



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Scottish Vein Centre, Edinburgh

Service Provider: Scottish Vein Centre Ltd

9 January 2020

*This report is embargoed until 10.00am
on **Thursday 5 March 2020***

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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to the Scottish Vein Centre on Thursday 9 January 2020. We spoke with five staff members, including the service manager who was also the doctor and sole practitioner. We received feedback from 30 patients through an online survey we had asked the service to issue for us before the inspection.

This was our first inspection to this service. The inspection team was made up of one inspector and an observer.

What we found and inspection grades awarded

For the Scottish Vein Centre, the following grades have been applied to three key quality indicators.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	The majority of patients who completed our survey rated their overall experience of the service as excellent. Questionnaires were used to collect and evaluate patient feedback and drive service improvement. The service had received very positive feedback from its patients.	✓✓✓ Exceptional
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Effective quality assurance systems were in place to manage risk and make sure treatment was delivered in a safe, clean and well maintained environment. Medicines were managed safely and laser safety	✓✓✓ Exceptional

	practice followed essential standards for laser protection. Comprehensive arrangements allowed the service to respond to medical emergencies.	
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Leadership was visible, supportive and highly respected. Quality improvement was embedded in all care and treatment. A quality improvement framework and key outcome measures monitored performance to make sure care was high quality, safe, person-centred.	✓✓✓ Exceptional

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	A comprehensive clinical assessment was carried out to determine patients' suitability for treatment. Patient care records provided a clear pathway of care, were legible and accurate and included patient consent to share information with their GP. Patient care records were audited yearly.	
7.1 - Staff recruitment, training and development	The service had appropriate recruitment policies in place for the safe recruitment of staff. Staff told us they received good opportunities for training and development. Regular performance reviews and appraisals must be developed for all staff.	

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

What action we expect Scottish Vein Centre Ltd to take after our inspection

This inspection resulted in one requirement and one recommendation. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and recommendation.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Scottish Vein Centre Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Scottish Vein Centre for their assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

The majority of patients who completed our survey rated their overall experience of the service as excellent. Questionnaires were used to collect and evaluate patient feedback and drive service improvement. The service had received very positive feedback from its patients.

The core values of the service and its policies and procedures were in line with the principles of the national health and social care standards.

The service's website had been updated and was easy to navigate. It provided user-friendly information about non-surgical treatment of leg vein surgery supported by national evidence-based clinical guidance. Prospective patients could access information about the risks and benefits of treatment, aftercare arrangements and the costs before they decided to use the service. Patients could also directly contact the service to access paper copies of the information.

Patient feedback was gathered in a structured way in line with its participation policy to help make sure the care and treatment delivered was responsive to patients' needs and expectations. Feedback was collected in a variety of ways throughout the patients' involvement with the service. The service manager was the sole doctor and practitioner in the service. The practitioner and staff engaged with patients face-to-face or on the telephone before and at different stages of their treatment and aftercare.

A structured survey was carried out every 6 months using a questionnaire to monitor and evaluate patient satisfaction with the service. The service audited the results to identify any trends or potential improvements and measured the impact of any service changes introduced. Patient testimonials, survey results and comparison results from previous surveys were posted on the service's

website. The practitioner planned to invest in an independent online feedback portal to offer existing patients an option to record their experience of the service anonymously.

Results from the evaluation of a recent satisfaction survey involving 34 patients was very positive and showed that 100% of the respondents rated their overall experience of the service as excellent or very good. Comparison results from previous surveys showed a steady increase in patient satisfaction. Of the 30 completed responses we received to our online survey, almost all rated their overall experience of the service as excellent. Some comments we received included:

- 'I was treated very respectfully by all involved.'
- 'I found the practitioner and the staff to be friendly, polite and most professional in their approach before during and after my treatment.'
- 'Everything was explained and I was given time to go away and make my decision whether to proceed with treatment or not.'
- 'Extremely pleased with whole treatment experience - delivered what they claimed they would and at a very reasonable cost with no hidden extras or delays.'

We saw how the service used patient feedback to direct service improvements and how the impact of these initiatives had improved the patient experience. For example, when the service moved to different accommodation, survey results confirmed that patients were very pleased with its location and accessibility. The respondents found the environment comfortable, private and welcoming.

The clinic environment promoted patients privacy and dignity in line with its policy documents. Patients could have a chaperone present for any consultation, examination or procedure if they felt this was required. This could be another adult or a member of the nursing staff.

The service had not received any complaints since it was registered with Healthcare Improvement Scotland. Our survey results confirmed that 77% of respondents knew they could complain directly to us about the service. We saw an open and transparent approach to complaints handling. Patients could access the complaints policy from the service's website or directly from the clinic. Staff we spoke to had received complaints training, and described a consistent approach to dealing with complaints in line with the service's policy.

- No requirements.
- No recommendations.

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Effective quality assurance systems were in place to manage risk and make sure treatment was delivered in a safe, clean and well maintained environment. Medicines were managed safely and laser safety practice followed essential standards for laser protection. Comprehensive arrangements allowed the service to respond to medical emergencies.

The service had effective quality assurance processes in place to monitor and respond to clinical and environmental risks. A comprehensive audit and data collection system allowed the service to monitor:

- clinical outcomes for patients
- infection control compliance
- medicines management
- patient safety, and
- repairs and maintenance.

The service rented the clinic room from the owners of a private general practice also regulated by Healthcare Improvement Scotland. The owners were responsible for building maintenance. Fire safety equipment, heating systems and electrical appliances were maintained and tested every year. The Scottish Vein Centre had separate arrangements in place for the maintenance of its own specialist equipment including the laser and ultrasound appliances. Appropriate insurances for the practitioner and service was up to date.

The main entrance area was clean and well equipped with a comfortable reception area for patients. The clinic was situated on the upper floor which was accessed through stairs. Patients with mobility difficulties could use the fire exit

door at the side of the building to gain direct access to the clinic. We saw the clinic room was clean, comfortable and fit for purpose. Our online survey results confirmed that the majority of respondents were extremely satisfied with the cleanliness of the environment.

The lead nurse had a key role in overseeing the management of infection prevention and control in the clinic. Audits of hand hygiene and cleaning protocols showed full compliance with the service's infection control policy which followed national guidance. The service had a contract in place for the safe disposal of sharps and clinical waste. Personal protective equipment, such as disposable gloves and aprons were used. Medical devices, such as needles, syringes and laser probes were all single-use. Disposable sterile procedure packs were used during laser procedures and aseptic techniques were followed to further reduce infection risks to patients. The service used patient outcome measures to audit 'harmful incidents', such as healthcare associated infection. Results from an audit carried out last year confirmed that no patients had acquired an infection.

The practitioner was the sole prescriber for medicines used in the service. A medicines governance audit tool was used to regularly monitor the safe, effective and secure use of medicines in line with its safe medicines policy, legal requirements and best practice. Medicines audits we reviewed showed full compliance. Patient care records documented the medicines administered to patients as part of their treatment in line with best practice. The temperature of the medical fridge was monitored to make sure medicines requiring refrigeration were stored at the correct temperature.

Arrangements were in place to make sure the team could support patients in the event of a medical emergency or any complications from treatment. This included mandatory staff training and provision of emergency life-saving equipment such as a defibrillator, emergency medicines and first aid supplies. The service was registered with the Medicines and Healthcare Products Regulatory Agency (MHRA) to receive medical alerts and report any adverse incidents.

The procedures performed in the clinic involved using laser technology. The practitioner was the laser safety supervisor and the authorised user of the equipment. We saw the laser was regularly maintained to make sure it remained fit for purpose. The most recent report from the laser protection advisor's yearly review in 2019, confirmed the service was fully compliant with its laser protection obligations. All staff had completed their core of knowledge training.

The service reviewed its policies every year or when legislation changed. For example, the record-keeping policy had been updated to make sure the service followed General Data Protection Regulation. A duty of candour policy had also been developed. This is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. Staff received electronic copies of service policies and any changes were discussed at team meetings.

Patients reported feeling safe in the service and said the practitioner and staff helped reduce any anxieties about their treatment and made them feel at ease. The service had not had any accidents or incidents since its registration. However, it had an effective reporting system in place for recording accidents and incidents as well as notifying the relevant agencies of adverse events.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive clinical assessment was carried out to determine patients' suitability for treatment. Patient care records provided a clear pathway of care, were legible and accurate and included patient consent to share information with their GP. Patient care records were audited yearly.

An effective patient care pathway was in place which clearly defined the patient journey through the service from their first contact through to assessment, treatment and aftercare arrangements. Patient information was held securely in line with the service's information governance policy and data protection legislation.

The service's practice manager was the first point of contact for all patient enquiries and requests for treatment. A telephone interview was carried out with each patient as the first stage of the patient pathway of care. We saw that patients' previous medical history, prescribed medicines and allergies was collected and recorded for each patient during their interview. This meant the practitioner could review this information with the patient during their assessment and examination. It also helped to determine the patients' suitability for treatment.

From a sample of patient care records we reviewed, we saw that all of the information recorded was legible, accurate and up to date. The practitioner signed and dated details of the outcomes of the initial consultation, treatment provided and follow-up appointments in the five patient care records we reviewed. Patients and the practitioner signed and dated consent-to-treatment forms in all of the care records. Patients also received a copy for their own information. We saw a record of patients consent to share information with their GP and before and after photographs. Patient care records were audited every year. An audit of 20 patient care records in 2019 showed 100% compliance.

Open-ended responses from our survey confirmed that patients were fully involved in discussions around treatment options. The risks and benefits were explained to patients before they agreed to go ahead with treatment. Aftercare arrangements were fully discussed and we saw that patients were given advice leaflets to take away with them after their treatment to reduce any risk of complications. This included an out-of-hours contact number to call if patients had any concerns.

- No requirements.
- No recommendations.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

The service had appropriate recruitment policies in place for the safe recruitment of staff. Staff told us they received good opportunities for training and development. Regular performance reviews and appraisals must be developed for all staff.

The registered service manager and sole practitioner for the service was co-director of the business along with the practice manager who was responsible for more administrative and financial duties. The core support team included nurses and clinical support assistants who had worked in the service since it started 14 years ago.

Staff were members of the Protecting Vulnerable Groups scheme (PVG), had a signed job description and a contract of employment. Registered nurses maintained their continual professional development to support their revalidation and continued registration with the Nursing and Midwifery Council (NMC).

The service had a safe recruitment policy in place to cover any future staff recruitment. This included carrying out relevant background checks from Disclosure Scotland and obtaining satisfactory references from current and previous employers before staff were permitted to work in the service.

Staff told us they were well supported and received regular training opportunities to maintain their skills and knowledge. Team meetings provided a forum for group supervision where staff were able to review practice and discuss future development needs. Patients who responded to our survey confirmed that staff were always friendly, professional and efficient.

What needs to improve

While it planned to implement one, the service did not have a performance review system for every staff member in place. This would allow the practitioner and staff to document and review competencies and identify future training needs to maintain the skills and knowledge required for their role (requirement 1).

The service had not yet carried out PVG updates for staff it employed. A record of PVG updates and fitness to practice checks for nurses would allow the service to demonstrate that staff remain fit to be employed in the service (recommendation a).

Requirement 1 – Timescale: by 30 June 2020

- The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals.

Recommendation a

- The service should introduce a system to obtain a Disclosure Scotland PVG update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Leadership was visible, supportive and highly respected. Quality improvement was embedded in all care and treatment. A quality improvement framework and key outcome measures monitored performance to make sure care was high quality, safe, person-centred.

The practitioner was a doctor registered with the General Medical Council (GMC) a former NHS consultant in vascular surgery, and a practicing interventional radiologist. The practitioner was also a fellow member of the Royal College of Physicians Edinburgh, and an active member on the advisory board of the college of phlebology. This helped the service to keep up to date with evidenced-based research and national guidance for alternative approaches to traditional varicose vein surgery, using minimally-invasive techniques. The practitioner had lectured medical students and presented the techniques and results to GPs locally and nationally.

Staff spoke highly about the support they received from the practitioner and told us they felt their views and opinions were valued and respected. Incentives for staff included pay rewards, paid leave and social events. Minutes of staff meetings showed that staff were encouraged to speak freely, share their ideas and contribute to service improvement. For example, the lead nurse co-wrote some of the safety policies and provided some of the ongoing training for staff. Adjustments were made to staffing ratios for specific procedures following input from the team to make sure patient care was not compromised.

The service had developed a comprehensive quality improvement framework to monitor and improve the quality of care and treatment it delivered to patients. A variety of key outcome measures meant the service could evaluate and improve clinical and environmental risks, treatment outcomes and patient reported outcomes. For example, yearly patient survey results for patient

recovery times and outcomes from treatment showed that the number of patients who scored 'excellent' had risen from 50% in 2017 to 76% last year.

The service was taking part in a benchmarking project that the College of Phlebology had developed, called the national venous registry. This live, online registry collected detailed data about:

- clinical outcomes
- demographic outcomes
- patient-reported outcomes, and
- treatment outcomes.

To collect this data, the practitioner designed a patient questionnaire from peer-reviewed and published methodology to record patient outcomes. Patients willing to participate used a questionnaire at their initial assessment to document their symptoms and how this affected their wellbeing. This provided a baseline measure which was repeated after treatment and at follow-up appointments. During the inspection, we saw the service had already collected anonymised data for 40 patients since it started in June 2019. The service expected to receive the analysis of the results in the next year. This will mean the service can benchmark its performance across 30 other similar services in the UK.

The shared premises arrangement between the service and the private GP practice had led to the ongoing development of positive partnership working and shared learning. For example, the practitioner had regular meetings with the GP practice lead. These had led to the development and shared ownership of specific policies, such as health and safety and patient-centred care. The lead nurse for the service had delivered infection control training for staff in the GP practice.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 7 – Workforce management and support	
Requirement	
1	<p>The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals (see page 13).</p> <p>Timescale – by 30 June 2020</p> <p><i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
a	<p>The service should introduce a system to obtain a Disclosure Scotland PVG update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.



More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
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