Skin Doctor Manchester

Inspection report

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Manchester
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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 Skin Doctor Manchester as this service had been registered in December 2020 and had not yet been inspected.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Skin Doctor Manchester provides a range of non-surgical cosmetic interventions, for example lip fillers, facials and anti-wrinkle treatments which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service manager is also the registered manager. 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:

- We found that system and processes in place to manage risk were generally working well and were up to date. We identified one minor area of risk that had not been fully considered by the provider and one area of risk management that was not working as intended; they told us that they would address these immediately.
- We found that staffing arrangements were in place and working well. Clinical guidance was being used to provide an effective service. Although there were areas of quality improvement activity that required further development, the provider was quick to adopt solutions to these.
- We found that the provider had systems in place to consider and proactively collect feedback to ensure service delivery was in line with client expectations, making adjustments where necessary. Furthermore, we found that staff treated clients with kindness, respect and compassion in their interactions and in the way the service was designed.
- We found that the provider had considered client feedback in relation to access to care and treatment and made adjustments where necessary. The provider demonstrated that client feedback was generally positive about their services.
- We found that systems and processes were in place to ensure the effective and safe running and delivery of services to clients. We also found where improvements were needed, the systems in place provided the service with the flexibility required to address these. Leaders were articulate and knowledgeable about the service, the challenges and achievements of their staff and the service overall.

Overall summary

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

- Ensure that appropriate consideration of risk is completed in relation to the use or lack of recommended emergency equipment.
- Establish a protocol for informing clients GPs of treatments and a business continuity plan outlining what happens if the business were to cease trading.
- Review arrangements for checking fridge temperatures to ensure they are working as intended.
- Consider ways to benchmark performance to ensure the highest standards are maintained.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector **and** included a CQC GP specialist adviser, who both conducted interviews and collected information to form a judgement.

Background to Skin Doctor Manchester

Skin Doctor Manchester is the registered location in Manchester of the provider ASK SKIN Ltd. The Manchester site is located in the Didsbury area of South Manchester. The provider has other locations in York and Leeds.

At the Manchester location, there is limited parking and it is located near public transport links.

40 Lapwing Lane

Didsbury

Manchester

M20 2WR

Skin Doctor Manchester provides various cosmetic treatments that are outside of the scope of CQC's registration, but also provide laser hair removal for those clients with polycystic ovaries, botox injections for excessive sweating, treatments to relieve the symptoms of rosacea and the removal of skin tags.

For more information; https://www.skindoctorclinics.co.uk/

The service is open from 9.30am until 5pm on Monday, Friday and Saturday, from 9.30am until 8pm on Tuesday and from 10am until 8pm on Wednesday and Thursday. The service is closed on Sunday.

How we inspected this service

We gathered information on a site visit to the service, interviewed staff and clients and reviewed documentary evidence in order to form a judgement.

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.

Good

Are services safe?

We rated safe as Good because:

We found that systems and processes in place to manage risk were generally working well and were up to date. We identified one minor area of risk that had not been fully considered by the provider and one area of risk management that was not working as intended; they told us that they would address these immediately.

Safety systems and processes

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

- The provider conducted safety risk assessments in several areas to facilitate service delivery. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Policies outlined who to go to for further guidance (for example, registered manager) but did not have named leads; the provider recognised that this was an area for improvement. Staff received safety information from the service as part of their induction and refresher training. The provider used an e-learning package to ensure staff received up to date training relevant to their roles and to ensure that this could be tracked effectively. The service had systems to safeguard clients from abuse, especially vulnerable adults. The provider made it clear that they did not provide any services for anyone under the age of 18 years of age. Staff we spoke with provided us with examples of where vulnerable adults, such as those at risk of domestic abuse were safeguarded. The provider was committed to refusing services to those who it felt could not consent or were being coerced, or for those who treatments were inappropriate.
- The service worked with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We saw that local safeguarding telephone numbers were available for staff to use and raise any concerns. The provider had allocated leads, but these were not formally named persons, which the provider committed to addressing immediately.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). It was the service policy to request DBS checks for all staff upon recruitment and also to update these every five years. We asked the practice about opportunities for staff whom may have disclosures highlighted through this process. Leaders explained that these would be considered on an individual basis and would not automatically preclude staff from gaining employment. A risk assessment would be put in place where necessary and an impact assessment also completed.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Clients we spoke with were not always aware that they could access chaperone services, but we saw that posters were available in the waiting area. Clinical staff we spoke with would offer this service on a client's behalf should an intimate examination be necessary for treatment.
- There was an effective system to manage infection prevention and control.
- We saw that the provider had conducted an infection control audit in February 2022, which detailed no actions to be taken. We also saw that a Covid-19 infection control policy had been established and the provider continued to take sensible precautions in relation to this, including handwashing advice, sanitizer stations throughout the building and spaced out seating in the waiting area. The provider demonstrated that cleaning schedules were in place and that leaders audited cleaning quality regularly. We also found that the provider checked water temperatures weekly and had legionella testing completed in September 2020. There was a protocol in place to ensure staff knew what to do should water temperatures run too hot or too cold.

Good

Are services safe?

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw that contracts were in place for the maintenance of equipment and that all equipment had had recent inspections to ensure they were working effectively. Portable Appliance Testing (PAT) was completed in January 2022 and a sample of equipment showed this was done effectively. Equipment was also calibrated by the maintenance workers and by staff according to their need. Facilities were maintained in a similarly diligent manner and were visibly clean and tidy. We saw health and safety risk assessments were completed monthly and lastly in April 2022.
- There were systems for safely managing healthcare waste. We saw there was a policy and a protocol were in place for waste disposal including sharps boxes. We found that the one sharps bin that was in use was not signed or dated upon commencement, however, leaders we raised this to committed to addressing this immediately. We saw that needle stick injury information was available to guide staff should such an incident occur. Waste bins were secured overnight and locked to prevent access to the general public.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to people

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for all staff tailored to their role. Records we reviewed confirmed this.
- Staff we spoke with understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify red flag symptoms and signpost to more urgent care. For example, chest pain.
- The provider removed skin tags but did not remove or treat other skin lesions. They were aware that if they were to begin to do this, which they had considered as part of an expansion programme, that these would need to be investigated by histology (where biological tissues are studied under a microscope; used to identify abnormal growth).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. Records we reviewed confirmed this.
- There were suitable medicines to deal with medical emergencies which were stored appropriately and checked regularly. Emergency equipment was not always fully available; a community defibrillator was placed across the road from the service and staff had been asked to use this should the need arise. The provider had not considered the risk of how long emergency services might take to answer a call or respond and had not developed a protocol to guide staff should the defibrillator be unavailable for any reason. We also found that although the provider had anaphylactic kits available, they did not have oxygen. They were unable to demonstrate that they had considered the risk of not having this available but committed to considering this risk immediately.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider told us that it was not routine to inform their clients GP of treatments that had taken place but assured us that if they identified any issues, they would inform the GP with the client's permission.

Good

Are services safe?

- The service did not have a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading. They had not considered this, nor had they incorporated General Data Protection Regulations (GDPR) into their planning regarding records held about clients. They explained that they would be reviewing this following the inspection.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines but there were some gaps.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment were in place but had not always succeeded in minimising risks. For example, in addition to the concerns with medical equipment, we found that staff had recorded several temperatures that were higher than the recommended range for vaccine fridges. They had not recorded any actions in relation to these, although we saw that there was a policy, guidance and a protocol in place. The provider told us that the old fridge was running high and it had been replaced to ensure that temperatures remained in the correct range but had not recorded this anywhere. They accepted this was an oversight and committed to ensuring this happened going forward.
- The service kept prescription stationery securely but had not used any. We saw that the provider had antibiotics on-site to be dispensed but had not put any systems in place to comply with dispensing regulations. They had not yet dispensed any and told us that they would be destroying them in line with guidance and would not be getting anymore.
- The service does 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.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues but not all areas had been fully considered. For example, we saw, latex allergy risk assessments, legionella, personal protective equipment (PPE) and Covid-19 risk assessments, but not in relation to emergency equipment.
- The service monitored and reviewed activity. This helped it to understand risks and gave an almost complete picture of risk that had led to safety improvements being made.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. There was guidance in place for staff to help them understand their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. We saw there were several policies covering all aspects of incident reporting including unexpected or serious incidents. There had been no recent incidents to report as the service had recently begun operating.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service had systems to act on and learn from external safety events as well as medicine safety alerts. They told us that they had little contact with other providers in the same industry but would look into establishing this to aid learning and support. We were told that safety information and any alerts would come through the manufacturers of

Good

Are services safe?

the equipment they used and would be cascaded to staff. Clinicians at the service also worked within the NHS and would be aware of medicine alerts relevant to the service. The service had an effective mechanism in place to disseminate alerts to all members of the team; it was a small team who communicated regularly and formalised these in meetings and email exchanges.

Good

Are services effective?

We rated effective as Good because:

We found that staffing arrangements were in place and working well. Clinical guidance was being used to provide an effective service. Although there were areas of quality improvement activity that required further development, the provider was quick to adopt solutions to these.

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)

- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat clients. We saw that clients' records were managed well and information was easily accessible.
- Staff assessed and managed clients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service had comprehensive non-clinical quality improvement activity, including client feedback and in relation to incidents. For example, handwashing audits.
- Clinically, the provider was unbale to provide formal documentation to illustrate quality improvement activity (QIA), although leaders we spoke with told us that discussions happened regularly. We saw that meetings did take place, but formal clinical QIA had not occurred. The provider told us that with so few clients attending, it was difficult to audit these areas, but would consider where these could be made going forward. Following the inspection, the provider told us that they had established a system to ensure this happened going forward.

Effective staffing

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

- All staff, whose files we reviewed were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Clinicians were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and allowed staff to attend to training in work time depending on how busy the service was. Staff would be expected to complete this in their own time if there was no opportunity to do it during business hours. Up to date records of skills, qualifications and training were maintained. We saw that staff were encouraged and given opportunities to develop.
- Staff completing the various therapy treatments had received specific training and the provider could demonstrate how they stayed up to date.

Coordinating client care and information sharing

Good

Are services effective?

Staff worked together to deliver effective care and treatment but there was limited opportunity to co-ordinate with other organisations.

- Clients received person-centred care. The provider was able to communicate with the clients GP where appropriate and with other agencies such as the local authority safeguarding teams, but had limited opportunity to communicate or liaise with other providers in the industry.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the client's health, any relevant test results and their medicines history. We saw examples of clients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had systems in place to ask all clients for consent to share details of their consultation with their registered GP at the commencement of their treatments, but only did so when they felt there was something of concern to share. The provider was unable to provide any evidence of when this had happened.
- The provider had risk assessed the treatments they offered.
- Care and treatment for clients in vulnerable circumstances was usually refused.
- The provider would refuse treatment or refer clients on if they felt that providing treatment was inappropriate for any reason.

Supporting clients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care. We saw that aftercare documents provided to clients were comprehensive. Clients we spoke with were clear that the provider had been thorough in their explanations of their treatments and aftercare.
- Systems were in place to ensure risk factors were identified, highlighted to clients and where appropriate highlighted to their normal care provider for additional support. This had not yet happened.
- Where clients' needs could not be met by the service, staff redirected them 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.

- Staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- We saw staff had supported clients to make decisions. If the provider felt that capacity was an issue, treatment would be refused.
- The service monitored the process for seeking consent appropriately. We saw that consent was documented on the client notes electronically and physically too in paper copies.

Good

Are services caring?

We rated caring as Good because:

We found that the provider had systems in place to consider and proactively collect feedback to ensure service delivery was in line with client expectations, making adjustments where necessary. Furthermore, we found that staff treated clients with kindness, respect and compassion in their interactions and in the way the service was designed.

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- The provider sought feedback on the quality of clinical care clients received and service delivery; we saw that there had been regular surveys conducted with clients to ensure that service delivery and clinical care was in line with the providers expectations and that improvements could be made. We saw that feedback was generally positive. The provider demonstrated where they had used the rare negative comments to make improvements in the relevant areas.
- Feedback from clients was positive about the way staff treat people.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service gave clients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for clients who did not have English as a first language. We saw notices in the reception areas, although these did not include languages other than English, informing clients this service was available, the provider told us these could be sourced upon request. Information leaflets could also be sourced in easy read formats, to help clients be involved in decisions about their care.
- Clients told us through our conversations with them, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- The provider did not have a hearing loop for those with a hearing impairment but told us that all possible provisions would be taken should a client with a hearing impairment interact with the service.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Staff knew that if clients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. They would also be able to offer nursing mothers a private area for breast feeding.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

We found that the provider had considered client feedback in relation to access to care and treatment and made adjustments where necessary. The provider demonstrated that client feedback was generally positive about their services.

Responding to and meeting people's needs

The service organised and delivered services to meet clients' needs. It took account of client needs and preferences.

- The provider understood the needs of their clients and improved services in response to those needs; they did this through the complaints process, by talking to clients and also through running regular surveys.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The provider reserved the right to refuse treatments to anyone who they felt it was not appropriate to provide treatment to, such as some groups of vulnerable clients. These clients would be referred to more appropriate services.

Timely access to the service

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

- Clients had timely access to initial consultation and treatment, with appropriate cooling off periods and access to information about treatments and aftercare.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients reported that the appointment system was easy to use and were able to make appointments in a variety of ways.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- The service did not always clearly inform clients of any further action that may be available to them should they not be satisfied with the response to their complaint. Information in relation to the regulator was available on the provider website but no information of how to escalate complaints was included in the complaint's response letter. The provider committed to including this immediately.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. We saw that additional training had been supplied for staff to ensure that clients expectations could be managed more proactively.

Good

Are services well-led?

We rated well-led as Good because:

We found that systems and processes were in place to ensure the effective and safe running and delivery of services to clients. We also found that where improvements were needed, the systems in place provided the service with the flexibility required to address these. Leaders were articulate and knowledgeable about the service, the challenges and achievements of their staff and the service overall.

Leadership capacity and capability;

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

- Leaders we spoke with 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 a number of other locations and the leaders ensured that they shared their time appropriately between sites and delegated work to assistant managers in each location to ensure governance was maintained.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service did not have a clear vision but had been able to deliver high quality care and promote good outcomes for clients.

- The provider did not have a clear vision and set of values, although they did have a Statement of Purpose (SOP). We asked leaders about this who were able to articulate the organisational values, but these were not formal or subject to staff/client involvement. The service had a strategy and a supporting business plan to achieve priorities. The provider was unable to demonstrate that a business continuity plan was in place or that plans had been made for client information and aftercare, should the provider cease trading. The provider “took this away” and committed to addressing these.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff we spoke with felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of clients.
- There were systems in place for leaders and managers to act upon behaviour and performance inconsistent with their stated expectations.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw appropriate levels of detail in complaints letters and responses. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were systems in place for staff to raise concerns and staff were encouraged to do so to aid learning. They had confidence that these would be addressed.

Good

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff including clinical staff, were considered valued members of the team. Clinical staff were given protected time or time 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 had equality and diversity policies in place. There was no evidence of any workforce inequality and leaders we spoke with assured us that these would be addressed if they arose. Staff had received equality and diversity training, records we reviewed confirmed this. Staff we spoke with felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out and understood however, there were some gaps where arrangements would benefit from review.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service had no systems in place to consider performance information which could then be reported and monitored to ensure management and staff were held to account. Having identified this during the inspection, the provider committed to establishing these as part of a wider industry providing their services. For example, communicating with other providers in the industry to establish a benchmark.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems. The provider committed to considering general data protections regulations (GDPR) more closely in the collecting and retention of client data going forward.

Managing risks, issues and performance

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

- There was a generally effective process to identify, understand, monitor and address current and future risks including risks to client safety. The provider had not considered all risks, (for example, community defibrillator) but once these had been identified, the systems in placed allowed the provider the flexibility to address them in a timely manner.
- The service had processes to manage current and future performance. Performance of clinical staff could be not be fully demonstrated through audit of their consultations as these were not in place. Following the inspection, the provider demonstrated that a system for these had been established. Leaders had oversight of safety alerts, incidents, and complaints. Records we reviewed confirmed this.
- There was no system in place to deliver clinical audits, but following the inspection, the provider established the capability to do this going forward. There was clear evidence of ongoing non-clinical action to change services to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Good

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with clients, the public, staff and external partners

The service involved clients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, clients, staff and external partners and acted on them to shape services and culture. For example, the client survey, staff meetings and complaints.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

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, although systems in place did not always facilitate this. The provider made adjustments to this once this had been identified.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.