

Lymphvision Limited

# LymphVision Clinic

## Inspection report

Third Floor, Stafford Education & Enterprise Park  
Weston Road  
Stafford  
ST18 0BF  
Tel: 0330010131  
www.lymphvision.com

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- Staff provided good evidence-based care and treatment. The manager monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to useful information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet the needs of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

# Summary of findings

## Our judgements about each of the main services

| Service                              | Rating   | Summary of each main service |
|--------------------------------------|--|------------------------------|
| Community health services for adults | Good  |                              |

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# Summary of findings

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# Summary of this inspection

## Background to LymphVision Clinic

Lymphvision is an independent service that provides assessment, treatment and imaging to people with lymphoedema. The service offers consultation and assessment, lymphoedema management including manual lymphatic drainage and follow up. The primary provision of the service is Indocyanine green (ICG) lymphography Imaging which enables the clinician and patient to view and map the lymphatics in real time, for assessment and screening. A fluorescent dye is injected into the area of the body of concern and a specialised camera identifies the lymph movement on a computer screen. The clinician then maps the area where the lymph is draining to and produces a tailored treatment plan for enhanced lymphatic drainage. The service can access specific tools and garments suitable for ongoing treatment, for self-use or for use with other lymphatic therapists. This is the only service of its type in England although others offer pre-surgery assessment only. It receives referrals from across the Country.

The service is based in Stafford and has clinics in Henley and Kendal. Referrals are received from health care professionals and patients can refer themselves. The patient receives an initial consultation on the telephone and is then seen in clinic for the assessment. A detailed report and proposed treatment plan is sent to the patient, other therapists, GPs, surgeons and other health care professionals. Patients are typically only seen once. The service has assessed or treated 240 patients since it was registered with the Care Quality Commission in 2018.

The service has never been inspected. It was registered in 2018 for the following regulated activities: Diagnostic and screening procedures and Treatment of disease, disorder and injury. There is a registered manager.

## How we carried out this inspection

The inspection team for this inspection consisted of two CQC (Care Quality Commission) inspectors.

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the site and looked at the quality and safety of the environment at the Stafford location
- spoke with the registered manager
- spoke with two other staff members
- spoke with seven people who use the service
- reviewed six client care and treatment records
- carried out a specific check of medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

- The service should ensure that they install an alarm system that can be heard in both rooms when they are need of assistance in an emergency.

## Summary of this inspection

- The service should ensure that they provide a privacy screen in the clinical room, so patients could maintain their dignity.






# Our findings

## Overview of ratings

Our ratings for this location are:

|                                      | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--------------------------------------|------|-----------|--------|------------|----------|---------|
| Community health services for adults | Good | Good      | Good   | Good       | Good     | Good    |
| Overall                              | Good | Good      | Good   | Good       | Good     | Good    |

# Community health services for adults

|            |  |
|------------|--|
| Safe       | Good  |
| Effective  | Good  |
| Caring     | Good  |
| Responsive | Good  |
| Well-led   | Good  |

## Are Community health services for adults safe?

Good 

### Mandatory Training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Staff received and kept up-to-date with their mandatory training. All staff were up to date with their training needs and the manager monitored mandatory training and alerted staff when they needed to update their training.

The mandatory training was comprehensive and met the needs of patients and staff. Staff were 100% compliant. It included equality, diversity and inclusion, infection prevention and control level two, fire safety, information governance, health safety and welfare, moving and handling and conflict resolution.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. Staff had completed safeguarding adults training up to level two. The manager had completed up to level three.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

### Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.**

The clinical area was clean and had suitable furnishings which were clean and well-maintained.



# Community health services for adults

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service was deep cleaned weekly and cleaned daily on clinic days.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff and patients wore face masks during assessment and treatment. COVID-19 procedures were in place, such as hand sanitiser and face masks. Patients had their temperatures taken when they arrived at the service and before treatment, to help prevent the spread of COVID-19.

Staff cleaned equipment after patient contact.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.**

Staff carried out safety checks of specialist equipment to ensure it worked correctly, in line with manufacturers guidelines.

Staff performed monthly checks on the water supply for legionella. Results were recorded accurately and in a timely manner.

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

Staff completed risk assessments for each patient on assessment. Patients were assessed on the telephone before a treatment date was agreed. The assessment was thorough and any specific risk issues were identified and planned for before treatment. This included any allergies – specifically to iodine, existing health concerns, or other issues that could affect the mapping procedure or manual lymphatic drainage treatment.

There were several anaphylaxis kits across the site in case someone had an allergic reaction to the dye in the treatment. They were easily accessible.

Staff shared key information to keep patients safe when handing over their care to others.

The clinical staff had access to a personal alarm in the clinical area if they required assistance from other staff in an emergency. However, we were not assured that the alarm could be heard in the administration office. The provider agreed they did not consider this to be sufficient and has ordered an alarm system that can be heard in both rooms.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

# Community health services for adults

The service had enough nursing and support staff to keep patients safe. The service consisted of one manager, one administrative assistant who was on maternity leave, and one temporary administrative assistant.

A qualified nurse who was specialised in lymphoedema had started the day before we inspected. This meant that two clinical staff would be able to provide assessment and treatment.

The service did not have any vacancies but wanted to recruit a qualified nurse next year to enable more opportunities to provide clinics and expand the service.

The service had a low sickness rate. The service did not use bank or agency staff and only used staff who had experience in the technique of lymphoedema imaging when the clinician was away.

## Medical staffing

The service did not use medical staff for assessment and treatment, except for prescribing the dye that was used in the injection. They had a contract with one prescribing doctor.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

We reviewed six patient care records. All were comprehensive and included a detailed plan of care, findings and conclusion from the assessment. They were easily accessible and easy to navigate.

Patient care records included specific risk indications boldly and clearly so they could not be missed.

Records were stored securely and were electronic. Staff followed information governance policies and procedures when transferring the electronic report to other health care professionals and patients.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

Staff followed systems and processes to prescribe medicines safely. A doctor had a standing agreement with the service to prescribe the fluorescent dye to each patient following consultation with the clinician, following the initial assessment, allergy checks and consent had been given.

Staff administered medicines safely and completed medicines records accurately.

Staff stored and managed all medicines and prescribing documents safely. Medicines and associated medical supplies were stored in a locked cupboard and the key was kept in a locked cabinet. Stocks were monitored and rotated regularly.

Staff learned from safety alerts. There was a small chance that the dye used in the procedure could potentially cause an allergic reaction to anyone who was allergic to shellfish. This was identified in the initial assessment and a different dye could be used if this was the case.

## Incidents

**Staff recognised incidents and near misses.**

# Community health services for adults

All staff knew what incidents to report and how to report them. The service had reported two incidents since it had opened in 2018. One was a potential allergic reaction and one was a parking charge. Both had been investigated appropriately and lessons learnt about how they could be prevented in the future.

## Are Community health services for adults effective?

Good 

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service worked closely with the leading world experts in lymphoedema based at the International Society of Lymphology and followed their guidelines as well as the British Lymphology society and the National Institute for Health and Care Excellence (NICE) guidelines.

The manager attended and presented at worldwide conferences. The mapping procedure was not widely used therefore attendance at conferences gave an opportunity to promote the procedure and learn from others.

### Patient outcomes

**Staff used the findings to make improvements and achieved good outcomes for patients.**

The service participated in local relevant clinical audits, such as patient care notes. They reviewed patient feedback and sent out a yearly survey to patients who had used the service.

There were no national standards or outcomes for this service. The service did monitor severity of lymphoedema in patients against the British Lymphology society levels. This was recorded in the report sent to the patient and other relevant health care professionals. This enabled therapists and other clinicians to provide a targeted treatment approach that only the mapping procedure could produce and helped improve quality of life for the patient.

### Competent staff

**The service made sure staff were competent for their roles. The manager appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The manager and the new nurse were both highly qualified in lymphoedema. The manager had gained her masters degree and the nurse was in the process of completing it. The manager also ran a teaching academy which provided training to other clinicians such as lymphoedema therapists and district nurses.

The manager gave all new starters a full induction tailored to their role before they started work. One nurse had started the day before our inspection and a comprehensive induction programme had been arranged.

The manager supported staff to develop through yearly, constructive appraisals of their work.

# Community health services for adults

The manager supported staff to develop through regular supervision of their work, and identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The manager attended regular group supervision and peer support with colleagues across the region.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The manager made sure staff received any specialist training for their role.

The manager made sure staff attended team meetings although they were more informal due to the size of the service. Staff also had the opportunity to raise any concerns or queries as they occurred and did not have to wait for a formal meeting.

The manager identified poor staff performance promptly and supported staff to improve.

## Multidisciplinary working

**Staff supported each other to provide good care and communicated effectively with other agencies.**

The service worked well with other agencies when required, such as other therapists, GPs and consultants or surgeons. All relevant healthcare professionals received the report following the assessment or treatment with recommendations and conclusions.

The service contacted other agencies when they had other concerns or queries, such as mental health or safeguarding.

The service offered advice to GPs or other health care professionals or therapists.

## Health promotion

Staff assessed each patient's physical health and provided support for any individual needs to live a healthier lifestyle if this aided their treatment for lymphoedema.

## Consent and Mental Capacity Act

**Staff supported patients to make informed decisions about their care and treatment.**

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. This was evidenced in all six care records we looked at.

All patients who attended the service had capacity. It was their decision to source the treatment provided. Staff helped make treatment decisions in the patient's best interests and made sure they consented to treatment based on all the information available.

## Are Community health services for adults caring?

## Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

# Community health services for adults

We spoke with seven patients and observed one patient's assessment and consultation. Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and explained everything that was happening. The patient could observe the procedure on the computer screen and see their lymph illuminated as the dye travelled through the limb. The clinician explained what was happening, where the lymph was flowing to and where the patient's future treatment should focus to get better results from other lymphatic treatments and improve quality of life.

All the patients we spoke with said staff treated them well and with kindness. All staff were respectful and considerate. Patients were put at ease during the procedure and were made to feel comfortable.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs.

## Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff gave patients emotional support and advice when they needed it. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Three patients said this was the first time they felt someone had really listened to them about their lymphoedema and had really understood how the condition impacted them and made them feel.

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

**Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. Patients received immediate feedback during the assessment, and the report enabled the patient and their family to target their treatments specifically to improve quality of life.

Staff talked with patients in a way they could understand. Patients told us they were given excellent explanations of what would happen beforehand, how they would feel during the procedure and as it was happening. They said the advice and explanations were easy to understand and pitched at the right level and the information given was helpful. The clinician expertly answered the patient's questions and queries in a respectful and considerate way.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. All patients were invited to provide instant feedback following assessment or treatment. We reviewed five surveys which were all positive.

Staff supported patients to make informed decisions about their care. We observed a patient receiving information so they could decide about which limb they should have the mapping procedure performed upon. The patient told us the information given and how it was presented helped with their decision making.

Patients gave positive feedback about the service. We saw 15 compliments forms praising the service.

# Community health services for adults

## Are Community health services for adults responsive?

Good 

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

**The service planned and provided assessment and treatment in a way that met the needs of the people.**

Facilities and premises were appropriate for the services being delivered. The service had a waiting area outside of the main door. It had enough seating to accommodate at least four people. However, there would not be more than one patient waiting. The service had two rooms; one for administration and one clinical area.

The service did not have a privacy screen in the clinical room. We observed staff shielding the patient by using paper roll when undressing. The door was locked during treatment and the blinds were closed, ensuring privacy. The manager wanted to order a privacy curtain that would appropriately fit the clinical room and not impede on the space and get in the way.

### Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They liaised appropriately with other services and providers.**

The service had information leaflets available regarding the service, lymphoedema in general and various support networks.

The service had a lift for patients whose mobility was compromised. The clinic room was large enough to accommodate a wheelchair or people who had other mobility aids.

Staff made sure patients could get help from interpreters or signers when needed.

### Access and flow

**People could access the service when they needed it and received the right care in a timely way.**

The service did not have any agreed waiting times or national targets. The service had specific clinic days, so referrals would be allocated to the next available clinic day, following telephone assessment. Patients told us they were usually assessed and seen within one to two weeks.

There was no waiting list when we inspected.

The service had not cancelled any appointments. They were flexible to patients needs and could rearrange appointments if necessary. Patients could be seen at any one of the three sites, but Stafford was the main site.

Patients, GPs, hospital consultants and other lymphoedema therapists received a detailed report regarding assessment findings and proposed treatment plans within a few weeks of being seen. One patient told us they were seen promptly, and the report was sent out within a few days following the procedure to ensure their surgeon was able to use the findings to help guide and facilitate an imminent surgery.

# Community health services for adults

## Learning from complaints and concerns

**People were able to give feedback and raise concerns about the service they received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. The service had not had any formal complaints but had received verbal feedback regarding their website hours of opening not being correct and a COVID-19 letter template being out of date. Both issues were rectified quickly.

Staff understood the policy on complaints or concerns and knew how to handle them.

The manager acknowledged and investigated complaints. Patients received feedback after the investigation into their complaint or concern.

The manager shared feedback from complaints with staff and learning was used to improve the service.

## Are Community health services for adults well-led?

## Leadership

**The leader had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**

The manager had the skills, knowledge and experience to perform their role. They demonstrated an excellent understanding of the patient group and the impact that lymphoedema had on their quality of life. Staff ensured patients received high quality care and this was demonstrated in our observations on inspection.

This was a small service with only two members of staff and one nurse who had only started the day before we inspected, therefore all staff worked well together. Any concerns or issues were dealt with quickly and there were constant opportunities for high quality conversations.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff worked well together, and morale was good. Staff told us they felt valued and respected. They were supported to do their job.

Patients and staff told us they could raise concerns without fear if required.

## Governance

**Leaders operated effective governance processes. Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

# Community health services for adults

The service did not participate in a formal governance process as it was small and niche. However, the manager had policies, processes and procedures in place to ensure the service ran smoothly. The service monitored the quality of service and had made improvements where needed.

## **Management of risk, issues and performance**

### **Leaders managed performance effectively.**

The service did not have anything on the risk register.

The service was independent and did not have any key performance indicators or contracts with other services or commissioners.