of data was reviewed in order to ensure an informed decision on the activity and performance of the practitioner. This included a practice profile indicating the number and range of procedures performed, evidence of continuing professional development and feedback from appropriate clinical colleagues and other staff within The Whiteley Clinic. This was in line with the Practising privileges policy and we reviewed personnel files, which indicated this was occurring.

## Innovation, improvement and sustainability

- The clinic had recently been awarded a grant from Innovate UK. Knowledge Transfer Partnerships (KTP) is a UK-wide program that has been helping businesses for the past 40 years to improve their competitiveness and productivity through the better use of knowledge, technology and skills within the UK knowledge base. Innovate UK, awards grants in order to develop medical devices where there is patient need and demand by NHS and/or world health markets.
- The KTP led to the clinic working in collaboration with the University of Surrey to develop a new range of medical devices targeting surgical instruments used in the investigation and treatment of venous diseases.
- The clinic provided an international training academy. They demonstrated their surgical techniques live via video link. Staff at the clinic provided workshops and lectures internationally.
- By sharing their knowledge and research internationally, the clinic encouraged improvement globally. They attracted potential future employees to work at the clinic. Working with the local school, they engaged with medical staff of the future.
- The clinic carried out a variety of audits throughout the year, this included the audit of medical records, consent forms, infection control, waste, use of Laser and the theatre register. We saw action plans arising from these and evidence actions had been completed.
- The clinic measured the quality of their service using an electronic patient survey, which was emailed to patients following their procedure.
- In addition to this, the clinic regularly performed audits of their patient, by inviting a group of patients to return for a free scan and assessment. The clinic published the results of these findings. We saw one published article, which had followed patients up 5-8 years following their procedure. The clinic had measured some patients outcomes up to 15 years following their procedure. The outcome of these survey was that the clinic was able to demonstrate low rates of recurrence of varicose veins.

# Outstanding practice and areas for improvement

## Outstanding practice

- Shared vision and drive to deliver evidence-based, effective treatment and management of varicose veins, venous leg ulcers, venous eczema and phlebitis.
- Collaborative working with the University of Surrey to provide opportunities for postgraduate students and in the development of new medical devices.
- Establishment of a training academy to share learning and developments in the management of venous reflux nationally and internationally.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- Carry out a risk assessment for the need of an automatic electronic defibrillator in line with guidance from the resuscitation council.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.