

Sk:n - Wolverhampton Compton Road

Inspection report

2 Compton Road
Wolverhampton
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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. (Previous inspection September 2013 – Good)

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 Sk:n – Wolverhampton Compton Road as part of our inspection programme.

Sk:n – Wolverhampton Compton Road offers specialised and tailored skin treatments. This includes laser hair and tattoo removal, skin peels and minor surgical skin procedures.

This service is registered with the Care Quality Commission (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. Sk:n Wolverhampton Compton Road provides a range of non-surgical cosmetic interventions, for example acne and acne scarring treatment, rejuvenating skin treatments which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The Centre Manager is the registered manager for this location. 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.

Our key findings were:

- There were systems to assess, monitor and manage risks to patient safety.
- Services provided were organised and delivered to meet patients identified and assessed needs.
- The provider had systems and processes in place to minimise the risk of infection.
- Staff files were not all organised so that relevant documents were readily and easily accessible in one place.
- Some prescribed medicines did not demonstrate that national guidance was consistently followed before prescribing the medicine.
- There were some gaps in the documentation of patients records to confirm that all patients had the required tests carried out before confirming the treatment to be provided. prescribing the medicine.
- Appropriate medicines and equipment were available to manage medical emergencies.
- Staff had received training and guidance to deal with medical and other health and safety emergencies.
- The provider maintained a central register of any complaints and incidents that had occurred across all its locations. This supported sharing learning and improvements across the organisation.

Overall summary

- We saw examples where information was shared with a patient's NHS GP to support the continuity of safe care and treatment.
- The clinicians and practitioners took the opportunity to provide skin health advice to patients at consultations.
- Staff treated patients with respect and involved them in decisions about their care.
- Governance arrangements supported the provider to have management oversight of systems to support ongoing learning, monitoring and improvement.

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

- Continue with the improvements to implement formal quality audit systems for the ongoing and regular review of clinical records.
- Include systems to check that clinicians are following relevant guidance when prescribing medicines to support patient safety.

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 and a GP specialist adviser to CQC.

Background to Sk:n - Wolverhampton Compton Road

Lasercare Clinics (Harrogate) Limited head office is located at the following address in Coleshill.

Sk:n Ltd,
First Floor,
2 Bromwich Court,
Gorse Lane,
Coleshill, B46 1JU

The provider Lasercare Clinics (Harrogate) Limited is the registered provider with the Care Quality Commission and provides regulated activities at 82 registered locations. This includes Sk:n – Wolverhampton Compton Road.

The nominated individual is Miss Isobel Louise Bates and the Clinic Medical Director at this location is, Dr Michael Mackay Odeke, who has almost 30 years' experience as a Laser Surgeon and many years as a Specialist Plastic Surgeon. A team of specialist dermatologists, doctors, nurses and medically trained practitioners deliver specialised and tailored skin treatments including mole removal and skin cancer screening services, anti-ageing injectables, acne and acne scarring treatment, laser hair removal and rejuvenating HydraFacial and chemical skin peels.

The staff team at Sk:n – Wolverhampton Compton Road also consists of a clinic centre manager who is also the registered manager, a regional quality and compliance officer and receptionists.

Sk:n – Wolverhampton Compton Road, is also partnered with the Joint Council for Cosmetic Practitioners (JCCP) to promote and ensure patient safety through the accreditation and registration of competent and trustworthy practitioners.

The clinic opening hours are Tuesday to Thursday 12pm to 8pm, Friday, 10am to 6pm and Saturday 9am to 5pm. The clinic is closed on Sunday and Monday. The service operates from an adapted commercial building. Access to the clinic is via steps or a ramp for people with mobility problems. There is a small onsite car park for patients. The service had a waiting room, three consulting rooms, one treatment room and patient accessible toilet facilities.

Full details of the services provided are available on the Sk:n website at www.sknclinics.co.uk

How we inspected this service

During the inspection we spoke with staff, reviewed information made available to us by the provider, reviewed a sample of clinical records, made observations and reviewed patient feedback.

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:

Sk:n – Wolverhampton Compton Road demonstrated that services provided and most of its processes in place supported the safety of patients' and staff.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff.
- Staff received safety information from the service as part of their induction.
- The service had systems to safeguard vulnerable adults from abuse. This included safeguarding training for both adults and children. It is noted that treatment is not provided to children under the age of 18 years at this clinic. Staff who acted as chaperones were trained for the role and had received a DBS check.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The service was aware of the different local safeguarding agencies they may need to contact to support patients and protect them in the event of suspected neglect and abuse.
- The provider carried out staff checks at the time of recruitment. We reviewed the recruitment files for three members of staff and noted that the way staff recruitment records were organised and stored did not ensure they were easily accessible. We spoke with the human resources manager who advised that action would be taken to review and address this further.
- 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).
- There was an effective system to manage infection prevention and control (IPC). Risk assessments completed included clinical practices and hand hygiene. Records available showed that risk mitigation was also linked to COVID-19.

An IPC review and legionella assessment was completed in January 2023, the outcome of this showed no evidence of concern.

- 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 were arrangements for planning and monitoring the number and mix of staff needed.
- 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. The service did not provide urgent care, staff directed patients to appropriate emergency and urgent care services where required.
- Staff records we examined showed that they had received training in areas related to basic life support, fire awareness, infection control and sepsis awareness.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- We saw there were appropriate indemnity arrangements in place for relevant staff, which includes clinical to cover any potential liabilities.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Items recommended in national guidance were available.

Information to deliver safe care and treatment

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

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, we saw evidence of where the provider had shared information with the patients GP.
- 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, emergency medicines and equipment minimised risks. We found that emergency equipment and medicines had been regularly checked to ensure it was maintained and up to date. Risk assessments were in place for emergency medicines not held.
- The service used secure systems for generating and issuing private prescriptions.
- The service carried out regular medicine audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered, or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Our review of clinical records found safe prescribing practice in most areas were in place. There were exceptions found for some patients prescribed a medicine for the treatment of acne, a common skin condition that causes spots and oily skin. Records showed that not all patients had blood test results available before the medicine was prescribed.
- There were effective protocols for verifying the identity of patients.

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.
- Records available showed that the maintenance of equipment, the environment and health and safety assessments and checks had been completed at various dates in 2022. These included for example, portable appliance testing (PAT) completed in May 2022, X-Ray equipment and the flushing of taps and water temperature (legionella) checks all completed in November 2022.
- Further safety information showed that fire equipment had been checked and regular fire drills carried out. Fire drills, which included evacuation were carried out twice per year. However, at the fire risk assessment undertaken in December 2022 the company who carried out the assessment highlighted that the provider had not taken action to address and prioritise the risks identified at the previous assessment. Information we saw at the time of the inspection and shared with us following the inspection indicated that the work had been completed. This included an update from the Sk:n property director that they were happy that the tolerance levels of the sealing around the consultation room fire door were within range.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was an effective 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.

Are services safe?

- The provider maintained a central register of any complaints and incidents that had occurred across all its locations. This supported shared learning and improvements across the organisation.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. Other safety events/outcomes and guidance were disseminated to all members of the team. The team were responsible for any checking and re-audit of changes made to the running of services.
- Incidents were recorded by the clinic manager. The provider has an appointed regional lead for the review and processing of significant incidents.

Are services effective?

We rated effective as Good because:

We found that Sk:n – Wolverhampton Compton Road was providing effective care in accordance with the relevant regulations.

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 assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff could access guidance through clinical governance updates, the organisation intranet and regular newsletters. We examined two examples of the quality of information shared and saw that these were well detailed.
- The eleven clinical records we examined showed that patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. Patients were asked to complete a health questionnaire before attending appointments.
- We saw no evidence of discrimination when care and treatment decisions were made.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Clinical cases were discussed at clinical meetings and with individual clinicians for learning, investigation and auditing purposes.
- The service made improvements using completed audits. There was clear evidence of action to resolve concerns and improve quality through audits.
- The provider shared with us five audits that had been undertaken. These included an organisation wide audit of a prescribed medicine used to treat acne, a common skin condition that causes spots and oily skin, histology results following the removal of skin lesions and post minor surgery infection rates. The results of the clinical audits specific to this location showed no areas of concern. For example, records showed that nineteen minor operations were carried out between September and November 2022 and none of the patients had experienced an infection.
- We reviewed eleven clinical records and found six of these had been completed by the medical director for the clinic. We saw that these were detailed and provided good quality information. The other five records were for patients who were being treated for varied skin conditions and these records had been completed by other clinicians who had worked at the clinic. We found that two of the five were detailed and showed appropriate management. However, although the three remaining records showed detailed clinical notes there were gaps identified. These included an absence of evidence to confirm that relevant blood tests had been taken and results recorded to ensure treatment planned was appropriate. There was also an absence of information to confirm that advice about taking the medicines was initiated with patients. The contents of one patient's records showed that the legibility of the clinical notes needed to improve. We discussed these findings with the management team.
- To address this the nominated individual advised that they were in the process of introducing a formal central governance process for the audit of clinical records and consultation notes. To support this a clinician had been appointed to undertake this role.
- All clinical staff were sessional and the quality of care they provided was monitored by the recently appointed clinic medical director.

Are services effective?

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.
- Professionals were registered with the relevant General Medical Council (GMC) and were up to date with their appraisal and revalidation. This is the process by which the GMC confirms a doctor's license to practice in the UK.
- 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.
- The provider had identified mandatory training for the service and we saw evidence that staff had completed this training.
- Clinical staff had undergone individual reviews with the nominated individual to audit and monitor record keeping and the quality of consultations carried out.

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. We saw examples of information shared with patients GP and secondary care where appropriate.
- 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.
- Details of a patient's GP was obtained prior to consultation. All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP if there was a need to do so.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. Clinical records showed that letters to patients GP were comprehensive in detail.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- We reviewed five completed consent forms. They were all detailed and showed evidence of informed consent. The forms contained information for patients about potential side effects, risks and what to expect during the procedure.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- The clinicians and practitioners took the opportunity to provide skin care health advice to patients at consultations. For example, records showed health education discussions related to sun exposure avoidance, smoking, alcohol and hydration.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Are services effective?

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. The service monitored the process for seeking consent appropriately.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Information about the cost of individual services were available on the provider website so patients were aware of the cost before committing to a consultation.

Are services caring?

We rated caring as Good because:

Sk:n – Wolverhampton Compton Road provided a caring service in which people were treated with compassion, dignity and respect.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The service carried out patient surveys following each consultation.
- Feedback from patients was positive about the way staff treated them. We reviewed twelve patient survey feedback completed between 26 November 2022 and 8 December 2022. These were overall positive about the services they received. The provider also reviewed third party feedback received online. The provider shared eight online reviews received between 8 December 2022 and 29 January 2023. These showed that all patients were very satisfied with the service they received.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental 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.
- A hearing loop and access to signing translation services was available for people presenting with impaired hearing.
- Feedback from patients through the provider's own surveys told us, that they felt listened to, supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect and took measures to ensure this was maintained.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- The practice used secure systems for recording patient information.
- Staff signed confidentiality agreements as part of their employment contract and terms and conditions of employment.

Are services responsive to people's needs?

We rated responsive as Good because:

Sk:n – Wolverhampton Compton Road provided a responsive service. Reasonable adjustments had been made to deliver services that met the needs of its patients in a timely way.

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 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.
- Patients had access to detailed information about the procedures available. Information was provided in a format that was easily accessible to patients who used the service. For example, patient information leaflets we examined showed that they were easy to read and sufficiently detailed to ensure patients were aware of the procedures that would be carried out. Where necessary information could be made more easily accessible to patients, such as in different languages and large print if required.

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 an initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services where required were undertaken in a timely way. For example, where patients presented with a possible diagnosis of skin cancer, the medical clinician contacted the patients GPs by telephone and followed this up with clinical letters which detailed the findings.

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.

- The service had a complaint policy and procedures in place.
- Information about how to make a complaint or raise concerns was available for patients.
- Staff were aware of how to treat patients who made complaints and ensured they followed guidance and procedures implemented by the provider.
- At the time of this inspection there had not been any complaints or any incidents specific to this location over the past 12 months.
- The organisation was aware of how they could learn from individual concerns, complaints and from analysis of trends to improve the quality of care.
- Systems were in place to ensure patients were informed of any further action they could take should they not be satisfied with the response to their complaint.

Are services well-led?

We rated well-led as Good because:

The leadership, culture and development of clear policies and procedures supported staff at Sk:n – Wolverhampton Compton Road to deliver high quality care and provide a well led service.

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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving 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 plan described the responsibility of clinic staff in the event of an emergency.
- An up to date statement of purpose had been written to reflect the values and purpose of the services available at the Walsall based clinic.
- The service monitored progress against delivery of the strategy. Plans for the development and growth of the business was discussed at staff meetings.

Culture

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

- Staff told us that they felt respected, supported and valued.
- The service focused on the individual needs of its patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider promoted a culture of openness, honesty and transparency. This was demonstrated within the policies and procedures for 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 felt confident to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary. Protected time was given for professional development and evaluation of their clinical work.
- 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 as part of the provider's mandatory training requirements. Staff felt they were treated equally.
- There were positive relationships between staff and the wider organisation.

Are services well-led?

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.
- Staff were clear on their roles and accountabilities.
- Monthly staff meetings were held to share information. The minutes of the meetings were available to staff who were unable to attend.
- The organisation had central led governance processes in place. A clinician had recently been recruited to lead on and ensure annual Clinical Governance Assessments were completed across the organisation. The appointment of a clinician was also put in place to ensure regular reviews of clinical records and consultation notes completed by medical clinicians were fully and appropriately reviewed as part of the quality audit process.
- Leaders had established comprehensive policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology
- The service used performance information which was reported and monitored and management and staff were held to account
- The service submitted data or notifications to external organisations as required.
- 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. Staff were aware of the pathways to follow when responding to any concerns.
- Records were stored electronically using secure systems. The provider was registered with the Information Commissioner's Office.

Managing risks, issues and performance

There were clear and effective clarity around 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. Plans were in place to improve and ensure the 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.
- The provider had plans in place and had trained staff for major incidents.

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.

Engagement with patients, the public, staff and external partners

Are services well-led?

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 provider acted on information received through complaints, surveys and online reviews.
- There were systems to support improvement and innovation work. For example, the provider was reviewing its approach to monitoring the quality of the services provided. This included a review of its quality systems to strengthen its review of clinical records and quality tools in use.
- Staff were able to provide informal feedback as a small team. We saw evidence of other feedback opportunities for staff, which included through the appraisal system meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

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.
- Improvements to the environment were also identified and addressed. This included upgrading the hand washing facilities in the minor operations room and providing surgical pads for surgeons.