

Cognacity

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 unannounced comprehensive inspection at Cognacity on the 22 June 2021 as part of our inspection programme. This was the first inspection of this service.

Cognacity provides a consultant led outpatient service to assess and treat adults and children aged 13 and above with mental health needs. This includes private consultations, physical examinations, health assessments and prescribing of medicines for mental health needs.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. Cognacity provides a range of organisational consulting services, for example executive coaching and athlete performance coaching which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

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 received 13 feedback forms and four emails from patients and spoke to seven patients. All of the comments were positive, describing caring, kind and professional staff. Patients said they had effective treatment in an efficient, professional and non-judgemental service.

Our key findings were:

- The service provided safe care. The service had clear systems to keep people safe and safeguarded from abuse. Staff appropriately assessed and managed risks to patient safety. However, patients' records were not always updated with their latest risk information and the service had not conducted a recent controlled drugs prescription audit. The service was aware of these issues and action plans were in place to make improvements.
- Staff developed holistic care and treatment plans informed by a comprehensive assessments in collaboration with patients. They provided a range of treatments that were informed by best practice guidance and suitable to the needs of the patients.

Overall summary

- Staff had the skills, knowledge and experience to carry out their roles. Leaders ensured that staff received training and appraisals. Staff worked well together as a multidisciplinary team. However, the service did not always update their training records and did not always update patient information sharing consent records. The service's training and patient information sharing consent records were fully updated when highlighted to the practice manager.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients in all care decisions.
- The service was easy to access. Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The service was well led and the governance processes ensured that that procedures relating to the work of the service ran smoothly.

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

- The provider should ensure that staff update patients' care and treatment records with risk information so that risk information is always fully accessible to all clinicians (Regulation 12).
- The provider should ensure that effective and timely clinical audit processes are in place to consider the quality of care provided and prescribing practice in relation to current best practice guidance (Regulation 12).
- The provider should consider arrangements for recording staff training to ensure staff have the appropriate training to deliver services safely.
- The provider should consider arrangements for recording patient information consent records to ensure the service worked well with other organisations to deliver effective care and treatment.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Or (delete as appropriate)

Name of signatory

Deputy Chief Inspector of Hospitals (area of responsibility)

Our inspection team

Our inspection team was led by a CQC lead inspector with another CQC inspector completing the inspection team. The inspection team access to advice from a member of the CQC medicines team.

Background to Cognacity

The service is provided by Cognacity Wellbeing LLP. It provides specialised mental health assessment, treatment, and psychotherapy on an out-patient basis for adults and children over the age of 13. The provider contracts with 17 consultant psychiatrists (one of whom is a child and adolescent consultant psychiatrist), 18 psychologists, three psychotherapists, a dietician, and a registered mental health nurse. The service is led by four partners, three of whom are consultant psychiatrists within the service. One of the partners is also the service director. The service also has a clinical governance lead and quality assurance lead, a practice manager and five administrative staff. The service is open 8am to 8pm Monday to Friday, and 9:30am to 1:30pm on Saturday, and sees patients face to face and remotely via online appointments and sessions.

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

The provider operates another service, Cognacity at Leon House Health and Wellbeing, which is based in Manchester. That service was not visited as part of this inspection.

How we inspected this service

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

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

- checked the safety, maintenance and cleanliness of the premises
- spoke with seven patients who were using the service
- reviewed 17 feedback forms and emails from patients who were using the service
- spoke with the registered manager, the service director, the clinical governance lead, the quality assurance lead, two consultant psychiatrists and a clinical psychologist
- reviewed 13 patient care and treatment records
- checked how prescription pads were managed and stored
- reviewed three 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 service had procedures and systems to safeguard children and vulnerable adults from abuse. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received training on how to recognise and report abuse and were aware of their responsibilities and what action to take. For example, we saw staff had taken appropriate action when a patient reported emotional and psychological abuse. Actions and outcomes in relation to this concern were detailed in the service's safeguarding log. This included details of communication and partnership working with other agencies.
- 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 service directors was the safeguarding lead for the service, and along with the practice manager, acted as a resource 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 where appropriate. Applicants were interviewed, references and proof of qualifications 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.
- There was an effective system to manage infection prevention and control. This included regular legionella water checks being conducted. A Covid19 pandemic safety plan was in place at the service, detailing risks and mitigating actions. Staff followed infection control guidelines, including social distancing. Hand gel, face masks and disinfectant wipes were readily available for staff and visitors.
- 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 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 but did maintain a defibrillator onsite which was stored appropriately and checked regularly.
- The provider and the provider's landlord carried out appropriate environmental risk assessments and acted to follow up any issues to ensure the premises were safe. For example, there were appropriate fire safety measures in place including fire extinguishers and staff participated in fire drills, and small electrical appliances and electric and gas systems had been tested for safety.
- There were appropriate indemnity arrangements in place. The provider obtained evidence from consultant psychiatrists and psychologists that they had appropriate indemnity arrangements.

Risks to patients

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

- Staff worked with patients to complete risk assessments when patients were first seen at the service. Corroboration of patients' past risk factors, incidents and behaviour was received from GPs, healthcare providers and referrers who had previously treated patients. Staff discussed risk management plans with patients and reviewed this regularly. Staff we spoke to were able to demonstrate a strong understanding of their patients' risk levels and risk factors. Staff recorded

Are services safe?

risk assessments, discussions of risk and management plans in either the patient notes section of the providers online care and treatment records system or in letters to patients, GPs and other providers involved in patient care. Patients were copied into all correspondence between staff and other care providers. Patient records showed adequate risk information was recorded, however there was some variation in when risk information was updated. For example, two patients' records had not been updated with details of their last three clinical sessions although both consultant psychiatrists had recorded their notes separately. This posed a potential risk of staff not being able to access patients' risk information in an emergency. This was highlighted to the registered manager and both patient records were immediately updated. The service had recognised some delays in staff updating and uploading patient notes, and variation in the level of detail regarding risk through a patient records audit conducted in May 2021. Meeting minutes showed that this was discussed at the service clinical governance meeting in June 2021. An action plan was in place to address these areas and included the development and application of a new note taking template, the ongoing communication of minimum standards regarding recording, updating and uploading of patient notes and follow up audits to monitor the quality and standards of patient notes to ensure recording of risk information is consistent across all staff.

- The service had a protocol to follow if patients did not attend their appointments which included staff contacting patients and communicating with GPs if needed. At this inspection there were no examples of patients who were at risk not attending appointments
- 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 was always available from their peers and service director 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 suicidal thoughts. The service operated an on-call system where patients could access a consultant psychiatrist out of hours and within short notice during the day. The service also ensured staff allocated a number appointment slots a week for emergency appointments.

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 an online electronic system.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

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

- 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. However, the service had not carried out a controlled drugs prescription audit within the last 12 months to ensure prescribing was in line with best practice guidelines for safe prescribing. The service was aware of this and an action plan was in place to address this which included the immediate auditing of the controlled drugs prescriptions and review of findings by the clinical governance lead. Audit

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records showed that service had conducted an audit of the prescribing of mood stabilisers in the treatment of mood disorders and their outcomes. These findings were discussed by staff in the service's clinical governance, personal development, peer and team meetings in relation to the treatment and support of complex treatment resistant mood disorders.

- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Staff liaised directly with patient's GPs to ensure appropriate physical health monitoring was carried out where required. Where patients did not have a registered GP, they were referred to private GP clinic to ensure they received the appropriate physical health monitoring while receiving care and treatment at Cognacity. The provider had a service level agreement in place with a local private GP clinic to facilitate this.
- Prescribers discussed with patients and liaised with patients' GPs regarding updates to changes to best practice guidance. For example, staff updated GPs on using technological aids for managing anxiety disorders such as the Alpha-Stim device and how some supplements such as magnesium can affect their use. When patients were prescribed 'off licence' medicines, there was a record that patients had been informed what this meant and the reason for this. Patients were also informed of the research evidence for the efficacy of 'off licence' medicines.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The service monitored and reviewed their risk assessments regularly.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service reported one patient related serious incident in the 12 months leading up to the inspection. Staff took appropriate action to manage and investigate this incident. As a result of this incident the service developed and improved their serious incident recording system, introduced a new serious incident template and provided a new staff forum that focused on staff wellbeing and welfare.
- 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 clinical governance, personal development, peer and team meetings.
- 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 the service. For example, where patient concerns were raised regarding online appointments during the Covid19 pandemic, the staff reviewed and discussed the need for face to face appointments considering government guidelines at the time and put in place measures to ensure face to face appointments could take place when required.
- The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Patients felt that openness and honesty was displayed by the staff that supported them.

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.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Staff assessed patients' immediate and ongoing needs and delivered treatment 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. Patients' immediate and ongoing needs were fully assessed with a holistic approach. This included their clinical needs, their mental and physical wellbeing, social circumstances, education and vocational background, and family history. All patients were fully assessed by a consultant psychiatrist when they first attended the service. If the patient was then referred to another consultant psychiatrist or psychology that staff member would conduct and record their own assessment of the patient to ensure they could meet their needs.
- Clinicians had enough information to make or confirm a diagnosis. The service contacted patients' GPs or previous healthcare providers for details of patients' medical history. Clinicians assessed patients' needs holistically. Validated assessment tools were used to support clinical assessments of patients. These included the Patient Health Questionnaire and the Generalised Anxiety Disorder Questionnaire.
- The service provided innovative physical health monitoring to support care and treatment for patients managing anxiety related illnesses. Heart Rate Variability (HRV) monitoring was used to provide a three day lifestyle and behavioural assessment as HRV is a indicator of physiological stress. Patients wore a small HRV monitor and this identified periods of stress, stressors and how their body reacted to and recovered from stress. Patients said they found this extremely helpful in identifying personal stressors and motivating and initiating lifestyle changes.
- The service also provided psychiatric genetic genome testing to support care and treatment for patients who were treatment resistant managing depression and anxiety related illnesses. This provided a targeted approach to prescribing medication as individuals who were treatment resistant and may have gone through between two and six different medication treatments without experiencing any benefit. Patients were supported to take a genetic genome test. The results provided an understanding into which medicines a patient was genetically more likely to respond to and which medicines the patient's body could efficiently metabolise. This testing system also provided information on ability of the patient's body to produce serotonin, noradrenaline and dopamine which impacts mental wellbeing. Staff liaised directly with scientists from the testing service and results were fully discussed with patients in relation to their treatment and recorded in their records. The service also facilitated patient consultations directly with scientists from the testing service.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service was able to offer online appointments and sessions and staff were able to access and update patient records remotely. 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 covering areas such as staff and patients' environments. Online sessions and appointments increased significantly for the service during the Covid19 pandemic.

Monitoring care and treatment

The service was involved in quality improvement activity.

Are services effective?

- The service used information about care and treatment to make improvements. The service made improvements using audits in areas such as safeguarding, patient demographics including symptoms and treatment strategies and outcomes, patient satisfaction, prescription security and patient records. The service's audit schedule had been impacted by the Covid19 pandemic. However, the service had an action plan in place to address where service audits such as the controlled drugs prescription audit were delayed and bring them in line with the audit schedule.
- Clinical audits had a positive impact on quality of care and outcomes for patients. Audit results were discussed at the service's clinical governance, personal development, peer and team meetings. For example, from the patient demographics audit results the service was able to identify which antidepressant medication was most effective in their patient groups. Staff said they were able to discuss this as a team and consider this when treating patients with severe depression related illnesses.

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 had extensive experience in their speciality or sub-speciality. The provider ensured that consultant psychiatrists complied with their annual appraisal processes and kept a log of appraisal schedules and consultant psychiatrists' responsible officers. The provider contacted the relevant responsible officer to gain assurances of 'no concerns' when the consultant psychiatrist was employed elsewhere.
- The provider understood the learning needs of staff and provided training to meet them. Staff were encouraged and given opportunities to develop. The service had provided forums where clinicians provided training and learning sets to each other, for example in areas such as ketamine infusion therapy and the misuse of nitrous oxide. Up to date records of skills and qualifications were maintained. However, the staff training log was not fully updated. The services training log was missing staff training updates and completion details for 2020 and 2021. This meant that staff training compliance for the safe delivery of services could not be confirmed. This was highlighted with the practice manager at the time of the inspection and a review of staff files found that most staff had completed their required training for 2020 and 2021 but this was not updated in the service's training log. The practice manager updated the training log, and this showed a completion rate ranging between 73% and 100% for staff. Mandatory training included areas such as the Mental Capacity Act, safeguarding adults and children, accident and incident reporting, equality and diversity, information governance, and basic life support.

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 such as such as cardiologists and or crisis teams.
- 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.
- 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 did not see any evidence of patients 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

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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 were copied into. The service included information sharing consent on their patient referral and assessment checklist and patient records included consent forms signed by patients. However, the service had not uploaded the patient consent forms to patient records in five of the 13 patient care and treatment records that were reviewed. This was raised with the practice manager at the time and these consent forms were uploaded to the patients' records. For these cases patient records included notes of discussions between patients and consultant psychiatrists regarding information sharing.

- Patient information was shared appropriately with other services, for example when patients were referred to crisis service or inpatient mental health services.
- 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 private inpatient mental health hospitals.

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, such as sleep hygiene and nutritional advice.
- 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.

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. Patient records included notes of discussions between patients and consultant psychiatrists which showed that patients were given the appropriate information to give informed consent
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Patients said staff included them in decision making. For example, consultant psychiatrists and psychologists 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 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 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. Patients said staff displayed an understanding and non-judgmental attitude.
- The service gave patients timely support and information.

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 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 psychologist discussed the pros and cons of different forms of therapy.
- Staff involved patients in care planning and risk assessments. Patients told us that staff asked them about any risks to their safety 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 after their fourth appointment and then at regularly intervals. Survey results were discussed at team meetings.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Interview rooms were adequately soundproofed. Most patients reported that online sessions were conducted in suitable private environments. The reception desk was situated away from the waiting area. Patients said staff were polite and respectful.

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 and over the weekend in response to requests from patients for flexible appointment times.
- The facilities and premises were appropriate for the services delivered. The premises were spacious with sound-proof comfortable consultation and waiting rooms.
- Reasonable adjustments had been 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 and the waiting room could be swapped with one of the consultation rooms to support individuals who would not be able to use the stairs.

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 very quickly to new referrals and could offer appointments within 48 hours of referral and then immediately plan and deliver treatment for patients needing to see a consultant psychologist. Patients could see a psychologist within three weeks of their referral.
- Patients told us that waiting times, delays and cancellations were minimal and managed appropriately. Patients reported that the appointment system was easy to use. 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 a nearby private mental health hospital if necessary. Referrals were also made to patients' local crisis teams 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. Patients told us they were given information about how to make a complaint or raise concerns. Patients said they felt comfortable and confident in raising concerns and complaints directly with their consultant psychiatrist or psychologist, or the practice manager if they need 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 five complaints over the last 12 months. These had been investigated appropriately, feedback

Are services responsive to people's needs?

provided to patients, and discussed at the service's clinical governance, peer and team meetings. For example, following a concern raised by patient, all staff were reminded to ensure that hour of office email replies provided a clear link to the main service's reception inbox and contact details to ensure patient enquiries were picked up while clinical staff were unavailable.

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.
- 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 mental health service. 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. For example, the service was aware of an increase in referrals for psychological therapy and in the processing of expanding their psychological therapy offer through the active recruitment of more psychologists.
- Staff were aware of and understood the vision of the service and their role in achieving this. Staff in the service were involved with research, service development, conference presentations and clinical governance. Staff also maintained productive professional relationships with international experts.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service. All staff that completed the services staff survey for 2021 indicated that they would recommend Cognacity as a place to work.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 need. Staff received regular annual appraisals in the last year. 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 well-being 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. Clinical 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. Some areas of governance systems required strengthening, for example; The service were missing some of their audit schedules and some improvements were needed in respect of recording in relation to patient notes, staff training and patient consent for information sharing. Leaders ensured processes were in place to make improvements in identified areas.
- Staff were clear on their roles and accountabilities
- 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.
- 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 service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, the service received feedback from external partners and other local providers regarding the level of stress their managers were experiencing during the Covid19 pandemic. To help support with this Cognacity hosted free webinars open to external partners and other providers discussing coping mechanisms and techniques to help manage stress and feelings of anxiety, depression and anger.
- Staff could describe to us the systems in place to give feedback. For example, staff fed back a concern regarding the frequency of mandatory training. In response the service reviewed this and compared their training frequency with similar services in the private sector and the NHS and reduced their training frequency bringing it in line with similar services.

Are services well-led?

Continuous improvement and innovation

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

- Staff told us there was a focus on continuous learning and improvement at the service. They found personal development plan, peer and team meetings, as well as conversations with leaders 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.
- There were systems to support improvement and explore innovation work. Meeting minutes highlighted discussions of innovations such as psychiatric genetic genome testing and ketamine infusion therapy in supporting patients who are treatment resistant.