

Premium Health Ltd

# Premier Health Operational Base

## Inspection report

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

## Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings


## Overall summary

We rated this service as good because:

- 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 mostly controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. Staff managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, ensured patients' comfort, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthy lives and promote recovery. Staff supported patients to make decisions about their care and had access to good 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 local people, took account 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 understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients, planned and managed services and all staff were committed to improving services continually.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	See overall summary at the beginning of the report.

# Summary of findings

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# Summary of this inspection

## Background to Premier Health Operational Base

Premier Health Operational Base is a private varicose vein treatment service based in Edgbaston, Birmingham, with outreach clinics in London and other locations in the Midlands. The service is operated by Premier Health Limited which is a registered provider with CQC. The service offers appointments to private fee-paying adult patients. The service is open on Tuesday and Thursday from 8.30am until 4.30pm. Telephone lines are available Monday to Friday from 8.30 am until 4.30 pm.

Premier Health Operational Base has had a registered manager in post since opening in 2020 and is regulated for the following activities:

- Surgical procedures
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The service is made up of 1 treatment room and operates on the first floor of a shared listed building in Edgbaston. Other healthcare services also operate from the same building. In addition, the service runs outreach services from other clinical premises in London and the Midlands. The service offers specialist treatment of varicose veins and other vascular conditions. Staff at the service include a registered manager, 4 consultant vascular surgeons (including the registered manager) and 3 specialist vascular nurses.

Between December 2022 to November 2023, they carried out 400 procedures including 217 Ultrasound Foam Guided Sclerotherapy (UGFS) and 183 Radiofrequency Ablations (RFA). UGFS is an injection to treat the veins and RFA is uses radiofrequency energy to shrink veins. Treatments provided by the service a minimally invasive and are provided on a 'walk in, walk out' basis.

We have not previously inspected Premier Health Operational Base.

## How we carried out this inspection

We carried out an inspection of Premier Health Operational Base on 9 November 2023 using our comprehensive methodology. The service had not previously been inspected.

Our inspection was announced with short notice as due to the nature of the service we needed to ensure it was operating on the day of the inspection. During the inspection we interviewed the registered manager, a vascular specialist nurse and a premises manager.

We reviewed 4 patient records, spoke with 3 patients, observed staff caring for patients and reviewed governance records.

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>.

# Summary of this inspection

## Outstanding practice

We found the following outstanding practice:

- Leaders encouraged innovation and consultants used their expertise to support the development of others. We saw evidence that staff working in the clinic had participated in delivering training to other professionals. For example, the registered manager had participated in delivering sessions for the British Association of Sclerotherapists (BAS) 2023 conference.
- The service had been awarded the Global Health and Pharma (GHP) global excellence award for 'best varicose veins treatments – Midlands' in 2022 and 2023.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service SHOULD take to improve:**

- The service should ensure that they continue to improve hand hygiene practices.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Surgery

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

## Is the service safe?

Good 

We rated safe as 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. Training was completed electronically for staff who were employed by the service. All clinical staff were employed substantively at a local NHS trust. They provided confirmation to the registered manager of their completed training.

The mandatory training was comprehensive and met the needs of patients and staff. This included modules such as anaphylaxis, basic life support, infection control, health and safety, fire, moving and handling and information governance.

Clinical staff completed training on recognising and responding to patients with mental health conditions, learning disabilities, autistic people and people living with dementia.

All staff were up to date with their training. Managers monitored mandatory training and alerted staff when they needed to update their training. This was reviewed as part of staff appraisals.

### 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.**

Clinical staff received training specific for their role on how to recognise and report abuse. They had all completed a minimum of level 2 child safeguarding and level 3 adult safeguarding training. There was a clear protocol for escalating safeguarding concerns to the registered manager who was the safeguarding lead.

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

# Surgery

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. Staff were directed to external local safeguarding teams in the event of a safeguarding referral being needed or where additional advice and support was required.

## Cleanliness, infection control and hygiene

**The service mostly controlled infection risk well and implemented improvements following feedback. The service used systems to identify and prevent surgical site infections. Most staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and the premises visibly clean.**

Clinic areas were clean and had suitable furnishings which were clean and well-maintained. At the time of inspection there were outside coats and belonging kept on the floor in the clinic room. Following feedback about this, these items were removed, and a dedicated storage area was found for these items.

The service mostly performed well for cleanliness. Infection prevention and control audits were carried out annually in line with the service policy. Actions were taken to improve compliance, for example, in relation to reducing clutter in the clinical area. In addition, room audits were conducted monthly and these included a review of cleaning, cross infection risks and waste disposal. Cleaning schedules were signed and dated to indicate they had been completed.

Staff followed infection control principles including the use of personal protective equipment (PPE).

We observed that not all staff complied with best practice for hand washing. We raised this with the registered manager who then undertook hand hygiene audits and implemented a process for regular monitoring of hand hygiene in order to improve practice. We observed good levels of aseptic non touch technique (ANTT) while procedures were undertaken.

Staff cleaned equipment after patient contact. We observed cleaning taking place in between patients and saw this was comprehensive.

Staff worked effectively to prevent, identify and treat surgical site infections. Patients were given information about surgical site infections and what to be aware of. Consultants reviewed patients after procedures which enabled them to review potential infections. There had been no incidents of surgical site infection in the 12 months prior to the inspection.

## Environment and equipment

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

The design of the environment followed national guidance. The service was run from 1 clinical room that was suitably designed and furnished with wipeable furniture. There was adequate ventilation of the room between patients to help manage the risk of infection.

Staff carried out daily safety checks of specialist equipment. In addition, clinical equipment was subject to annual maintenance and calibration, including the ultrasound machine.

The service had suitable facilities to meet the needs of patients' families. The waiting area was on the ground floor and was shared between a number of services operating out of the building.

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

Staff disposed of clinical waste safely. There was a contract for the removal of hazardous waste, and we saw that clinical waste bins were used appropriately. Sharps bins were compliant with waste control requirements and bins were signed, dated and were not over filled. A clinical waste storage bin was kept at the back of the building and was secured to the wall and locked.

## Assessing and responding to patient risk

**Staff completed 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, using recognised tools. Each patient was offered a pre-procedure consultation to identify the best course of treatment for them. The service had a clear exclusion criterion where patients with certain conditions or risk factors were not suitable for certain treatments. This was assessed as part of the initial consultation.

An adapted World Health Organisation safer surgery checklist and local safety standard processes were used during the procedure. This provided a series of safety checks that were worked through by the surgeon and the nurse, ensuring that areas such as consent, identification of treatment sites, procedure verification, sign in and out processes, and equipment checks were carried out to ensure a safe procedure. We viewed 4 treatment records and saw that these checks had been carried out.

Staff knew about and dealt with any specific risk issues. All staff were up to date with resuscitation and anaphylaxis training. Anaphylaxis was identified at the primary risk issue. An anaphylaxis kit containing adrenaline was available in the treatment room. Other risks included the risk of venous thromboembolism (VTE). Action taken to minimise the risk of this included excluding patients with a history of VTE from procedures where there was a greater risk of complications in a non-hospital environment. VTE assessments were carried out for all patients and those identified as at risk were prescribed suitable treatment. Staff had completed training in sepsis awareness and there was a clear assessment process in place, based on national guidance.

Staff shared key information to keep patients safe when handing over their care to others. Patients were given the contact details of the surgeon in the event of post procedure complications; this support was also available outside of normal working hours.

## Staffing

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

Clinics were run with a surgeon and a surgical nurse specialist in attendance. All clinical staff worked within NHS surgical services and their roles at Premier Health Operational Base were undertaken on a part-time self-employed basis. Clinics were held on specific days a week, either at the primary location or satellite clinics. Staffing was planned in advance and patients were booked into available slots at the earliest opportunity.

Risks associated with insufficient surgeon and nursing hours were identified on the service risk register. Action had been taken to mitigate the risks by appointing additional surgeons and nurses. At the time of the inspection there were 4

# Surgery

surgeons working within the service under a practicing privileges arrangement, with 2 surgeons working as directors for the service. Practicing privileges is a system of checks and arrangements that allow doctors to practice in services that do not directly employ them. There were 3 self employed surgical nurses working within the service, including at satellite clinics in the Midlands and London.

The service always had a consultant on call during evenings and weekends. Patients were given the surgeon's contact information for use in the event of complications or concerns.

## 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.**

Patient notes were comprehensive, and staff could access them easily. All records were electronic. We reviewed 4 sets of notes and saw that the safety check lists, and consent records were appropriately completed. We also saw records of letters to GPs where information about the procedure had been shared with consent from the patient.

Records were stored securely. Computers were appropriately protected, and staff used individual passwords to access them.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. They checked patient allergies on initial assessment and prior to administration.

Staff completed medicines records accurately and kept them up to date. This included details of the medicines administered during treatment including the dose and time of administration.

Staff stored and managed all medicines and prescribing documents safely. They were kept in a locked cupboard within the treatment room where only the surgeon and clinical nurse specialist had access. Medicines were ordered from recognised suppliers through service level agreements. A weekly stock check was performed. No medicines required refrigerated storage. We viewed a sample of medicines used and found these to be stored correctly and in date.

There was an anaphylaxis kit for use in the event of an allergic reaction. We saw that this included adrenaline that was regularly checked and in date.

## Incidents

**Staff knew how to recognise and report incidents and near misses. There was a process to investigate incidents and share lessons learned with the whole team and the wider service. Staff understood that when things went wrong, they were to apologise and give patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. There had been no patient safety incidents reported for the service. One incident relating to business continuity had been recorded, reviewed and action taken with a view to ensuring business continuity. There were clear processes in place where staff met to discuss incidents and other feedback to identify learning and improvement.

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Staff understood the duty of candour. They were open and transparent and understood the requirement to give patients and families a full explanation if and when things went wrong.

Managers had processes to investigate incidents thoroughly. This included involving patients and their families in these investigations as appropriate.

## Is the service effective?

Good 

We rated effective as good.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. They assessed needs and delivered care and treatment in line with current legislation, standards and guidance.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff assessed patients' needs and delivered care in line with evidence-based guidance and standards from recognised authorities such as the British Association of Sclerotherapists (BAS) and the National Institute for Health and Care Excellence (NICE).

Staff understood their responsibilities to protect the rights of patients subject to the Mental Health Act and followed the Code of Practice. They had received training in mental health and demonstrated an understanding of how this may impact care and treatment. However, they did not treat patients subject to the Mental Health Act.

### Nutrition and hydration

**Staff gave patients advice about food and drink prior to procedures.**

Patients undergoing procedures did not have to restrict food and drink or be nil by mouth prior to procedures. They were offered drinks as needed while waiting.

### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. The surgeon monitored patients' comfort during procedures and advised about pain relief and other ways of reducing discomfort following their procedure.

### Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service audited re-treatment rates and findings showed these were in line with published guidelines and literature. Infection rates were also monitored, however, there had been no reported infections in the last 12 months.

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Managers and staff used the results to improve patients' outcomes. They reviewed and discussed feedback from patients, including where patients reported no visible improvement in the look of their veins. Managers took action to improve patients' satisfaction including offering further treatment at no extra cost. A November 2023 audit report showed that 2 patients had been offered follow up treatment.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. There were ongoing audits or reviews of re-treatment rates, infections, and patient feedback.

Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits. Results were discussed at monthly staff meetings where staff had the opportunity to contribute to improvements.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staffs' 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. Clinical staff were registered surgeons or nurses with a background in vascular surgery. All worked within NHS trusts and completed training and competency updates to maintain their skills.

Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work. Staff attended team meetings or had access to full notes when they could not attend.

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

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. These were carried out informally as part of the day-to-day work of the clinic. We observed good teamwork and relevant discussions to ensure patients received the treatment and care appropriate to their needs.

Staff worked across health care disciplines and with other agencies when required to care for patients. This included communication with a patient's GP as necessary, including written communication about procedures and after care.

## Seven-day services

**Key services were available seven days a week to support timely patient care.**

The service was open 9am until 4pm Monday to Friday for telephone calls where patients could make contact to book appointments or discuss treatment. The service operated on Tuesday and Thursday for initial consultations and elective procedures when the clinical caseload warranted it. In addition, satellite/outreach clinics were held in Sutton Coldfield and London.

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Patients were able to contact the consultant out of hours in the days immediately following their procedure should they need to. Staff contacted patients following a procedure to check on their progress.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

The service had relevant information promoting healthy lifestyles and support. They provided information and guidance on post procedure care to promote a good recovery.

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle.

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

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff had completed training in the Mental Capacity Act and understood when an assessment was required.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. They provided detailed relevant information about the risks and benefits of procedures. They ensured that patients understood this before consenting to treatment. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

## Is the service caring?

We rated caring as good.

## Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. Patients said staff treated them well and with kindness. We observed staff interacting with patients and saw that they took time to explain procedures and answer questions.

Staff followed the provider policy to keep patient care and treatment confidential. Treatment was provided in 1 room which was apart from other services in the same building. Conversations were held discretely. Electronic records were held securely by the surgeon and devices were password protected and encrypted.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

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Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. They took time to identify what was important to individual patients, ensuring that care was person centred.

## Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients told us they felt listened to and supported.

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.

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

**Staff supported 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. They took time to provide explanations, answering questions with patience and kindness. Staff talked with patients in a way they could understand.

Patients could give feedback on the service and their treatment and staff supported them to do this. A questionnaire was sent out after 3 months after their procedure. Results showed that 76% of patients responded positively about their experience of the service, 9% were negative and 15% were neutral. Staff contacted all patients who submitted neutral or negative responses. These mostly related to cosmetic results of procedures. In some cases, it was too soon post procedure to comprehensively assess the results. In others, patients were offered a follow up consultation to review their results and potentially offered further treatment if this was required.

Staff supported patients to make informed decisions about their care. They gave patients comprehensive information and took the time to answer questions.

## Is the service responsive?

Good 

We rated responsive as good.

## Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the needs of patients. Appointments were arranged based on the needs of individual patients. All patients received an initial consultation to identify the appropriateness of treatment and their treatment appointment was booked at this time. Patients told us they found it easy to book appointments.

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Facilities and premises were appropriate for the services being delivered. The treatment room was on the first floor of a shared building where other services were operating. Patients were made aware they needed to climb the stairs and if necessary, the provider could access a more accessible room. However, because of the nature of the service and the provision of a 'walk in, walk out' service, patients receiving treatment were able to access the treatment room as needed.

Managers ensured that patients who did not attend appointments were contacted.

## 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 coordinated care with other services and providers.**

The service did not see patients with mental health conditions, learning disabilities or dementia due to the nature of the service. Staff had received training in equality and diversity, learning disability and autism awareness.

Patients with restricted mobility were not able to access the service. However, the surgeon would see them at an NHS or private hospital if they were unable to manage the stairs. The service had a clear exclusion criterion that was based on safety, and this prohibited some patients, including some with protected characteristics, from accessing the service. However, there were clear signposting arrangements and follow up arranged in more suitable premises, including NHS services.

Staff understood the Accessible Information Standard on meeting the information and communication needs of patients with a disability or sensory loss. They could access interpreters including British Sign Language interpreters if necessary.

## Access and flow

**People could access the service when they needed it and received the right care promptly.**

The service did not have a long waiting list and patients could access the service to suit their availability, including accessing satellite / outreach services that operated on different days. Consultant surgeons had the ability to refer directly to their NHS waiting list if more appropriate. If patients had their appointments cancelled at the last minute, due to reasons outside of their control, managers made sure they were rearranged as soon as possible and would offer an apology to the patients involved.

Managers and staff worked to make sure patients did not stay longer than they needed to. The service did not offer an inpatient facility and procedures were described as 'walk in, walk out'. Patients were given information about what to expect following treatment prior to their appointment, enabling a timely discharge after their procedure. This included information about not driving following the procedure and securing alternative transport home.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.**

Patients, relatives and carers knew how to complain or raise concerns and information on how to do this was displayed within the service. Staff understood the policy on complaints and knew how to handle them.

There was a process for managers to investigate complaints and identify themes and share feedback with staff. There had been no complaints about the service. We saw that complaints were a standard agenda item at monthly meetings.

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There was evidence that changes had been made as a result of feedback. We saw that service directors and staff were reflective when taking account of feedback, examining responses and seeking solutions to any concerns identified. For example, when patients were not completely satisfied with the appearance of veins following a procedure. We saw evidence of discussions that included a review of information given to patients regarding expectations and the time it would take to see visible improvements.

## Is the service well-led?

Good 

We rated well-led as good.

### Leadership

**Leaders 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.**

There was a clear management and leadership structure within the service. The registered manager was responsible for the service. Staff told us that leaders were visible and approachable and responded promptly.

Consultants and nurses running clinics were responsible for the day-to-day service, including appointment management and the clinical area. Staff were passionate about running a high-quality service and there was a clear focus on patient care and improvement.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action.**

The service's aim was to provide high quality, safe, professional services to patients. Leaders had a good understanding of issues relating to the sustainability of the service. Additional consultants and nurses had been brought into the service to ensure ongoing sustainability. New premises had been sought to deliver more outreach services, ensuring that patients had greater choice and access to services.

### Culture

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

There was an open culture within the service and staff and patients were able to raise concerns and were encouraged to share their views about the service.

Staff were 100% compliant with equality and diversity training and had a good understanding of how this applied to their practice. Staff felt supported in their roles and there was good communication within the service.

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## Governance

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

The service had a clear governance structure. There were documented policies and procedures in place for all aspects of the service and these were regularly reviewed and updated. Staff had opportunities to meet regularly. Meeting minutes showed that issues were discussed, and learning and improvement were a key priority for the service. For example, through discussion of the results of a re-treatment audit.

The service monitored processes for quality assurance and improvement. This included areas such as infection control, recruitment assurance checks for self-employed clinical staff and clinical audits. Infection rates, retreatment and adverse events were all routinely monitored and subject to regular review.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

The service had a local risk register and there were clear actions taken to mitigate risks. Recent actions included the recruitment of additional consultants and nurses to ensure the service continued to meet demand. There was a business continuity policy with clear actions detailed in the event of unplanned disruption, including in the event of power disruption or fire. Staff had clear guidance on what to do in the event of a disruption so they could manage the situation effectively. There were clear arrangements with the owner of the building to ensure that regular checks and risk assessments were carried out so that the building was fit for purpose.

The service received regular patient safety alerts and had a process to review and action these as necessary.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

All staff had completed information governance training. Electronic computer systems were password protected and patient information was transferred securely.

Service leads understood their responsibilities to submit data or notifications to external organisations and there were secure processes to do this.

One of the directors took responsibility for analysing data, including undertaking audits and reviewing information relating to patient outcomes and implemented actions to improve compliance. Service policies and procedures were available and easily accessible to staff.

## Engagement

**Leaders and staff actively and openly engaged with patients and staff. They collaborated with partner organisations to help improve services for patients.**

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The service collaborated with local NHS services and local independent hospitals if referrals to the service were unsuitable due to issues such as specific patient risks or difficulties with access to the service. Consultants had close working relationships with local services and there were good lines of communication to discuss patient needs. Staff were updated through regular meetings, emails and discussions.

Patients were asked for their feedback after every appointment. This was collated and regularly reviewed in management meetings. Where patients provided neutral or negative comments, they were contacted directly with a view to resolving any issues or concerns. Generally, feedback was positive.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

There was a clear aim for the service to be a learning organisation that improved things for patients on an ongoing basis. They had appropriate processes in place to ensure improvements where needed.

Leaders encouraged innovation and consultants used their expertise to support the development of others. We saw evidence that staff working in the clinic had participated in delivering training to other professionals. For example, the registered manager had participated in delivering sessions for the British Association of Sclerotherapists (BAS) 2023 conference.

The service had been awarded the Global Health and Pharma (GHP) global excellence award for 'best varicose veins treatments – Midlands' in 2022 and 2023.