

Transform Hospital Group Birmingham

Inspection report

38 Highfield Road
Edgbaston
Birmingham
B15 3ED
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 Transform Hospital Group Birmingham as part of our inspection programme and to provide a rating for the service.

Transform Hospital Group Limited operates from nine clinics across England which are used for initial consultations between patients and surgeons as well as post-operative care. The provider has two independent (private) hospitals located at Bromsgrove and Manchester. Normally patients are able to choose from one of the two hospital where they would like to have their surgical procedure.

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. Transform Hospital Group Birmingham provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Our key findings were:

- The service provided care in a way that kept patients safe.
- There were effective systems in place to protect patients from avoidable harm.
- Policies and procedures were in place to support the delivery of safe services.
- The premises and equipment were well maintained and appropriate risk assessments were undertaken to ensure the safety of patients and staff.
- The practice had systems and processes in place to minimise the risk of infection and had put in place additional measures during COVID-19 pandemic.
- Appropriate checks were undertaken when recruiting new staff.
- Staff received appropriate training and competency checks.
- There were systems in place for identifying, acting and learning from incidents and complaints to support service improvement.
- Patient received appropriate support in relation to their chosen treatment.
- Staff treated patients with compassion, kindness, dignity and respect.
- There was strong local leadership supported by the wider governance arrangements of the organisation.

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

Overall summary

- Provide safeguarding training at an appropriate level in line with national guidance for nursing staff.
- Improve complaints process to ensure patients receive more timely responses in line with organisational policy.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a nurse specialist advisor to CQC.

Background to Transform Hospital Group Birmingham

The registered provider of this services is Transform Hospital Group Limited, based at 192 Altrincham Road, Manchester, M22 4RZ. Transform Hospital Group Limited has nine clinic locations and two hospitals.

For this inspection we visited the clinic in Birmingham located at:

Transform Hospital Group Birmingham

38 Highfield Road

Edgbaston

Birmingham

B15 3ED

Transform Hospital Group Birmingham is registered as an independent doctors consulting service for patients over the age of 18 years. It is registered with CQC for one regulated activity: Treatment of disease, disorder or injury. Patients attend the clinic for pre- and post-operative care and assessment for a range of cosmetic and weight loss surgical procedures. For example, gastric band surgery for weight loss and breast enlargement and reduction surgery. The provider also offers other services including Botox injections for the treatment headaches and hyperhidrosis (excessive sweating).

The service is open Monday to Saturday between 9.30am and 6pm. Initial discussions and assessments are completed remotely before a face to face appointment is arranged at the clinic with a consultant surgeon. Other procedures offered at the clinic can be booked directly with the clinic.

The Birmingham clinic is led by a clinic manager, who is also the registered manager for this service. 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.

Other staffing includes three nurses who provide post-operative wound care and undertake blood sampling and swabs when needed. The clinic is also attended by a specialist nurse from the provider's hospital to carry out gastric band adjustments following surgery. There are also two clinic co-ordinators / receptionists.

The Birmingham clinic is supported by a corporate team. The Consultant Surgeons who attend the clinic work across all the provider's clinics and hospital sites.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising from the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews with the registered manager remotely using telephone/video call
- Requesting evidence from the provider
- A shorter site visit

Due to the current pandemic we were unable to obtain comments from patients via our normal process of comment cards. However, we received comments from three patients via the CQC website. All were positive about the service they had received. We also reviewed information from online reviews and any feedback obtained directly by the provider.

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:

Transform Hospital Group Birmingham demonstrated that they provided services for patients in a manner that ensured patients' and staff safety. We identified one area the provider should improve which related to the safeguarding training of nursing staff in relation to national guidance.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- 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.
- The service had systems in place to assure that patients requesting care and treatment were over the age of 18 years.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Where there were concerns about a patient's wellbeing, psychological support was offered and information was shared with the patient's GP before undertaking a procedure.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate, we reviewed two staff files and saw appropriate checks were in place. We saw that Disclosure and Barring Service (DBS) checks were undertaken for all staff working at the clinic. (DBS checks identify whether a person has 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).
- All staff had received safeguarding and safety training. They knew how to identify and report concerns. However, we noted that nursing staff had only been trained to level two in safeguarding children and adults which was below national guidance requirement. The provider advised that they had risk assessed the level of child safeguarding training needed in clinics where no one under 18 years was allowed on site and deemed level two appropriate. We were also advised that nursing staff were in the process of receiving level three adult safeguarding training.
- Staff who acted as chaperones were trained for the role and had received a DBS check. Competency checks were undertaken for staff who undertook chaperone duties. A chaperone was a requirement for patients undergoing any intimate examinations.
- There was an effective system to manage infection prevention and control (IPC). We observed the clinic to be clean and tidy. There were IPC policies and procedures in place, evidence of regular IPC audits and environmental checks. We saw action had been taken in response to any issues identified in the audits for example, brackets placed on the walls for the sharps bins. Additional measures had also been put in place as a result of the COVID-19 pandemic to protect staff and patients.
- The provider had undertaken a legionella risk assessment of the premises and regular water checks were in place to minimise the risk of legionella.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw that portable appliance testing and calibration of relevant equipment had been undertaken in the last 12 months. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. These included risks in relation to fire safety.

Risks to patients

Are services safe?

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The service had identified additional staffing requirements needed to meet changing demand and were in the process of recruiting.
- There was an effective induction system for 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 directly employed at the Birmingham Clinic were covered via the employers liability insurance.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The staff training matrix showed that clinical staff received basic life support training. Non clinical staff received first aid training.

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. We reviewed nine patient records and found that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

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, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely, access to prescription stationery was restricted.
- The service had carried out a medicines management audit, which included a review of staff awareness of relevant policies, stock and record keeping.
- Prescribing was usually carried out at the hospital where the surgical procedure was undertaken. If patients needed medicines post operatively, for example for a suspected infection, the nurses took swabs and liaised with the relevant consultant or medical officer at the hospital to prescribe appropriate medicines.
- There were systems in place for verifying the identity and age of patients attending the clinic, the clinic did not provide services for anyone under the age of 18 years.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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.

Lessons learned and improvements made

Are services safe?

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. Leaders and managers supported them when they did so.
- 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, a fan heater had been left overnight, this led to discussions about fire safety and removal of the heater from use.
- We saw that incidents were shared with staff as a standing agenda item at the clinic team meetings.
- The provider was aware of and complied with the requirements of Duty of Candour. The provider encouraged a culture of openness and honesty. We saw an example of an incident where a patient had received an apology when their blood sample needed repeating due to incorrect labelling.
- The service had systems in place for knowing about notifiable safety incidents, details were included in relevant policies. 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 all members of the team including sessional and agency staff. We saw evidence of checks undertaken in response to item recalls.

Are services effective?

We rated effective as Good because:

We found Transform Hospital Group Birmingham was providing effective care and treatment in accordance with the relevant regulations. Patients received appropriate information and support for their chosen procedure.

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing. Our review of nine clinical records confirmed this.
- Clinicians had enough information to make or confirm appropriate care and treatment for the patients requesting procedures.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients mental health and wellbeing was considered before undertaking a surgical procedure.
- Staff assessed and managed patients' pain where appropriate. Patients were seen post-surgery according to their needs with the clinic nurse who would liaise with the medical team at the hospital if there were any concerns.

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 service made improvements through the use of completed audits. We saw that there was a programme of routine audits undertaken including, reviews of clinical records, medicines management, infection control, cleaning and other environmental audits. The results of audits were shared with staff. There was clear evidence of action to resolve concerns identified and improve quality. For example, issues had been identified with the premises, which were being acted on at the time of the inspection.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- 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.
- New staff received a comprehensive induction programme and competency assessments were undertaken for the various aspects of their work.

Are services effective?

- Staff received regular one to one sessions with the manager and annual staff appraisals to discuss their performance and learning needs.

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. Information was requested and shared with the patient's GP when undertaking surgical procedures, to ensure any health risks were considered. The clinic nurses and other clinic staff worked with the hospitals where the surgical procedures took place to support continuity of care throughout the patient journey.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw an example where surgery had been postponed and the patient referred for further support before proceeding with treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved between the clinic and hospital before, during and after their surgery), 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.

- The service identified patients who needed extra support before undergoing surgery and referred them as appropriate services.
- Patients were provided with information pre- and post-surgery, so they knew what to expect. There was a 14-day cooling off period which enabled patients to consider any risks before proceeding. Patients also had access to a nurse to support them during their recovery following surgery.

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. Training in relation to the Mental Capacity Act was part of the provider's mandatory training requirements for clinical staff.
- We saw examples of consent forms used which included information about the procedure to be undertaken, including any risks and benefits. Consent for any photographs was also obtained as part of this process.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Choose a rating because:

Patient feedback seen was largely positive and demonstrated patients were treated with compassion, dignity and respect. Information was provided to help patients be involved in any decisions about their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service had been through a challenging period without a manager until March 2021. We had received some concerns about the care and treatment received by patients who had attended the clinic during this time. However, we found recent feedback more positive. We received feedback from three patients as part of the inspection from patients that had used the service describing staff as professional, compassionate, caring and friendly.
- We reviewed online reviews about the service. It was difficult to ascertain in some instances which of the providers services the reviews related to however, we found comments which specifically mentioned the Birmingham clinic were generally positive and complimentary about the nurses and results from their surgery. Negative reviews largely related to refunds.
- The service operated a 'you said, we did' board in the waiting room in which they told patients about actions they had taken in response to feedback received.
- 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 were available for patients who did not have English as a first language.
- Feedback from patients including those from online reviews told us that patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The service had visual aids that were used during consultations to help explain the procedures patients wished to undertake.
- Staff communicated with people in a way that they could understand. Patients were given an opportunity to discuss their treatment needs and costs with an advisor from the central team before committing to a consultation with a surgeon. They also had pre-operative appointments with the nursing staff who could also support with any questions the patient may have.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff received customer services training as part of the provider's training programme.

Are services caring?

- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Privacy curtains were available in treatment rooms and doors were lockable to reduce the risk of unauthorised access when needed.
- Staff signed a confidential agreement as part of their recruitment.
- Where photographs were taken, the service used only the clinic camera and care was taken to ensure pictures were only of the body part relating to surgery.

Are services responsive to people's needs?

We rated responsive as Good because:

Reasonable adjustments were made and services were delivered in a timely way to patients.

We identified an area the provider should improve:

- **Timeliness of responses to complaints was not always evident in line with the provider's complaints policy.**

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. The provider had several clinics around the country and patients were able to receive pre- and post-operative care at clinics most convenient to them.
- 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. For patients with mobility difficulties, there was onsite parking, ramp access and disabled toilet facilities.
- There was a hearing loop available for anyone that may be hard of hearing.

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 and consultations and post-operative care at the clinic. The surgical procedure was carried out at one of the provider's two hospital sites in Manchester and Bromsgrove in agreement with the patient.
- Feedback from patients indicated that the service provided flexibility where possible. Appointments with the nursing team for pre- and post-operative care were available Monday to Saturday 9.30am to 6pm. Staff would stay beyond opening hours to fit in with patients if needed.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The provider did not provide urgent care, procedures undertaken were on a private fee-paying basis.
- Patients could book their initial consultation via the provider website with one of the central team who would then arrange the consultation with the surgeon at the patients chosen clinic.
- Patients usually received a post-operative appointment with their surgeon three months after the procedure. In the meantime, nursing staff provided wound care but could contact a doctor at the hospital if there were any concerns or for advice.
- The provider operated an on-call system when the clinics were closed should a patient need to contact the service urgently.

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.

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. The provider had a complaints policy which could be found on their website.
- Formal complaints were managed by the central team. Where possible, the service manager tried to deal with any informal complaints at the time and recorded those for learning purposes.
- There had been 18 formal complaints since January 2021, we reviewed two complaints, from those reviewed, we found complaints were not always responded to in a timely manner in line with the provider's complaints policy. However, we did see that an apology was given where the complaint took longer than planned to respond.
- 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 provider was a member of the Independent Sector Complaints Adjudication Service (ISCAS) who patients could go to should they wish to escalate their concerns to external adjudication. We saw evidence of this from the complaints we reviewed.
- The service learned lessons from individual concerns, complaints and from analysis of trends and used this to improve the quality of care. For example, the service had introduced a tracker for calling patients in for their three months follow up appointment with the consultant, so patients weren't missed.

Are services well-led?

We rated well-led as Good because:

The service was well-led organised, had strong local leadership and a culture that supported high quality care. There were clear governance arrangements and policies and procedures in place to support staff.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Prior to March 2021 the Birmingham clinic had been without a manager, we had received concerns about the clinic and there had been a high turnover of staff. Since the new manager had been recruited significant improvements were made in terms of organisation and culture. We found the service to be well organised and the Birmingham clinic had been awarded by the provider as their clinic of the year.

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.
- 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.

Culture

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

- Staff felt respected, supported and valued. Staff we spoke with were proud to work for the service. The service manager had worked hard to improve the culture of the service and provide a supportive culture to staff.
- The service focused on the needs of patients.
- Leaders and managers 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 these would be addressed.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. This included shadowing experiences, peer review and opportunities for training.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff we spoke with raised no concerns about the way they were treated.
- 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 partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The service was supported by the wider corporate structures of the organisation.
- Staff we spoke with were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Staff were able to access those policies from the computers.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- The provider shared with us the arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their records. Leaders had oversight of safety alerts, incidents, and complaints.
- Within the corporate and local structures there were opportunities to discuss risks, issues and performance.
- 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.
- The provider had plans in place for managing major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

- 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 all staff had sufficient access to information.

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, staff and external partners and acted on them to shape services and culture. The service regularly analysed online feedback received and responded to any comments, they made use of both formal and informal complaints to identify areas for improvement. The service had also recently introduced an electronic survey for real time feedback.
- Staff could describe to us the systems in place they could give feedback and how information was shared with them. This included regular one to one meetings, staff appraisals and staff meetings.
- The service manager had regular meetings with other managers across the services to share information about performance and any learning.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Nurse team meetings enabled nursing staff from across the organisation to share and learn from each other.
- The service manager and staff team had worked hard to improve the culture of the Birmingham clinic and this was recognised by the organisation.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. Staff were able to share ideas about how they could improve quality of care which were implemented, for example the monitoring of follow up appointments, infections and the use of new dressings in the management of wound healing.