

The London Psychiatry Centre

Inspection report

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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?	Outstanding 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Overall summary

This service is rated as Good overall. (Previous inspection December 2019 – Good).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The London Psychiatry Centre as part of our inspection programme.

CQC inspected the service on 17 December 2019 and asked the provider to make improvements to their clinical governance meetings, to focus on quality and performance in the service, and to seek formal feedback from patients more frequently. We checked these areas as part of this comprehensive inspection and found this had been resolved.

The London Psychiatry Centre operates a consultant led out-patient service to assess and treat people with mental health needs. Patients of the service include children and young people, older adults and people with substance misuse problems.

The practice manager at the service 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.

We spoke to 3 patients and reviewed several comments and feedback from a patient survey that the service had conducted. All the comments were positive, describing the service as caring, supportive and compassionate. Patients told us that they were treated with dignity and respect and were seen quickly.

Our key findings were:

- Staff assessed patients’ treatment needs holistically.
- Patients described staff as compassionate and supportive, and they felt involved in decisions about their care and treatment.
- Patients at risk of physical health problems linked to their mental health problems or treatment had investigations or were referred to specialists.
- The service developed and made changes to address the specific needs of patients. These included assessment tools in different languages and a specific complaints form designed for children and young people.

Overall summary

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

- The service should ensure that all staff are up to date with completing mandatory training.

Our inspection team

Our inspection team was led by a CQC lead Inspector. The team included a CQC Inspector and a Specialist Adviser.

Background to The London Psychiatry Centre

The service provides outpatient mental health assessment and treatment for patients of all ages. The service includes a multidisciplinary assessment of children and young people, psychological therapies, and neuromodulation therapy. The provider contracts with 8 consultant psychiatrists (two of whom were child and adolescent psychiatrists), 2 clinical psychologists, 4 psychotherapists, a psychodynamic therapist, a clinical nurse specialist and a nutritionist. The service has a medical director, practice manager, registered nurses, and administrative staff. The service is open 9am to 6pm Monday to Friday. The service has additional opening times by appointment only. These are 6pm to 8pm Monday to Thursday and 10am to 1pm on Saturday.

In 2022 the service assessed and treated approximately 700 patients. They provided 8405 appointments, 335 of these were new patients and 31 patients were discharged during this period. Assessment and treatment at the service could be face to face or internet based.

How we inspected this service

During the inspection visit to the service, the inspection team:

- checked the safety, maintenance, and cleanliness of the premises
- spoke with the practice manager, the medical director, 2 consultant psychiatrists, 1 child psychiatrist, a clinical nurse specialist, 1 registered nurse, an administrative manager and a medical secretary
- reviewed 6 patient care and treatment records
- spoke to 3 patients and reviewed a recent patient survey
- reviewed 4 staff records
- reviewed information and documents relating to the operation and management of the service.

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 provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. The policies outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems to safeguard children and vulnerable adults from abuse.
- 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. There were policies for safeguarding children and adults and staff were trained to the correct level as per national guidance. A clinician in the service was a safeguarding lead and most staff knew how to escalate concerns and make referrals to local authorities where this was appropriate.
- 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).
- Most staff received up-to-date safeguarding and safety training appropriate to their role. We found that two members of staff had outstanding safeguarding training to complete. The registered manager told us that they were aware, and that staff had been reminded to complete this as a matter of urgency. Most staff knew how to identify and report 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. This included regular legionella water checks being undertaken.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste and arrangements were in place for weekly collections.
- The building was leased by the provider. The provider's landlord undertook appropriate environmental risk assessments and acted on the findings. Fire equipment was serviced regularly. There was evidence that they actioned any issues identified in assessments. The most recent fire risk assessment was completed in December 2022, and this was done annually. Electrical checks were completed, and staff were trained and participated in fire drills.

Risks to patients

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

- The service had implemented a patient information tool in 2019. We saw this was completed by all patients and clinicians when new patients were first seen at the service. Information requested included a medical history, family history and consent.
- Clinicians told us that they actively managed and assessed risk every time they met with a patient. Staff took action to address emerging risks. Clinicians discussed patients with colleagues and other clinicians frequently. Staff told us that corroboration of patients' past risk incidents and behaviour was received from GPs and healthcare providers who had previously treated patients. Staff told us that they used a range of validated assessment tools to support clinical assessments of patients and monitored and reported changes in risk during each session.

Are services safe?

- Registered nurses communicated with consultants when patients attended for repetitive transcranial magnetic stimulation (rTMS) treatment. Repeated Transcranial Magnetic Stimulation (rTMS). This is a treatment for depression, anxiety, Obsessive Compulsive Disorder (OCD), migraines, tinnitus, cognitive impairment, bipolar disorder and addictions. The treatment involves your brain being stimulated with a magnetic field, created by passing quick current pulses through a coil.
- There were arrangements for planning and monitoring the number and mix of staff needed. Four registered nurses worked in the service administering rTMS. The service had arrangements for planned and short notice cover arrangements by registered mental health nurses who had been trained to administer rTMS. All these nurses had worked in the service and were experienced in delivering rTMS.
- There was always a consultant psychiatrist in the service or available to speak to via telephone if required urgently. Clinicians in the service referred patients to local area crisis teams when this was indicated. The service also worked with another provider who offered crisis care and home treatment.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The service had protocols in place to manage missed appointments. Staff told us that when patients did not attend their appointment, they would first contact the patient to find out why they missed their appointment and arrange another appointment where required.
- There were suitable medicines which included, controlled drugs and equipment, to deal with medical emergencies. These were stored appropriately and checked regularly, and staff kept accurate records of this in line with national guidance.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. All clinicians had individual professional indemnity, and this was checked by the provider regularly.

Information to deliver safe care and treatment.

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Care records were stored securely. During the last Inspection in December 2019 the service said that they were in the process of transferring all patient records onto an electronic system. During this inspection the service told us that this is still in progress. All staff had access to patient information where required.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service did not always request identification from patients prior to their initial assessment. However, the registered manager and medical director told us that clinicians would request proof of identity whenever they assessed as required.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines minimised risks. The service kept prescription stationery securely and monitored its use. Following remote internet appointments, clinicians would not directly prescribe

Are services safe?

medicines to patients unless they had met with them face to face previously. Clinicians would write to a local clinician who knew the patient, with their recommendations. The service did not operate a system of repeat prescriptions. A patient needed to see a clinician for a prescription. Emergency medicines were checked regularly and included naloxone for opiate overdoses. The service had a system to receive medicines alerts.

- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. When patients were prescribed 'off licence' medicines, there was a clear record that patients had been informed what this meant and the reason for this. Patients also signed their consent to take such medicines.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- There had been no serious untoward incidents in the service in the previous year.
- The service had policies in place for incident reporting and investigations.

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 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 learned lessons from individual concerns and complaints, it acted as a result to improve the quality of care. Where concerns were raised the service took action to mitigate risks
- The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honest. For example, an invoice was sent to a wrong patient. The service contacted both patients and admitted their fault, the service investigated the incident and shared their learning and findings with the rest of the team.
- 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.

Are services effective?

We rated effective as Outstanding because:

- Clinicians in the service were continuously reviewing research, findings and identifying possible treatment options which could benefit patients.
- Patients in the service had a holistic assessment when they first attended the service. Patients routinely had appropriate physical health investigations before treatment and the service used a wide range of validated assessment tools to inform patients' future treatment.
- Patients with treatment-resistant mood disorders were treated in a stepped way, following published guidance. Patients were told about their treatment options and treatment decisions were made jointly between patients and clinicians in an open, fully informed, way.

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The service provided innovative treatment for patients when conventional treatment approaches had not been successful. Repetitive transcranial magnetic stimulation (rTMS) was used for the treatment of patients' chronic depression. This treatment is approved by the National Institute for Health and Clinical Excellence (Repetitive transcranial magnetic stimulation for depression, 2015). However, rTMS was also used for patients with specific depressive symptoms in the context of bipolar affective disorder. This was underpinned by emerging international research in this area.
- Patients' immediate needs were continuously assessed. For patients having rTMS, registered mental health nurses assessed patients when they attended for treatment. If there were concerns about a patient, a consultant psychiatrist would review this new information within two hours. This could also mean the consultant saw the patient. Patients ongoing needs were also assessed. Patients having rTMS and levothyroxine treatment had bone density scans, due to potential side effects of thyroxine treatment. The service worked with a specific endocrinologist to assess these patients' health. Clinicians also worked closely with a cardiologist as research has highlighted the clear link between heart disease and certain mental health problems. Patients had an electrocardiogram either in the service or at the cardiology service. Other investigations, such as blood tests, were also undertaken to assess patients' health.
- Clinicians had enough information to make or confirm a diagnosis. They contacted patients' general practitioners or previous healthcare providers for details of patients' medical history where required. Clinicians assessed patients' needs holistically. A range of validated assessment tools were used to support clinical assessments of patients. These included Beck's Depression Inventory, Beck's Anxiety Inventory, the Sheehan Disability Scale, the Pittsburgh Sleep Quality Index, the modified hypomania checklist (HCL 32), the Impact of Events Scale and the Alcohol Use Disorders Identification Test (AUDIT). For younger patients with suspected autism or attention deficit hyperactivity disorder, a multidisciplinary assessment was undertaken by the child and adolescent mental health (CAMHS) team. Clinicians in the CAMHS team undertook school, play and parenting assessments.
- Clinicians considered patients' specific needs. For example, some assessment tools were written in Russian and Arabic, and the second rTMS room was located in a building which had an elevator.
- The service had a system in place to alert clinicians when new guidance was published by the National Institute for Health and Care Excellence.
- We saw no evidence of discrimination when making care and treatment decisions.

Are services effective?

- Clinicians were able to offer internet appointments, for patients in the UK and internationally. These appointments enabled clinicians to see patients when assessing and communicating with them and were more convenient for some patients. There were safeguards concerning internet appointments and clinicians did not directly prescribe medicines for these patients.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service conducted a routine audit of clinical outcomes for patients to measure the effectiveness of treatment. Patients care records were audited and case-based discussions took place as part of ongoing peer review. There was an audit of patients receiving rTMS. Patients received this treatment together with levothyroxine, rather than the standard antidepressant medicines. The rate of full remission of patients' symptoms was 59% at 322 patients. Furthermore, a piece of work looking at patient consent was ongoing.
- Clinicians in the service reviewed research on treatment developments for possible development in the service. There were clear protocols for carrying out innovative treatment interventions with patients. For example, the high dose levothyroxine protocol included blood tests to measure efficacy and bone density scans. The service had recently published an evidence-based paper detailing a new model for mood disorders. This study showed full recovery of severe mixed and depressive symptoms in all forms of bipolar disorder.
- The provider had expanded on their service and rTMS provision to include the treatment of a child. The service had researched the use of rTMS outside the UK following a request from the child's parent.
- The service continued to audit their outcomes and care and had published further peer reviewed papers based on this gained knowledge. These papers were shared both in the UK and internationally at conferences

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. Relevant professionals were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and Healthcare Professions Council and were up to date with revalidation.
- Clinicians had extensive experience in their speciality or sub-speciality, including international experience. The Medical Director had introduced rTMS to the UK, and clinicians from the service had been specialist advisors to the National Institute of Health and Care Excellence.
- The provider understood the learning needs of staff and provided training to meet them. Where appropriate, clinicians provided training to each other, including on rTMS and safeguarding children. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The service encouraged staff to expand their learning and knowledge such as providing loans to undertake training. They supported staff in their continued learning and provided time for them to take part as required.
- The service uses registered and active mental health nurses. Leadership stated that registered nurses have the necessary skills and professional qualifications to safely monitor mentally unwell service users. The service had developed safety protocols to monitor risks. Nurses would email the whole neuromodulation team, manager and treating consultant any concerns and guidance within 2 hours to support treatment.

Coordinating patient care and information sharing

Are services effective?

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, such as the cardiologist, endocrinologist, Gp's or crisis teams.
- 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. In some cases, the service obtained patients' medical history from overseas healthcare services and doctors.
- 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.
- The service had good links with other professionals. They offered a wide range of services within TLPC such as coaching, nutritionist as well as mental health. Leadership said the aim was to empower their patients to choose and take part in their recovery.

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, such as nutritional advice.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. This included patients' own GP, crisis teams and inpatient 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. When clinicians prescribed 'off licence' medicines, patients were provided with clear information. Patients' consent for treatment was recorded before each episode of treatment with rTMS. Patients were routinely copied into correspondence from the provider to patients' GPs.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. For young people, staff used the Gillick competency where appropriate.
- The service monitored the process for seeking consent appropriately.
- The service had developed a comprehensive rTMS consent form which had been used by other providers and the machine manufacturers as a standard.
- The service also used an off-license consent form for their patented High-Dose Levodopa and rTMS Protocol. They also had invented an antidepressant consent form for patients that were starting on this medication and an consent form for under 18s.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from 3 patients and a recent patient survey was very positive about the way staff treat people. Staff were described as knowledgeable, sensitive, supportive, and caring.
- Staff understood patients' personal, cultural, social, and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were told about multi-lingual staff who might be able to support them. Some information leaflets were available in a large print, written in Russian and Arabic and the service was able to translate documents to other languages where required.
- Staff communicated with people in a way that they could understand, for example, a hearing loop was available for patients who required.
- There was evidence of patients' involvement in making decisions about their care and treatment within care records.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff asked patients for their consent in relation to information sharing.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

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 provider understood the needs of their patients and improved services in response to those needs. Staff asked patients if they required assistance with assessment documents when they first attended the service. Russian, Arabic and other language versions of patient documentation/ tools were available. Large print assessment documents were available for patients with poor eyesight. A hearing induction loop was available for patients with hearing difficulties and specific complaint forms had been developed for children and young people.
- Patients could choose male or female clinicians for their assessment and treatment. Staff in the clinic spoke a range of languages. If required, the practice manager contacted the patient's embassy or consulate for a list of approved translators.
- The facilities and premises were appropriate for the services delivered. The waiting area for the service was separate from other tenants in the building. It was discreet and comfortable. The second rTMS room was located in a separate building that had an elevator, so that patients with mobility needs could access treatment more easily.

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. There was no waiting list for assessment or treatment at the time of the inspection.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way. For example, consultant psychiatrists could refer patients to a nearby private mental health hospital if necessary. Referrals were also made to crisis teams and to private home treatment services.

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. A specific complaints form had been developed for young people to use.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. There was a clear process for patients to be able to appeal against the outcome of the complaint with an independent body.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns and complaints, it acted as a result to improve the quality of care. For example, one complaint led to a clinician having conditions placed on their registration, which led to them no longer prescribing the medicines in question to any new patients.

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us that leaders were supportive and available when required.
- 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 had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The service had a clear vision to provide world class quality care for patients. The service was committed to an integrated multidisciplinary approach to care and viewed health in the same terms as the World Health Organisation, as a state of complete wellbeing and not just the absence of illness.
- Staff were aware of and understood the vision, values and strategy and their role in achieving this. Clinicians in the service were involved with research, service development, conference presentations and clinical governance.
- The service strategy was to be at the forefront of effective treatment for mental health problems. New and innovative approaches were developed based on research. They were safely implemented and clinicians in the service were specialist advisors to the National Institute for Health and Care Excellence. Clinicians also maintained productive professional relationships with international experts.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. There was evidence that action was taken when staff did not meet the standards expected in the service. This included stopping prescribing to new patients.
- Openness, honesty, and transparency were demonstrated when responding to complaints. For example, we reviewed two complaint responses which included an apology to the complainant. The provider 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.
- There were processes for providing all staff with the development they need. 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, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff.

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. During the last inspection in December 2019 the service did not focus on safeguarding, incidents, and complaints. During this inspection we found that this had improved and was being discussed during clinical governance meetings.
- 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.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor, and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. During the last inspection in December 2019, we found that there were no audits of clinicians and therapists' consultations, prescribing and referral decisions. During this inspection we found that this had improved. The service was currently in the process of auditing patient consent.
- Leaders had oversight of safety alerts, incidents, and complaints.
- 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.

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. During the last inspection in December 2019 the service had not conducted a patient survey for a period of two years. At the time of this inspection a recent patient survey had been completed.
- The service used performance information, which was reported and monitored, and management and staff were held to account. For example, an audit was run over a 6-month period for the new patient check list for practitioners. Uptake was poor, and leaders reminded staff of the importance of using this check list and to make improvements immediately.
- 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

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, and staff. Leaders acted on them to shape services and culture. For example, a second rTMS room was available to prevent waiting lists and to cater to patients with mobility issues.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities during staff meetings.

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.
- There were systems to support improvement and innovation work. For example, a review had taken place to review evidence for rTMS treatment for adolescents.
- The service had developed safe and comprehensive systems to provide innovative and pioneering treatments for patients. Clinicians in the service communicated with other specialists, international academics, and experts in these areas.
- Clinicians in the service had published in journals and presented symposia and designed poster presentations for professional conferences, including international conferences. The service had also been visited by national and international healthcare organisations.