

Tranquil TMS Limited

Inspection report

G10 - 5300 Lakeside
Cheadle Royal Business Park
Cheadle
SK8 3GP
Tel: 07935835625

Date of inspection visit: 09 and 16 August 2022
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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. This was the first inspection of this service

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 a short notice announced comprehensive inspection at Tranquil TMS as part of our inspection programme. This was the first inspection of this service since it was registered on 05 February 2018.

The service offers private medical consultation for transcranial magnetic stimulation for treatment of depressive disorders and anxiety disorders and assessment and management of mental health illness in the community.

Dr Nikhila Deshpande 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.

Feedback from patients was positive. Patients described staff are caring and friendly, and the service as comfortable. Patients said they were given information about treatment so they could make an informed decision about having it. Patients said the service medical practitioners would answer their queries about treatment and the service website helped them understand how the treatment worked. Patient's said seeing other patient testimonies helped them understand the different types of conditions that could be treated. Patients, families and carers had noticed improvements in their mental health and were doing things they had not done for several years, for example cooking and socialising outside their home and family.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse.
- The service would work with other agencies to support patients and protect them from neglect and abuse.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- The systems and arrangements for managing equipment minimised risks.

Overall summary

- The provider had systems to keep clinicians up to date with current evidence-based practice.
- Patients received coordinated and person-centred care.
- The provider had risk assessed the treatments they offered.
- Feedback from patients was positive about the way staff treat people.
- Staff recognised the importance of people's dignity and respect.
- The provider understood the needs of their patients and improved services in response to those needs.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. • The service had a complaint policy and procedures in place.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was evidence of systems and processes for learning, continuous improvement and innovation.

Our inspection team

Our inspection team was led by a CQC inspector, supported by a team inspector.

Background to Tranquil TMS Limited

The service offers private medical consultation for transcranial magnetic stimulation for treatment of depressive disorders and anxiety disorders and assessment and management of mental health illness. Transcranial magnetic stimulation is a non-invasive form of brain stimulation in which a changing magnetic field is used to cause electric current at a specific area of the brain through electromagnetic induction. This treatment can only be used for young people aged over 14 years. The service provides the service for younger adults aged 16 years to old age.

The service opening hours are Monday to Friday 0900 to 1700 (1900 on patient request)

Tranquil TMS

Thrive

Rooms 222 and 224

G10

5300 Lakeside

Cheadle Royal Business Park

Cheadle

SK8 3GP

08001930914

The provider website can be found here:

tranquiltms.co.uk

How we inspected this service

The service was inspected by two inspectors.

Prior to the inspection, a provider information request was sent to the service, the information requested was received within five days of the inspection. The information related to key lines of enquiry that are followed during a comprehensive inspection. During the inspection we

We carried out a short notice announced comprehensive inspection at Tranquil TMS as part of our inspection programme. This was the first inspection of this service since it was registered on 05 February 2018.

The service is registered to provide the regulated activity Treatment of disease, disorder or injury.

During the inspection, we:

- Spoke with four staff, ranging from the registered manager/medical practitioner, medical practitioner, administrator and technician.
- Toured the service.
- Spoke with two patients.
- Reviewed three patients' care records.
- Looked at policies, procedures and clinical audits the service had completed.
- Reviewed patient feedback about the service

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

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

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

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

Are services safe?

We rated safe as Good because:

The service provided safe care. The service environment was safe and clean and comfortable. The service was based in a building with was accessible. The service had enough medical practitioners, technical and administration staff. Staff assessed and managed risk well. The service did not manage or provide medicines and staff were aware of good practice with respect to safeguarding.

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. They outlined clearly who to go to for further guidance. The service used an independent external auditor to review safety policies and systems. All policies and procedures were reviewed in 2022. 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 in place to assure that an adult accompanying a child had parental authority. The service had a specific children and young people safeguarding policy to guides staff children visiting the service. This included children accompanying an adult who was attending for treatment.
- 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.
- 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). The provider policy was to request an enhanced Disclosure and Barring Services (DBS) check for all staff.
- 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. The two medical practitioners at the service are trained to level three 3 in safeguarding children and adults and non-medical staff to level two.
- There was an effective system to manage infection prevention and control. The service is based in a managed office building and the landlord is responsible for all health and safety checks of the building, including the management of legionella.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Equipment used in the treatment of patients was portable appliance tested and serviced by the manufacturers of the transcranial magnetic stimulation (TMS) device. There were systems for safely managing healthcare waste.
- 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 patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The service could bring in additional staff when the clinic was busy and demand for treatment higher. The service did not use bank or agency staff.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for medical practitioners as part of practicing privileges had to be a member of a medical defense organisation membership and maintain General Medicine Council registration. We saw the two medical practitioners maintained their own indemnity insurance.
- Risk assessment of patients included allergies and information of medicines or medical equipment patients used, to deal with medical emergencies. Patients had to bring medicines or equipment to the service when they attended for treatment. In a medical emergency the service policy was for staff to contact an emergency ambulance. There was access to a deliberator in the building, which was managed and maintained by the building landlord.

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 three 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. Access to electronic records was password protected. Each patient's records were stored in encrypted files with individual naming conventions to identify each patient. For example, encrypted information to create letters to send to patients or their GP's could only be accessed by administration staff when a medical practitioner provided a password for that document.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The service did not store any medicines on site. Medical practitioners advised patient's GP's to prescribe antidepressants, anti-anxiety medicines, antipsychotics, and mood stabilizers to patients. This was done through a shared care pathway.
- 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 relating to patient's mental health, including relapse and maintenance plans for ongoing TMS treatment.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- 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. For example, an audit of patient's records identified an issue related to the detail of notes kept following the review of each individual patient treatment. The audit highlighted a disparity in the detail of information recorded. This was reported as an incident and discussed with the non-medical staff. Guidance on using the review form was reissued to staff and improvements noted in staff meeting minutes.
- 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 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 including sessional and agency staff.

Are services effective?

We rated effective as Good because:

The service team included or had access to the full range of specialists required to meet the needs of patients. Managers ensured that these staff received training, supervision and appraisal. The service staff worked well together as a team and with those outside the service who also had a role in providing care and treatment

Staff developed holistic, recovery-oriented care plans informed by a detailed assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. The service engaged in clinical audit to evaluate the quality of treatment they provided.

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)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, repetitive transcranial magnetic stimulation for depression Interventional procedures guidance (IPG542) 2015 and transcranial magnetic stimulation for obsessive-compulsive disorder Interventional procedures guidance (IPG676) 2020. NICE IPG542 2015 states the evidence on repetitive transcranial magnetic (TMS) stimulation for depression shows no major safety concerns. Repetitive TMS for depression may be used with normal arrangements for clinical governance and audit.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. For example, this included information from patient's GP's and NHS, or independent physical or mental health services patients were receiving treatment from. Once treatment commenced patients undergoing 20 treatments of anxiety were reviewed by a medical practitioner after receiving 10. Patients undergoing 30 treatments for depression were reviewed after 20.
- Medical practitioners had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, treatment with TMS usually comprises of daily sessions lasting about 30 minutes, for a few weeks. Following their initial treatment, patients were encouraged to develop relapse plans. We saw two examples of relapse plans in place to help patients who had treatment resistant depression recognise when long term symptoms reoccurred. These patients used their relapse plans to recognise when some minor symptoms returned several months later and had one or two individual treatments. Patients then reported further improvements within 24 hours of the follow up treatment.
- Staff assessed and managed patients' pain where appropriate.
- Patients made an independent choice about treatment with Transcranial Magnetic Stimulation (TMS) after an initial consultation with one of the service's medical practitioners. TMS is a medical device which applies electrical pulses to the brain using a magnetic coil held over the head. The patient is awake and sitting in a comfortable chair. The operator places an electromagnetic coil over a specific region of the head. The coil delivers electromagnetic pulses through the skull that stimulate neurons (brain cells) by inducing small electrical currents within the brain. Different areas of the brain may be targeted, and a variety of stimulation protocols may be used.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

Are services effective?

- The service used information about care and treatment to make improvements. For example, a patient who had lived with depression for 30 years made a video testimony of their experience. This included their experience of being treated with medicines and electro convulsant therapy (ECT). The patient's experience included several lengthy inpatient admissions to a mental health service and experiencing thoughts of suicide, self-harm and worthlessness. Following treatment with TMS over several months the patient noted an improvement in their mood, thought processes and quality of life. This included their outlook on life and relationships.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to improve quality. For example, from 1st Feb 2018 to 31st Dec 2019 the service analysed data of all the patients who received repetitive TMS treatment. Throughout this period patients also completed depression and anxiety rating scales at the beginning of the treatment and then weekly after each treatment. The anxiety and depression rating scales were then compared from before treatment started and when completed.
- A further clinical audit was completed by the service between standard high frequency (SHF) TMS for treatment resistant depression, to which half of patients showed a limited response, and a new TMS treatment, Intermittent theta bursts (iTBS), approved in 2018 in the United States of America.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction and ongoing training programme for staff appointed when the service opened for appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider 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.

Coordinating patient care and information sharing

Staff 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. For example, the service requested information from GP's and independent and NHS mental health services patients also received services from. Patients could also be referred to other services on advice from the service's medical practitioners, for example for assessments for patients who may be autistic or neurodivergent. There was a clear care pathway in place for patients who used the service from initial appointment, suitability of treatment, risk assessment, setting treatment goals, treatment and outcomes, referral to other services, maintenance of treatment and discharge.
- Before providing treatment, medical practitioners 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- 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.

Are services effective?

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, medical practitioners explained if a young person aged under 16 enquired about TMS treatment they would request a parent, guardian or carer to accompany them to a consultation, as they would need to ensure the young person had enough intelligence, understanding and competence of TMS treatment. As medical practitioners they had to make sure young people aged under 16 were Gillick competent and could appreciate what was involved in the treatment.
- 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. Consent included patients agreeing to have consent for treatment and to contact other services for information if necessary. The technicians delivering the TMS treatment told us they confirmed with each patient that they consented to treatment before the TMS device was activated. We noted staff recorded consent to each treatment a patient received.

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, for example patients using relapse plans to monitor for signs of depression.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, a patient did not attend for treatment, and this was followed up by the service staff. The patient's family confirmed the patient had relapsed. The service shared this with the patient's NHS team so they could provide an urgent response if needed.
- Where patients' 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 understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide on treatment.

Are services caring?

We rated caring as Good because:

Staff treated patients with compassion, kindness and respected their privacy and dignity. Staff understood patients' individual needs and provided a service taking account of their lifestyles and commitments. Staff actively involved patients, their families and carers in care and treatment decisions.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. We spoke with two patients who attended the clinic for treatment and reviewed three patients' care records. The two patients told us they were asked about the clinical care they received from the TMS technicians and medical practitioners. This includes a discussion about infection control and cleanliness, effectiveness of treatment, referral to other services and professionalism of staff. Patients were also emailed a customer satisfaction survey and after each consultation, during and after a treatment cycle.
- Feedback from patients was positive about the way staff treat people. Patients described staff as friendly, supportive and respectful. Patients told us they always had enough time for consultation and treatment appointments and were never rushed.
- 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. Patients told us they made enquiries about treatment through the provider website, which was informative. They could have a free consultation/discussion with a medical practitioner to help them understand the treatment.

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. We saw notices in the reception area and provider website, including in languages other than English, informing patients about the service available. Patients were also told about multi-lingual staff who might be able to support them, for example the medical practitioners spoke several Indian dialects. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us in person, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

The service managed referrals and appointments promptly and appointments were flexible to suite patient's needs. Patients were discharged promptly once their condition warranted this or were offered to attend the clinic for further treatment to maintain their health through a maintenance plan.

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. For example, the service hours were 0900 to 1700 but could be flexible for patients who were working or had other commitments.
- 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. For example, the building car park has designated disability parking spaces adjacent to the building entrance. Access to the building was via an intercom allowing the front door to be remotely opened. The building landlord provided a concierge service to help/guide patients to the service via a lift to the floor on which it was located. Accessible toilets were located on the same floor of the service for patients to access.

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, diagnosis and treatment. The service operated from Monday to Friday being covered by the services to medical practitioners. Appointments were available to suit patients' preferences, for example those travelling longer distances.
- Waiting times, delays and cancellations were minimal and managed appropriately. The service did not have a waiting list.
- Patients with the most urgent needs had their care and treatment prioritised. Patients could request more urgent appointments as the service appointments system was flexible and allowed for this.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, if a patient wished to be referred to another service, this included the option of seeing a private GP to facilitate a referral to a service recommended to the patient.

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. Compliments received from patients highlighted that staff treated patients compassionately.
- The service complaints policy informed patients of any further action that may be available to them should they not be satisfied if they made a complaint.

Are services responsive to people's needs?

- The service had a 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. For example, the service has received no complaints, but responded to suggestions made by patients to improve their visit to the service. For example, the waiting room was comfortable, had drinks making facilities, snacks and a coffee machine/ There were toys for young children to play with should a family visit the service.

Are services well-led?

We rated well-led as Good because:

The service was well led, and the governance processes ensured that treatment procedures ran smoothly. There was a focus on continuous learning, so the service refined the treatment pathway.

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 were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example. The service had a business plan that was reviewed by the two medical practitioners at the service. This included offering more TMS therapies, using evidence based and researched treatment protocols. The medical practitioners were clear they would not use TMS to treat conditions where there was no evidence base for it.

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 developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

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 acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated in interview with the registered manager and medical practitioner. The service had not received complaints, but staff were aware of and understood the systems in place, 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. 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. Technical and administration staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their work.
- 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. Policies and processes were in place to address workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were 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 joint working arrangements promoted interactive and coordinated person-centred care.
- 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 used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, the service is in the process of employing an additional reception staff to work in the service, to support the manager, engage with patients and provide administration support to the staff team
- The service was aware of the notifications it had to make to the Care Quality Commission as required.
- 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.

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. Performance of medical and technical staff could be demonstrated through audit of their consultations and referral decisions. 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.
- The provider had plans in place and staff were aware of the landlord's management for major incidents.

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.
- Quality and sustainability were discussed in relevant meetings where all staff had enough access to information.

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. For example, the service has put patient testimonies on its website at their request to share their experience of TMS treatment.
- Staff could describe to us the systems in place to give feedback. For example, suggesting the need for an additional reception staff based in the office. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings. The service provided us with the minutes of staff meetings, which demonstrated there was opportunities to feedback on having another room at the service to provide additional private space for patients and staff.
- The service was transparent, collaborative and open with stakeholders about performance. For example, the service had presented their research to the local integrated commissioning board, to help them understand TMS treatment and how it was used in treatment resistant depression.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external research, views of patients and learning from an incident to make improvements.
- Leaders encouraged staff to take time out to review individual and team objectives, processes and performance. For example, each morning the service held a meeting to discuss the referrals and appointments, feedback from the previous days treatments for patients attending an ongoing daily cycle and any adjustments needed to support patients attending the service. In addition, the two medical practitioners discuss their work with patients, in case there was need to cover one another's patients.
- There were systems to support improvement and innovation work. For example, the service attends an annual TMS conference in North America, though this was impacted during the COVID 9 pandemic. The service also received research from the manufacturer of the TMS device, as the manufacturer sponsors research in other countries. The service has links with medical practitioners and researchers in North America advice and guidance and is a member of the clinical TMS society based in the United States of America. The service has submitted one poster presentations to the Royal College of Psychiatrists one of which presented by the registered manager in June 2021 at the Royal College of Psychiatrists International entitled "Comparison of Intermittent Theta Bursts and Standard High Frequency Protocols For rTMS In Patients With Depression In A Clinic In Manchester, UK". The presentation showed the results of the services research into the effectiveness of intermittent theta burst stimulation versus standard high frequency protocol. The research included a depression rating scale to determine the response of two groups of 8 patients to the different types of treatment. The research conclusion was that intermittent theta burst stimulation was far superior to standard high frequency protocol in the patients treated. In addition the service submitted an article to the journal of Psychiatry Depression & Anxiety 28 December 2020, e journal, entitled "Response Rates of rTMS Treatment for Depression at Tranquil TMS - a UK-based Clinic, journal of Psychiatry Depression & Anxiety".