

Psympticity Healthcare

Inspection report

999 Finchley Road
London
NW11 7HB
Tel: 02071180407
www.psympticity.com

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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.

We carried out an announced comprehensive inspection at Psymplicity Healthcare between 2 August 2022 – 16 August 2022 as part of our inspection programme. This was the first inspection of this service. The provider moved their registered location during the inspection so we visited their new premises at Churchill House.

Psymplicity Healthcare is an independent provider of outpatient mental health care based in London. The service provides therapy, psychology and psychiatry for children, young people and adults. Psymplicity Healthcare accepts referrals from GPs, other healthcare specialists and via self-referral. Psymplicity Healthcare treats a variety of conditions and issues, including psychotic disorders, personality disorders, depression, anxiety, ADHD, schizophrenia, assessment of Autism Spectrum Disorder, low self-esteem, sexual issues, and relationship and family issues. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. Psymplicity Healthcare also provides medicolegal services which are not within CQC's scope of registration. Therefore, we did not inspect or report on this part of the service.

The Chief Executive Officer of the company 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 in run.

Our key findings were:

- The service provided safe care. The service had clear systems to keep people safe and safeguarded from abuse. Staff appropriately assessed and managed risks to patient safety.
- The service had enough staff with the right qualifications, skills, knowledge, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff developed holistic care and treatment plans informed by a comprehensive assessment in collaboration with patients.
- Care and treatment were planned and delivered in line with current legislation and best practice guidance produced by the National Institute for Health and Care Excellence (NICE) and suitable to the needs of the patients.
- Leaders ensured that staff received training and appraisals. Staff worked well together.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They actively involved patients in all care and treatment decisions.
- The service was easy to access. Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The service was well led, and there were governance processes in place which, for the most part, were robust.

Overall summary

- The provider had a clear vision for improving the service and promoting good patient outcomes.

However,

- Oversight of the service was not always as consistent as it needed to be. For example, in respect of prompt reporting to CQC or the maintenance of the service's audit schedule. The service was aware of these issues and action plans were in place to make improvements.

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

- The provider should ensure its oversight arrangements are sufficiently robust to enable managers to consistently identify and respond to issues in a timely way.

Jemima Burnage

Director of Mental Health (interim)

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC inspection manager and a CQC inspector.

Background to Psymlicity Healthcare

The service is provided by Psymlicity Healthcare

There is a website: <https://psymlicity.com/>

Psymlicity Healthcare is registered with CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury.

The provider employed the following staff to provide the service:

15 Adult Psychiatrists

8 Child and Adolescent Psychiatrists

2 Forensic Psychiatrists

1 Cognitive Behavioural Therapist

1 Clinical Psychologist

2 Counselling Psychologists

5 Assistant Psychologists

4 Therapists (including Psychotherapists and Systemic Therapists)

1 Psychology Services Director

The service also has a team of administrators and medical secretaries. The service operates five days a week Monday - Friday 8:00am to 8:00pm and Saturday - Sunday 10:00am – 4:00pm for 365 days per year. The service sees patients remotely via online appointments and sessions and some appointments are face to face.

How we inspected this service

We used CQC's methodology for monitoring services during the COVID-19 pandemic including on site and remote interactions.

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

- Checked the safety, maintenance and cleanliness of the premises
- Spoke with seven patients who were using the service
- Reviewed seven feedback forms from other patients who were using the service
- Spoke with the registered manager, medical director, cognitive behavioural therapist lead, three general adult psychiatrists, six members of the psychology team, one customer service team lead and one recruitment team lead
- Reviewed seven patient care and treatment records
- Checked how prescription pads were managed and stored
- Reviewed four staff records
- Reviewed information and documents relating to the operation and management of the service.

You can find further information about how we carry out our inspections on our website: 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:

Safety systems and processes

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

- The provider had appropriate safety policies in place which included a safeguarding policy and procedures, risk register and policies for infection prevention and control. These were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction training and regular team meetings.
- The service had systems to safeguard children and vulnerable adults from abuse. Staff had undertaken safeguarding training appropriate for their role. They knew how to identify and report concerns and were able to discuss concerns with the organisation's safeguarding lead who was the medical director.
- 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. 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.
- There was an effective system to manage infection prevention and control. Staff had access to personal protective equipment (PPE) to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.
- The COVID-19 policy detailed the plans in place to manage COVID-19 and ensure patient safety. Hand gel, face masks and disinfectant wipes were readily available for staff and visitors.

Risks to patients

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

- Patients' risks were assessed at point of referral and at each appointment. If patients presented with risks that were beyond the scope of practice, the relevant clinician would signpost or refer them to other services based on their individual needs. Individual patient risk was reviewed at each session. Clinicians obtained information on each patient's presenting condition and medical history. This included gathering information from individual GPs, other healthcare providers and case managers where required.
- There were arrangements for planning and monitoring the number and mix of staff needed. The administration team and medical secretaries booked appointments for individual clinicians. Patients were given an opportunity to re-book appointments when they gave 48 hours' notice of cancelling. Patients who failed to attend an appointment would be followed up.
- There was an effective induction system for employed staff tailored to their role. The provider had put together an employee handbook and doctors' handbook which required sign off. Once finalised, the handbooks will provide staff with key information about working for the service.
- Staff understood their responsibilities for managing emergencies and knew how to recognise those patients in need of urgent medical attention. All clinicians were trained in first aid.
- There were appropriate indemnity arrangements in place. Each clinician provided details of their current indemnity arrangements annually. The provider checked that clinicians practicing at the service maintained their professional registration and were fit to practice.

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.

Are services safe?

- Consultants wrote detailed reports on the outcome of assessments and any treatment recommended or prescribed. These were sent to the patient's GP and the patient.
- Electronic access permissions were granted appropriate to roles within the service. The current electronic patient record system had its limitations and the provider was in the process of procuring a better system. The registered manager had identified that regular audits of patient records were not currently in place and was in the process of remedying this.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, during one staff interview the practitioner explained how their detailed recommendations were sent directly to a hospital to enable treating doctors to support the patient effectively when they presented there in an emergency.
- Staff made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The service had clear patient pathways for when patients moved from private practice to shared care arrangements.

Safe and appropriate use of medicines

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

- Prescribers told us that prescription pads were kept within locked storage at their home address. However, doctors who kept FP10s with them were not advised to keep them in a lockable carrying case when transporting them.
- Staff scanned copies of hand-written prescriptions for controlled drugs on to the patients' records. Other prescriptions were typed on a private prescription proforma and copied to the patient's record.
- Records we viewed showed that where GPs were asked to prescribe medicines to the patient, the reasons for this, and the specific medicines, were made clear; the evidence base for the medicines and dose was outlined, as well as any particular tests that needed to be completed before medicines were started.
- Staff confirmed that the provider had not conducted any recent audits of doctors' prescribing or prescriptions. The provider had recognised that this was a gap in the oversight of the service. There was a plan in place to conduct an audit of all prescriptions once the new electronic patient record system is introduced in November 2022.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, the service had a risk register detailing the service's current potential risks and the action plans in place to mitigate them.
- The service monitored and reviewed safety and incident activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The service acted on, and learned from, external safety events as well as patient and medicine safety alerts. The service received alerts and updates on medicines via the Medicines and Healthcare products Regulatory Agency (MHRA). The service had an effective system in place to share alerts with clinicians. A member of the administration team noted any new alerts and disseminated this to the management team who shared any relevant new alerts with staff members via email and intranet.
- However, the service did not submit a notification for a safeguarding issue which involved several patients and an employee who is no longer with the service, although they did seek legal advice on this matter.

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.

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong, for example, staff had reported an incident where a clinic letter had been sent to the wrong general practitioner. The provider encouraged a culture of openness and honesty. They were aware of, and complied with, the requirements of the duty of candour. Both patients received an apology and had been provided with information on how to make a formal complaint if they wanted to.
- The service learned from these events, shared lessons, identified themes and took action to improve safety in the service. For example, additional support had been provided to a clinician to improve medical report turnaround times.
- Individual clinicians discussed and reviewed any incidents that they had been involved with as part of their individual staff appraisal and supervision. All incidents were discussed at clinical governance meetings and lessons learned were disseminated to all appropriate staff members.

Are services effective?

We rated effective as Good because:

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.

- Staff assessed patients' immediate and ongoing needs and delivered treatment and 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. They used specialist assessment tools, such as the Conners Scale, Diagnostic Interview for Assessing Attention Deficit and Hyperactivity Disorder and revised Children's Anxiety and Depression Scale.
- Holistic person-centred assessments were carried out and included patients' clinical needs in relation to their mental and physical wellbeing. Clinicians had enough information to make or confirm a diagnosis. Patients told us that the care they received was person-centred.
- The service worked in partnership with patients' GPs, NHS and other relevant specialists to ensure patients' physical health was assessed and monitored. Where patients required diagnostic tests, these were arranged with other service providers.
- The provider had been offering a remote service during the COVID-19 pandemic. Patients were offered online video appointments. The service had continued to offer a remote service and only offered face to face appointments for a small number of patients, for example when completing ADOS (Autism Diagnostic Observation Schedule) assessments.
- We saw no evidence of discrimination when making care and treatment decisions. Patients with protected characteristics outlined in the Equality Act 2010 were treated fairly.

Monitoring care and treatment

The service was actively involved in some aspects of monitoring and audit activity.

- The service had systems in place for controlled drugs, patient records and safeguarding log audits, to help ensure quality was maintained and areas for improvement could be identified. However, prescribing, health and safety, infection prevention and control and referral decisions audits had not been completed.
- The registered manager and medical director reported that the service had an improvement plan in place to address audits. We found that patient care and treatment issues with a former employee may have been picked up earlier had regular audits taken place. The service planned to improve their regular audit schedule once they migrated to their new electronic patient record system in November 2022. The new system would enable auditors to pull reports on various aspects of performance directly from the online records.

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. At the time of the inspection the service had put together an induction pack for all practitioners and this was due to be signed off imminently. Relevant professionals were registered with the General Medical Council (GMC) or Health and Care Professionals Council (HCPC) and were up to date with revalidation. Clinicians had extensive experience in their specialty or sub-specialty.
- The registered manager ensured that doctors and other healthcare staff working at the service remained clinically effective. All doctors and other healthcare professionals completed an annual appraisal, either with an appropriate

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third-party or through their work within the NHS. Doctors followed GMC guidance on revalidation. Up to date records of skills, qualifications and training were maintained by the service. Staff were encouraged, and given opportunities, to develop. Individual doctors held clinical research posts. They attended educational events, seminars, webinars and peer group reviews with other clinical professionals within their specialty.

- Managers had reflected on lessons learned from dealing with some poor practice by an ex-employee and enhanced their employment checks to ensure they requested two references and questioned any gaps in employment.

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, for example, GPs, psychologists, other clinicians and therapists.
- 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. Staff told us that they would not provide care and treatment where this information was not available. The patient would be signposted to more suitable sources of 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. Depending on patient choice, GPs were sent either summary information or full details.
- The provider had risk assessed the treatments they offered.
- The service monitored the process for seeking consent appropriately. The service had developed a consent form which was part of the patient registration process. However, this form did not include information on copyright and not recording sessions.

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. In conjunction with patients they set goals to improve sleep, exercise and healthy eating. A parent reported that they received regular phone calls to check on progress and the consultant was pro-active, provided information and signposted them to the relevant agencies.
- Risk factors were identified, discussed with patients and, where appropriate, highlighted to their main care provider if there was a need for additional support or further examination. For example, staff members arranged for tests, such as an electrocardiogram (ECG), to be carried out prior to certain medicines being prescribed.
- When patients' needs could not be met by the service, staff redirected them to an 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. The provider had appropriate policies and procedures in place.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision as required by the Mental Capacity Act 2005.

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 that patients received through electronic patient experience surveys using patient feedback collection platforms. This feedback was discussed during six weekly clinical governance meetings and featured as a standing agenda item.
- Feedback from all seven of the patients we spoke with was positive about the way staff treated people. For example, patients told us, ‘the office team is really helpful and responds quickly to any requests. I highly recommend [Psymlicity’s] services’, and ‘I would just like to express my gratitude and thanks for the care and professional service that I have received from the service’.
- Staff understood patients’ personal, cultural, social and religious needs. They displayed a non-judgmental attitude to all patients. For example, a member of staff told us that they were able to accommodate patients’ gender requests when allocating a practitioner to them.
- The service gave patients timely support and information. Patients reported that the service was flexible, and they could book appointments with ease.

Involvement in decisions about care and treatment

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

- External interpretation and translation services could be obtained for patients who did not have English as a first language. In addition, if a patient spoke another language staff told us that the team was diverse and they could draw on colleagues’ expertise in several different languages to assist patients when required.
- Patients told us through our telephone interviews 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 complex care needs the named clinician worked closely with the NHS. For example, staff told us about sharing their recommendations with a hospital when a patient had a planned admission. This meant the hospital had detailed information and a summary of issues prior to admission.

Privacy and Dignity

The service respected patients’ privacy and dignity.

- Staff recognised the importance of maintaining people’s dignity and respect. Patients told us that they were treated with dignity, respect and kindness.
- Staff knew that if patients attended in person and wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. Where children or young people were being seen they were accompanied by their parent/carer, who might be asked to leave the room to give the child more space to talk, if appropriate.
- However, where patients were being seen virtually the clinician undertaking the appointment did not always check that no one was in the room apart from the patient and, when appropriate, any other relevant individual.

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 took steps to respond to those needs. For example, during the pandemic staff had made adaptations so that appointments could be undertaken in a virtual setting, such as initial assessments and therapy sessions. Patients were sent relevant information in advance prior to the assessment. Virtual appointments had continued for many patients as these fitted well with their lifestyle.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. At the point of referral to the service and when patients completed the patient registration form, patients were asked to detail any specific requirements they may have so that any adjustments could be made by staff on site. The site had been fitted with a ramp. A lift and disabled toilet facilities were available, and staff had personal safety devices.

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 assessments, test results, diagnosis and treatment. The service did not offer walk-in appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately. Maximum waiting times were four weeks for some specialties, such as child and adolescent mental health psychiatry services.
- Staff worked as a team to ensure a quick response to any requests for appointments. If there was no capacity to see a patient immediately, they were normally given a date for an appointment, even if this was a few weeks away. This meant patients had a definite date by which they would be seen.
- Patients reported that the appointment system was easy to use. Appointments were made through the administration team via email, online booking or a telephone call.
- Referrals to other services were undertaken in a timely way. The service had a clear scope of practice and only accepted referrals for patients whose needs it could meet safely.

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. All patients knew to contact the service to raise their concern via an email or telephone call. Staff treated patients who made complaints compassionately.
- The service had a complaints policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted on the information gathered to improve the quality of care. Complaints were discussed regularly during six weekly clinical governance meetings and with individual staff members during individual and peer led supervision.
- A clinician told us how they had been asked to review a colleague's case records for a patient who had made a complaint to check if anything had been missed. This meant that a second opinion was provided to the complaint investigator.
- 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.

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.

- The registered manager was knowledgeable about issues and priorities relating to the quality and safety of services. They understood the challenges and were addressing them.
- The registered manager was aware of internal and external factors that might impact on quality and safety in future. There was evidence of horizon-scanning.
- 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 we spoke with reported that the registered manager was accessible, supportive and compassionate.

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 which included, 'being passionate about the people we support' and 'all staff consistently make a difference to each individual life we touch'. The service aimed to deliver high quality and innovative care.
- The service had a realistic strategy and supporting business plans to achieve their priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored its progress against delivery of the strategy. The service had held a service-wide meeting in November 2021 and April 2022. This focused on the services, vision, values, strategy and developing the service further.

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.
- The registered manager acted on behaviour and performance inconsistent with the service's vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of duty of candour and had systems in place to ensure compliance with it.
- 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 needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year, either through an appropriate third-party or through their work within the NHS. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- The service's senior leadership team, which included the registered manager and medical director, met weekly to review the service.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff members. Staff spoke of being able to seek second opinions and reviewing diagnostic information with other clinicians working at the service.

Are services well-led?

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. Both Psychiatry and Psychology services were present within the services Clinical Governance Team structure to ensure all service lines were represented equally and adequately, and for Multidisciplinary Team discussions to take place.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear about their roles and accountabilities within the service.
- The service had established proper policies, procedures and activities to ensure safety and to assure the provider that they were operating as intended.
- However, some tightening up was needed in a few areas, such as making statutory notifications to CQC, to make sure this always happened in a timely way.

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.
- Leaders had oversight of safety alerts, incidents, and complaints. However, the audit schedule was not robust. This can impact on a service's ability to monitor its performance. The provider had recognised this as an area for improvement and had plans to work on it. The provider recognised that had they completed regular audits they may have detected issues related to an ex-employee more quickly and reduced the impact on patients.
- The service had a business continuity plan in place. As a specific response to the COVID-19 pandemic, the service permitted staff to work from home and offer virtual appointments only, unless a face to face appointment was required. For example, to carry out an assessment requiring direct observation.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Patient records were maintained by a high standard and there were plans to make them easier for clinicians to search by introducing a new electronic patient record system. This will also make it easier for management to pull reports on various aspects of performance which will aid the oversight process.
- Quality data and operational information was used to ensure and improve performance. Performance information was combined with feedback from patients to provide a holistic picture of how the service was doing.
- The service used performance information, which was reported and monitored, and management and staff were held to account for any shortfalls.
- There were robust arrangements in place, in line with data security standards, governing 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.

- The service encouraged and listened to the views and concerns of patients and staff and acted on them to shape the service delivery and culture.

Are services well-led?

- Staff described to us the systems in place to give their feedback. The service carried out staff surveys. Results were monitored and discussed at clinical governance meetings. Staff reported that any potential issues were, in any case, routinely raised with the medical director or the registered manager.

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. The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. The service tracked all actions required to improve the service and discussed these during the six weekly clinical governance meeting.
- There were systems to support improvement and innovation work, for example, at the time of the inspection the service was involved a brain stimulation programme feasibility study in collaboration with a university partner to gather data to support delivery of brain stimulation as a treatment.
- Specialists from the service wrote, and featured in, local and international articles which aimed to educate the public and professionals about brain and mind health.