

Yaad Ltd

# The rTMS Centre

## Inspection report

3 Skye Edge Ave  
Sheffield  
S2 5FX  
Tel: 0114 216 9489  
Website: <https://www.rtmscentre.co.uk/>

Date of inspection visit: 14 August 2019  
Date of publication: 25/09/2019

### Overall summary

#### **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive at the rTMS Centre on 14 August 2019 as part of our inspection programme to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

This was the first inspection of this location.

#### **Our findings were:**

##### **Are services safe?**

We found that this service was not always providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service provides repetitive transcranial magnetic stimulation for the treatment of depression and anxiety.

The Clinic manager 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.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of the services it provides.

# Summary of findings

## Our key findings were:

- Care was highly person centred. Patients felt listened to and told us they felt staff genuinely cared for their wellbeing.
- The service monitored patient outcomes and patients had regular opportunities to discuss their care and treatment with the consultant psychiatrist.
- Staff assessed risk for all patients as part of the initial assessment
- Care was delivered in line with current evidence based guidance and standards.
- Systems and arrangements for managing medicines, were not in line with the Medicines Act 1968.
- Systems were not in place to identify where equipment had not received an annual service.

We spoke with two patients and received feedback from one patient via a comment card. All the feedback we received was positive and all the patients told us the service was very approachable and patient focused.

Patients spoke positively of both the clinic manager and the consultant psychiatrist and told us there was a feeling that both genuinely cared and wanted the best for the patients.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- The provider must ensure medication is administered in accordance with the Medicines Act 1968

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

- The provider should improve systems to maintain equipment in accordance with the manufactures recommendations.

## Dr Paul Lelliott

Deputy Chief Inspector of Hospitals (Hospitals- Mental Health)

# The rTMS Centre

## Detailed findings

### Background to this inspection

The rTMS Centre Sheffield is a standalone service run by Yadda Ltd.

The service provides repetitive transcranial magnetic stimulation for the treatment of depression and anxiety to people aged 18 and over.

Following an initial screening questionnaire patients attend an assessment appointment with the clinic manager and consultant psychiatrist before commencing the treatment. Typical treatments comprise of 20 daily sessions of transcranial magnetic stimulation over a period of four weeks for the treatment of depression and 10 sessions for the treatment of anxiety.

The service address is:

3 Skye Edge Ave

Sheffield

S2 5FX

Initial assessments are usually completed on a Saturday with treatment sessions available Monday to Friday.

We carried out an announced comprehensive inspection at the rTMS Centre on 14 August 2019. Our inspection team was led by a CQC mental health inspector with the support of specialist advisor with experience of the treatment provided by the service.

### How we inspected this service

Before visiting, we reviewed a range of information we hold about the service. Prior to the inspection we reviewed any notifications received, and the information provided from pre-inspection information request.

During our visit we:

- Spoke with all staff at the service
- Looked at the equipment and rooms used to deliver the treatment
- Reviewed three case records, personnel files and clinical policies and procedure relating to the running of the service.

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

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

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

# Are services safe?

## Our findings

**We rated safe as Requires improvement because:**

### Safety systems and processes

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

- The provider had appropriate safety policies, which were regularly reviewed including systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out
- All staff received up-to-date safeguarding and safety training appropriate to their role up to level 5 for the consultant psychiatrist. They knew how to identify and report concerns.
- Staff confirmed patient identity against valid forms of identification prior to commencing treatment.
- There was an effective system to manage infection prevention and control. Including hand gel and sinks for hand washing. Each patient was provided with their own personal 'cap' to wear during treatment. Records showed the clinical environment was regularly cleaned.
- The provider ensured that facilities were safe and had a contract with the manufacturer for the service and maintenance of the equipment used for the treatment, However, at the time of the inspection the annual service and safety inspection had not been completed in February 2019 following the last service in February 2018. The clinical manager contacted the manufacturer during the inspection and arranged for the service to be completed at the earliest opportunity and provided evidence this had been completed the week after the inspection. Assurance was provided that the equipment performed a 'self-check' on start-up and reported any faults prior to each use. Therefore, there had been no risk to patients' health.

### Risks to patients

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

- Staff assessed patients risk as part of the initial assessment and developed a risk management plan if necessary.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients risks.
- There were suitable medicines to deal with medical emergencies which were stored appropriately. However, medication was only checked twice a year to ensure they were in date.

### 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 staff in an accessible way.
- 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.

### Safe and appropriate use of medicines

**The service did not have reliable systems for appropriate and safe handling of medicines.**

- There was a documented risk of the potential for the treatment to induce a seizure in some patients. The Provider held a stock of rectal diazepam to be used as a recovery medication should a patient suffer from a seizure and enter status epilepticus. The service had a policy in place covering the use of recovery medication in these circumstances. However, the systems and arrangements for managing medicines, were not in line with the Human Medicines Regulations 2012. The medication held in stock had been prescribed for a patient who had received treatment in February 2018 and had been retained as a stock medication. The clinical manager advised that all patients were

## Are services safe?

prescribed the medication as a precaution and that the local pharmacy had been unable to provide medication for stock therefore this medication had been held as stock to reduce unused medication been wasted.

Following the inspection, the service reviewed their systems and provided assurance that individual medication would be obtained for all future patients.

- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Staff kept accurate records of medicines and processes were in place for checking medicines. However, checks were only carried out bi-annually.

### **Track record on safety and incidents**

#### **The service had a good safety record.**

- The service monitored and reviewed activity and treatment protocols. 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 had systems in place to learn and make improvements when things went wrong.**

- There had not been any incidents since the service had been registered.
- There was a system for recording and acting on significant events should they occur. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong.
- The clinical manager was aware of their role under the duty of candour including being open and honest with patients if anything went wrong.

The service acted on and learned from external safety events.

# Are services effective?

(for example, treatment is effective)

## Our findings

**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 the service.**

- The provider delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) protocols determining specific treatments were delivered in accordance to the Food and Drug Administration (FDA) best practice guidelines as the accepted standard for the treatment.
- Patients' needs were fully assessed including their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

### Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. They monitored client outcomes using recognised rating scales and completed audits of client outcomes which were used to monitor the effectiveness of the treatment including level of improvement and relapse rates.

### Effective staffing

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

- All staff were appropriately qualified.
- 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 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, where patients provided consent the service would inform their GP of the treatment and the outcomes of the treatment on completion. Staff would liaise with a patient's community mental health team if this was appropriate to meet the patients' needs.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and their medicines history. We saw examples of patients being signposted to suitable sources of treatment. For example, talking therapies following completion of their treatment.
- All patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service. Where a patient declined to provide consent patients were provided a letter to give to their GP following treatment.
- There were clear and effective arrangements for following up on people following completion of their treatment which included a review six months post treatment.

### Supporting patients to live healthier lives

**Staff were 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.
- 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

# Are services effective?

(for example, treatment is effective)

## **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 make a decision.

The service had an appropriate policy outlining the assessment of capacity and consent.

# Are services caring?

## Our findings

**We rated caring as Good because:**

### **Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. Patients were given a patient feedback questionnaire and feedback was collected via Trust Pilot and Google reviews. Feedback received from all platforms was wholly positive.
- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### **Involvement in decisions about care and treatment**

**Staff helped help 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 told us, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the treatment available to them.
- Patients received a review with the consultant psychiatrist following 10 and 20 treatment sessions. Patients attended a review 6 months after their treatment.
- Staff communicated with people in a way that they could understand.

### **Privacy and Dignity**

**The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Treatment sessions were arranged for individual patients. Treatment rooms were soundproof which ensured any friends or relatives who accompanied patients could not hear the treatment session whilst they waited for the patient.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated responsive as Good because:**

### **Responding to and meeting people's needs**

**The service 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.
- 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. The service had its own entrance away from other services located in the premises. The service was located on the ground floor and had an accessible entrance.

### **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 and treatment.
- There were no waiting times for the service and patients were able to reschedule appointments if necessary.
- Patients reported that the appointment system was easy to use.

### **Listening and learning from concerns and complaints**

The service had not received any complaints. However had an appropriate procedure was in place, outlining how complaints would be responded to in order to improve the quality of care.

- Information about how to make a complaint or raise concerns was available within patient information leaflets and posters including details of raising concerns with the CQC.
- 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.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

**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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### **Vision and strategy**

**The service had have 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.
- The service monitored progress against delivery of the strategy.

### **Culture**

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

- Staff were proud to work for the service.
- The service focused on the needs of patients.
- Managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated in the procedures for responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing staff with the development they need. Staff were supported to meet the requirements of professional revalidation where

necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

- There was a strong emphasis on the safety and well-being of all staff.

### **Governance arrangements**

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

- Structures, processes and systems to support good governance and management were clearly set out and understood. However, systems were not in place to identify the equipment used to perform the treatment had not had an annual service which should have been completed in February 2019.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies and procedures to ensure safety and assured themselves that they were operating as intended.

### **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.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts.

### **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.
- The service submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. patient records were both

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

paper and electronic. Paper records were stored securely in a locked cabinet. Electronic records were on an encrypted drive and a back up of the records was held on a separate drive with the paper records.

## **Engagement with patients, the public, staff and external partners**

### **The service involved patients, staff and public to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the patients and staff to shape services and culture. the service had approached local commissioners to promote the service and held open days for public and local GP's.
- We saw evidence of feedback opportunities for patients and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- The service made use of best practise guidance and evidence based research to develop the service and treatment options.
- Learning was used to make improvements.

There were systems to support improvement and innovation work

## **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.
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- The service submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Patient records were both paper and electronic. Paper records were stored securely in a locked cabinet. Electronic records were on an encrypted drive and a back up of the records was held on a separate drive with the paper records.

## **Engagement with patients, the public, staff and external partners**

### **The service involved patients, staff and public to support high-quality sustainable services.**

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This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>12 (2) (g) the proper and safe management of medicines</b> How the regulation was not being met: Medication held in stock had been prescribed for a patient who had received treatment in February 2018 and retained as a stock medication.