

Announced Inspection Report: Independent Healthcare

Service: Veincentre, Glasgow

Service Provider: Veincentre Limited

28 June 2022

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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 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 Veincentre on Monday 28 June 2022. We spoke with the service manager and various other members of staff during the inspection. We received feedback from 19 patients through an online survey we had asked the service to issue for us before the inspection. We viewed online feedback from patients during the month of June 2022 regarding their care and the service. This was our first inspection to this service.

The inspection team was made up of two inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Veincentre, the following grades have been applied to the key quality indicators inspected.

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	Patient feedback informed service improvement actions. Care plans were discussed with patients. Patients who completed our online survey were very positive about their experience. Staff were skilled and experienced in complaints handling. The clinic environment maintained patient privacy, dignity and confidentiality. Clinical incidents	✓✓ Good

	involving patients should be reported to Healthcare Improvement Scotland.	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The service was proactive in its approach to making sure it was safe. Staff had an extensive understanding of risk management principles and robust policies and procedures were in place. Quality assurance processes included appropriate audits, both internal and external. A variety of policies and procedures were in place to make sure care was safely delivered. The provider must develop a risk-based refurbishment plan for upgrading of the ventilation system.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service's approach to quality improvement was comprehensive and evident throughout all aspects of the service. We saw evidence of best practice and continuing professional and personal development. A formal quality improvement plan in place with identified outcomes implemented.	✓✓ Good

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	Comprehensive consultations and assessments were completed for every patient to determine their suitability for laser treatment and surgery. Patient care records contained detailed information about patients' past medical history to help plan care and treatment according to individual need.	

Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	The service had a stable staff group and a low staff turnover. Systems and processes were in place for safe recruitment. All pre-employment safety checks had been completed. Induction and appraisal programmes were in place. Staff were clear about the reporting structures in the service. The service should record evidence of yearly reviews for staff with practicing privileges contracts in place.

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

Further information about the Quality Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Veincentre Limited to take after our inspection

This inspection resulted in two requirements and two recommendations. 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 requirements and recommendations.

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

Veincentre Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Veincentre 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.

Patient feedback informed service improvement actions. Care plans were discussed with patients. Patients who completed our online survey were very positive about their experience. Staff were skilled and experienced in complaints handling. The clinic environment maintained patient privacy, dignity and confidentiality. Clinical incidents involving patients should be reported to Healthcare Improvement Scotland.

The service used a variety of methods to collect patient feedback in line with its patient participation, quality and governance management policies. Patient feedback was discussed at the provider's medical management meeting and then shared with services for review. The service sent patients a 'how was your service' questionnaire after every treatment. This information was collated daily and shared with the appropriate clinic manager. The service manager discussed any concerns raised as part of feedback with patients and staff. Changes in practice or improvement plans were regularly discussed at staff and management meetings.

Feedback from our online survey showed that patients were very pleased with the service and spoke highly about the professionalism of the practitioner. They said they were satisfied with the advice and information received before treatment and had been fully informed about the treatment's risks and benefits. Patients also stated they had been fully involved in decisions reached about their care.

Comments from our online survey included:

- 'The consultant was very considerate of my questions and provided the answers I needed.'
- 'After all was explained to me and questions answered, I was given time to think about the procedure and make a decision for myself.'
- 'Polite, courteous and efficient staff.'

The service provider had an informative and easy-to-navigate website.

All complaints are recorded and reviewed at the weekly operations meeting. Information on the complaints process was concise and clear for patients to follow. An information pack was available with links to Healthcare Improvement Scotland. Staff we spoke with had completed complaints handling training, knew the procedure and described a consistent approach to dealing with complaints.

While the number of complaints was low, the service used this information to support learning and inform quality improvement initiatives. Minutes of meetings and clinic audits we reviewed supported these findings.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a detailed duty of candour policy in place. The service had not had any instances requiring it to implement duty of candour principles.

Controlled access to the treatment room meant patients' privacy and dignity was not compromised. Hazard signs were displayed on this door to advise staff and patients not to enter while laser therapy was being delivered. We saw patient care records contained consent to sharing information, for example with other healthcare professionals if required.

- 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

The service was proactive in its approach to making sure it was safe. Staff had an extensive understanding of risk management principles and robust policies and procedures were in place. Quality assurance processes included appropriate audits, both internal and external. A variety of policies and procedures were in place to make sure care was safely delivered. The provider must develop a risk-based refurbishment plan for upgrading of the ventilation system.

Patients were cared for in a clean and safe environment. Good systems were in place to achieve this, including cleaning schedules, servicing and maintenance contracts, and regular internal and external checks and audits. All equipment used was single-use to prevent the risk of cross-infection. An infection prevention and control policy was in place and the clinical staff had good awareness of infection prevention and control practices and continued measures to minimise the spread of COVID-19.

The service had a proactive approach to protecting the health, safety and wellbeing of patients, visitors and staff. Staff had a good understanding of how risk management principles applied across all aspects of the service. Appropriate risk assessments had been carried out and suitable policies in place to show how key aspects of the service would be managed. Risk assessments were presented in the form of an online risk register. The risk register had a 'red-amber-green' (RAG) status and was discussed at the monthly management meetings.

An accident and incident investigation process was in place and we reviewed records of some adverse events in the service. Detailed information about them recorded online included information on medicine management, reactions and

laser. Incidents concerning patients were also documented in the patient care records. Individual risk assessments had been completed to identify whether further actions could be taken and each follow up intervention was also recorded. Members of management teams reviewed incidents that occurred, which demonstrated a transparent, focussed and comprehensive approach to managing incidents.

Veincentre carried out appropriate monthly and 3-monthly audits to support safe delivery of care and inform quality improvement. The service's audit programme included audits for:

- cleaning schedules
- infection prevention and control
- patient care records, and
- stock checks and procurement processes.

We saw evidence of electronic audits that different members of staff had carried out. Areas for improvement had been identified with planned actions and timeframes for completion. This included changing a carpeted reception area to easy-to-clean washable flooring.

The service had a named infection control lead and we saw an accountable system for monitoring infection prevention and control practice. Infection control audits were carried out every month and followed Health Protection Scotland guidance. Audit results we saw showed very good compliance. For example, results from the most recent hand hygiene audit achieved 98–100%.

An up-to-date clinical waste management contract and clear procedures for the safe disposal of sharps, drugs and clinical waste were in place. Senior managers compared audit results nationally across all of the provider's services to maintain a standardised approach for the safe delivery of care.

Arrangements were in place to make sure the surgical team could support patients in the event of a medical emergency. This included mandatory staff training and provision of emergency life-saving equipment, medicines and first aid supplies.

The service had a safe system for prescribing, storing and administering medicines.

The theatre suite was clean, equipment was in good working order and regularly maintained. Maintenance contracts for fire safety equipment, detection

systems, laser equipment were up to date. Water testing and fire safety checks were regularly monitored and recorded.

The theatre environment was suitably designed and equipped for using laser equipment. A laser protection advisor visited every 3 years to make sure the service followed laser safety guidance. Their most recent report found the service was fully compliant. All staff had core of knowledge laser safety training. 'Local rules' were displayed, which are the local arrangements to manage laser safety usually developed by the laser protection advisor. The clinical director was the nominated laser protection supervisor for the provider's Scottish services.

Reliable systems were in place to manage risk and the service maintained a register of practice-associated risks and their impact. Risk assessments were used to help develop risk management plans. For example, we saw a well-defined risk management plan for the safe handling and disposal of certain medicines used to minimise the risk of post-operative haze following laser treatment. A separate register of risks was maintained for laser equipment. While no serious incidents had been reported in the service, a clear system was in place to record and manage accident and incident reporting.

What needs to improve

The service did not have the required ventilation system in place in line with current guidance for healthcare premises. While the service was aware of this and had it noted on its current service risk register, no plans had yet been put in place to address the issue (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must develop a risk-based refurbishment plan for upgrading of the ventilation system within prompt timeframes as agreed with Healthcare Improvement Scotland.

- No recommendations.

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive consultations and assessments were completed for every patient to determine their suitability for laser treatment and surgery. Patient care records contained detailed information about patients' past medical history to help plan care and treatment according to individual need.

Patients received electronic information before attending for their health assessment. This included information on preparation, COVID-19 guidance, what to expect on the day and information on aftercare. Patients' expectations were managed through the continued assessment and treatment period.

We reviewed how patients' needs were assessed and how treatment was planned and delivered in a way that was individualised. This included assessing patients' suitability for treatment. The five patient care records we reviewed showed that comprehensive consultations and assessments had been carried out before treatment started. Records included:

- consent form
- consultation and detailed assessment
- full medical history, including details of any health conditions, allergies, medications and previous treatments, and
- treatment plan.

All entries were signed and dated, including times.

We saw evidence that the treatment plans had been developed and agreed with patients. Patient care records documented that a copy of the treatment plan had been given to the patient for their own reference. Comprehensive records of each treatment session were also kept, including a breakdown of all physiological aspects of their health care needs.

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

The service had a stable staff group and a low staff turnover. Systems and processes were in place for safe recruitment. All pre-employment safety checks had been completed. Induction and appraisal programmes were in place. Staff were clear about the reporting structures in the service. The service should record evidence of yearly reviews for staff with practicing privileges contracts in place.

Staff files we saw confirmed that all appropriate and necessary pre-employment checks were completed for all surgery staff before they could work in the service. Occupational health screening checks were also maintained.

Appropriate recruitment checks for all clinicians had been carried out, including:

- employment or education references covering previous consecutive 3 years
- Protection of Vulnerable Groups (PVG) status check, and
- qualification check.

All staff employed received an induction, mentoring support and supervised practice. Competency-based assessments, appraisals and professional development plans were in place to help make sure staff maintained appropriate skills and knowledge. Staff we spoke with demonstrated a good understanding of their role and told us they received good opportunities for training and development. Staff files included a record of mandatory and refresher training.

Ongoing professional development opportunities were in place, including education in new processes and on the use of equipment. For example, an administrator assistant received additional support and training for the healthcare assistant role. Regular supervision sessions were taking place to provide support to staff.

What needs to improve

While the service had carried out initial safety checks on staff receiving practicing privileges, we saw no evidence to suggest this had been reviewed yearly (recommendation a).

- No requirements.

Recommendation a

- The service should ensure that all relevant annual checks are carried out on each individual healthcare worker who is working under practicing privileges.

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

The service's approach to quality improvement was comprehensive and evident throughout all aspects of the service. We saw evidence of best practice and continuing professional and personal development. A formal quality improvement plan in place with identified outcomes implemented.

The service had a clear leadership structure with well-defined roles, responsibilities and support arrangements. For example, the clinic manager was responsible for the day-to-day operational management of the service and received support and supervision from the provider's senior management team. The clinical director also provided effective clinical leadership for the surgery team. This meant that any issues or concerns could be escalated to the provider's senior leadership team.

We were told the service's senior management team was visible, approachable and encouraged staff to share their ideas to support service improvement. Staff we spoke with had a clear understanding of the provider's vision and values. While they did not attend senior leadership meetings, they told us they were well informed through regular weekly meetings which kept them up to date with the provider's wider business plans.

Minutes of staff meetings showed that staff could express their views and were encouraged to share new methods of working or changes in practice to support service development. The provider supported and encouraged career progression. We saw that some staff had progressed into leadership roles. The service offered funding to improve staff career pathways, including a patient advisor now completing an apprenticeship for a business analyst role.

The service had various support mechanisms in place to continue to support staff, including:

- apprenticeship programmes
- hybrid roles
- a long-term workforce strategy
- a training and development lead, and
- a training matrix.

The service had recently been involved in global work for Sclerotherapy, a procedure used to treat blood vessel malformations. The findings of this research has been published between centres in the United Kingdom and France. The service was responsible for supplying information on 3,500 out of the total 8,000 patients involved in this research.

We were told the service had made changes to practice as a result from this work, which included the way patients are assessed for blood clots.

What needs to improve

Staff we spoke with did not know that any clinical incidents should be reported to Healthcare Improvement Scotland as part of the Healthcare Improvement Scotland (Applications and Registration) Regulations (requirement 2).

Although a quality improvement approach was evident in the service, and proactive in requesting and gathering feedback, the service had no evidence of formal documentation to support this. A formal quality improvement plan would help to record evidence of the improvement work done in the service (recommendation b).

Requirement 2 – Timescale: immediate

- The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.

Recommendation b

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

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

Requirement

- 1** The provider must develop a risk-based refurbishment plan for upgrading of the ventilation system within prompt timeframes as agreed with Healthcare Improvement Scotland (see page 11).

Timescale – immediate

Regulation 10(2)(c)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

None

Domain 7 – Workforce management and support

Requirements

None

Domain 7 – Workforce management and support (continued)

Recommendation

- a** The service should ensure that all relevant annual checks are carried out on each individual healthcare worker who is working under practicing privileges (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Domain 9 – Quality improvement-focused leadership

Requirement

- 2** The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance (see page 16).

Timescale – immediate

Regulation 5(1)(b)

The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011

Recommendation

- b** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

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
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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