Halcyon Doctors Limited

Inspection report

The Old Town Hall
4 Queens Road
Wimbledon
SW19 8YB
Tel:

Date of inspection visit: 11 March 2022
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out a short notice announced comprehensive inspection at Halcyon Doctors Limited on 11 March 2022 as part of our inspection programme.

Halcyon Doctors Limited provides a consultant led outpatient service to assess, treat and diagnose adults aged 18 and above who are experiencing mental illness, cognitive impairments and other long-term conditions.

The operations 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.

Halcyon Doctors Limited provides medico-legal services which are not within the scope of registration, therefore we did not inspect or report on this.

We reviewed the provider's feedback log that contained several comments from 2019 to 2021. We also reviewed three separate feedback letters and spoke with three family members or carers. Comments and feedback were mostly positive and described the service as being professional, efficient and compassionate. Family members told us that clinicians were supportive and provided them with enough information to make an informed choice.

Our key findings were:

- The service provided safe care and treatment. The provider had appropriate systems and processes in place to keep people safe and safeguard them from abuse.
- Clinicians carried out comprehensive assessments and developed treatment plans in partnership with patients. They recommended or prescribed a range of treatments that were informed by best practice guidelines and met the needs of the patients.
- The service employed staff that had the right skills, knowledge and experience to carry out their roles effectively. Contracted clinical staff were required to show proof that they had undertaken an annual appraisal externally to Halcyon Doctors Limited.
- Staff treated patients with compassion and respect and helped them to be involved in decisions about their care and treatment. Families and carers told us that their clinician supported them to understand a diagnosis and treatment options available to them.

Overall summary

- Patients could easily access the service. Staff ensured that care and treatment from the service was delivered within an appropriate timescale for their needs. The service responded promptly to feedback and was keen to make improvements when required.
- The service had effective governance systems in place that monitored the quality and safety of the service and highlighted when an improvement was required. For example, prior to our inspection the service had already identified gaps in care through the quarterly clinical record audits. Plans were put in place to address the issues.

However,

- Permanent staff were not appraised on a regular basis. We identified four out of six members of staff who had not received an annual appraisal. At the time of our inspection, the provider was organising the appraisals for April and May 2022. The provider recognised that this was an area for improvement. The lack of annual appraisals meant that staff performance was not formally evaluated and therefore did not provide individual staff members with an opportunity to reflect and develop.
- The provider needed to strengthen the governance systems in place to ensure that service leads were aware of which doctors have been issued with blank prescription pads so that their usage can be monitored. The lack of monitoring increased the risk of prescriptions being mishandled or abused. The provider told us that whilst the service waits to transfer from paper prescriptions to an electronic system, the service will request doctors to log their prescribing and share the record with service leads.

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

- The provider should ensure that service leads have oversight of which doctors have been issued with prescription pads so that their usage can be monitored.
- The provider should ensure that staff receive an annual appraisal.

Jemima Burnage

Interim Deputy Chief Inspector Hospitals (Mental Health)

Our inspection team

Our inspection team was led by a CQC inspector and a CQC Inspection Manager. The lead CQC inspector had access to advice from an inspector within the CQC's medicines optimisations team.

Background to Halcyon Doctors Limited

The service is provided by Halcyon Doctors Limited.

Halcyon Doctors Limited is registered at the following address. This is the location where our inspection was carried out:

The Old Town Hall

4 Queens Road

Wimbledon

SW19 8YB

The service website: www.halcyondoctors.com

Halcyon Doctors Limited is registered to provide the following regulated activity:

- Treatment of disease, disorder or injury

Halcyon Doctors Limited provides clinical psychiatric assessment, treatment and diagnosis for older adults who are experiencing mental illness, cognitive impairments and other long-term conditions in the community. The majority of patients the service sees are people with signs and symptoms of cognitive impairments such as Alzheimer's disease. The provider will see people for one off assessments and treatment as well as longer-term care when required.

The provider has two separate service lines – a clinical psychiatric assessment service and a medico-legal assessment service. The medico-legal service is not within CQC's scope of registration; therefore, we did not inspect this part of the service.

We last inspected the provider in 2017 when the service was called Red and Yellow Memory Services Limited. In 2019, the provider changed its name to Halcyon Doctors Limited. The service employs a small operations team that consists of an operations manager, operations team leader, an operations coordinator, a junior operations coordinator, a managing director and a medical director. The medical director leads the service. At the time of our inspection, the provider had appointed a new medical director. The new medical director was being supported by their predecessor.

Most clinicians are recruited into Halcyon Doctors Limited on a contractual basis. The service recruited several consultant psychiatrists, consultant nurses that specialise in dementia care and a physiotherapist. Contracted staff were expected to be supervised and appraised externally to Halcyon Doctors Limited and provide evidence of this to Halcyon Doctors Limited.

The clinic office hours are open between 8.30am and 6pm, Monday to Friday. However, appointments can be scheduled outside of core working hours as well as at the weekends. Clinicians mainly assessed patients at their own home or via video calling. The provider had a contractual agreement in place with a separate healthcare provider to use their consultation rooms when required.

How we inspected this service

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

- spoke with three family members or carers of patients who have used the service
- reviewed the provider's feedback log for 2020 and 2021, as well as three formal feedback letters
- spoke with the registered manager, managing director, medical director and their predecessor, two members of staff from the operations team, three consultant psychiatrists and a nurse consultant.
- reviewed four treatment records
- checked how prescription pads were stored and managed
- reviewed three staff employment records

- reviewed information and documents relating to the operation and management of the service

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

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

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

Good

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 was based within a shared office building along with other companies. The landlord was responsible to manage the environment and fire safety risks including regular fire drills.
- The provider had appropriate safety policies in place which were regularly reviewed. The service had a standard operating procedure in place that outlined all aspects of the service including lone working and infection control measures. Staff received safety information from the service as part of their induction and were required to review the provider's onboarding information. Clinicians told us that they had reviewed the induction information and understood where to locate it if required.
- The service had systems to safeguard vulnerable adults from abuse. Contracted staff were required to show proof that they had undertaken vulnerable adult and child safeguarding training prior to employment. Guidance on how to raise a safeguarding alert or who to report a concern to was outlined within the provider's standard operating procedure (SOP). The medical director was the main point of contact for all staff.
- The provider carried out recruitment checks prior to employment and on an ongoing basis where appropriate. We reviewed three pre-employment records and found that the service had checked proof of identification, professional registration and employment history.
- The service carried out their own Disclosure and Barring Service (DBS) checks as part of 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. The provider told us that prior to our inspection the service had identified that four clinical members of staff had not been automatically renewed for DBS checks. The provider's policy states that a DBS check would be carried out annually. Whilst UK government guidance does not state that DBS checks expire, it is the responsibility of an employer to determine how frequent employees should be rechecked. At the time of our inspection, the registered manager was collating information from individual staff members in order to process the renewed DBSs.
- All permanent staff received up-to-date mandatory training appropriate to their role. They knew how to identify and report concerns. Staff were required to complete a range of mandatory training courses including information governance, mental health awareness and mental capacity training.
- The service had a system in place to assess and manage infection prevention and control During the COVID-19 pandemic, the provider had put in place a COVID-19 risk assessment for staff to use prior to any contact with a patient. We reviewed four patient records and found that staff had considered COVID-19 as a risk before an assessment was carried out. However, the provider identified through a clinical audit that clinicians did not routinely record the precautions they had taken to reduce the risk of transmitting or contracting COVID-19 when seeing a patient face to face. For example, wearing personal protective equipment. The provider planned to closely monitor the gap in records and to follow up performance with individual clinicians.
- The provider did not require access to a clinical area to carry out patient assessments. Clinicians mainly assessed patients at their own home or via video calling. The provider had a contractual agreement in place with a separate healthcare provider to use their consultation rooms when required.

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 operations team booked appointments with clinicians when required.

Good

Are services safe?

- There was an effective induction system for employed staff tailored to their role. For contracted clinical members of staff, they had access to an onboarding operational framework which set out how the service operated including how to use the electronic patient record system. The medical director carried out an introductory phone call with each new clinician.
- The service ensured there were appropriate indemnity arrangements in place for contracted clinical members of staff. We reviewed HR records for three clinicians and found that the service obtained a copy of indemnity insurance details prior to employment. Prior to employment the provider checked each clinician's professional registration and ensured they were fit to practice.
- Patients' risks were assessed at point of referral and prior to any assessments. If patients presented with risks that were beyond the scope of practice, the clinician would signpost them to other services based on their individual needs. Clinicians obtained health related information such as medical history from patients' GPs and other healthcare providers when required.

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. In the four records reviewed, we saw that doctors ensured outcomes of assessments and any treatments recommended or prescribed were clearly written and shared with the patient and their GP.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service gained consent from patients to share information with relevant parties if required.
- The service used an electronic patient record system. All employed staff and contracted clinicians had an appropriate level of access to the system. Staff we spoke with told us that a password was required to gain access to the system and any handwritten notes were safely discarded.

Safe and appropriate use of medicines

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

- The provider did not store any medicines on the premises.
- Whilst the provider safely stored a small number of private prescriptions within a locked cupboard on the premises, the provider did not formally record which doctors had been issued with prescription pads. The provider told us that a batch of ten prescriptions were issued to doctors on employment to the service. The lack of recording meant that service leaders could not refer back to a reliable record that demonstrated which clinician had been issued with a prescription pad and the date of issue. This increased the risk of the service not being able to identify if prescriptions were being mishandled. Following the inspection, the provider informed the CQC that the service had implemented electronic prescribing and ended the use of paper prescription pads. The provider confirmed any paper prescriptions would be safely destroyed.
- The service carried out regular patient record audits that checked clinicians' adherence to best practice guidelines which included the care and treatment they delivered or recommended. The clinical record audits demonstrated consistent adherence to The National Institute for Health and Care Excellence (NICE) guidelines throughout 2020 and 2021.
- In the four records we reviewed, we found that the consultant doctors had not prescribed any medicines themselves but had recommended the patients' GP to prescribe them. Clinicians clearly recorded the specific medicines recommended including the dosage and the clinical rationale for this.

Good

Are services safe?

- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.

Track record on safety and incidents

The service had a good safety record.

- The service carried out comprehensive risk assessments in relation to safety issues. The provider had a comprehensive standard operating procedure in place that provided guidance on the day to day running of the service as well as a service risk register. The risk register included key risks to the service and plans in place to mitigate them.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The service recorded incidents on a log which was reviewed at various staff forums such as the clinical governance meetings.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service shared lessons learnt and took action to improve safety in the service. In 2021, the service had carried out an independent review of a patient's care because the patient had caused harm to themselves in the community. The review identified that whilst the clinician delivered good quality care, the patient record did not include all relevant correspondence. The service ensured that the outcome of the review was shared with clinicians at the weekly multi-disciplinary team meeting and staff were reminded of the importance of accurate record keeping.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and had systems in place to manage these. We reviewed an incident that involved a member of staff sending an invoice to the wrong patient. The registered manager reviewed the incident and apologised to the patient.
- 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 contracted staff. The service held a weekly multi-disciplinary team meeting for all active clinicians. The meeting minutes were circulated to clinical staff in order to ensure those staff that could not attend would be updated. The consultant doctors told us that they were also informed of safety alerts through their work in the NHS.

Good

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. Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Staff assessed patients and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. The provider's SOP outlined national guidance clinicians should refer to. Clinicians used appropriate assessments tools when assessing patients with a cognitive impairment or symptoms of a cognitive impairment.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Clinicians advised patients to undergo further diagnostic testing such as a magnetic resonance imaging (MRI) to support their assessment and diagnosis. Clinicians had enough information to make or confirm a diagnosis when required.
- In the four records we reviewed, we did not identify any evidence of discrimination when clinicians made care and treatment decisions.
- Throughout the peak of the COVID-19 pandemic, the service offered virtual appointments. Staff were trained in how to use the online system. At the time of our inspection, consultations were offered virtually as well as face to face.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider used an auditing system to monitor the quality of the care and treatment they delivered to patients. The provider carried out a quarterly clinical record audit that covered aspects of clinical care such as risk assessment, capacity assessment and the overall quality of the record. Whilst the audit showed that the service had performed well in most areas in 2021, performance had decreased between January and March 2022. The service had audited nine random clinical records and had identified that seven capacity assessments and six risk assessments were not of an acceptable standard. The provider had already identified the decline in quality of the records and had put a plan in place to address the issues. The new incoming medical director had plans to review all clinical outcome letters to ensure they met the provider's guidelines. We identified that the results from the audit were raised with individual clinicians and discussed at the February 2022 clinical governance meeting and board meeting.

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. Clinical members of staff (medical and nursing) were registered with the General Medical Council and the Nursing and Midwifery Council and were up to date with revalidation. Most clinicians were also employed in the NHS and had extensive experience in their specialty.
- The provider understood the learning needs of staff. The service held a weekly MDT meeting for all clinicians to attend. This was an opportunity for staff to share and learn from complex cases as well as discuss best practice guidance. Clinicians we spoke with valued the meeting and learnt from their peers. All doctors and other healthcare professionals completed an annual appraisal through their work within the NHS or with an external supervisor. The registered manager maintained up to date records of skills, qualifications and training.

Coordinating patient care and information sharing

Good

Are services effective?

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate such as patients' GPs and other healthcare providers.
- Before carrying out an assessment and treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. In all four records we reviewed, we found that clinicians had access to patients' previous medical assessments and tests results before the consultation.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. We saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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. One family member told us that their relative was given advice about their well-being and exercise. Another family member told us that they were given information about possible medication side effects.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to the referrer or GP for additional support. We saw in two records that clinicians had requested further diagnostic testing to ensure the correct diagnosis was given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. When patients required physical health investigations such as diagnostic testing, the provider was able to organise the tests with the patient's preferred private healthcare provider or refer them to local NHS services.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. All families told us that clinicians explained different treatment options to them and supported them to make an informed choice. Families felt they were given enough time to make their decision.

Good

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 care patients received. Patients, their families and carers felt that staff treated them with dignity and respect. Family members described the service as being compassionate and person-centred.
- 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. Carers we spoke with told us that the service was flexible in their approach to appointments.

Involvement in decisions about care and treatment

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

- Interpreting services were available for patients who did not have English as a first language. Patients and their families were advised of this during the initial booking period.
- Carers reported that they felt their family member (the patient) had been listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Family members told us that the clinician provided them with treatment information and recommendations, although, the overall decision was always theirs.
- Staff involved patients and their carers or family members in the assessment and planning of care and treatment. Family members told us that clinicians were contactable for further advice and support outside of the appointment time.
- Patients were asked to share their experience of the service and the quality of care. The provider sent out a feedback questionnaire at the end of an assessment and treatment. The service closely monitored feedback and was proactive in speaking directly with patients and carers to understand how they could improve the service.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Family members and carers felt that clinicians were caring and treated them with dignity and respect.
- Clinicians carried out assessments with patients mostly with a family member present. Clinicians ensured they sought consent for this when required.

Good

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. Clinicians were able to offer appointments outside of core working hours including the weekends.
- The facilities and premises were appropriate for the services delivered. At the time of our inspection, patients were not being seen face to face on the premises. The premises were used as an office.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Patients that required clinical assessments were given a choice of location for their assessment such as at their own home or online. The provider also had an agreement in place with a local private hospital where they could use their consultation rooms.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. For non-urgent cases the service had a seven-day target for scheduling an appointment and a 24-hour target for an urgent case. Scheduling appointments had taken slightly longer during the early part of 2022 due to increased workload and clinician availability. The service had calculated that they were missing the seven-day target by two days. The provider was sighted on this and had raised the matter at the clinical governance meeting and at board level. The provider was in early conversations with service managers to recruit more clinicians.
- Families and carers reported waiting times, delays and cancellations were minimal and managed appropriately. Carers and family members told us that accessing the service was easy and they were given an appointment within a few weeks.
- Referrals and transfers to other services were undertaken in a timely way. The service was clear about what they could offer, and their scope of practice was set out in the provider's standard operating procedure.

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.

- Whilst information about how to make a complaint or raise concerns was shared with patients, the service incorrectly signposted patients to raise a complaint with the Care Quality Commission (CQC). The CQC do not have statutory powers to investigate public complaints. We highlighted this error to the provider at the time of our inspection. The provider told us that they would remove this from their complaint's information.
- 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 complaints procedure in place. The service discussed individual concerns and informal complaints at clinical governance meetings and any learning was shared with the wider team. The service had never received a formal complaint.

Good

Are services responsive to people's needs?

- The service kept a log of all compliments received. The service consistently received high scores on their feedback survey.

Good

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 managers reviewed the running of the service at the quarterly clinical governance meetings and board meetings. The leadership team was aware they required more staff in order to ensure patients did not wait too long for an initial appointment. The team planned to recruit more clinicians to support their work.
- Managers at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us that managers were approachable, and they felt they were listened to. At the time of our inspection, the service had a change in leadership and a new medical director had been appointed. The previous medical director had been formally invited to become a non-executive director.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The service had a clear vision and a set of values which focused on providing a personalised service. The core principles of the service were clearly recorded within the provider's SOP. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Clinicians we spoke with understood the aims of the service.
- The service monitored progress against delivery of the strategy. The service leaders were aware that demand for clinical psychiatric assessments had decreased and demand for the provider's other service line (medico-legal) had increased.

Culture

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

- Staff felt respected, supported and valued. Staff felt confident to ask questions and raise concerns to the senior managers. They had confidence that these would be addressed.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent 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.
- Whilst the service offered annual appraisals and career development conversations, four out of six members of staff had an overdue appraisal. Three members of staff were overdue an appraisal by five months and one member of staff had not received an appraisal since January 2019. The provider told us that COVID-19 had caused a delay and were aware that the appraisal completion rate required improvement. At the time of inspection, the registered manager was in the process of organising appraisal meetings for April and May 2022. Following the inspection, the provider informed the CQC that although one member of staff had not received a formal appraisal since 2019, the staff member's development and progress was continually monitored.

Good

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff. The service held a weekly MDT meeting for all clinicians to attend. The meeting gave contracted members of staff an opportunity to discuss their clinical work and learn from their peers. Meeting minutes were shared with all clinicians for them to refer to. The operations team met on a weekly basis to discuss workload and priorities.
- The service promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance system in place included quarterly board and clinical governance meetings, and monthly management team meetings. The meetings had a set agenda covering areas such as incidents, complaints, clinical performance and clinical effectiveness. The medical director ensured contracted staff were updated during the weekly MDT meetings and sent email updates to the wider team.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Service leads had oversight over the general running of the service as well as complaints, incidents and quality.
- Clinical audit had a positive impact on quality of care and outcomes for patients. The provider identified gaps in care through the regular monitoring of patient records and had put plans in place to address them.
- Performance issues and audit outcomes were escalated to the clinical governance meetings and to the board. The provider had a risk register in place that was monitored and updated when required.
- The provider had a business continuity plan in place that was appropriate for the type of service being delivered. The provider had a planned response to COVID-19, the service closing at short notice and access to patient information in the event the electronic record system broke down.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in place for staff to seek support about the management of information including patient identifiable data. The provider's standard operating procedure included clear guidance in who to contact in the event of a data breach or the general handling of information. The medical director was the Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting patients' health and care information, although this is a requirement mainly for NHS organisations.

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.

Good

Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The board were sighted on the provider's financial position as well as the care and treatment being delivered.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. The service ensured they responded promptly to feedback that included suggestions for improvements.
- Staff could describe to us the systems in place to give feedback. As the team consisted of six permanent members of staff, a regular staff survey was not carried out. However, staff told us that they spoke with their line manager on a regular basis and attended a weekly meeting. Staff felt comfortable to speak with their line manager or to the medical director. The service had clear lines of communication.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The service used clinical audit as the main way of tracking individual performance and monitoring the quality of the service being delivered. Outcomes of audits were monitored at clinical governance meetings and were shared at board level for additional scrutiny.
- Leaders encouraged clinicians to share and review their clinical work on a regular basis. Clinicians were invited to a weekly MDT meeting which acted as a forum to discuss their clinical practice and research articles.