

Modality Medical Spa - Birmingham

Inspection report

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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?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Overall summary

This service is rated as Good overall. (This service was previously inspected on 18 September 2018).

The key questions are rated as:

Are services safe? – Requires improvement

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 Modality Medical Spa – Birmingham on 25 June 2019 as part of our inspection programme.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by a medical practitioner for minor surgical procedures. At Modality Medical Spa the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatment for minor surgery but not the aesthetic cosmetic services.

The service had a registered manager since August 2013. 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.

During the inspection 12 people provided feedback about the service.

Our key findings were:

- People using the service were positive about the way staff treated them and the overall service they received at the Spa.

- The provider had responded appropriately to the concerns we had raised in our previous inspection and had improved processes such as checking patient identification. The provider had also improved their audit programme to include private patients, so they could monitor post-operative complication rates in private and NHS patients.
- The provider monitored performance and quality and took action if they identified any concerns.
- The Spa had effective communication processes to keep all staff updated with relevant information including learning from significant events and complaints.
- We found people were able to access the service in a timely manner. Data the provider shared with us showed the service was meeting its targets for triage and waiting times.
- Whilst the provider had completed a range of risk assessments to ensure staff and people using the service were kept safe. The service did not have access to a recent fire risk assessment and staff were unsure how they would assist patients with mobility difficulties in the event of a fire. Following the inspection, the provider sent us evidence to show they had responded to our concerns and put actions into place to mitigate risks.

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

- The provider should continue to review their fire safety training arrangements for the Spa and continue to take action to mitigate risks.

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 inspector. The team included a GP specialist adviser.

Background to Modality Medical Spa - Birmingham

Modality Medical Services Limited is the registered provider of Modality Medical Spa – Birmingham. The Spa is an independent healthcare provider located in Birmingham. The service operates from first floor accommodation based at 251 Soho Road, Handsworth, Birmingham, B21 9RY.

The service provides cosmetic dermatological minor surgery to NHS and private fee-paying patients. The service provides treatment to children and adults. The service also provides aesthetic treatments that are out of scope of regulation, we did not look at these during the inspection.

Patients can receive treatment at the Spa through the NHS if they meet certain criteria. Referrals are triaged by clinicians based at another location under the provider. Private patients can book appointments by calling the Spa, in person or through email.

Between July 2018 and May 2019, the service carried out 261 minor surgery procedures. Of these, 17 procedures were on private patients, 244 on the NHS. Of the procedures carried out 63% were on adults and 37% were on children aged between 8 and 18 years. The provider told us many patients accessing the service are from a South Asian or African-Caribbean ethnic background.

Parking is available behind the Spa. The service has access to a minor operations room, waiting area, lift, toilets and two other rooms used for aesthetic treatments.

The service is registered with CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

The service is open Monday to Friday 9am to 5pm and 9am to 7pm two Thursdays a month. Appointments for minor surgery are available on a Wednesday between 2pm and 5pm, Thursday 9.30am and 4.30pm, and on a

Friday between 10am and 3pm. The provider employs two part time doctors (male), and two aestheticians who also cover reception. The service uses healthcare assistants employed by the provider.

The service manager is based at the provider's head office and is the manager for all the provider's independent health services. Administration staff book appointments for NHS patients and are based centrally and cover all the provider's independent health services. Private patients can book appointments by calling the Spa, in person or through email. The provider employed a governance manager in January 2019 to manage its independent health services. The governance manager is also based at the provider's head office.

The service does not provide out of hours cover. Staff explain to people when aftercare information is given, they can call the service between 7am and 5pm Monday to Friday or if it is an emergency they need to attend A&E or a walk-in centre.

How we inspected this service

Before the inspection we reviewed any existing information we held on the service and the information the provider returned to us.

We also reviewed information we had received from Healthwatch, and found no concerns had been raised about this service

During the inspection, we spoke with people using the service, interviewed staff, made observations and reviewed documents.

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 Requires improvement because:

During the inspection, staff we spoke with were unable to tell us how they would support people with mobility difficulties out of the building in the event of a fire. The service did not have access to a recent fire risk assessment and the service's health and safety risk assessment had not adequately assessed or mitigated the risks related to fire.

Following the inspection, the provider sent us evidence that showed they had responded appropriately to our concerns and put actions into place to mitigate risks.

Safety systems and processes

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

- The provider had appropriate safeguarding policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The lead clinician was the safeguarding lead for the service, all staff were aware of this and had received appropriate safeguarding training.
- The service had improved their processes for checking and confirming patient identity since our previous inspection in September 2018. All private patients were informed when they contacted the spa to make their initial appointment they would need to bring photographic identification with them to their first appointment. Staff checked patient's and any accompanying adult/s identification and recorded the relationship where appropriate.
- 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 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).
- 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. We did not identify any concerns with infection prevention and control during our inspection. We observed the minor surgery room, the waiting area, reception and toilets, all appeared to be visibly clean and in good overall condition.

- Staff told us there was a lead for infection prevention and control. From records we viewed staff carried out monthly infection control checks.
- The Spa had access to a Legionella risk assessment carried out by an external company. We saw that staff carried out actions needed to minimise the risk of legionella. Legionella is a bacteria that can contaminate water systems.
- 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.
- We saw the provider had a fire procedure in place and staff had received fire training. The Spa had nominated fire marshals.
- The provider did not have access to a recent fire risk assessment. They did not own the building and staff told us it was the landlord's responsibility to ensure this was done.
- The provider's internal health and safety risk assessment did not adequately assess and mitigate all fire risks. Specifically, the health and safety risk assessment had not considered the risks and actions related to assembly procedures and evacuating people from the first floor.
- Following the inspection, the provider took immediate action and sent us evidence that showed the building's landlord had arranged for an external fire risk assessment. The provider confirmed there was a safe place within the first floor of the building where people could wait safely while waiting for emergency services and all staff had been informed of these arrangements.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for new staff tailored to their role.
- Staff understood their responsibilities to manage most 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.

Are services safe?

- There was appropriate emergency equipment including a defibrillator and staff had access to appropriate emergency medicines. The provider had risk assessed which emergency medicines it would not keep on site.
- Clinicians had appropriate indemnity arrangements in place.
- The service did not do home visits and all patients had a pre-arranged appointment.
- The provider had not adequately assessed and mitigated risks in relation to fire safety. Staff we spoke with were not able to tell us how they would keep patients with mobility difficulties safe in the event of a fire. Following the inspection, the provider told us they had acted to ensure all staff were aware of the arrangements to keep people safe in the event of a fire.
- Staff prescribed or administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service generally had a good safety record.

- There were risk assessments in relation to most safety issues. However, we found the Spa did not have access to a recent fire risk assessment and the internal health and safety risk assessment had not adequately assessed all risks. Following the inspection, the provider told us they had taken immediate action and the building's landlord had arranged an external fire risk assessment to be carried out.
- 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

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.
- During our previous inspection staff told us there had been three incidents reported regarding the security of the building. The provider had taken action to reduce the risk of these incidents occurring again. We saw since the previous inspection, there had not been any further incidents reported related to the security of the building.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

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 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.
- Since the previous inspection, the service had improved their process for communicating with the patient's GP. The Spa wrote to all NHS and private patients' GPs following their appointment. If private patients did not consent, the clinician gave the hand written letter to the patient instead of posting it to the GP.

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 and monitored its use.

Are services safe?

- The management team told us there had not been any unexpected or unintended safety incidents. However, if there were the service would give affected people reasonable support, truthful information and a verbal and written apology.
- 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.

Are services effective?

We rated effective as Good because:

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 service had systems to keep clinicians up to date with current evidence-based practice.
- Clinicians had access to guidelines and pathways from NICE (The National Institute for Health and Care Excellence).
- All patients received a detailed consultation before treatment. Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- For NHS patients the service followed local clinical commissioning group (CCG) referral pathways and only those patients meeting certain criteria could be referred to this service.
- Private patients could self-refer to this service.
- Between July 2018 and May 2019, the service treated 261 patients in total, 17 private patients and 244 NHS patients.
- Feedback from patients we spoke with during the inspection and from CQC comment cards was positive about information they received before and after the procedure.
- The Spa invited all patients to complete a survey after their appointment. The Spa provided information to show between September 2018 and May 2019 127 people completed the survey. This was a response rate of 53%.
- The survey showed all patients who responded felt the information on the appointment letter was good or very good.
- 94% of people that responded felt the explanation of the problem or condition was very good, 6% felt the explanation was good.
- 94% of people that responded felt the information given by the clinician regarding medicine was very good, 6% felt it was good.
- 94% of people that responded felt the instructions about follow up care were very good, 6% felt it was good.

- 100% of people that responded felt confident in the clinician they saw and were likely to recommend the service.
- The service was able to break comments down by individual clinicians. This enabled the management team to identify if there were any concerns with a particular clinician.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service audited NHS and private patient records yearly to understand how effective their service was and identify any areas for improvement. We saw they audited 25 NHS patients records each year. The audits showed that there were no post-operative complications in NHS patients in 2017 and 2018.
- All private patients were offered a follow up appointment after their procedure, the clinicians were able to audit their consultations to determine how many post-operative complications there had been. From audit information we viewed, we saw 24 records had been audited of patients attending the Spa between July 2018 and June 2019 for private minor surgery. There had been one reported post-operative infection.
- The provider had employed an additional clinician in October 2018 to support the minor surgery clinics. Although an audit was not due till October 2019, the provider shared data that showed the clinician had carried out 26 minor surgery procedures in January and February 2019 and there had been no post-operative complications.
- The service did not routinely offer an out of hours service. All patients were told to call the Spa during their opening hours if they had any concerns post operatively. If their concerns were urgent patients were advised to attend A&E or their nearest walk in centre.
- The Spa provided people with written information that told them what action to take post procedure. We found the contact number on the patient information had not been updated. The service took immediate action to update the written information so it was clear which number people should call on if they had any queries after their procedure.

Effective staffing

Are services effective?

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 were registered with the General Medical Council (GMC) 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.
- The provider gave us evidence that showed the service had achieved 100% compliance with mandatory training in 2019.
- The clinicians were experienced in dermatology and minor surgical procedures and continued to receive clinical support from a consultant dermatologist at a local NHS trust. We saw evidence of monthly meetings with the consultant, where complex patients could be discussed.
- The clinicians were also part of a virtual group with other dermatology specialists where they could discuss complex patients with their peers within the wider organisation.

Coordinating patient care and information sharing

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

- The service had a protocol for processing pathology results and kept patients informed of results.
- The service sought consent from patients before referring them onto other services such as secondary care or writing back to their own GP.
- For NHS patients, the administration team would send a letter to the patient's GP based on information recorded on the electronic system.

- For private patients, if the patient gave consent, the service posted a letter to the patient's GP. If the patient did not consent the clinician provided a hand-written letter to the patient.
- 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.

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- The clinicians gave patients tailored advice to meet their individual 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 make a decision.
- The service monitored the process for seeking consent appropriately.
- From records we reviewed, consent was documented appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- 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.
- Staff told us they did not discriminate between NHS and private patients, and staff strived to offer all patients an excellent service.
- The Spa carried out an in-house patient survey. Every patient was invited to complete a survey after their appointment. Between September 2018 and May 2019, 127 people completed the survey. The results showed:
- 82% of those people that responded felt the customer service they received over the phone and at reception was very good, 18% felt it was good.
- 94% of people that responded felt the approach, friendliness and manner of the clinician they saw was very good, 6% felt it was good.

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.
- We saw notices in the reception areas, displaying information in multiple languages other than English.
- Patients told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decisions about the choice of treatment available to them.
- For patients with additional needs family or carers were appropriately involved.
- The service's own survey showed that all people that responded felt involved in decisions about their treatment. Of those people that responded, 92% felt the time spent and concern shown by the clinician for their questions or worries was very good, 8% felt it was good.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Clinic room doors were shut during consultations. Conversations could not be overheard from the waiting area.
- The reception desk was placed away from the waiting area and displayed a poster asking patients to stand back to allow patients' privacy. The poster was in English, Urdu and Polish.

Are services responsive to people's needs?

We rated responsive as Good because:

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 employed a second clinician for this service to increase the number of appointments available and to increase the number of days that appointments were offered.
- 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. The service was on the first floor of the building, there was a lift people could use to access the first floor. Interpreters were available if needed. Staff told us they checked with people at the time of booking if they had any additional 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, test results, diagnosis and treatment. The provider told us they monitored performance data for NHS and private patients. From data we viewed for NHS patients we saw that the Spa had met the provider's targets every month between April 2018 and May 2019 for triage and referral to appointment times. The provider told us they monitored combined performance data for all of their dermatology services, however they could break the data down to location level if they needed to.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that they were able to access an appointment that suited them and they were able to access the spa by telephone easily.
- From records we viewed, referrals to other services were undertaken in a timely way.
- Appointments for minor surgery were available on a Wednesday between 2pm and 5pm, Thursday 9.30am and 4.30pm and on Friday between 10am and 3pm.
- NHS appointments were made by the central administration team. Private patients could book appointments by calling the Spa, in person or through email.

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. Staff treated patients who made complaints compassionately.
- 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 had a complaint policy and procedures in place. The service discussed any complaints they had received and shared the complaints and any subsequent learning with all staff.
- Since our last inspection in September 2018, the Spa had received one complaint. The Spa had responded to the complaint appropriately. On investigation, the provider felt there was no additional learning and staff had followed processes appropriately.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- The management team 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 clinical lead had over 15 years experience of working as a specialist in dermatology and had lectured Nationally and Internationally on all aspects of skin problems.
- The provider had recognised the need for a dedicated governance manager for its independent health services and had successfully recruited a governance manager in January 2019.

Vision and strategy

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

- This clinic was part of Modality Medical Services Limited. The provider had overall responsibility for ensuring the spa was operating in line with their policies and strategy.

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 and their aim was to deliver the best possible care and service to all people, NHS and private.
- 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.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Staff were given protected time for completing mandatory training and non-clinical staff were given protected time for infection prevention and control duties.
- We saw there was a long established team that worked well together.
- We saw learning from significant events and complaints was shared with all staff within the service.

Governance arrangements

The provider had governance arrangements in place and responded appropriately to concerns we raised during the inspection to support good governance and management.

- There was a clear staff structure and staff knew their individual roles and responsibilities.
- The service used the provider's policies and processes and had developed service specific processes where appropriate. For example, obtaining consent.
- The service had a lead member of staff for managing complaints and significant events. Staff told us they had monthly team meetings where performance and any safety issues such as incidents and complaints were discussed.
- Systems were in place to monitor the quality of the service and make improvements.
- The provider had appointed a governance manager in January 2019 for its independent health services. We found whilst most risks had been assessed and mitigated well, there were gaps in the management of fire risk. On becoming aware the governance manager took appropriate action to mitigate risks.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address most current and future risks including risks to patient safety.
- We saw the provider had a fire policy, completed fire drills and staff had all completed fire training. However, the provider did not have access to a recent fire risk

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assessment and the provider's Health and Safety risk assessment had not adequately risk assessed or mitigated all fire risks. Following the inspection, the provider told us the landlord of the building had arranged for an external fire risk assessment to be carried out and the provider had made all staff aware of the actions they would need to take to keep people safe in the event of a fire.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider had a business continuity plan.
- The service maintained a dashboard to monitor activity and performance. For example, triage and waiting times. The dashboard was monitored closely by the clinical lead and community services manager.
- The service lead met monthly with other leads within the organisation to discuss performance.
- There was clear evidence of the service acting to change practice to improve quality. For example, the service informed us, following the previous inspection they implemented a policy to confirm identity in all private patients, and they had amended their processes for communicating with GPs.

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 all staff had sufficient access to information.
- 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. 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 service audited patient records to monitor how effective the service was. Data provided by the service showed there had been no post-operative complications in 2017 and 2018 for NHS patients and one post-operative complication in private patients who were treated at the Spa between July 2018 and June 2019.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- The service invited all patients to complete a survey after their appointment. We saw that patient feedback was positive about staff, the facilities and the service they had received.
- Staff told us they felt comfortable to raise concerns and share ideas to improve quality.
- We saw the service had regular meetings to keep staff informed about issues affecting the service. For example, any complaints or incidents and subsequent learning

Continuous improvement and innovation

There was 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 and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. The clinicians had access to a consultant dermatologist and other dermatology specialists working within the organisation to discuss complex cases.