

Across The Lifespan

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?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Across the Lifespan (75 Harley Street) on the 31 August 2022 as part of our inspection programme. This was the first inspection of this service.

Across the Lifespan (75 Harley Street) which operates under the name of the Giaroli Centre, provides a consultant led outpatient service to assess and treat children and adults with neurodevelopmental needs. This includes private consultations, physical examinations, health assessments and prescribing of medicines for mental health needs.

The provider is registered with the Care Quality Commission to provide the following regulated activities; treatment of disease, disorder or injury, and diagnostic and screening procedures

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 one patient and 10 parents and carers of patients. All the comments were positive, describing caring, kind and professional staff who were instrumental in bringing about positive change. People said their children received effective treatment and support in an efficient, non-judgemental and tailored way. They felt fully involved in their care and said the service was friendly and accommodating and staff always respected their privacy and dignity.

Our key findings were:

- The service provided safe care. The premises where clients were seen were safe and clean. The service had clear systems to keep people safe and safeguarded from abuse. Staff assessed and managed risk well and followed good practice with respect to patient safety.
- Staff developed holistic care and treatment plans informed by a comprehensive assessment in collaboration with patients and carers. 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. The service evaluated and reflected on the quality of care provided to ensure it was delivered to a high standard.
- The service had a range of specialists required to meet the needs of the patients under their care. Leaders ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.

Overall summary

- Staff treated patients with compassion and kindness, and understood the individual needs of patients. They actively involved patients and carers in decisions and care planning.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. Staff had alternative pathways for people whose needs it could not meet.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The service was well led, and the governance processes ensured that its procedures ran smoothly. The provider had a clear vision for improving the service and promoting good patient outcomes.

However,

- Staff found the systems the service used for recording patient records and information complex and not easy to use.
- Physical health observation records were not always updated promptly.
- In cases where the service had not verified patients' medical histories with their GPs the prescribing of controlled drugs did not follow national guidance.

We saw the following outstanding practice:

- The service provided a specific referral and assessment pathway to support Jewish orthodox communities. This enabled easy and supportive access to clinical and therapeutic services to community members particularly children with neurodevelopmental needs. The service also provided outreach work with these communities through training exploring cultural awareness and reducing stigma surrounding neurodevelopmental conditions such as ADHD and Autism.

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

- The service should ensure that all patients' medical information is verified with their GPs before the prescribing of controlled drugs.
- The service should ensure that work continues to improve systems the service uses for recording patient records and information.
- The service should ensure that work continues to improve the recording of patients' physical health observations.

Jemima Burnage

Interim Director of Mental Health

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection Manager, a specialist adviser, a member of the CQC medicines team and an expert by experience.

Background to Across The Lifespan

The service is provided by Across the Lifespan Limited. The service provides clinical and therapeutic services to clients with neurodevelopmental needs. The service specialises in the diagnosis and treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Autism from childhood to adulthood. Most of their work is with individuals with ADHD with around 85% of their clients being children.

The service is based at 70 Harley street, W1G 7HF with additional rooms at 75 Harley street, W1G 8QL which is registered with the CQC as a separate service. These sites are opposite each other and owned by the same management company.

The provider contracts with 8 consultant psychiatrists, a consultant in paediatric neurodisability and sleep medicine, a counselling psychologist, an occupational therapist and a prescribing nurse.

The service is led by three directors; a medical director and a deputy medical director both of whom are consultant psychiatrists within the service, and a strategy director. The service also has a referrals manager, and six administrative staff. The service is open 9am to 5:30pm Monday to Friday and sees patients face to face and remotely via online appointments and sessions.

Referrals are received from several sources including GPs, schools and educational organisations, other consultant psychiatrists and psychologists, and patients and carers can self-refer. Patients and carers are responsible for funding their treatment either directly or through health insurance.

<https://www.dr-giaroli.org/>

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 one patient and 10 parents and carers of patients who were using the service
- spoke with the medical director, the strategy director, the deputy medical director, the registered manager, 4 consultant psychiatrists, one consultant in paediatric neurodisability and sleep medicine, 2 personal assistants and the referrals manager
- reviewed 11 patient care and treatment records
- reviewed medicines processes and prescription pad storage and management
- reviewed 3 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 and the providers' landlord conducted safety and environmental risk assessments and acted to follow up any issues to ensure the premises were safe. The service had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and training. Policies were accessible to all staff and outlined who to go to for further guidance. The service provided personal alarms for clinicians while they were in session with patients.
- Fire safety arrangements were in place, fire equipment was serviced regularly, and a building fire risk assessment had been completed. There were appropriate fire safety measures in place including fire extinguishers, staff participated in fire drills, and small electrical appliances and electric systems had been tested for safety.
- There was an effective system to manage infection prevention and control. The building cleaning and maintenance was managed by the landlord so records to confirm regular cleaning were not available at the inspection. However, all areas of the environment were visibly clean.
- Regular legionella testing took place and all water outlets were flushed weekly.
- 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. The provider ensured that the limited amount of medical equipment at the service was safe and fit for purpose. For example, the service had a weighing scale which was regularly checked and calibrated. The service did not have medicines for use in a medical emergency or a defibrillator onsite as it was not required to store medicines or provide a defibrillator. However, all staff were aware of where the closest defibrillator was located.
- The service had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and were aware of their responsibilities and what action to take. For example, we saw staff had taken appropriate action when a patient presented a risk of being exposed to online grooming. This included communication and partnership working with other agencies. Actions and outcomes in relation to this concern were detailed in the service's safeguarding log. The case was also discussed and documented as part of the staff's ongoing learning and development in the service's governance and continuing professional development meetings. These meetings, which were well attended, took place monthly and provided a space to discuss safeguarding concerns as well as complex cases.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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 clear policies for safeguarding children and adults. One of the consultant psychiatrists was the safeguarding lead for the service with another consultant psychiatrist as the deputy safeguarding lead. Along with the practice manager they acted as resources for advice to staff. Staff in the service made referrals to local authority safeguarding services when this was appropriate.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis. Applicants were interviewed, references and proof of qualifications and identity were obtained. Disclosure and Barring Service (DBS) checks were undertaken as part of the service's pre-employment verification. 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. Employment records contained information to show that staff were suitable and safe to

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work with adults and young people. All clinical staff had completed an enhanced check with the DBS. The service maintained records to show that clinicians were appropriately qualified. The service checked that clinicians were registered with the appropriate professional body, such as the General Medical Council, Nursing and Midwifery Council or Health and Care Professions Council.

- 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.

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 senior management team reviewed this on an ongoing basis. They were aware of the number of referrals the service received and each clinicians' caseload and capacity. This was constantly monitored to ensure staff were not exceeding their capacity and each patient received adequate time and support. The administration team made up of personal assistants and medical secretaries booked and managed patient appointments for the individual clinicians.
- Referrals were first assessed for risk by the referrals manager. The service had referral criteria that was used to identify the level of patient risk the service could accept. Individuals that presented with greater risk than the service could manage, such as high incidents of self-harm and suicidal ideation were signposted to suitable NHS and private healthcare services. Once a referral was initially reviewed and risk assessed the referrals manager would conduct a triage call with the individual to confirm the initial needs and level of current risk. This included a full medical, family and social history. For example, we saw one case where a young person's family history showed cardiac problems in second-degree relatives. The individual was referred to a cardiologist. The referrals manager had the appropriate skills and experience in health and medicine to triage and assess risk. If the referrals manager needed additional support to review a referral the medical director or deputy medical director was available. All referrals were discussed at the service's referral meeting each Monday.
- Consultant psychiatrists also assessed each patient's risks at their first meeting and recorded this in their notes. Risks to patients, and protective factors such as engaging with other community children's team, and school services were then reviewed at every appointment. Staff we spoke to were able to demonstrate a strong understanding of their patients' risk levels and risk factors. Staff recorded risk assessments, discussions of risk and management plans in the patient notes section of the providers online care and or in letters to patients, patients' parents, GPs and other providers involved in patient care. The quality of information in these letters was of a high quality. Information was clear and concise. Staff said the service had discussed and developed the quality of information in patient's records and letters as a team as previously there was some inconsistency in the quality of letters from clinicians. As a result of discussing this as a team the quality had improved. The service was in the process of establishing a standard external letter template to further ensure consistency and this was part of the service's ongoing improvement plan.
- Patients or patients' carers were copied into all correspondence between staff and other care providers. Risk mitigation plans showed input from patients and patients' patients. Carers confirmed their involvement in risk management and felt this was fully incorporated in the care and support that was provided. The service also provided clear and simple advice to patients and carers in managing risk by reviewing national guidance and setting it out in an easy to understand format. For example, all patients and carers being supported with ADHD would receive information on their referrals and ongoing correspondence letter with five strategies to support ADHD symptoms with a clear explanation of how to apply them, such as practicing external motivation, externalising time and managing the environment. This information also included details on lifestyle strategies such as mindfulness, regular exercise, good sleep hygiene, a healthy diet, plus a range of useful links and contact, for example, the ADHD Foundation, and articles on supporting ADHD.

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- Staff responded appropriately to changing risks. They took action to address emerging risks. Staff told us they discussed patients with colleagues frequently and support and advice were always available from their peers and service directors if they had any concerns about patient safety. Patient records showed staff took appropriate action to address any emerging risks in relation to health and wellbeing of patients. For example, patient records showed that staff monitored and follow up on patients who were experiencing increased risk levels. This included liaising with individual's parents and carers, local community children and adolescent mental health teams, GPs and schools.
- The service provided out of hour information to all patients and carers which include local single points of access, youth crisis lines, and useful websites like Mind.
- The service had a protocol to follow if patients did not attend their appointments which included staff contacting patients or patients' carers. At this inspection there were no examples of patients who were at risk of not attending appointments.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place. The provider obtained evidence from consultant psychiatrists and psychologists that they had appropriate indemnity arrangements.

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. Patient records were stored securely on online electronic systems. However, the systems the service used for recording patient records and information were complex. They were made up of several online systems which staff had to switch between to update. This meant there was a risk that information could be recorded inconsistently in different locations within the systems. For example, we saw one case where it appeared medicines were prescribed without the clinician receiving the patient's physical health monitoring information. The physical health monitoring information was not stored within the patient's records, however, staff were able to track this information down via a search of the patient's correspondence. Staff said they found the systems too complex at time difficult to use. The senior management team were aware of this issue and an alternative single system had been identified to replace the multiple systems the service was using.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service had shared care arrangements in place with many of the GPs they dealt with.
- 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 systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment minimised risks. No medicines were stored on the premises. The service kept prescription stationery securely and monitored its use. Staff either uploaded copies of prescriptions to the patient records or logged prescription details with the registered manager. The service had a protocol for the management of controlled drug prescriptions. All controlled drug prescriptions were copied and stored by the registered manager. The service audited their prescriptions management, including controlled drugs and formulary adherence twice annually to ensure prescribing was in line with best practice guidelines for safe prescribing. Findings showed that clinicians needed

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adequate time to complete the prescription processes and upload the information. This was discussed by staff in the service's senior management meetings, governance and continuing professional development meetings, operational team meetings and supervision. At the time of the inspection the service had just appointed a prescribing nurse. The prescribing nurse's role included the oversight of prescription management and manage repeat prescriptions.

- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Staff ensured appropriate physical health monitoring was carried out where required. This included accessing patients' physical health observations and electrocardiogram results before starting medicines. Physical health checks were carried out at initial assessments and reviews with psychiatrists. The service liaised with GPs and local practice nurses, pharmacies depending on patients' needs. The service also supported patients and carer with self-monitoring for physical health observations. The service provided patients with a 'monitoring blood pressure at home' guide. This guide was created from information in the European ADHD guidelines group and set up the process beforehand, such as 'take blood pressure a minimum of 2 hours after taking medication' and during such as 'use a cuff size appropriate for the age of your child, or your arm size'. Psychiatrists recorded physical health observation in the patients' records as repeat prescriptions could not be provided without this information. The service audited physical health observation records twice annually. The most recent audit showed records were not always being updated promptly. This meant there was delay in sending out some repeat prescriptions and clinic letters as medical secretaries had to return the prescriptions and letter to the relevant clinician for them to update the physical health observation records. The senior management team were aware of this issue. The service had discussed this issue in governance and continuing professional development meetings, operational team meetings and individual psychiatrists' supervision. Meeting notes showed staff discussing the importance for prompt recording. The service had brought forward the next physical health observation records audit plan to review this issue.
- Processes were in place for checking medicines and staff kept accurate records of medicines. All patient records reviewed showed that patients' had their medical histories verified by the patients' GPs. However, staff said the service sometimes experienced delays in getting information back from GPs and prescribing might start if deemed appropriate. In these cases, the consultant psychiatrist would risk assess the individual and sent a letter to the GP with the treatment plan and risk assessment. This meant, in these cases, the prescribing of controlled drugs did not follow current national guidance from the General Medicines Services that states controlled drugs or medicines should not be prescribed within access to the patient's relevant medical information.
- There were effective protocols for verifying the identity of patients including children. This included checking a patient's identity when they first registered with the service by asking for proof of address. The patient's identity was checked again at the start of the clinical assessment through checking their identity document. All patients are seen face to face before online sessions are offered.

Track record on safety and incidents

The service had a good safety record.

- Staff completed comprehensive risk assessments in relation to safety issues. For example, the service had a risk register detailing the service's current potential risks with action plans in place to mitigate them.
- The service monitored and reviewed incidents actively. 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.

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- 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. Staff were aware of the relevant policies and protocols for reporting and investigating and following up on significant incidents and events. Learning from significant incidents and events was discussed in service's governance and continuing professional development meetings and in supervision.
- 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 provider was aware of and complied with the requirements of the Duty of Candour. The provider had adopted a culture of openness and honesty. The service had systems in place for knowing about and reporting notifiable safety incidents.
- 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 medication via the Medicines and Healthcare Products Regulatory Agency (MHRA). They also received updates on guidance through the National Institute for Health and Care Excellence (NICE).
- 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:

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 national standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Consultant psychiatrists carried out detailed specialist assessments such as those for ADHD and autistic spectrum disorder (ASD). They used specialist assessment tools, such as ADHD Rating scale and the SNAP-IV, widely-used ratings scale to screen for ADHD.
- Patients' immediate and ongoing needs were fully assessed. All patients were fully assessed by a consultant psychiatrist when they first attended the service. Where appropriate this included their clinical needs and their mental and physical wellbeing. This included their clinical needs, their mental and physical wellbeing, social circumstances, education background, and family history. Patients and carers told us that the care they received was person-centred and holistic.
- Clinicians had enough information to make or confirm a diagnosis. The service contacted patients' GPs or previous healthcare providers, and education providers for details of patients' medical and social history. Clinicians assessed patients' needs holistically via a multi-part assessment process. This spread the assessment process over multiple sessions and allowed patients and carers to fully reflect on each component of assessment and feedback from GPs, teachers and special education coordinators. Patients and carers were pleased with this process of assessment and confirmed that their consultants took time to understand their individual needs over several sessions before offering a diagnosis and treatment plan.
- The service worked in partnership with patients' GPs, NHS and other relevant specialists such as school medical staff to ensure patients' physical health was assessed and monitored. Where patients required diagnostic tests, the service either made direct referrals or these were arranged through individual GPs. Referrals were documented in patients' records, for example, one patient's records included details of a referral to a specialist cardiologist for a review and electrocardiogram (ECG) before treatment and medicines started.
- The service provided a specific referral and assessment pathway to support Jewish orthodox communities. This enabled easy and supportive access to clinical and therapeutic services to community members particularly children with neurodevelopmental needs. The service also provided outreach work with these communities through training exploring cultural awareness and reducing stigma surrounding neurodevelopmental conditions such as ADHD and Autism.
- The service provided in-depth and comprehensive ADHD information to patients and carers. This included a full definition of ADHD with strategies and techniques to support strengths, a medication fact sheet, a parent guide, a school guide, and a resource pack signposting further support and information. Patients and carers said this information was amazing and provided so much help and understanding. It was easy to understand and not overwhelming. The service put this information together from up to date evidence based research and leading organisations such as Attention UK and the Royal College of Psychiatrists.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service was able to offer online appointments and sessions. There were appropriate measures to ensure the system the service used was stable and secure. Staff said they discussed the confidentiality and safe use of online sessions with patients and carers covering areas such as privacy and patients' environments.

Monitoring care and treatment

Are services effective?

The service was actively involved in quality improvement activity.

- The service made improvements through the use of completed audits. Clinical audits 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 had a service performance monitoring plan and ongoing improvement plan in place that was monitored and tracked by the senior management team. These included clear actions, timeframes and service leads who were responsible for completing the improvements.
- The service had completed audits on a range of different clinical and administrative areas over the last 12 months. This included physical health vital signs monitoring, patient feedback, infection prevention and control, prescription management, formulary adherence, call monitoring and dictation compliance. Audit results were put into action plans and discussed with staff through the service meetings and individual supervision. Actions were also added to the service's performance monitoring and ongoing improvement plans.

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 Health and Care Professionals Council and were up to date with revalidation. Clinicians were leading experts in their field and had extensive experience in their specialities. The provider ensured that consultant psychiatrists complied with their annual appraisal processes and kept a log of appraisal.
- All clinicians received clinical supervision from the medical director. This was either weekly, fortnightly or monthly, pending on the clinicians needs. During these sessions, staff talked and reflected about their clinical case load and their continuous personal development. All clinicians felt this aspect of support was a standout component for the service. They said they found this of a high quality and immensely helpful and supportive.
- 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. Mandatory training included safeguarding, emergency first aid, general data protection regulation, and equality and diversity. Staff were also able to access specialist training in special Autism assessments such as the Autism Diagnostic Interview, and the Autism Diagnostic Observation Schedule, and self-harm and suicide prevention.
- Staff were encouraged and given opportunities to develop. The service invited external speakers to attend the continuing professional development meetings. For example, a paediatric cardiologist attending to discuss the impact of ADHD medicines on the heart and cardiovascular system. Staff said these spaces for learning improved their knowledge and added value to the service.

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, children's mental health teams, GPs, school nurses, and other clinicians such as cardiologists and psychologists. The service had created partnerships with several boarding schools across England and liaised directly with medical staff ensure effective care, treatment and monitoring for patients residing at those schools.
- 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.

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- All patients and carers 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. We did not see any evidence of patients or carers declining to give consent. Staff were aware of the importance of gaining consent to share information with patients' GPs. Staff said if a patient declined to give consent they would discuss why this was important with the patient and if consent could be obtained they would risk assess the individual case and decline to treat the patient if there were significant gaps in background information or medical history, or any potential risk could not be mitigated. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance, which patients and carers were copied into. The service included information sharing consent in the patient referral and assessment process and patient records included signed consent forms.
- 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.

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. Staff provided a wide range of self-care support through individual treatment sessions and additional information. For example, the service provided dietary recommendations based on a review of state of the art peer reviewed research. This included information on the impact and relationship of carbs, fat, fish oil and protein to ADHD. Patients and carers said this was extremely helpful and improved their knowledge and health maintenance.
- Risk factors were identified and highlighted to patients. For example, patients told us that consultant psychiatrists discussed the possible side effects of medicines with them.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. We saw examples of patients being referred to community children's mental health team.

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. They were aware of the key principles of the Mental Capacity Act and Gillick competence. Patient records included notes of discussions between patients, carers and consultant psychiatrists which showed that patients and carers were given the appropriate information to give informed consent.
- Staff supported patients to make decisions. Patients and carers said staff included them in decision making. For example, consultant psychiatrists explained different treatment options to them and supported them to make choices about their care and treatment.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. Patients and carers said staff treated them with compassion, dignity and respect. They said they were treated as individuals, valued and were empowered as partners in their care. Most patients and carers described the service as excellent, both in the quality of care and treatment from clinicians and in the customer service and appointment management from administration staff.
- Staff understood patients' personal, cultural, social and religious needs. Staff demonstrated a strong person-centred culture. There was a caring ethos throughout the service. Staff talked about valuing people, being inclusive and respecting people's diverse needs. All patients confirmed that their care and treatment was tailored to their individual needs and circumstances. Patients and carers said care and treatment had improved their lives. Carers said clinicians were able to maintain patients' dignity and privacy very well, both communicating with the patients and communicating with parents and carers without breaching patient's privacy and trust. Patients and carers said their whole families' wellbeing and mental health been improved by the care and treatment provided.
- The service gave patients timely support and information. Most patients and carers said they received support when they needed it and the information provided by the service was exceptional.

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 and carers reported 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 example, patients said that consultant psychiatrists talked with them about the pros and cons of medicines, and different coping strategies and techniques forms of therapy. Carers said that treatment often involved behavioural changes and modifications they were asked to adopt in order to support their child. These processes were fully explained so parents and carers understood the importance and impact of their own behaviour on their child. For example, one patient spoke about the changes the whole family made to their sleep routines and actions before bed to improve their child's sleep hygiene.
- Staff involved patients in care planning and risk assessments. Patients and carers told us that staff asked them about any risks to their safety and wellbeing and talked with them to plan their care and treatment.
- The service asked patients to give feedback on the quality of care. The provider sent out satisfaction surveys to patients and carers at regular intervals. Survey data between August 2021 and August 2022 showed 59 people had completed the survey. This data showed that most patients and carers were extremely satisfied with clinician's level of expertise, sense of empathy, and that individual session had significantly improved patients' wellbeing.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. This was embedded throughout care and treatment. All consultations were held in private. When online sessions took place, the clinician checked with the patient that there were no other persons in the room. All patients told us that they were treated with dignity, respect and kindness.

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. For example, the service could offer appointments out of hours in response to requests from patients and carers for flexible appointment times. The service did not offer walk in appointments and did not operate on a 24-hour basis. Patients and carers were made aware the service did not offer emergency or crisis support and were provided with information about which services to access for immediate support if needed.
- The service had a clear scope of practice and only accepted referrals for patients whose needs it could meet safely.
- The facilities and premises were appropriate for the services delivered. The premises were spacious with sound-proof comfortable consultation and waiting rooms.
- Reasonable adjustments could be made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, wheelchair users were given information about how they could access the service. At the point of referral to the service patients were asked to detail any specific requirements they may have so that any adjustments could be made by staff on site.

Timely access to the service

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

- The service was easy to access. Patients had timely access to initial assessments, test results, diagnosis and treatment. There was no waiting list for assessments. The service aimed to respond quickly to new referrals and could contact patients, carers and referrers for a triage assessment within 48 hours of referral.
- Patients and carers told us that waiting times, delays and cancellations were minimal and managed appropriately. Patients and carers reported that the appointment booking was easy. Patients could usually arrange appointments for when it suited them.
- Referrals and transfers to other services were undertaken in a timely way. For example, consultant psychiatrists could easily refer patients to the patients' community children's mental health team or local crisis service if needed.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. Staff treated patients and carers who made complaints compassionately. Patients and carers told us they were given information about how to make a complaint or raise concerns. Patients and carers said they felt comfortable and confident in raising concerns and complaints directly with their consultant psychiatrist or the practice manager if they needed to.
- 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.
- The service had a complaint policy and procedures in place to investigate all complaints. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service had 16 complaints over the last 12 months. Complaints focused on the administration processes such as getting through on the telephone, appointment cancellation fees, and concerns with the content of doctor letters. These had been investigated appropriately, feedback provided to patients and carers, and discussed at the service's governance and continuing professional development meetings. For example, following a concern raised by a carer, the telephone protocol and automated process was improved for easier access. Another example showed how the senior management team and staff discussed improvements that could be made to the quality of letters to patients, carers and GPs.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The senior management team worked closely together to ensure that patients received a high quality, responsive and efficient service.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised engaging and inclusive leadership. Staff told us that the leaders of the service were approachable and that they listened to staff and patient views to develop and improve 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.

- There was a clear vision and set of values which emphasised providing a high quality outpatient service that was responsive, holistic and person-centred. The service had a realistic strategy and supporting business plan to ensuring there were appropriately qualified staff to rapidly respond to requests for assessment and treatment.
- Staff were aware of and understood the vision of the service and their role in achieving this. Staff in the service were involved with service development and clinical governance. Staff also maintained productive professional relationships with international experts and research teams.
- The service monitored progress against delivery of the strategy. Staff demonstrated enthusiasm and passion to improve the service and to provide the best service possible.

Culture

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

- Staff felt respected, supported and valued. All staff said 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 needed. Staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where required. All staff felt they were considered valued members of the team.
- Staff reported a strong emphasis on the safety and wellbeing of all staff.
- 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

Are services well-led?

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. Governance meetings had a set agenda covering areas such as clinical effectiveness, research and development, serious incidents, complaints and audit results. Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Leaders ensured processes were in place to make improvements in identified areas. The governance systems identified where improvements were required, for example; the refining of systems the service used for recording patient records and information, and the improvements needed in recording of patients' physical health observation.
- 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 information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified development areas.
- The service submitted data or notifications to external organisations 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. Leaders had oversight of safety alerts, incidents, and complaints. Leaders had acted to improve the service in relation to the areas for improvement. The risk register for the service was kept up-to-date and reviewed at governance meetings. The service had a business continuity plan in place in case of unexpected issues within the service.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to develop services to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The provider collected quality and operational information and used it 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 sufficient 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.

- The provider encouraged the views and concerns of patients, colleagues and external partners and acted on them to shape the service and culture.

Are services well-led?

- The service had various pre-prepared information that, where relevant, was sent to patients and carers during their treatment. Patients and carers said this was helpful and aided them to understand their condition or their child's condition.
- Patients could feedback on their experience of the service by completing an online survey. electronic feedback form. This was sent to them via an email link. We viewed the collated results which were positive.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Staff told us there was a focus on continuous learning and improvement at the service. They found personal development and the range of team meetings helpful in improving their skills and knowledge.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.