Westminster Clinic Limited

Westminster Clinic Limited - at 31 Harley St.

Inspection report

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Date of inspection visit: 3 August 2021
Date of publication: 13/09/2021

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

Summary of findings

Overall summary

Our rating of this location improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learnt lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on their treatment and supported them to make decisions about their care. Key services were available five days a week.
- The service planned care to meet the needs of patients, took account of most patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and how to apply this in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to improving services continually.

However:

- Some of the clinic's files still contained some older versions of policies or documents. This meant that some staff may refer to outdated guidance when delivering care.
- The lead doctor had recently supported another doctor to learn how to undertake hair transplant surgery. A summary document had been introduced to evidence the skills and training of this doctor. However, there was no contemporaneous record of the training or overarching policy or governance in relation to this training.
- There was no written information available in other languages or formats and staff seemed unsure as to how this would be provided. This meant some patients may not be able to access the service easily.
- The service had subscribed to a service that provided an independent review of complaints, but the clinic's complaint policy did not accurately reflect this on the day of inspection. The service sent a refreshed policy containing correct details shortly after our inspection.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

Contents

Summary of this inspection

Background to Westminster Clinic Limited - at 31 Harley St.

Westminster Clinic Limited - at 31 Harley St. is operated by Westminster Clinic Limited. The service opened in February 2019. The service provides day case surgical hair transplant procedures to private patients over the age of 18. There are two methods of hair transplantation: follicular unit transplant and follicular unit extraction. The service provided follicular unit extraction. In follicular unit extraction, individual follicles are extracted and then implanted into small excisions in the patient's scalp. All procedures were undertaken using local anaesthesia.

There has been a registered manager in post since the clinic opened in 2019.

The clinic is registered to provide the following regulated activities:

- Surgical Procedures

There was one doctor working at the clinic. The service employed one lead hair technician, one clinic manager and one member of administrative staff. Other hair technicians were not employed permanently by the service but were called upon as required when there was patient treatment.

We have inspected this service once before, on 18 May 2021. Following this inspection, we took immediate enforcement action as a result of our findings. We issued a Warning Notice, on the 26 May 2021, under Section 29 of the Health and Social Care Act 2008. We required the provider to make significant and immediate improvements in the quality of healthcare it provides. This inspection visit was conducted to check whether these improvements had been made.

How we carried out this inspection

We inspected this service using our focused inspection methodology. We carried out the announced part of the inspection on 03 August 2021. As the clinic did not have clinical appointments booked in until later in August 2021, we gave the registered manager notice that we intended to visit the clinic on this date.

During the inspection, we visited the whole clinic, including the reception, waiting area, theatre and consultation room. We spoke with the registered manager on the day of inspection and two other staff via telephone call following this date. We reviewed 10 sets of patient records.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

Summary of this inspection

- The service should consider reviewing their files to ensure older and outdated versions of policies or documents are removed.
- The service should consider introducing a contemporaneous competency document for any doctors training to undertake hair transplant procedures at the service in the future.
- The service should consider how to provide information in other languages or formats.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Surgery safe?

Good

Our rating of safe improved. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training required to be undertaken by all those who worked for the service included: fire safety, equality and diversity, infection control, safeguarding adults and children, manual handling, basic life support and information governance. The registered manager monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff completed the appropriate level of both safeguarding adults and children training as part of their mandatory training. The lead doctor had completed level two adult safeguarding training, and the clinic manager (who was the nominated safeguarding lead) had completed level three safeguarding adult and children training. At the time of our previous inspection, not all staff we spoke with knew how to escalate safeguarding concerns or demonstrated an awareness of potential safeguarding issues. Now, all staff we spoke with knew how to identify adults and children at risk of, or suffering, significant harm and how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Good

Surgery

Staff followed infection control principles including the use of personal protective equipment (PPE). At the time of our last inspection, there was no formal mechanism for COVID-19 risk assessment or testing of day case patients or asymptomatic staff. Patients were now asked to fill out a risk formal assessment and screening questionnaire prior to attending the clinic and had this checked and their temperatures taken prior to admittance to the clinic. Staff were now asked to complete a lateral flow test twice a week and the registered manager kept a formal record of this. The clinic's COVID-19 policy had been updated and we saw there was now evidence of increased cleaning of high touch areas.

Staff worked effectively to prevent, identify and treat surgical site infections. There had been no surgical site infections in the 12 months prior to our inspection.

At the time of the previous inspection, there were inconsistent records of external cleaning and no records kept of any items staff cleaned. Now, we found cleaning records were consistent and fully complete. The service had also just started to complete hand hygiene audits, which showed good compliance in the last month.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. At the time of the last inspection, there was a high level of clutter and unused items within the clinic. Now, the clinic was free of clutter and was tidy and orderly.

At the previous inspection, we found cleaning products stored next to saline and baby oil given to patients. These were not covered by the Control of Substances Hazardous to Health (COSHH) risk assessments. Now, all cleaning products had been subject to COSHH risk assessments and were stored appropriately.

The service had enough suitable equipment to help them to safely care for patients. At the time of the last inspection, we found not all equipment had evidence it had been recently tested or maintained. Now, we saw all items had proof of recent testing.

Staff disposed of clinical waste safely. The clinical waste was disposed of in suitable bins which were stored outside the property. There was a service level agreement in place with a provider to collect clinical waste. At the previous inspection, we saw sharps bins in the theatre had not been labelled and the temporary closures were not in use. Now, we found sharps bins were labelled and temporary closures were in use. Environmental audits reflected this.

Due to the nature of the service they did not require a resuscitation trolley. At the previous inspection, we saw the first aid box was overfull. At this inspection, we saw the first aid box contents had been reviewed and it was now appropriate for use. There was a defibrillator in the building. At the last inspection, we found an unsecured oxygen cylinder in the theatre stored next to combustible items, presenting a potential fire hazard. At this inspection, we saw the oxygen cylinder was now appropriately stored.

Fire extinguishers were accessible, stored appropriately, and were all up to date with their services. At the time of the last inspection, we did not see evidence staff had completed any fire drills. We now saw evidence staff had attended these, and fire safety was discussed in team meetings.

Assessing and responding to patient risk

Good

Surgery

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Pre-operative assessments were undertaken by the doctor undertaking the procedure. At the time of our last inspection, we found the process surrounding patient assessment was not robust or adequately documented, with inconsistent records of consultations with the patient and the taking of their medical histories. There was no formal admission policy or exclusion criteria in relation to patients who could or could not be seen at the clinic. Now, we saw a proforma had been introduced for patient consultations, including appropriate questions to assess patients physical and psychological health. In the 10 patient records we reviewed, we saw medical history sections were now filled out and there was a record of their consultation, including details of the cost of the intended procedure. The service had introduced a formal admission policy which detailed inclusion criteria.

Staff told us what action they would take if a patient was at risk of deterioration. All clinical staff were basic life support (BLS) trained. In the event of an emergency, the patient would be transferred to the most appropriate neighbouring NHS hospital, using the standard 999 system. At the previous inspection, there was no formal written policy detailing what action staff should take if a patient became unwell and no record of the physical observations of patients. In addition, the service had not adapted the World Health Organisation (WHO) surgical safety checklist for patients to prevent or avoid serious patient harm. At this inspection, a formal deteriorating patient policy had been introduced. In the 10 patient records reviewed, we saw physical observations were now recorded and the operative record contained elements of the WHO checklist appropriate to the service.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. There was a formal induction process for new staff.

The service had enough staff to keep patients safe. There was one lead doctor who completed all of the surgical hair transplants. The lead hair technician was contracted for two days per week. The service employed four other hair technicians on zero hours contracts on a regular basis.

All staff we spoke with felt the staffing levels were sufficient to cover the work required. Procedures would be cancelled if needed, where the lead doctor was unwell, for instance.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. At the previous inspection, patient records were incomplete and inconsistent, with missing checks and incomplete sections throughout. At this inspection, the 10 patient records we reviewed were now much improved and fully completed.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Good

Surgery

Allergies and medication given to patients were clearly documented in records. There was a service level agreement (SLA) in place for the supply of medicines. All medicines we checked were within date and stored appropriately. The service did not use any controlled drugs or prescribe antibiotics.

Incidents

The service managed patient safety incidents well. Staff knew how to recognise and report incidents and near misses. The registered manager investigated incidents and shared lessons learnt with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. The registered manager ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. At the previous inspection, not all staff had a clear understanding of what an incident was, although they knew how to report this in theory. Now, we saw the incident reporting policy and paperwork had been updated and incident reporting was discussed in team meetings. Staff we spoke with were able to describe what kind of events they would report as an incident and how they would do this.

There had been one incident reported in the last 12 months, of which the whole team was aware. We saw that the team had discussed this incident and each member of staff was able to talk about what had occurred. At the last inspection, there was no record of actions taken to reduce the risk of reoccurrence of a similar type of incident. We now saw patient documentation had been adapted as a result of this incident.

At the previous inspection, staff were not fully aware what the term 'duty of candour' (DoC) meant. The DoC is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff now understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Are Surgery effective?

Good

Our rating of effective improved. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. The registered manager checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. At the previous inspection, we found the service's policies and protocols did not fit the scope of the business or reference current national guidance. At this inspection, we saw all policies had been updated and refreshed, with appropriate terminology and references and a review date indicated. New policies had been drafted regarding what to do in the event of a deteriorating patient or emergency situation, and who would be accepted for treatment at the service. All staff signed to say they had read key policies. However, some of the clinic's files still contained some older versions of policies or documents. This meant some staff may refer to outdated guidance when delivering care.

Good

Surgery

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

The clinic provided bottled water to all patients. As procedures could last over prolonged periods, patients were given a break during treatment for food and drink. Staff asked about patients' dietary requirements before buying them sandwiches from a local café.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Due to scheduled activity on the day of inspection we did not observe patient procedures. There was evidence in patient records that staff recorded the administration of local anaesthetic detailing type, batch number, amount, expiry date and site of administration.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. At the time of the last inspection, the service did not use pain scoring or include this as part of the patient documentation. At this inspection, we saw evidence in patient records that pain scoring was now undertaken routinely. Patients received pain relief where appropriate, demonstrated in patient records.

Patients were advised to purchase paracetamol over the counter for post-operative pain relief. Advice was discussed pre and post operatively about what to do if discomfort became significant.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The registered manager and staff had introduced a programme of repeated audits to check improvement over time. At the last inspection, the service did not have a formal clinical audit schedule in order to monitor patient outcomes and experience. At this inspection, the service had introduced audits for hand hygiene and use of personal protective equipment, which showed full compliance with standards in the last month. We saw existing audits for health and safety were complete and reflected the reality of the clinic on the day of inspection.

Contact details of the lead doctor were given to patients along with instructions to contact the service at any time should any complications or questions arise. At the time of the last inspection, we did not see evidence in all patient records that a follow-up call had been undertaken following hair transplant procedures. Now, we saw this in all 10 patient records we reviewed.

Patients were seen 12 months after their procedure for a follow-up appointment to review their results, as the lead doctor indicated this was when the full effect of treatment became apparent. In response to patient feedback, the lead consultant told us they were considering introducing a follow-up appointment six months post-procedure.

Competent staff

Good

Surgery

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We saw evidence of mandatory training completion, appraisal meetings and current disclosure and barring service (DBS) checks in staff files. The registered manager gave all new staff a full induction tailored to their role before they started work.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The lead hair technician told us she had attended international hair transplant conferences in the past with the lead doctor. Other staff did not complete any continuing professional development (CPD) or training relating specifically to their work at the service as they were employed on zero hours contracts.

The registered manager made sure staff attended team meetings or had access to full notes when they could not attend. We saw from minutes of these meetings that training and development was discussed.

The registered manager made sure staff received any specialist training for their role. The lead doctor was licensed with the General Medical Council (GMC), had a current appraisal and had undertaken training relevant to his role. He had recently supported another doctor registered with the GMC to learn how to undertake hair transplant surgery. At the time of the last inspection, there was no documentary evidence of a clear formalised process for this training taking place such as competency documents or a policy. At the time of this inspection, we saw a summary document had been introduced to evidence the skills and training of the doctor in training. However, there was no contemporaneous record of the training or overarching policy or governance in relation to this training.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective meetings to discuss patients and improve their care. Staff told us there were positive working relationships between all individuals as the service as it was a small team.

In the records we saw evidence that patients were asked whether they consented for their information be shared with their GPs.

Seven-day services

The service was available five days a week to support timely patient care.

Appointments could be booked between 9am and 5pm, Monday to Friday.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. There was a policy regarding patients who lacked capacity to make their own decisions.

Good

Surgery

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Consent was obtained in line with the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016) which states that consent should be gained by the doctor who will be delivering treatment 14 days prior to treatment, to ensure the patient has a cooling-off period to consider their decision to go ahead with surgery. In all 10 patient records we reviewed we saw cooling-off periods were routinely given prior to a patient consenting to a hair transplant procedure.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. Consent forms were comprehensive and signed in all 10 patient records reviewed on the day of inspection.

There was a written policy relating to the Mental Capacity Act (2005), although staff did not receive specific training in relation to this. Staff reported they had never had an incident of a patient lacking capacity to consent and this was unlikely due to the nature of the service.

Are Surgery caring?

Good

On this inspection we did not inspect the caring domain. Please see the overall summary for more information.

Are Surgery responsive?

Good

Our rating of responsive improved. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of patients.

Facilities and premises were appropriate for the services being delivered. The clinic's location was close to public transport links. There was one clinical treatment room, a patient toilet, a consultation area and a waiting area downstairs. This was sufficient as only one procedure was conducted at a time.

Meeting people's individual needs

The service took account of some patients' individual needs and preferences. Staff made some reasonable adjustments to help patients access services.

The clinic did not have wheelchair access due to its layout. The service was able to offer alternative solutions for treatment with other providers to patients if required.

Patients were given a choice of food which considered their individual and cultural preferences.

Good

Surgery

The service did not have access to formal translation services and would ask any patients to book their own translator if required. During the inspection, we were told there was no written information available in other languages or formats and staff seemed unsure as to how this would be provided. This meant some patients may not be able to access the service easily.

Access and flow

People could access the service when they needed it and received care promptly.

Patients could arrange an appointment by telephone or on the website. All procedures were booked in advance at a time to suit the patient. Once the procedure was confirmed with the doctor, hair transplant assistants were contacted to support the procedure.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had a process to investigate complaints and share lessons learnt with all staff.

At the time of our inspection the provider had received no formal complaints. There was a complaints policy, but at the time of our last inspection, this did not contain accurate details of how to escalate complaints beyond frontline resolution (stage one). At this inspection, the clinic had subscribed to a service that provided an independent review of complaints. The policy did not accurately reflect this on the day of inspection, but the service sent a refreshed policy containing the correct details shortly after inspection. Staff understood the policy on complaints and knew how to handle them.

Are Surgery well-led?

Good

Our rating of well-led improved. We rated it as good.

Leadership

The registered manager had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

The registered manager was also the CQC nominated individual and lead doctor. At the time of our last inspection, we found they delegated many tasks to the part-time clinic manager. They did not demonstrate an understanding of the obligations placed on them by their role as registered manager or the fundamental standards of care. At this inspection, we saw they had taken the lead on ensuring feedback from the previous site visit had been actioned and improvements had been made across the clinic. For example, new audits had been introduced, policies had been refreshed and patient documentation was much improved with the use of a new proforma. Staff told us they felt well supported by the registered manager, who they worked with on a regular basis.

Vision and Strategy

Good

Surgery

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The registered manager understood and knew how to apply them and monitor progress.

At the time of the last inspection, there was no formal vision or strategy. At the time of this inspection, we saw a short document detailing what the service hoped to achieve and how it would do so. Longer term aims included employing more doctors and improving clinical governance.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

At the previous inspection, the policy on raising concerns contained outdated terminology. At this inspection, we saw this had been updated.

At the time of the last inspection, we were not assured the clinic's culture encouraged openness and honesty in response to incidents as there was a lack of understanding of the importance of recording incidents to learn and prevent recurrence. Staff were not fully aware of what the term 'duty of candour' meant. At this inspection, staff knowledge of incidents and how to report these had improved. There was evidence of learning from incidents, as patient documentation had now been adapted as a result of a previous incident. Staff we spoke with were now able to tell us what 'duty of candour' meant. Minutes from monthly staff meetings indicated these topics were now discussed with staff regularly.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

At the previous inspection, the service relied on informal sharing of information. Now monthly staff meeting minutes indicated clearer structure to these meetings, giving staff the opportunity to reflect on the performance of the service and discuss any risks.

At the last inspection, there was no effective system to review and update policies, and no formal policies regarding what to do in the event of a deteriorating patient or emergency situation, or who would be accepted for treatment at the service. The appropriate range of up-to-date policies were now in place, with a date for review included.

The lead doctor was registered with the General Medical Council and had indemnity insurance.

Management of risk, issues and performance

The registered manager used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Good

Surgery

At the previous inspection, there was no meaningful local audit process in place to monitor patient outcomes and experience. At this inspection, the service had introduced audits for hand hygiene and use of personal protective equipment, which showed full compliance with expected standards in the last month. We saw existing audits for health and safety were completed and reflected the reality of the clinic on the day of inspection

During the last inspection, we found risk assessments were limited and did not identify most of the risks we found on the day of inspection. The registered manager was not able to articulate what the main risks to the service were. At this inspection, these risk assessments had been reviewed and updated, with new documentation in use to ensure risk levels were reviewed at least annually. The registered manager was aware of these.

At the time of the last inspection, we did not see evidence staff had completed any fire drills. We now saw evidence staff had attended these, and fire safety was discussed in team meetings.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

At the previous inspection, the transportation of patient notes was not in line with the local policy. At the time of this inspection, the policy had been updated. Notes from the day of treatment were recorded on paper. At the end of each day, these notes were transported to the administrative office at a different location by the lead consultant to be stored securely. They used a lockable bag to store the files whilst being transported to prevent access to personal and sensitive information.

Initial referrals and photographs of patients' treatment areas were stored electronically. Staff told us these were stored securely. The service now had access to the CQC secure portal to send data and notifications safely.

Engagement

The registered manager engaged with patients and staff to plan and manage services.

At the time of the last inspection, we did not see any evidence that service developments, learning or service improvement were discussed with staff. At this inspection, a formal vision and strategy had been drafted. Meetings allowed time for discussion about service improvement. There was no staff survey due to the small size of the service. Staff told us they would be comfortable suggesting improvements to the service directly to the registered manager.

The service had an easily accessible website where patients were able to leave feedback and contact the service. This showed patients were able to engage with the service online and verbally.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Good

Surgery

At the previous inspection, the service lacked reasonable challenge from internal or external sources regarding quality improvement, governance, safety and effectiveness. There was limited evidence that incidents, feedback and audits were used to make improvements. At this inspection, we saw the provider had been responsive to the findings of the previous inspection. Wide ranging changes had been made to the service in all areas and staff spoke about wanting to sustain these improvements.