

Caroline Street Aesthetics

Inspection report

Clay Lane
Beaminster
DT8 3BU
Tel:

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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 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Caroline Street Aesthetics as part of our inspection programme. The service was registered with CQC in August 2021 and has not been previously inspected.

Caroline Street Aesthetics is a location and the registered provider is CS Aesthetics Ltd. The service offers a range of non-surgical medical aesthetic treatments for men and women over the age of 18 years.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Caroline Street Aesthetics provides a range of non-surgical cosmetic interventions, for example botulinum toxin injections and dermal fillers which are not within CQC scope of registration therefore, we did not inspect or report on these services. The service offers two regulated activities:

- Treatment of disease disorder and injury: because they see patients and prescribe medication to treat, hyperhidrosis (excessive sweating), and skin disease.
- Surgical procedures: because they will provide Polydioxanone (PDO) thread lifts.

The registered provider (who is the registered owner of the business) is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of the inspection we looked at patient feedback via an electronic survey system which was available to patients who had been treated at the service. We also looked at thank you cards patients had sent to the service. Feedback was positive and complementary about the staff and the services provided.

Our key findings were:

- The service had clearly embedded systems, processes and operating procedures to keep patients safe, to manage a safe environment, incidents and significant events and to safeguard patients from abuse. Some recruitment procedures needed further development to ensure all checks are completed.

Overall summary

- The service monitored the effectiveness and appropriateness of the care provided. It ensured that care and treatment was delivered according to evidence based guidelines and that staff had the skills, knowledge and training to provide an effective service.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service organised and delivered services to meet patient's needs. Patients were well informed about aspects of the service provided. The service took comments, complaints and concerns seriously and responded to them appropriately.
- The manager had the capacity and skills to deliver high-quality sustainable care. There were clear responsibilities, roles and systems of accountability to support good governance and management. There were effective processes for managing risks, issues and performance. There were systems and processes for learning, continuous improvement and innovation.

The areas where the provider **should** make improvements are:

- The provider should ensure all recruitment files contain all the necessary completed pre-employment references.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector.

Background to Caroline Street Aesthetics

- CS Aesthetics Ltd is a limited company with the registered provider also being the company director and the CQC registered manager.
- Address: Old Vicarage, Clay Lane, Beaminster, Dorset, DT8 3BU
- CS Aesthetics Ltd is registered to carry on two regulated activities. Treatment of disease disorder and injury and surgical procedures.
- Caroline Street Aesthetics was first registered with CQC in 2021 to provide services to patients over the age of 18. Children are not treated at the service and do not attend the premises.
- The registered manager works full time at the service as a health care professional and employs a further healthcare professional and two beauty therapist staff and two administrative staff.
- Caroline Street Aesthetics is in a rural setting near to the town of Beaminster. The service is provided in conjunction with beauty services in shared accommodation called The Beauty Room. There is parking and disabled access available. The service is open from Monday to Saturday between 9am and 5pm.

How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the site visit. We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the provider, reviewed documentation and records including clinical records. We made observations of the premises, facilities and the service provided.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

- The service had clearly defined and embedded systems, processes and operating procedures to keep patients safe, to monitor the environment and safeguard patients from abuse.
- Infection prevention and control systems (IPC) and processes were effective.
- There was a system in place for reporting, investigating, taking appropriate action and recording incidents and significant events.
- However, not all recruitment checks were fully completed prior to appointing new staff. **Safety systems and processes**

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments to ensure a safe environment. It had appropriate safety policies, which were regularly reviewed and communicated to staff, they outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their training and monthly meetings.
- The service had systems to safeguard children and vulnerable adults from abuse. The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff received up-to-date safeguarding appropriate to their role. All staff had Safeguarding level 2 training. They knew how to identify, and report concerns, and we saw evidence of a patient centred approach to dealing with any issues.
- Children and under 18-year olds were not treated at the service. The date of birth for each patient was checked as part of the initial assessment and so would rule out any patients under 18 years.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person had a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We noted that two staff references held on file were not signed by the providing referee. This meant the provider could not be sure they had been written by the referee. The provider had assurances they were correctly provided, but the means of assurance was not recorded. The registered manager intended to address this immediately.
- Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. An infection control policy was in place and hygiene audits used to monitor staff compliance. Legionella checks were maintained, and water testing by an external service was completed annually.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.
- The premises were clinically suitable for the assessment and treatment of patients. The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There was an appointments system for planning and monitoring the number and mix of staff needed to ensure patient safety. When there were changes to services or staff the service assessed and monitored the impact on safety.

Are services safe?

- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Staff had completed basic life support training and a defibrillator was maintained nearby to the premises.
- Staff advised patients what to do if they felt unwell after receiving treatment. A call line was always available with the registered provider being available for advice. Advice leaflets were available post treatment and follow up calls by the service were made.
- There were appropriate insurance arrangements in place for the service.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. An emergency bag was maintained with first aid equipment and medicines for the treatment of allergic reactions.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The provider assessed patients initially through a medical questionnaire. The terms and conditions of treatment were made clear to the patient prior to all appointments. There was a 14-day cooling off period between consent and surgery, following good practice guidance. We saw three care records which showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. For example, the provider had links with GP's and with hospital dermatology services to enable easy referral of patients.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines minimised risks. The service kept prescription stationery securely and monitored its use.
- The registered provider/manager was qualified as a registered nurse and an independent nurse prescriber. This meant they were trained to prescribe some medicines. The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The registered manager had registered as an antibiotic guardian, however they had not yet prescribed any antibiotics.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for ordering, receiving, administration and disposal of medicines and staff kept accurate records to demonstrate this. A limited amount of emergency medicines were held that included Adrenaline for treatment of anaphylaxis. (This is a serious and potentially fatal allergic reaction which requires immediate medical attention). The registered provider was trained to administer this in an emergency.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did (Neither did they) prescribe schedule 4 or 5 controlled drugs.

Are services safe?

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues for both the environment and clinical practice.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts. The service received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), also alerts from the British College of Aesthetic medicine (BCAM) and from Save Face, which is a register for medical professionals providing non-surgical cosmetic treatments.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The manager supported them when they did so, and staff confirmed support was always available to raise issues. There had been no significant events since the service registered with CQC.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to members of the team.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, following a patient feeling unwell, the registered manager had changed the practice to ensure dextrose sweets and water was available in each room, to ensure they were available if needed.
- No complaints had been received about the service provided. The registered provider encouraged all incidents or patients' comments both written and verbal to be recorded and acted upon. The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

We rated effective as Good because:

- The provider assessed and delivered care and treatment in line with current legislation, standards and guidance.
- The provider kept up to date in their specialist field and reviewed and monitored care and treatment to ensure the treatments provided were effective.
- Staff had the skills, knowledge and experience to carry out their roles and they had protected time for learning and development.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider had systems to keep up to date with current evidence-based practice. We saw evidence that clinicians assessed patients' needs and delivered care and treatment in line with clear clinical pathways and protocols.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Face to face assessments were carried out using a records system to record information securely. Patients who attended regularly had a re-assessment to establish any changes in health since their last visit.
- Clinicians had enough information to make or confirm a diagnosis. Where patients care needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Staff assessed and managed patients' pain where appropriate. Pain assessment tools were available.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients and those patients with unrealistic expectations of treatment outcomes.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The practice held a monthly staff meeting to discuss any updates or changes in practice. This was also used as an opportunity to look at service development.
- The service made improvements using completed audits. The provider had a schedule of clinical and non-clinical audits to ensure the people using the service had effective outcomes for their treatments.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the provider had also participated in the British College of Aesthetic Medicine Save Face Audit which resulted in accreditation. The practice manager audited incidents and complaints looking for themes and trends.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff were appropriately qualified. The provider had an induction programme for newly appointed staff.

Are services effective?

- Healthcare professionals were registered with the Nursing and Midwifery Council and were up to date with revalidation. The registered manager also held a postgraduate diploma in Cosmetic Medicine.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The registered manager was qualified as an independent nurse prescriber and regularly attended conferences and courses to keep up to date and informed of new techniques and treatments in this rapidly expanding field. Some training, for example mandatory equality and diversity training and PREVENT training (this training addresses forms of terrorism and non-violent extremism), was completed by the registered manager and cascaded to administration staff.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the service received GP referrals and the registered manager also communicated with the local hospital dermatology department and referred patients as needed.
- Before providing treatment, staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients were signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of the letters used to contact their registered GP.
- Care and treatment for patients in vulnerable circumstances was managed discreetly. For example, adjustments were made to ensure patients requiring extra support were implemented.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care and provided them with any pre and post treatment advice and support.
- Risk factors were identified and highlighted to patients. Following the treatment, if a person was concerned or experienced any discomfort, they could access a 24-hour telephone line provided by the service.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide. The service did not undertake treatments for any patients who could not independently consent to treatment.

Are services effective?

- The service monitored the process for seeking consent appropriately. Should the patient need the translation of a consent form to another language to be understood, this could be accessed by the service. Should any verbal translation of consent be needed, this could be accessed by the service. Any patients attending the surgery for multiple procedures were required to agree and sign their consent at each visit.

Are services caring?

We rated caring as Good because:

- Staff treated patients with kindness, treated them respectfully and involved them in decisions about their treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received which included ongoing patient satisfaction surveys. Feedback from patients who used the service was positive and included themes about patients feeling safe, staff being approachable, and patients being pleased with outcomes. Any issues raised were managed by the registered manager to ensure a prompt response.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services could be accessed for patients who did not have English as a first language. Information leaflets could be made available in easy read formats, to help patients be involved in decisions about their care. A hearing loop was not available for patients with hearing loss as this had never been requested.
- Feedback showed that patients felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. Extra time was allocated for those clients with disability or mobility issues. There was an access ramp, magnifying glass to assist the sight impaired, chaperones available should a client wish to have this support and clear visual pain scales to support clients who may have difficulty expressing any discomfort they may experience.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. Before providing any treatments, people attended for a face to face where the clinician discussed the risks and benefits of any treatment and answered any questions in a way the patient would understand. The clinician also discussed realistic outcomes and the costs involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultations were conducted behind closed doors and conversations could not be overheard.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- All clinical records were stored on a secure electronic system.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service organised and delivered services to meet patient's needs.
- The service took complaints and concerns seriously and responded to them appropriately.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. While most appointments were during normal working hours, appointments outside of those hours could be arranged to meet specific patient's needs.
- The facilities and premises were appropriate for the services delivered. Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Staff told us that they were aware of patients who had travelled a longer distance so may need a specific time of appointment or who had specific needs and staffing was adjusted to meet those needs.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment. Patients mostly telephoned or emailed to make an enquiry or make an appointment. People were advised of the waiting times for an appointment at their initial consultation.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients had timely access to initial assessment, diagnosis and treatment.
- The service did not provide urgent on the day services as non-surgical thread lift treatments were subject to a two-week cooling off period before a final decision was accepted by the service. People were declined treatment if considered under the influence of any substance, or if they were considered a risk or unsuitable by the assessing clinician. The service had a process to prioritise care if required but was still subject to the two week cooling off period in line with best practice guidance.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. The service recognised that managing patients' expectations from the initial consultation to the end of treatment was important in managing complaints.
- The service had complaint policy and procedures in place. The service had the facility to learn lessons from individual concerns, complaints and from analysis of trends. The service had not received any concerns or complaints. Any incident of information provided by patients was reviewed and learning shared.

Are services well-led?

We rated well-led as Good because:

- Management of the service had the capacity and skills to deliver high-quality sustainable care.
- The staff worked together to ensure the continuity and flexibility of the service met patient expectations
- There were clear responsibilities, roles and systems of accountability to support good governance and management. There were clear and effective processes for managing risks, issues and performance.
- The service involved patients and staff to support high-quality sustainable services.
- There were systems and processes for learning, continuous improvement and innovation.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future of the service.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Caroline Street Aesthetics was a limited company with one director who was also the registered manager and nominated individual. They worked closely with staff and others to make sure they provided compassionate and inclusive leadership. The registered manager used a peer from a similar business to meet and provide mutual professional support.
- They understood the challenges to the service and were addressing them.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff. The values were called the 12 Key Standards of Good Practice and were available to all staff and posted in the staff room.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy. The provider monitored progress through staff meetings, audits and ongoing governance against delivery of the company ethos to ensure that the business continued in the planned way.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The registered manager acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that they would be addressed.

Are services well-led?

- There were processes for providing staff with the development they need. This included appraisal and career development conversations. Staff had received regular annual appraisals in the last year. Staff met the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of staff. Lone working was a consideration and staffing was considered to ensure patient and staff safety. Alarms were fitted in each treatment room and the reception area in case staff needed to alert to a problem and receive help. Close Circuit Television was used by the reception door but not inside the clinic or treatment rooms.
- The service actively promoted equality and diversity. Staff had received equality and diversity training from the registered manager.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The registered manager had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There were monthly governance meetings between the registered manager and the clinical and non-clinical staff which were used to review results from performance and risks audits, including staff training compliance, incident reports, audits and sustainability of service.
- The registered manager produced six monthly reports based on information available. This included staff changes, notifiable incidents, incidents that had occurred and using minutes from team meetings. Information was shared with staff at team meetings and at daily huddles if necessary.
- Staff were clear on their roles and accountabilities. Staff had annual appraisals which were used to discuss training and needs development and any issues within their roles and responsibilities.
- The service used performance information, which was reported and monitored, and management and staff were held to account. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The registered manager was the registered person with the Information Commissioners Office.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. A risk register incorporated the current risks and ongoing monitoring of any service issues. Risks were rated, and the level of risk regularly reviewed by an allocated staff member.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and record keeping.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, a consent audit noted that verbal consent had been recorded on several occasions and so learning was implemented to ensure that signature was obtained to identify consent. Follow up audits showed an improvement in recording.

Are services well-led?

- The provider had plans in place and had trained staff for any major incidents that may impact the service.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where staff had enough access to information.
- The registered manager gave us examples of how they monitored risks and took actions to reduce risks as much as possible. This included a change of process regarding using emergency equipment when it was not necessary and had simplified how you support patients who felt faint.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients and staff and acted on them to shape services and culture. Patient and staff concerns were encouraged, heard and acted on to shape services and culture. Each client received a post procedure email with a link to two feedback platforms, one for the service and one for an external body. Posters highlight the importance of feedback and a suggestion box was available for client comments. Any negative comments and issues were dealt with as soon as possible to resolve issues and improve client experience.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.

There were systems to support improvement and innovation work. The registered manager attended conferences and learning forums to support and develop practice. Learning was shared with the wider team.