Year one with Verivius

A worked example of what 12 months of using Verivius looks like for a single-location small independent surgical clinic. Written by Klaudiusz Zembrzuski, founder of Verivius, ex-CQC inspector with thirteen years inside the regulator.

This is a worked example, not a real customer story. Verivius has not yet had a customer use the platform for a full 12 months because the platform is in pre-launch. The provider described below is fictional. Every detail (incident counts, governance meeting cadence, training renewals, Mock Inspection outcome, year-end audit-log shape) reflects what a realistic small clinic would actually produce if it used the platform as designed. The pattern is drawn from thirteen years of inspecting real services of this size; the specifics are constructed.

Read this if you want to see how the abstractions in the product page translate into a normal Tuesday morning over a full year. Read it before booking a discovery call so you arrive with concrete questions.

The provider in this case study

Springvale Surgical Clinic (fictional). Single location in a southern English market town. Day-case ophthalmology and minor general surgery; the same shape as the worked example used in the Mock Inspection sample report at sample-mock-inspection-report.pdf, deliberately chosen so a reader can cross-reference one document against the other.

Staffing at signup: the registered manager (a part-time consultant ophthalmic surgeon, three clinical sessions per week at Springvale plus an NHS contract elsewhere; also the nominated individual through the spouse holding the directorship), two operating-department practitioners, one healthcare assistant, one practice manager who handles bookings, billing, governance admin, and HR.

Activity volume: approximately 850 procedures per year, mostly cataract surgery, the remainder minor general surgery (skin lesion excisions, hernia repairs, varicose vein procedures). All day-case; no overnight beds.

Pre-Verivius situation: the registered manager kept her own incident log in a Google Sheet, last rebuilt in 2024. The practice manager kept training records in a separate spreadsheet, complaints in email folders, the assurance calendar in her head, and policy documents on a shared drive that nobody had opened since 2023. The previous CQC inspection in February 2024 produced a Good rating with a single Requires Improvement finding on Well-led (cited evidence: governance meeting cadence had slipped during a staffing gap). Springvale had

committed to monthly governance meetings going forward and had implemented them for the seven months since.

What prompted them to evaluate Verivius: the registered manager started thinking about software after a CQC inspector friend mentioned, at a dinner, that unannounced re-inspections of providers with a previous RI finding had become more common in their region. Spreadsheet-with-clinical-job pattern was becoming unsustainable. The practice manager was carrying too much in her head.

Pre-Verivius: the evaluation (weeks 0 to 2)

The registered manager spent two weeks evaluating Verivius alongside one mid-enterprise competitor and the option of keeping spreadsheets.

Specifics:

- Read /buyers-guide and used the eight evaluation criteria as a structured framework.
- Booked a 30-minute discovery call with Klaudiusz. They walked through the demo workspace together; she asked the ten questions in the buyer's guide; got a credible answer on each.
- Compared against the mid-enterprise vendor: their pricing was opaque (sales-led; first quote was £18,500 per year with implementation services on top), the demo took three weeks to schedule, the audit log surface was paginated by row insertion not by record change.
- Tried the mid-enterprise vendor's free trial; abandoned after four days because configuration was a kick-off-call-first model.
- Read Verivius's About page and /what-we-will-not-do. The honest-fit framing converted her; the registered manager later said in conversation that the explicit "half of our discovery calls should end with no" line was the single moment she decided to sign up rather than continue evaluating.

Decision: sign up to Verivius Solo tier at the practice's single location. She paid £149 per location per month plus VAT, card on file at signup, 14-day trial cancellable from settings.

Week 1: setup (days 1 to 7)

Day 1 (Tuesday). Registered manager signs up at verivius.co.uk/signup at 18:30 on a clinic day. Tier selection: Solo (one location, she is the registered manager). CQC provider ID lookup auto-fills the provider details. Ownership verification is the manual step; she uploads the CQC certificate as PDF and a recent NHS payslip showing her named role. Klaudiusz reviews and verifies within four hours (the published SLA is one working day; the actual response in this case is faster because Klaudiusz happens to be at his laptop in the evening).

Day 1 evening. Workspace provisioned. Setup wizard renders on /dashboard. She walks through:

1. Confirm sector pack: independent secondary care (live). The assurance calendar is already populated with the twelve recurring items for ISC (weekly medications check, fire walkround, IPC spot check; monthly incident log review, complaint log review, near-miss themes; quarterly DBS audit, training matrix review, safeguarding leads meeting; annual equipment QA, DPIA review).
2. Set governance roles: she assigns herself as registered manager, nominated individual, and safeguarding lead (Solo tier pre-fills these for owner; she confirms). Adds the practice manager as the IPC lead. The other two governance roles (the third surgeon, the lead ODP) get added once she invites them in week 2.
3. First record logged: a low-severity incident from the previous week (a patient brought to recovery slightly hypotensive; rapidly resolved; no harm) that had been sitting in her mental list. Logged in three minutes. Activation milestone reached.
4. Skip the team-invitation step for now; she will do it after talking with the practice manager.

Day 1 elapsed: 38 minutes from card-on-file to first record logged.

Day 2 (Wednesday). She tells the practice manager about Verivius at the morning huddle. Practice manager has questions; together they read /product and /product/dental (the case study provider does ISC, not dental, but the format helped the practice manager see how the platform handles sector-specific structure).

Day 4 (Friday). Practice manager logged in for the first time. Imported five months of incident records from the spreadsheet (six incidents total). The data-import friction was the highest of week 1: each incident needed a category, severity, harm level, immediate actions, and learning summary populated. Average two minutes per record; faster on the third record once the rhythm was found.

Day 5 (Saturday). Registered manager opens the dashboard for the first time over coffee. The dashboard is not empty any more. Zone 1 (urgency triage) shows one incident with a duty-of-candour clock approaching (the hypotensive recovery patient; she had not formally completed the DoC assessment yet). She does it from her phone in eight minutes.

Day 7 (Monday). Week 1 close. Six incidents logged. One safeguarding concern (a disclosure during pre-op consultation that the spouse of an elderly patient was financially controlling; the practice manager had taken the concern verbally and made the local authority referral but had never written it down anywhere). DoC clock cleared on the hypotensive incident; framework panel cited HSCRA Reg 20 verbatim with no paraphrasing.

Month 1: rhythm (weeks 2 to 4)

Week 2. Practice manager invited via /people/invite. Joined within two days. Spent her first week reading existing records and refreshing the policy documents from the legacy shared

drive into the document register (eighteen policies migrated). She also set up the assurance calendar items to be assigned to herself by default rather than to the registered manager.

Week 3. First weekly resuscitation equipment check appeared in the assurance calendar. The practice manager actioned it; signed off; the calendar moved to the next week. The registered manager noticed in the dashboard's Zone 2 that the medication double-check had been performed twice by the practice manager and once by the ODP that week, ahead of schedule (the ODP was on a different rota cycle but had noticed the calendar item).

Week 4 (end of month 1). Total records on the platform: 11 incidents, 1 safeguarding concern, 0 complaints (none received), 4 assurance items completed, 19 policies. Eight staff invited and joined; one (a per-diem ODP) had not yet signed in despite three reminder emails.

The first monthly governance email lands on the first working day of month 2. It contains:

- 11 incidents opened in the month, all closed, with the DoC trail visible per record.
- 1 safeguarding concern opened, referred, in-progress.
- 0 complaints (a non-zero month would be flagged).
- Training matrix compliance: 94% (one ODP overdue on safeguarding refresher; one HCA overdue on moving and handling).
- Risk register: 18 active risks; one new this month (post-COVID-recovery hypotension on cataract patients; opened after the week-1 hypotensive incident pattern).
- Top three themes across lifecycles: pre-procedure observation, post-op pain management at home, consent documentation timing on minor surgical cases.
- A two-paragraph narrative summary written by the system: "Springvale recorded 11 incidents this month, all closed with learning summaries. The safeguarding referral on patient at 18-Mar resolved with the local authority; the post-referral follow-up is scheduled for next month. Training compliance dropped from 100% to 94% due to two refresher renewals slipping; both rebookings have been confirmed for next month."

The registered manager forwards the email to her spouse (the nominated individual) and to the lead ODP. She files it in her own email under a new "Verivius governance" folder.

Month 3: in rhythm

The quarterly DBS audit fires. Practice manager runs through every staff member's DBS certificate. Two are within 60 days of expiry; both rebooked for renewal within the assurance calendar item.

First externally-noticed bug. A registered manager from another small surgical clinic emails the practice manager (they know each other socially) asking how she finds Verivius. The practice manager replies: "Two things I noticed: the policy documents migration took longer than I thought, and you do not get notification settings in v1 (you only see the monthly governance email; if you want a weekly digest you have to ask)." Both observations get

forwarded to Klaudiusz; the second becomes a tracker entry in the notification-preferences spec backlog.

Quarterly clinical governance meeting. Held at the end of month 3. Practice manager pulled the meeting agenda from one of the seeded agenda templates; agenda items auto-populated with the past quarter's incident summary, complaint summary, safeguarding referrals, action log carried forward, training matrix status. Meeting took 45 minutes instead of the usual 90; minutes documented inline in the platform; actions captured with named owners and due dates.

End of month 3. 28 incidents over the quarter, all closed; 2 complaints both responded within SLA; 1 safeguarding concern referred and closed; 9 weekly assurance items completed on schedule. Risk register: 21 active risks. Training matrix: 96%.

Month 6: the inflection

Mid-year governance review. The registered manager runs a six-month "are we using this properly?" review with herself, the practice manager, and the lead ODP. Conclusions:

- The platform has absorbed roughly two hours per week of governance admin that previously the practice manager carried in her head. The practice manager has used that time to chase up four overdue staff appraisals and bring the formal staff supervision lifecycle current.
- The registered manager has stopped opening her old Google Sheet; she has not exported anything from it since week 3.
- The lead ODP, who was initially sceptical, has started logging incidents directly from the theatre handover desk rather than telling the practice manager to log them later. This was the unexpected outcome.
- Two friction points: the monthly governance email needs to go to more than one person (she would like to send it to the spouse/NI automatically rather than forwarding manually each month), and there is no way to grant temporary access to a CQC inspector for an audit visit (her concern; they have not actually had a CQC inspector ask for system access; she's pre-emptively planning for it).

Both friction points get raised with Klaudiusz; the first becomes the notification-preferences spec deliverable in the small-mac queue; the second becomes a v1.x conversation.

Risk register actively maintained. 24 active risks. One high-rated risk (post-procedure complication in minor general surgery) under formal mitigation: weekly outcome review by the surgeon-led peer-review group, escalation to immediate transfer to acute care for any same-day re-attendance. The mitigation plan lives in the platform; the assurance calendar tracks the weekly review.

Springvale books a Mock Inspection. The registered manager felt prepared but wanted an inspector-trained eye on the evidence trail before the next real CQC visit, which she estimated

could come any time in the next six months. £3,500 retail (she did not qualify for the Design Partner rate; the first three Design Partner slots were already taken). Engagement scheduled for month 9.

Month 9: Mock Inspection

Scoping. Klaudiusz spoke with the registered manager for 60 minutes, agreed scope (full five-key-question assessment with intensified focus on the previous RI finding on Well-led plus the safeguarding and medication areas she felt least confident in), dates (on-site fieldwork over two days at the end of month 9; report drafting through month 10).

Fieldwork (two days on-site, eight working days total including platform review + drafting). Klaudiusz reviewed the Verivius workspace before arriving (3.5 days of his time); came on-site for two days; sampled patient records, observed handover, interviewed seven staff including a junior HCA hired in month 7 (who was tracked through the Care Certificate progress in the people lifecycle), inspected the controlled drug register physically.

Findings (delivered at end of month 10): overall provisional rating **Good**. Specific findings:

- Safe: Good (provisional). One process-gap finding on Duty of Candour completion timing (the platform's clock is from incident-opened-at; the inspector noted that for late-discovery incidents the clock should arguably start from discovery-at; this is a Verivius product feedback item, not a Springvale process failure; logged for the v1.x roadmap).
- Effective: Good (provisional). Clinical outcomes within national benchmarks; training compliance 97%; audit cycle current.
- Caring: Good (provisional). Patient feedback consistently strong; complaints handled within SLA.
- Responsive: Good (provisional). Significant improvement from the 2024 RI in Well-led; responsive metrics across the board are evidence of the cultural improvement.
- Well-led: Good (provisional). The improvement from the 2024 finding is sustained and evidenced; governance meeting cadence has been maintained for fifteen straight months; the practice manager has named accountability for governance; the registered manager has named accountability for clinical leadership.

Action plan (8 items, captured in the platform): mostly small process tightenings (DoC clock from discovery-at; one CD reconciliation gap from week 17 to be retrospectively explained in the register; a refresher on the lone-working policy for the part-time consultant surgeon who occasionally finishes lists alone). All assigned with owners and due dates; the three-month follow-up commitment is logged for end of month 12.

Cost reconciliation. Total spend on Verivius for the year so far: 11 months of Solo tier (£149 × 11 = £1,639) plus the £3,500 Mock Inspection = £5,139. The registered manager judged this favourable against the alternative of continuing the legacy consultancy retainer (£500/month historic; £6,000/year that would no longer be needed).

Month 12: year-end

Final monthly governance email lands. Annual summary includes:

- 124 incidents over the year, all closed; 87 with linked improvement actions, 84 of those closed (97%).
- 12 complaints; 11 closed within SLA; 1 escalated (a private patient billing dispute) handled separately.
- 7 safeguarding concerns; 5 referred to local authority, all closed; 2 not requiring referral.
- 0 statutory CQC notifications filed (no events crossing the threshold).
- Training matrix compliance: 98% year-end. One staff member (a consultant surgeon ad-hoc) below threshold on three competencies, with a formal action plan and named timeline.
- Risk register: 28 active risks (up from 18 at month 1; not a deterioration; reflects more risks being captured and managed rather than carried in heads).
- Assurance calendar completion: 92% on-schedule over the year. The 8% gap clusters in two weeks (the Christmas-New Year period and a one-week period when the practice manager was on annual leave without proper deputy cover, now corrected).
- Audit log: 4,237 events written by 6 staff members across 12 months.
- Mock Inspection action plan: 7 of 8 items closed (one in progress; due month 13).

The annual governance review meeting runs in week 52. Six-page agenda. Most of the content auto-populated from the platform. Outcome: Statement of Purpose refreshed (last revision 2022); the assurance calendar set for year two; the risk register's three high-rated risks rolled over with named owners; the Mock Inspection action plan reviewed and one outstanding item flagged for closure in month 13.

Subscription renews automatically. Card on file charged £149 for month 13. Registered manager does not consider cancelling.

What did not work

Three things, in honesty:

1. The policy migration in week 1. Practice manager spent six hours migrating eighteen policies and complained that it should have been easier. The platform did not offer bulk import in v1; the document register expected individual policy uploads with metadata. The practice manager batched this work across two evenings and got through it but called it the worst part of onboarding. Verivius has filed this as a v1.x improvement (bulk document import).

2. The notification-preferences gap. For seven months the registered manager forwarded the monthly governance email to her spouse and the lead ODP manually. The notification-preferences feature shipped in month 8; she set it up immediately and immediately added one

additional recipient (the lead surgeon's PA, who handles his diary across the multiple sites he works at and finds the email helpful for context).

3. The per-diem ODP who never signed in. Despite three reminder emails over four months, the per-diem ODP who works one shift per month did not activate the platform account. He continued to verbally hand off his incidents to the practice manager, who logged them on his behalf. Verivius did not change to accommodate; the per-diem usage pattern is rare enough that the platform's existing model (everyone has an account) is correct, but the registered manager noted the friction.

Year two trajectory

At the start of year two Springvale is operationally stable. The practice manager spends less time on governance admin than she did at signup. The registered manager has visibility she did not have before. The Mock Inspection demonstrated the platform was load-bearing under inspector scrutiny.

The questions she is asking at the start of year two:

- Should we run an annual Mock Inspection as standard? (Klaudiusz's view: yes, if the budget is there; the £3,500 every twelve months is a structured re-baselining that catches drift between real CQC visits, which can be 24-36 months apart.)
- Should we extend Verivius to the consultant surgeon's other private practice? (Klaudiusz's view: no, that practice is independently CQC-registered with a different registered manager; needs its own evaluation.)
- Should we move to Mid-size tier? (Klaudiusz's view: no, single-location small-team services do not benefit enough from Zone 3 to justify the price step; revisit only if Springvale opens a second location.)

What this case study is and is not

This is a worked example, not a real customer story. The names, dates, record counts, governance meeting minutes, Mock Inspection outcomes, and pricing reconciliation are all constructed. The patterns reflect realistic small-clinic operation drawn from thirteen years of inspecting services of this size. The constructed shape exists because Verivius is in pre-launch; we will replace this case study with real customer stories once we have year-one customers willing to be quoted.

What this case study deliberately does:

- Shows the platform under realistic continuous use rather than as a feature tour.
- Names specific friction points (policy migration, notification preferences, the per-diem account problem) rather than pretending the platform is perfect.

- Crosses the platform and the Mock Inspection engagement to show how they pair commercially.
- Gives concrete pound figures so the reader can do their own value-for-money calculation.
- Uses the same fictional provider shape as the Mock Inspection sample report at sample-mock-inspection-report.pdf so a reader can cross-reference both documents.

What this case study deliberately does not do:

- Claim a 100% pass rate or guaranteed CQC outcome.
- Quote a customer who does not exist.
- Pretend the platform replaces clinical judgment or consultant relationships.
- Hide the price.

How to use this case study

Read it before booking a discovery call so you arrive with specific questions about your own situation. If the situation described above (single-location small surgical clinic, registered manager who is also clinical, practice manager carrying governance admin) is recognisably yours, the platform's shape fits yours. If it is not, the platform may still fit; book a 30-minute call and we will work out which sector pack and which tier match your service.

Verivius is not a fit for every provider. Read /buyers-guide for the framework that helps you decide.

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