

Mental Health and Wellbeing Services Ltd

Inspection report

Oak House
Sitka Drive, Shrewsbury Business Park
Shrewsbury
SY2 6LG
Tel: 01743297937
www.mentalhealthandwellbeing.co.uk

Date of inspection visit: 30 November to 7 December
2021
Date of publication: 02/02/2022

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 previous inspection was carried out on 30 October 2019 and the service was rated as overall Good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Mental Health and Wellbeing Services as part of our inspection program.

Mental Health and Wellbeing Services provides psychiatric assessments for a range of disorders, consultant psychiatrist consultations, psychotherapy services, mindfulness and exercise practice, assessments and treatments of neurodevelopmental disorders including autistic spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) conditions, group therapies, couple and family therapy, psychiatry, psychological interventions and activities. The service provides consultations and treatments for children from the age of seven through to adults.

Dr Mirza Wasi Mohamad is 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.

A total of seven people provided feedback about the service. We spoke to two patients during the inspection visit, four patients over the telephone. One patient shared their experience through CQC's website. All feedback received was positive and complimentary of the service received.

Patients felt the service was prompt, provided person centred care and treatment plans were personalised to meet their needs.

Our key findings were:

- The service provided person centred care and treatment plans were developed in partnerships with patients, carers and other partners such as schools and GPs where appropriate.
- The service was responsive to patient needs by providing face-to-face or remote appointments using online or telephone appointments and out of hours appointments where required.
- The service continued to promote patient and staff safety even after COVID-19 restrictions had been eased through maintaining staff team bubbles to restrict the number of social contacts.
- Patients felt care was accessible, person centred and treatment plans including side effects were discussed in detail with them.

Overall summary

- All staff received regular supervision, had an annual appraisal and had a role specific continued professional development plan in place.
- The service continuously aimed to use innovative ways to make the service accessible including the planned introduction of e-consultation services and presenting payment details in a more accessible format to neurodivergent patients.
- Patient records were kept to a high standard and this was monitored through regular audits.
- The service had regular multi-disciplinary meetings to discuss patient treatments plans.
- The service had regular team meetings to discuss audits and share learning.

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

- The service should only continue to supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor. The team included a CQC inspector and a member of the CQC medicines team.

Background to Mental Health and Wellbeing Services Ltd

The Mental Health and Wellbeing Service is a standalone service that is run by Mental Health and Wellbeing Services Ltd.

The service address is:

Oak House,

Sitka Drive,

Shrewsbury Business Park,

Shrewsbury,

SY2 6LG

The service is led by the registered manager who is a consultant psychiatrist. He is supported by another consultant psychiatrist with practicing privileges, a consultant psychotherapist, a child and adolescent specialist nurse prescribing consultant, a *Neurodevelopmental Practitioner* and a trainee neurodevelopmental practitioner. The clinical team are supported by administrative staff who manage appointments and are the first point of contact for new referrals to the service.

The service is open Monday to Friday 9am-5pm, offering remote and face to face appointments. However, there are additional appointments available during evenings and weekends to meet the needs of patients. All appointments must be pre-booked.

The service is registered to provide the following regulated activity:

- Treatment of disease, disorder or injury

How we inspected this service

We carried out an announced comprehensive inspection at Mental Health and Wellbeing Services on 30 November 2021.

Before visiting the service, we reviewed a range of information we hold about the service.

Prior to the inspection we reviewed any notifications received.

During our visit we:

- Spoke with the Registered Manager, Neurodevelopmental Practitioner, Trainee Neurodevelopmental Practitioner, Child and Adolescent Specialist Nurse Prescribing Consultant and Operational Lead.
- Looked at the equipment and rooms used by the service.
- Reviewed 15 case records, five personnel files, clinical policies, minutes of meetings and other policies.
- Spoke with two patients during the visit and four over the telephone after the visit

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:

Safety systems and processes

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

- The service conducted safety risk assessments, which had been adapted in line with COVID-19 guidelines. It had appropriate safety policies, which were regularly reviewed and communicated to staff through an electronic system. The policies outlined where staff could access further guidance, including the safeguarding lead and referral contact details. Staff received safety information from the service as part of their induction and refresher training. The service had systems and policies to safeguard children and vulnerable adults from abuse.
- The service had systems in place to ensure that an adult accompanying a child had parental authority. All patient records contained completed consent forms. Three of the patient records viewed were for children which had parental consent forms.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Records showed staff referred patients to crisis services and made referrals to the local safeguarding team when appropriate.
- The service carried out staff checks at the time of recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff before employment and updated every three years.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. All staff we spoke to knew who the safeguarding lead was and the process for raising concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Hand sanitiser was readily available, and staff were socially distanced from each other. The operational lead completed monthly infection control audits including if posters were in place providing hand hygiene guidance. The service does not own the building but was aware that all legionella checks are completed by the owner.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The service does not have any clinical health care waste.
- The service carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. The service completed COVID-19 risk assessments and post face-to-face appointment cleaning checks and logs.

Risks to patients

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

- There were arrangements for planning and monitoring the number and skill mix of staff needed. Regular multi-disciplinary team meetings were in place where complex patient needs, treatment plans and staffing levels were discussed. This included treatment plans for patients with comorbidities (a comorbidity is a disease or medical condition that is simultaneously present with another or others in a patient) or patients who were pregnant.
- There was an effective induction system for agency staff tailored to their role. At the time of the inspection the service employed two agency member of staff as part of their administrative team. Each individual had a continued professional development plan in place which looked at their goals and aspirations.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The service had a designated trained first aider and all team members had up-to-date basic life support training. Staff escalated concerns to clinicians and made appropriate referrals to crisis services.
- When there were changes to services or staff, the service assessed and monitored the impact on safety. The service has recently struggled to receive support from partners to complete electrocardiograms (ECG) (an electrocardiogram is a

Are services safe?

simple test that can be used to check your heart's rhythm and electrical activity) and has taken the initiative to invest and provide ECG's on site to reduce the risk to patients of cardiac complications due to medications being prescribed. The registered manager has contacted a cardiologist who will have practicing privileges to give the service this additional clinical support.

- There were appropriate indemnity arrangements to cover potential liabilities. The service had employers, medical and public liability insurances.

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. All patient records we looked at showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The electronic patient records systems had two platforms, one for administrative staff and one for clinical staff. These gave appropriate access to each staff member.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service had a system to ensure communications with external agencies were sent securely using either secure email or password protection. The service updated the patient's GPs within seven days after an initial appointment, where a diagnosis or change in treatment plan had been agreed. All patient records we saw showed letters had been sent within the target timescale.
- The service had a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The service had links with the local Clinical Commissioning Group (CCG) including the autism hub and access team and after diagnosis, referred patients onto relevant pathways.

Safe and appropriate use of medicines

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

- There were systems and arrangements for managing medicines, including controlled drugs. The service kept prescription stationary such as prescription pads and printer sheets, securely stored and monitored its use by recording serial numbers, in order to prevent fraud, theft or misuse.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Audits we looked at showed compliance, with reasons for outliers.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service has processes for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The service prescribed unlicensed medicinal cannabis to three patients at the time of the inspection. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional body. The service had robust governance processes and strong links with GPs where they were prescribing medicinal cannabis and there had been no issues with patients who were prescribed this medication.

Track record on safety and incidents

Are services safe?

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Risks including diagnosis, behaviours and allergies were recorded at the top of every patient record.
- The service monitored and reviewed patient activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The service completed a number of audits including prescription audits and consent form audits to help monitor and review activity. These were discussed at team meetings to ensure quality standards were maintained.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There was a log of all incidents that had occurred, and actions taken.
- 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. The service held regular governance, team and multi-disciplinary team meetings where they discussed incidents and lessons learnt.
- The service was aware of and complied with the requirements of the Duty of Candour. There had been no incidents requiring Duty of Candour contact within the last 12 months. The service encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and this had been shared with all staff. All policies were kept on a live electronic system which automatically informed staff when there had been changes or updates prompting them to read the policy. The operational lead was able to audit when staff had read all updated policies and sent reminders if needed.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence. The service had received one formal complaint in the last 12 months and there was a clear log of correspondence with the individual involved and all correspondence was in line with the timescales set out in the service's complaints policy.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team and had discussions around these at all multi-disciplinary team meetings.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The service had systems in place to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the NICE best practice guidelines for ADHD. NICE guidance on the treatment of depression supported the use of repetitive Transcranial Magnetic Stimulation (rTMS) therapy and this treatment was delivered in line with the recommendations of the Royal College of Psychiatrists. Due to the pandemic, the service had stopped utilising the rTMS therapy but had intentions to reinstate this therapy once restrictions had eased.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Where required the service requested additional physical health monitoring through the patients GP including blood tests and ECGs.
- Clinicians had enough information to make or confirm a diagnosis for ADHD. The service used the recognised Conners Adult ADHD Rating Scales (CAARS) tool on assessment.
- We saw no evidence of discrimination when making care and treatment decisions. The service treated a range of patients including children and adults and offered both face to face and online consultations using video conferencing depending on the patients' needs and preferences. The patients identity was confirmed at the start of each appointment and an additional consent form for video appointments was in place.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Clinical audits were in place which looked at referral times and whether referrals were appropriate for their service. During the pandemic due to the service being closed for face to face appointments, a new system was developed to ensure patients received repeat prescriptions in time and securely.
- The service made improvements through the use of completed audits. Clinical audits had a positive impact on quality of care and outcomes for patients. The service audited GP letters looking at the total number of letters, the number of letters uploaded to the patient records and the percentage of letters uploaded within seven days. The service aimed to upload all letters to patient records within seven days and had a compliance rate of 97% at the time of inspection. These letters were discussed at team meetings and there was clear evidence of a route for actions to resolve if concerns were raised to improve quality.
- Staff ensured that patients prescribed lithium for mood disorders had regular ECGs and had effective protocols to share information with the patient's GP. The service empowered patients to actively partake in physical health monitoring by providing blood pressure monitoring equipment to patients to record their own blood pressure.
- Patient feedback was actively sought and there was a suggestions and a feedback box located in the waiting area for patient comments. Due to many appointments now being online, the service had adapted its systems by providing patient feedback forms to patients following their appointment. All feedback was recorded, along with any comments or feedback received by email or telephone. Comments were shared with the team and discussed at staff meetings.
- Patient evaluation feedback was audited on a three monthly basis and discussed at team meetings.

Effective staffing

Are services effective?

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

- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff. This included a role specific induction for clinical, non-clinical staff and agency staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The service had supported two staff members to gain a masters, one of whom was actively leading on NHS contracts.
- Staff were encouraged to attend conferences and other events to support their personal development. The operational manager was encouraged and supported to attend a data protection webinar.
- Staff received training in safeguarding, basic life support, information governance, mental capacity, fire safety and risk management. Staff had access to e-learning training through an online provider and face to face training where appropriate.
- All staff including agency staff received supervision and had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. Records showed appropriate referrals were sent to GP's and to crisis teams where required.
- The service held regular multi-disciplinary team meetings to discuss new referrals and treatment plans. Staff worked together to develop holistic treatment plans that reflected the range of treatments available within the service. Where appropriate the service gained professional support and challenge from external professionals to ratify decisions around treatment plans.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment. This included timely referrals to the local crisis teams and transfers back to GPs once treatment plans were agreed and stable.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP at initial assessment. These letters were sent within seven days of initial assessment, diagnosis or change in treatment plan and copies of the letters were shared with the patient.
- The service had risk assessed the treatments they offered. They had a cardiac medications check list in place which highlighted and risk assessed the additional physical monitoring required for certain medication. They had identified medicines that were not suitable for prescribing, if the patient did not give their consent to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP. Where patients did not agree to share their details with the GP, we saw records of discussion with the patient around treatments that could and could not be offered.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Where the service was providing a service for children, we saw communication and joint working with schools, colleges and parents.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately through their case note audit on a monthly basis.

Are services effective?

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care. All patients we spoke to told us the service provided support and advice around healthier life choices to complement their treatment plans. We saw these conversations were recorded in patient records.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. All patients we spoke to told us treatment side effects were discussed with them. The service provided blood pressure monitors during the pandemic to all its patients to ensure their services were in line with COVID-19 restrictions and guidelines and increase patient safety.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. We saw clear and effective arrangements for following up on people who had been referred to other services including step up and step down services.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. We saw all treatment plans and options were discussed with patients and saw evidence of consent to medicines in patient records.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Where children were under 16, we saw parental consent forms to treatment in place. Staff told us where children were under the age of 16 years old and did not have parental involvement in care they would complete a Gillick competency assessment and further parental consent would be sought if the child or young person was not deemed competent. Gillick competence is a term originating in England and Wales and is used in medical law to decide whether a child is able to consent to their own medical treatment, without the need for parental permission or knowledge.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Patients completed a feedback form after each appointment and were given the option to email feedback where remote appointments had been provided. Feedback from patients was positive about the way staff treat people. All feedback we received during the inspection process was positive. All patients felt staff always had time for them and treated them in a caring and compassionate way.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. All staff we spoke to highlighted the services ethos on providing individualised patient care, support and treatment.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Patients told us through interviews, 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 service had developed a payment flow chart for neurodivergent patients who can struggle with a large amount of text.
- Patients told us staff took the time to discuss treatment plans and goals. We saw records of patients involvement in their care and treatment documented in patient records.

Privacy and Dignity

The service respected patients' privacy and dignity.

- All consultations took place in private consultation rooms. The service had five private consultation and treatment rooms and the doors were closed during consultations; conversations that were taking place could not be overheard in these rooms as all rooms had been sound proofed.
- Staff recognised the importance of people's dignity and respect and complied with the General Data Protection Regulations (GDPR, 2018).
- Confidential information was stored safely electronically or locked securely in filing cabinets.
- Chaperones could be arranged upon patients request that were fully trained and risk assessed.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The service understood the needs of their patients and improved services in response to those needs. They offered online and face to face appointments depending on the patient needs and preferences.
- The facilities and premises were appropriate for the services delivered. There was a waiting area, two admin offices and five consultations rooms available. Following COVID-19 restrictions and guidelines the service had maintained specific face to face clinic days and staff bubbles to maintain staff and patient safety.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The building had disabled access with a lift to the first floor. The service provided dedicated parking at the front of the building.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The service had a dedicated initial assessments administrative team and where follow up appointment or test results were expected the system in place allowed clinicians to book in follow up appointments with the patient to allow for continuity.
- Waiting times, delays and cancellations were minimal and managed appropriately. The service had a waiting list for their NHS contracted diagnosis service but were still meeting contractual obligations. The waiting list was due to service demands increasing.
- Patients with the most urgent needs had their care and treatment prioritised. Initial assessments and information on referral forms helped prioritise patient needs.
- Patients reported that the appointment system was easy to use, and they were able to change appointments when they needed to.
- Referrals and transfers to other services were undertaken in a timely way. Patients had shared care protocols in place with their GP once treatment had been established.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately. The service had only received one complaint in the last 12 months and there was a clear log on discussions and support the patient had received.
- The service informed the patient of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services responsive to people's needs?

- The service had a complaints policy and procedure 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. Following the one formal complaint the service has now ensured that where patients have requested and paid for a full assessment they would receive this documentation in a timely manner. Lessons learnt from this complaint were discussed through clinical governance meetings to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The service had an NHS contract for Autism Spectrum Disorder (ASD) diagnosis and responded to its demands by training additional staff and recruiting further administrative support. They had moved premises to ensure the needs of the service and the growing demands could be met.
- The registered manager has recognised the additional demands on partners when requesting additional physical health checks such as ECGs and has submitted a change in registration to enable them to carry these checks out on site.
- The service is continuously looking at innovative ways to ensure patient health needs are met in a timely manner. The manager is looking into sub-contracting blood tests with private hospitals to ease demands on the GP services.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. All staff we spoke to felt they could approach the registered manager directly if they had any concerns.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. Due to the increasing demands on commissioned services the registered manager had expanded the management team and coached a newly qualified member of staff to lead on the neuro developmental team.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The service expanded its clinical and administrative teams following the expansion of the business to help maintain standards of care and access to services.
- The service developed its vision, values and strategy jointly with staff and external partners. The expansion into providing onsite ECG scans had been discussed with the local CCGs and CQC.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Practitioners had a shared ethos aimed to provide a holistic person centred approach to wellbeing.
- The service monitored progress against delivery of the strategy. The service completed numerous audits including patient feedback audits to ensure quality of service was maintained.

Culture

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

- Staff felt respected, supported and valued. All staff we spoke to were proud to work for the service.
- The service focused on the needs of patients discussing treatment plans and evaluating progress in partnership with the patient at each consultation.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. Where service improvements had been recognised, managers carried out focussed supervisions.

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service had received one complaint in the last 12 months and had responded to this in an open and honest way, clearly highlighting where they had been a miscommunication on their part and ensuring lessons were learnt and systems were put in place to prevent such incidents from reoccurring.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff told us they had regular supervisions and multi-disciplinary team meetings where they felt confident in raising any concerns and were actively encouraged to share ideas which would help improve patient experience, care and treatment. The regular multi-disciplinary team meetings were used as a platform for shared learning and as an opportunity to share knowledge.
- 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. Clinical staff, including nurses and administrative staff, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work. We found all staff had allocated protected time for professional development and were encouraged to attend conferences where national and international good practices were shared.
- There was a strong emphasis on the safety and well-being of all staff. Following changes introduced after the COVID-19 pandemic managers kept flexible working practices in place to support staff wellbeing and patient safety. A staff feedback survey had been completed to ensure the right balance of remote and office based working was maintained to promote staff wellbeing and meet service needs.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training and felt they were treated equally.
- There were positive relationships between staff and teams. Staff told us as a small team they worked well together and felt supported by management.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. There was a clear staffing structure in place with a clear operational lead and clinical lead.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We saw evidence of regular policy reviews and where national guidelines had changed, local policies had been updated and communicated to the team using an electronic system where the reader confirmed they had read and understood the company policy.
- The service used performance information, which was reported and monitored, and management and staff were held to account. Performance information and submissions were made to the CCG for the contract they had for the diagnosis of ADHD. Staff were held to account for these and ensure targets were met whilst maintaining quality of patient care.

Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. The service had recently found even though they were meeting patient and contractual requirements of their contract with the CCG the increasing demands would limit the quality of care they deliver and as a result they were reconsidering whether they bid for this contract again.
- The service submitted data or notifications to external organisations as required. We found the service had good links with the local CCG and safeguarding teams and had made timely referrals where appropriate.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The patient record system in place allowed tailored role specific access to patient records ensuring data protection and confidentiality was maintained.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Patient records highlighted where risks were identified and clear risk assessments were in place and reviewed regularly at multi-disciplinary team meetings. Where patient medications and treatment plans were identified to be linked to cardiac conditions risk assessments were in place to ensure physical health was monitored and audited regularly in partnership with the patients GP.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. These were discussed and decisions were ratified by a multi-disciplinary team. Leaders had oversight of safety alerts, incidents, and complaints and any shared learnings were discussed at team meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The service had contingency plans in place and had trained staff for major incidents. These had been implemented during the start of the pandemic to ensure patient care and treatment was not affected by government restrictions.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. All patient comments and compliments were discussed at team meetings to ensure good practice was embedded into the service.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The service had monthly multi-disciplinary team meetings and monthly governance meetings where attendees were given the opportunity to discuss quality.

Engagement with patients, the public, staff and external partners

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

Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service actively encouraged patient feedback after each appointment and ensured confidentiality was maintained through anonymising responses. The operational lead conducted three monthly audits of patient feedback and presented the results at team meetings.
- Staff could describe to us the systems in place to give feedback including the comments box and electronic feedback form. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. Staff were given the opportunity to feedback through supervision and an annual staff survey. We also saw staff engagement in responding to these findings. We saw management responding to staff feedback in a constructive and positive way. Staff and patients responded positively to the introduction of remote working due to the flexibility it offered and as a result the service decided to continue with this approach even after the COVID-19 restrictions had been eased.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Staff told us they were actively encouraged to attend conferences, seminars and training in their areas of interest and present feedback to the rest of the team as a shared learning exercise.
- 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.
- There were systems to support improvement and innovation work. The service found offering remote appointments and consultations has enabled them to offer services nationally and expand their patient base. The manager was in the process of offering regular patients e-consultations where patients could access services through a secure portal. The system also allowed them to submit physical health checks such as blood pressure monitoring and see their invoices and payment details.