

YAC Leeds Ltd

Inspection report

Bellissima Exclusive, 12 Otley Road
Guiseley
Leeds
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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 YAC Leeds Ltd. (also known as Yorkshire Aesthetics) on 20 March 2023. This was the first inspection of this service undertaken by the Care Quality Commission (CQC). We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Act.

YAC Leeds Ltd. is situated in the Guiseley area of Leeds, West Yorkshire. It operates as an independent nurse-led service which specialises in medical and non-medical aesthetic treatments. The service operates under the brand name Bellissima Exclusive. YAC Leeds Ltd. shares the building it operates from with a separate service operated by Bellissima Exclusive. This service consists of a beauty salon offering a range of skin and beauty therapies which did not form part of the inspection.

The 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. YAC Leeds Ltd. provides a range of non-surgical cosmetic interventions, for example non-surgical rhinoplasty, dermal fillers and intralipotherapy (fat dissolving injections) which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. The services provided which require CQC registration included the use of botulinum toxin to medically treat migraine and hyperhidrosis (excessive sweating). In addition, the service had examined delivering thread lifts (non-surgical face/neck lifts), but at the time of inspection this had only been carried out on case study models, and was not being delivered to patients.

The service does not treat people under the age of 18 years for the services which are regulated.

The nurse practitioner and director of YAC Leeds Ltd. is the registered manager, and the only member of staff. 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:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- The premises was well maintained, clean and tidy and there was an effective system in place to manage infection prevention and control (IPC).

Overall summary

- The nurse had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Patients received effective care and treatment that met their needs.
- The nurse dealt with patients with kindness and respect and involved them in decisions about their care.
- The service routinely sought feedback from patients. Feedback for the service was very positive.

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

- Develop and implement a formal clinical audit programme.
- Improve record keeping to capture all patient observations and discussions.

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 included a nurse specialist advisor, and a second CQC inspector. The team also had advice from a CQC pharmacist specialist.

Background to YAC Leeds Ltd

YAC Leeds Ltd. operates from:

Bellissima Exclusive

12 Otley Road

Guiseley

Leeds

West Yorkshire

LS20 8AH

YAC Leeds Ltd. (also known as Yorkshire Aesthetics) operates as an independent nurse-led service which specialises in medical and non-medical aesthetic treatments. The service operates under the brand name Bellissima Exclusive. YAC Leeds Ltd. Shares the building it operates from with a separate service operated by Bellissima Exclusive. This service consists of a beauty salon offering a range of skin and beauty therapies which did not form part of the inspection.

The service is located on the ground floor within a commercial unit, and is contained within a recent extension which was furnished in July 2021. The service consists of 1 treatment room, and a waiting room and toilet which are shared with patients using other Bellissima services. Patients with mobility issues are able to enter through the side door.

YAC Leeds Ltd. registered with CQC on 17 December 2021. The service provides a range of non-surgical cosmetic interventions, for example non-surgical rhinoplasty, dermal fillers and intralipotherapy (fat dissolving injections) which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. The services provided which require CQC registration included the use of botulinum toxin to medically treat migraine and hyperhidrosis (excessive sweating). In addition, the service had examined delivering thread lifts (non-surgical face/neck lifts), but at the time of inspection this had only been carried out on case study models and was not being delivered to patients.

Services are available to adults aged 18 years and over.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures

The service is staffed by an aesthetic nurse practitioner who is also an independent nurse prescriber. Other Bellissima staff provide administration support, including reception cover and booking patients in for treatment.

The service usually operates on Mondays between 10.30am-9pm, and on one Saturday per month between 9am-5pm, however occasionally appointments are offered on alternative days.

Consultations are carried out face to face.

How we inspected this service:

We carried out this inspection on 20 March 2023. Before visiting the location, we looked at a range of information that we hold about the service and conducted an interview with the Registered Manager/Director. We reviewed information submitted by the service in response to our provider information request. During our visit, we spoke with the Registered Manager/Director, reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from.

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

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

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

Are services safe?

We rated safe as Good because:

The service had developed and implemented processes and procedures to manage safety within the clinic. Staff had the training and information they needed to deliver safe care and treatment. However, the service needed to improve the depth of information noted in patient records.

Safety systems and processes

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

- The registered manager was a registered nurse and an independent prescriber, and we saw evidence of their inclusion on the Nursing and Midwifery Council (NMC) register.
- There were appropriate indemnity arrangements in place, and we saw that an enhanced Disclosure and Barring Service (DBS) check had been undertaken (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).
- The service conducted health and safety risk assessments and had developed safety policies and procedures. We saw that mandatory assessments had been undertaken. These included those in relation to fire safety and Legionella and highlighted the control measures that had been implemented to reduce risks. We saw evidence that fire alarm testing was carried out weekly by the provider.
- The service only provided services for persons aged 18 years and above, and children therefore had limited access to the premises. We were told by the service that where there was doubt regarding the age of a patient that they asked for evidence to confirm proof of age, and these checks were recorded within the patient's clinical record.
- The service had the ability to liaise with other agencies to support patients and protect them from neglect and abuse.
- The service had systems and processes in place to safeguard vulnerable persons from abuse. The registered manager was the safeguarding lead. There were safeguarding children and adult policies in place which included a flowchart of actions to be taken in the event of suspected abuse, and local safeguarding contact numbers which were also displayed in the clinic. Policies were available electronically and in paper format. We saw that the registered manager had undertaken safeguarding children and vulnerable adults training appropriate to their role.
- There was an effective system to manage infection prevention and control (IPC). The nurse had undertaken IPC training. We saw evidence that daily cleaning checks were carried out, and the service had recently carried out an IPC audit. The audit showed general overall compliance with requirements, and we saw that areas identified for improvement had been actioned. For example, the provider was looking into alternative options for medicines storage as the current cabinet was too heavy to be wall mounted.
- The clinical room used for regulated activity had hand washing facilities and paper towels. There were sufficient stocks of personal protective equipment. The service performed minor surgical procedures for which they used single-use, disposable equipment.
- The service had systems in place to manage health and safety risks within the premises, such as control of substances hazardous to health (COSHH) and Legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- There were systems for safely managing healthcare waste. We saw that clinical waste was stored in a padlocked cupboard, and that the clinic had a contract with a company for the approved disposal of clinical waste.

Risks to patients

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

Are services safe?

- Patients were provided with information and guidance relating to their treatment and aftercare, including possible side-effects. If a patient experienced urgent issues outside operating hours, they were able to contact the clinic for support at any time using the services mobile number. Patients were advised to seek emergency assistance when required.
- The nurse understood how to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with infections and had undertaken anaphylaxis and adult and paediatric basic life support training in March 2022.
- The service was registered with the Information Commissioner's Office (ICO).
- There were appropriate indemnity arrangements and public liability insurance policy in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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. However, there was evidence that some record keeping was incomplete. For example, a record we checked highlighted an increase in the patient's antidepressant medication and although the nurse told us that this had been taken into account, there was no evidence of a discussion having taken place regarding this increase.
- The service had systems for sharing information with a patient's NHS GP to enable them to deliver safe care and treatment. Where applicable, images and other documentation had been provided to patients for discussion with the patient's GP, and patients were often referred to the clinic's other Bellissima service for cosmetic treatment to resolve underlying skin conditions prior to receiving further 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. Electronic records were kept on a secure encrypted system and paper documentation was stored securely.
- The service had a system in place to safely deal with critical incidents. We saw an example of an adverse result which had been handled appropriately and in a timely manner.
- The nurse was a member of the British Association of Cosmetic Nurses (BACN) and Complications in Medical Aesthetic Collaborative (CMAC). They also followed Aesthetic Complications Expert (ACE) and National Institute for Health and Care Excellence (NICE) guidelines, and this kept them well informed and updated on patient safety issues.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment, minimised risks. We saw that regular checks had been undertaken on emergency medicines and equipment held within the clinic.
- The nurse prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Access to the electronic prescribing system was secure. Prescriptions were created and submitted electronically for ease and security, and were sent to a pharmacy approved by the pharmaceutical manufacturers.
- Medicines were stored safely and securely in a locked cabinet in the treatment room. We saw that temperature checks of the cabinet had been routinely recorded, and had been within the range for safe storage.

Are services safe?

- The nurse subscribed to Medicines and Healthcare products Regulatory Agency (MHRA) and relevant pharmaceutical companies which ensured that they were informed of any medicines safety alerts.

Track record on safety and incidents

The service had a good safety record.

- The service required patients to complete and update a comprehensive medical history form prior to each treatment, and provided them with additional information after their consultation where appropriate. Aftercare advice was also provided.
- There were systems in place to record and act on significant events, incidents and complaints. We saw that the service had only one instance of a critical incident, and that this had been appropriately managed. There were no reported accidents or complaints in relation to regulated activities.
- There were risk assessments in place in relation to safety and these showed that effective controls were in place to minimise any safety incidents. Health and safety issues were appropriately managed, and the nurse had a briefing with other Bellissima staff at the end of each day to discuss any new concerns identified.
- The service had recently carried out prescribing and IPC audits which evidenced safe practice. Although audits were limited the nurse told us that they had signed up to lead a peer discussion at the next BACN regional meeting with the aim of improving their audit tools, and that they would develop and implement a formal programme for clinical audits and ensure they were undertaken on a regular basis.
- The service were keen to make improvements to ensure patient safety was not at risk. For example, they had recently put forward a suggestion to their patient clinical record system developers that a red flag be added against patient's names to highlight any allergies.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service had systems in place for identifying and actioning notifiable safety incidents.
- There was a system for recording and acting on significant events. The nurse understood their duty to raise concerns and report incidents and near misses. We saw in the previous 12 months that only one significant event had been recorded for regulated activities provided at the clinic. This was dealt with appropriately and highlighted to the clinic the importance of detailed patient preparation and consultation prior to treatment.
- The nurse was aware of the requirements of the Duty of Candour and encouraged a culture of openness and honesty. They told us that if an unexpected or unintended safety incident was to occur, that they would give affected people an apology and provide them with the necessary support.

Are services effective?

We rated effective as Good because:

The service had systems to keep up to date with current evidence-based practice. The nurse was appropriately qualified, and had been trained to deliver services within their competencies. We saw evidence that they assessed needs and delivered care and treatment in line with current legislation, standards and guidance. Although recent clinical audits were limited and there was no formal programme for audits at the time of inspection, the service had taken steps to action this and told us they would develop and implement a clinical audit programme.

Effective needs assessment, care and treatment

The service 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.

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the British Association of Cosmetic Nurses (BACN) professional guidelines and the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed.
- The service told us that they worked with patients to understand their care and treatment, and to manage expectations of outcomes.
- We saw that there were protocols in place for regulated treatments provided at the service, written in line with manufacturers guidelines.
- We saw that the nurse kept up to date with current evidence-based practice and training for regulated activities undertaken. For example, we saw that training had been undertaken for the potential delivery of thread lifts.
- We saw no evidence of discrimination when making care and treatment decisions.
- The nurse assessed and managed patients' pain and discomfort where appropriate. Local anaesthetic was used prior to procedures, where appropriate.
- The service was aware of patient issues such as body dysmorphia disorder, and had processes in place to screen for and support such patients (body dysmorphia disorder is a mental health condition where a person spends a lot of time worrying about flaws in their appearance).

Monitoring care and treatment

The service was actively involved in some quality improvement activity but did not have a formal program of auditing in place.

- The service used information about care and treatment to make improvements.
- Data from a recent patient survey carried out by the clinic through an online survey which showed that all of the 25 patients surveyed were satisfied with their treatment outcome.
- The service made improvements through the use of completed audits. We saw that the service had recently carried out a prescribing audit and as a result of this had identified the need for peer case study reviews which was subsequently arranged with a doctor working at the clinic. An IPC audit had also been carried out. There was however no formal programme for audits at the time of the inspection. The nurse told us that they would develop and implement this to ensure that audits were undertaken on a regular basis and that they had signed up to lead a peer discussion at the next BACN regional meeting with the aim of improving their audit tools.
- The nurse attended quarterly management group meetings to discuss quality improvement issues and ideas.

Effective staffing

Are services effective?

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

- The nurse was appropriately qualified and registered with the Nursing and Midwifery Council (NMC) and was up to date with revalidation. Revalidation is the process by which nurses demonstrate they are fit to practice and renew their registration.
- The nurse was appropriately qualified for the services provided. We saw that up-to-date records of qualifications and training were maintained.
- The service understood the importance of continuous learning. We saw that the nurse had attending conferences, for example the Menopause in Aesthetics conference in February 2023.

Coordinating patient care and information sharing

The service worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care and the service referred patients to other services when appropriate.
- When they first registered with the service patients were asked for consent to share details of their consultation and any medicines prescribed, with their registered GP.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available in an accessible way.

Supporting patients to live healthier lives

The service was consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Patients were provided with information about procedures, including the benefits and risks of treatments provided. The service provided pre- and post-treatment advice and support to patients, this included follow-up appointments where appropriate.
- Risk factors were highlighted to patients, and where appropriate, and with consent, communicated to their normal care provider for additional support.
- Where appropriate, the nurse gave patients advice on improving their general health and lifestyle, for example advice on smoking cessation.
- Post-procedural feedback allowed the service to identify potential issues being experienced by patients.
- Where patients' needs could not be met by the service they were redirected to the appropriate service for their needs.

Consent to care and treatment

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

- The service understood the requirements of legislation and guidance when considering consent and decision making. We saw recorded evidence of patient consent when they signed up for treatment.
- The service supported patients to make decisions.

Are services caring?

We rated caring as Good because:

The service treated patients with kindness and understanding and involved them in decisions about their care and treatment. The service had established patient satisfaction feedback systems, and we saw that this feedback was used to drive quality improvement.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service actively sought feedback on the quality of care patients received. Patients were contacted by the service for feedback after each appointment. Comments were reviewed and had prompted improvements in the past. For example, music was introduced to the clinic as patients commented that this was important to them.
- Data from a recent patient survey carried out by the clinic showed that all of the 25 patients surveyed agreed that their nurse practitioner understood their needs as an individual and treated them with dignity and respect.
- The nurse had received equality and diversity training and understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients. For example, the service had recently started recording patients' preferred pronouns on their records.

Involvement in decisions about care and treatment

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

- Information about services offered and prices of treatments were available on the clinic's website, and material was also available within the clinic. There was a 'cooling off' period for patients if they decided not to go ahead with the treatment.
- The service told us that where possible they used simple non-technical jargon in their discussions with patients.
- Patients who did not have English as a first language were able to arrange for an interpreter to be present during their appointment. The service informed patients that it was unsuitable to bring a relative or friend into the clinic to interpret for them.
- We received 15 CQC Give Feedback on Care online forms, patients told us that they were fully informed about their treatment and any potential risks involved, prior to making a decision.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The service recognised the importance of patients' dignity and respect.
- Treatments and consultations were undertaken with the privacy of patients in mind. The service informed us that patients only had to take off the minimum amount of clothing as required by the procedure, and that appointments could be extended for those who needed it.
- The service offered patients the use of a private counselling room to discuss private and sensitive matters.
- The service was aware of information security, and we saw that patient records were stored securely.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered treatment and care to meet the needs of patients.

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 service understood the needs of their patients and delivered services in response to those needs. For example, they told us that they had introduced the thread lift procedures into the service based on the requests of their patients. However, upon seeing unsatisfactory results in longevity of results with case study models, they felt it was unethical to provide the treatment in its current form, and were looking into alternative treatments for their patients.
- The facilities and premises were well maintained and appropriate for the services delivered. The service was located on the ground floor and was contained within a recent extension which was furnished in July 2021.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, wheelchair users were able to access the service through the side entrance of the building.
- Patient feedback for the service was very positive. Direct patient views given to CQC via the Give Feedback on Care online form showed that all 15 submissions from patients were positive about their experience of using the service. Of the 22 reviews submitted by patients through the provider's patient booking system, all 22 rated their experience 5 stars. The service told us that a lot of their patients came to them through personal recommendations.

Timely access to the service

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

- The service operated 1 day a week and 1 Saturday per month and offered appointments into the evening. In addition, the provider had a 24-hour mobile contact number to offer help and support to patients on an urgent basis. Details of how to book were available on the service's website.
- Patients had timely access to initial assessments and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and signposting to other services were undertaken in a timely way.
- Information to patients regarding treatments was available on the clinic's website. Educational emails regarding skin health and treatment options could also be sent out to patients registered on the Bellissima email database.

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 complaints policy and supporting procedures in place, and this was available in the clinic in the form of patient information leaflets.
- A recent patient survey carried out by the service showed that out of 25 patients surveyed, all 25 said that if they had a complaint they would know what steps to take.
- In the previous 12 months the service reported that they had received no complaints related to regulated activities.

Are services responsive to people's needs?

- The service learned lessons from individual concerns and complaints and used these to improve the quality of care. For example, we saw that a small number of patients felt that they had not been quoted a price prior to treatment. The service showed us a letter that they planned to send out to patients to remind them that prices are listed on the website and in their patient information booklet. This enabled patients to have the opportunity to research for themselves any suggested amendments to their treatment plan prior to their next appointment. The letter also encouraged patients to contact the clinic to clarify any prices when required.
- The service informed patients of further options that may be available to them should they not be satisfied with the service's response to their complaint. For example, the patient could request an independent review by a doctor who supported the clinic but who was independent from the service.

Are services well-led?

We rated well-led as Good because:

The service had established clear structures, systems and processes to support effective leadership and governance.

Leadership capacity and capability

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

- The nurse was knowledgeable about issues and priorities relating to the quality and future of the service. For example, they were in the process of looking at alternative ways to provide thread lift treatments to their patients, based on demand of the treatment.
- The nurse was visible and approachable and worked closely with other managers at Bellissima.
- Although the nurse worked independently to provide regulated treatments, they regularly attended conferences and training which enabled networking and peer support within the aesthetic industry. They were also a member of the British Association of Cosmetic Nurses (BACN) and Complications in Medical Aesthetic Collaborative (CMAC) and worked closely with an aesthetic doctor at the clinic which enabled regular clinical discussion and peer case study reviews.

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 this was underpinned by the service's values and objectives. They stated that it was their mission to provide "tailored, safe, natural results".

Culture

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

- The service told us that they focused on the needs of patients and that they delivered the service in line with their vision and values.
- There had been no incidents in the last 12 months relating to the regulated activities carried out by the service. The service was aware of, and had systems to ensure compliance with, the requirements of the duty of candour.

Governance arrangements

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

- Systems and processes were in place to support good governance.
- The service had established appropriate policies, procedures and activities to ensure that they were operating safely and as intended.

Managing risks, issues and performance

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

- The service had oversight of systems and processes to manage safety alerts, incidents, and complaints.

Are services well-led?

- The service had carried out some clinical audits and there was evidence of action taken to change services to improve quality.
- The service had a business continuity policy and disaster recovery strategy in place.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service used feedback from patients to drive improvement.
- The service was aware of the need to submit data or notifications to external organisations when required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable information, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients and used this feedback to shape their services and to drive improvement. For example, we saw how patient survey feedback had been used to find ways to improve the range of information given to patients prior to commencing treatment.
- Patients were asked to give feedback on the care they had received after each treatment had been completed.

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 nurse kept their training up to date and regularly attended conferences in their field of expertise. For example, they recently took part in the Menopause in Aesthetics Conference, in February 2023.
- The service used patient feedback, incidents and concerns to drive improvement in the services provided.
- There were systems to support improvement and innovation work. This included carrying out audits and daily briefings with other managers who operated from the same site.