LANCuk Heywood

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We undertook this unannounced inspection to find out if LANCuk had made the improvements we told it that must be made following our last inspection in January 2019. At that inspection we rated the well led key question as inadequate and made the decision to place the service in special measures.

At this inspection we saw that some significant improvements had been made but there were still some further improvements required. In light of the improvements made, we have removed LANCuk from special measures.

We rated LANCuk as requires improvement because:

- The service did not always complete risk screening for each patient and therefore did not fully consider any potential risks of working with each patient on an individual basis.
- Staff were not receiving one to one supervision. The registered manager was not based at Heywood and did not see the majority of staff on a regular basis. The registered manager was therefore unaware of the quality of their practice and the service they provided to patients. The provider's policy stated that staff should receive one to one supervision from the registered manager.
- There were a high number of patients waiting to be assessed by the service. Some patients waited over a year for their face to face assessment.
- Some governance arrangements were still not fully embedded. Staff were not following some of the provider's policies to ensure the safety of patients and learning from complaints was not shared across the whole team.

However:

- The service had made a number of improvements since our last inspection and the commissioners of the service were positive about the service delivery and progress made.
- Staff had had improved the safety of the environment and equipment since the last inspection.
- Patients now knew how to complain, and complaints were managed appropriately.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training and appraisal. The provider now had oversight of staff training and ensured staff were allocated appropriately to provide the service to patients. Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution. Staff provided a range of treatments that were informed by National Institute for Health and Care Excellence Guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

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Background to LANCuk Heywood

LANCuk (Learning Assessment and Neurocare Centre) provides assessment and treatment for both children and adults for attention deficit hyperactivity disorder and autism. Most of the staff working for LANCuk were self-employed on a sessional basis. The majority of staff had other substantive roles, mostly within NHS trusts. LANCuk employed the director and two administration staff.

LANCuk has been registered with CQC since 19 October 2017 to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

The service accepts private referrals for children and adults and is commissioned by the NHS to provide assessments and diagnostics for people living in Oldham, Rochdale and Bury.

The base in Heywood is where all the NHS patients are seen. LANCuk rent facilities in Wilmslow and London for their private patients. All administration takes place from the Heywood base.

There was a registered manager in post at the time of the inspection.

LANCuk has had two previous inspections. One in July 2018 where the service was rated as inadequate overall. With the safe and well led domains rated inadequate, effective domain as requires improvement and caring and responsive domains as good. We issued two warning notices, one for Regulation 17 Good Governance and one for Regulation 19 Fit and Proper Persons Employed. We issued a requirement notice for Regulation 18 Staffing.

The second inspection was in January 2019 to review the progress of the service against the warning notices. At the January 2019 inspection we rated the service as requires improvement overall with the well led domain rated as inadequate, safe and responsive domains rated as requires improvement and effective and caring domains rated as good. Following this inspection, we placed the service into special measures.

We issued one warning notice for Regulation 17 Good Governance.

We also issued two requirement notices; one for Regulation 12 Safe Care and Treatment and one for Regulation 16 Receiving and acting on complaints.

Our inspection team

The team that inspected the service comprised two CQC inspectors.

Why we carried out this inspection

We inspected this service within six months of the last inspection report being published as we placed the service into special measures and wanted to see if the required improvements had been made.

This inspection was unannounced.

Summary of this inspection

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- looked at the facilities at Heywood
- spoke with six patients who were using the service and two carers
- spoke with the registered manager
- spoke with three other staff members; including a nurse specialist, a coach and administrative staff
- looked at 10 care and treatment records of patients
- observed two life coach sessions
- looked at a range of policies, procedures and other documents relating to the running of the service including minutes of meetings and staff files.

Following the inspection visit we received feedback from three commissioners regarding the progress of the service.

What people who use the service say

We spoke with six patients and two carers.

Patients told us staff were very supportive and approachable; they felt able to talk with staff. Patients who gave the service feedback told us they could talk with their worker and felt confident they would resolve it.

Patients spoke positively of the life coach service as they appreciated talking with someone with lived experience of the same condition. They felt the tools and aids suggested were helpful and realistic.

Partners were involved in coach sessions where appropriate. Patients and their partners told us that the joint sessions were invaluable and helped their relationship.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- Staff did not always complete risk screening for each patient and therefore did not fully consider any potential risks of working with each patient on an individual basis. We reviewed 10 care records and only four included a consideration of risk.

However:

- The service had addressed a number of actions raised at the last inspection: there was a height measure in place, equipment had been calibrated and an alarm system was in place.
- All clinical premises where patents received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service used systems and processes to safely prescribe medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.

Are services effective?

Good

We rated effective as good because:

- Staff provided a range of treatment and care interventions that were informed by National Institute for Health and Care Excellence guidance and suitable for the patient group. They ensured that patients had good access to physical healthcare.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit.
- The team included the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Summary of this inspection

- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.
- Staff supported patients to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to their role.

However:

- Staff were not receiving one to one supervision. The registered manager was not based at Heywood and did not see the majority of staff on a regular basis. The registered manager was therefore unaware of the quality of their practice and the service they provided to patients. The provider's policy stated that staff should receive one to one supervision from the registered manager. The registered manager was not following the supervision policy.

Are services caring?

Good

We rated caring as good because:

- The six patients and two carers that we spoke with were very positive about the service and the staff.
- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in the assessment process and the coaching sessions and actively sought their feedback on the quality of care provided.
- Staff informed and involved families and carers fully in assessments and in the design of care and treatment interventions.

Are services responsive?

Requires improvement

We rated responsive as requires improvement because:

- There was a high number of patients waiting for an assessment. Patients having appointments at the time of inspection had been waiting over a year for their face to face assessment.

However:

- The service had addressed the areas for improvement raised at the last inspection. Information was on display informing

Summary of this inspection

patients how to complain and there was a sign in place regarding noise levels within the interview rooms. The registered manager created a quarterly report to monitor progress regarding the number of new referrals seen.
- The team met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, access and community participation.
- Staff had the skills, or access to people with the skills, to communicate in the way that suited the patient.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.
- There was positive feedback from commissioners regarding the progress the service had made, the targets they were meeting and the openness and responsiveness of the registered manager.

Are services well-led?

Good

We rated well led as good because:

- Significant progress had been made with the leadership and governance of the service since the last inspection. The registered manager had taken action to meet the requirements of the last inspection in relation to complaints, governance and safety of the equipment and staff safety. There was positive feedback from commissioners regarding the service including progress made.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.
- Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. Clinical staff contributed to decision-making on service changes.

However;

- Some of the governance and oversight systems and process still needed to be embedded and polices adhered to. For example, ensuring risk screens were completed for all patients, that staff received supervision in line with the provider's policy and learning from complaints was shared with the whole team not just individuals concerned.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

LANCuk had a service user consent policy which had been reviewed in March 2019. The policy referred to the Mental Capacity Act.

At the last inspection, staff records did not confirm that staff had attended training in the Mental Capacity Act. However, at this inspection, records confirmed that 15 out of 17 staff (88%) had completed training in the Mental Capacity Act.

Staff we spoke with were aware of their role in relation to the Mental Capacity Act.

Case discussion meeting meetings recorded that patients where staff queried their understanding and cognitive functioning were referred for a cognitive assessment or for input from the speech and language therapist.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

Requires improvement

Outpatients

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Requires improvement
Well-led	Good

Are outpatients services safe?

Requires improvement

Safe and clean environment

All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

The facilities at Heywood were rented. They were part of an office block. LANCuk rented three interview rooms and an office. The service had access to a kitchen and toilets on the corridor and an additional meeting room on another corridor which had to be booked in advance and was for use of all businesses in the block. Patients accessed the building by buzzing in and once the administration staff verified who they were they were allowed in and waited in a waiting area outside the corridor. Clinicians collected patients from the waiting area when it was time for their appointment. Children and young people were seen at different sites.

Since the last inspection, the service had introduced the use of the "Green Button" alarm system which clinicians could use from their mobile phone or computer. When activated a siren alarm sounds from all other clinicians' computers and flashes red to indicate staff require assistance.

A height measure was now in place alongside the blood pressure machine and weighing scales. Records confirmed the equipment had been calibrated on 28 January 2019.

All areas were clean, well maintained, well-furnished and fit for purpose. The building owner arranged the cleaning of the environment and we observed this taking place during the inspection.

Safe staffing

The service had enough staff, who knew the patients and received basic training to keep them safe from avoidable harm.

The majority of the staff who worked for LANCuk were self-employed on a consultancy basis. Most staff had other substantive roles, mainly within NHS trusts. LANCuk employed the director and administration staff. Staff working on a consultancy basis were eight consultant psychiatrists, two speech and language therapists, three nurse practitioners, a life skills coach, a clinical psychologist, a lead for attention deficit hyperactivity disorder and a lead for autism. Staff provided their availability for clinics to the administrators who then booked the appointments in.

The registered manager told us they had received additional funding for the financial year of 2019 to 2020. They had advertised for positions in all disciplines and were in the process of interviewing candidates.

We noted within patient care records, that when clinicians were not available for appointments, these were rearranged and confirmed by letter. We noted occasions where the alternative appointments were earlier than the original one.

Mandatory training

Since the last inspection, the training and development policy had been reviewed on 19 March 2019. Mandatory training had been identified as conflict resolution,

equality, diversity and human rights, information governance, Mental Capacity Act, PREVENT and safeguarding adults and safeguarding children level 3. The registered manager had developed a system of monitoring staff completion of training and held an individual spread sheet for each staff member. Records confirmed staff had completed and kept up to date with their mandatory training.

More staff had received training than we had seen at previous inspection.

Assessing and managing risk to patients and staff

Assessment of patient risk

We reviewed 10 care records and found only four of them considered the patient's risk to themselves or others. Where risk was considered this was included in the letter completed following the appointment. A copy of which went to the individual patient and GP.

There was no formalised risk screen detailed in the records we reviewed. This means there was no evidence of clinicians screening and assessing for risk of patients from or to others.

Management of patient risk

Since the last inspection, staff's personal safety arrangements had improved as they now had access to the green button alarm system. LANCuk had clear policies and protocols for lone working in place. Arrangements included there being at least two staff in the building when patients were being seen and if staff did home visits, then they had to ring in safe at the end of the visit.

Records confirmed where there were patients referred with urgent needs or those aged 17, at transition age, their referrals were prioritised.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Since the last inspection, there were training records available for all staff. All clinical staff had received training in safeguarding children level 3 and 82% of staff had received training in safeguarding adults level 3. Staff received training on how to recognise and report abuse, appropriate for their role.

Staff we spoke with, understood their role in relation to safeguarding. Staff knew how to make a safeguarding referral and who to inform if they had concerns. (A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.)

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The registered manager had been completing the safeguarding log which we reviewed and found the copies of the safeguarding alert and CQC notification with the patient file for the most recent safeguarding concern.

We reviewed the safeguarding policy dated 30 November 2018 and found it referred to the Care Act 2014 and PREVENT (PREVENT works to stop people becoming terrorists or supporting terrorism or extremist activity.) We noted although the registered manager had submitted a safeguarding notification to CQC, the duty to make such notifications was not referenced in the policy.

Staff access to essential information

Staff kept records of patients' care and treatment. Records were mostly clear, up-to-date and easily available to all staff providing care.

LANCuk used an electronic care record to store contact details of patients and to record appointments and activities. Assessments, letters and appointment summaries were stored in individual files for each patient on the shared drive. These were back up daily. Since the last inspection, hand written notes of appointments were scanned into the record to promote a more contemporaneous record. Emails and referrals were also stored in the patient record.

We reviewed 10 care records and found eight of them were contemporaneous and included summaries of appointments that had taken place. The two records that were not contemporaneous were for the autism service

and did not include the autism assessment and diagnosis letter. When we asked the autism lead, they advised they were in progress and paper versions were stored in locked drawers however there was no evidence in the patient record of the content of the sessions for two appointments for one record and five appointments in the other record without the content of the sessions. We raised this with the registered manager at the feedback session following our inspection.

Medicines management

The service used systems and processes to safely prescribe medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.

The consultant psychiatrists at LANCuk prescribed medicines to patients. The system in place was that the prescription was written and then scanned onto the patient's care record. The original was given to the patient or sent by recorded delivery to the patient.

The service did not hold any medicines on the premises. The prescription pads were stored safely and securely, and appropriate records kept.

For patients with attention deficit hyperactivity disorder, a medicine titration clinic was in place. The lead for attention deficit hyperactivity disorder led this clinic. Once patients reached the prescribed dose patients were reviewed in nine to 12-monthly intervals. Prescriptions were not issued without a review. During the clinic appointment, staff reviewed the effects of each patient's medicine on their physical health according to National Institute for Health and Care Excellence guidance: Attention deficit hyperactivity disorder: diagnosis and management

NICE guideline [NG87] Published date: March 2018 and provided specific advice to patients and carers about their medicines. Records showed electrocardiograms and cardiology reviews for patients where needed prior to starting medicine for attention deficit hyperactivity disorder.

Following dose stabilisation, shared care agreements were in place for patients' GPs to continue the prescribing of the medicine.

Track record on safety

The service had a good track record on safety.

There were no serious incidents reported by the service. Staff were aware of the location of the incident reporting form which was accessible on the shared drive.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

Staff knew what incidents to report and how to report them. They were aware of the location of the policies and incident form. There had been no incidents since the last inspection.

Staff understood the duty of candour. Since the last inspection, the duty of candour policy had been reviewed on 19 March 2019 and now included "all findings following the incident are to be given to the affected party in writing". This now accurately reflected the regulation.

At the senior management meeting, safeguarding alerts and concerns were a standard agenda item to ensure senior managers were up to date with incidents.

Are outpatients services effective?

Good

Assessment of needs and planning of care

The purpose of the service provided by LANCuk was to diagnose if someone had autism or attention deficit hyperactivity disorder or other neurological conditions. If appropriate staff prescribed medicines or referred patients to the coaching service provided by LANCuk, where a coach with lived experience met with patients to develop strategies to assist with living with the condition.

Patients may only have one appointment with LANCuk or may have several appointments dependent on need. Most referrals were initially assessed by a nurse practitioner, who completed the social background assessment and if there were characteristics of one of the neurological conditions, a further assessment would be planned with either a nurse specialist or a consultant psychiatrist. If specific needs related to cognitive

functioning there could be an appointment made with the psychologist or if needs were identified in relation to speech and language, an appointment could be made with the speech and language therapist.

Assessments included the Autism Diagnostic Observation Schedule which is a recognised assessment for diagnosing autism. Staff also used the Barkley Adult ADHD Rating Scale--IV (BAARS-IV), a recognised assessment process for diagnosing attention deficit hyperactivity disorder.

Staff made sure that patients had a full physical health assessment and knew about any physical health problems. We reviewed 10 care records and found they included health screening where needed, this was usually for patients with attention deficit hyperactivity disorder who were going to be prescribed medicine. Health screening included an electrocardiogram and a cardiology assessment which were coordinated by the patient's GP. Within the titration appointments, staff measured patients' blood pressure, pulse and weight. We reviewed a record for a patient who was underweight. The consultant liaised with the GP to ensure a food supplement was prescribed to avoid the patient losing more weight as if they did it would be unsafe to continue prescribing medicine for attention deficit hyperactivity disorder.

At the end of each appointment with clinicians, staff completed a summary letter which included the content of the appointment and their findings, this was sent to patient's GPs. Of the 10 records reviewed, two autism referral records did not give clear details of content of patient sessions. Entries on the electronic care records and appointment letters just gave details of appointments times. Summaries of what happened in the sessions was not kept on record. However, the lead for autism kept handwritten notes in a draw and did not upload these onto the system which meant that other staff members could not access them. We raised this with the registered manager at the end of the inspection. The registered manager said they would address this.

For appointments with the coach, there was a plan in place, a summary of the session and agreed actions that the patient was going to try to implement before the next session.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. Staff understood and applied National Institute for Health and Care Excellence guidelines in relation to neurological conditions.

Staff provided a range of care and treatment suitable for the patients in the service.

Staff delivered care in line with best practice and national guidance. The assessment process included a full clinical and psychosocial assessment of the person, a full developmental and psychiatric history, and observer reports and assessment of the person's mental state. Observer reports included from family members and those close to the patient, this was in line with Attention deficit hyperactivity disorder: diagnosis and management National Institute for Health and Care Excellence guideline [NG87] Published date: March 2018. The coaching service also met this guideline as the sessions included the severity of ADHD symptoms and impairment, and how these affect or may affect everyday life (including sleep), their goals, their resilience and protective factors.

Staff used the Autism Diagnostic Observation Schedule formal assessment tool which is in line with Autism spectrum disorder in adults: diagnosis and management Clinical guideline [CG142] Published date: June 2012 Last updated: August 2016.

Staff made sure patients had support for their physical health needs, which was usually provided from their GP.

Staff used the Barkley Adult ADHD Rating Scale--IV (BAARS-IV) to assess and record the severity of patient conditions and care and treatment outcomes.

The registered manager completed audits in patient risk assessment being documented in appointments, patient documents on server folder and electronic patient database, medicines audit and contemporaneous records. Actions from the audits were discussed within the multidisciplinary meetings.

Skilled staff to deliver care

The service had a variety of disciplines working for it: eight consultant psychiatrists, two speech and language therapists, three nurse practitioners, a life skills coach, a clinical psychologist, a lead for attention deficit hyperactivity disorder and a lead for autism.

Requires improvement

Outpatients

Following the last inspection, the registered manager had introduced a spreadsheet for each member of staff to monitor their recruitment requirements, training and appraisal. We reviewed all 17 spreadsheets and found that the necessary recruitment checks had been completed. Records confirmed staff had completed and kept up to date with their mandatory training.

The registered manager ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care. The autism lead had completed training in how to complete the Autism Diagnostic Observation Schedule. The life skills coach was registered with the international regulator of coaching and mentoring.

The registered manager created an induction process in May 2019, this had been circulated to all staff and an acknowledgement of receipt sent to the registered manager by staff. The induction included the referral and assessment process and a meet the team section.

Records confirmed 13 out of 17 staff (76%) had received an appraisal within the last year.

Staff were not receiving one to one supervision. The registered manager was not based at Heywood and did not see the majority of staff on a regular basis. The registered manager was therefore unaware of the quality of their practice and the service they provided to patients. The Supervision Policy dated 30 November 2018 states there should be one to one meetings annually with the director and individual staff. We reviewed six staff records during the inspection and all staff spreadsheets following the inspection and found they did not include evidence of one to ones. Therefore, the registered manager was not following the policy and staff were not having the one to one time with their manager to discuss their role.

The supervision policy also stated there should be monthly group meetings for clinical cases. Minutes confirmed that monthly meetings took place in the form of MDT and case discussions. Minutes also confirmed that weekly administration meetings, monthly case discussion meetings, monthly multidisciplinary and monthly senior manager meetings took place.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. This included accessing training provided by the local authority where the lead commissioners were based.

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Minutes confirmed that monthly case discussion meetings and monthly multidisciplinary meetings took place. Staff rotated with their attendance, however minutes were available for all.

Staff made sure they shared clear information about patients and any changes in their care, including during transfer of care. This occurred via emails or face to face discussions between clinicians.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Since the last inspection, records confirmed that 15 out of 17 staff (88%) had completed training in the Mental Capacity Act.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access. LANCuk had a service user consent policy which had been reviewed in March 2019. The policy referred to the Mental Capacity Act.

Staff we spoke with were aware of their role in relation to the Mental Capacity Act.

Case discussion meeting minutes recorded that patients where staff queried their understanding and cognitive functioning were referred for a cognitive assessment or for input from the speech and language therapist.

There were no patients at the time of the inspection where staff were making decisions in patients' best interests.

Requires improvement

Outpatients

Are outpatients services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

We spoke with six patients and two carers, observed two coaching sessions and heard administration staff on the phone to patients.

Patients told us staff were very supportive and approachable, they felt able to talk with staff. Patients said staff understood their needs, listened to them, they felt accepted and staff treated them well.

Patients spoke positively of the life coach service as they appreciated talking with someone with lived experience of the same condition. They felt the tools and aids suggested were helpful and realistic. Partners were involved in coach sessions where appropriate. Feedback from patients and their partners were that the joint sessions were invaluable and helped their relationship.

When patients arrived at the service, they buzzed the door. Administration staff answered the buzzer, confirmed who they were and asked them to wait in the waiting room. Administration staff then went to tell the clinician that their patient had arrived. Staff were discreet and respectful and protected patients' confidentiality.

During the two coaching sessions we observed, patients were showed empathy and respect. The coach listened to patients, gave patients help, emotional support and advice when they needed it. They allowed patients time to process the suggestions and explore if they thought it would be helpful. The coach and patient jointly agreed a plan for the time until the next appointment.

The coach used appropriate communication methods to support patients to understand and manage their own care treatment or condition. These included planners for activities and meals and lists to aid their planning and reduce their anxiety.

Staff directed patients to other services; records confirmed these included speech and language therapy. The coach offered support to patients to meet with employers and staff completing the assessments offered patients shorter reports to share with employers if they felt this was helpful.

Staff understood and respected the individual needs of each patient. Minutes confirmed the need for different approaches for the differing needs of patients, including involving different disciplines and involving family.

Involvement in care

Staff informed and involved families and carers fully in assessments and in the design of care and treatment interventions.

Staff informed and involved families and carers appropriately.

Involvement of patients

Staff involved patients and gave them copies of their assessment if they were accessing the diagnostic service and copies of their action plans if they accessed the coaching service.

Staff made sure patients understood their care and treatment, we observed this happening in the coaching sessions, in one session we observed, the patient was aware it was their last session.

Patients told us that staff gave them information about the medicine they had prescribed.

Patients could give feedback on the service and their treatment and there was information on display about how to do this: a poster in the waiting room and a comments box with comments forms for patients to complete.

Involvement of families and carers

Carers and families were encouraged to be involved in the assessment process and the coaching sessions, if this was the patients wish. Feedback regarding the assessment and diagnosis was provided to the patient and family members if they attended the feedback appointment. Staff gave family updates over the phone if needed.

Requires improvement

Outpatients

Family were asked to complete the Barkley Adult ADHD Rating Scale-IV as part of the assessment process for attention deficit hyperactivity disorder.

Partners spoke positively about the service, they told us the service had improved their relationship as they understood their partner's needs more and how best to communicate with them. They felt welcome when they attended appointments with their loved one.

Families and carers could give feedback on the service, there was information on display about how to do this: a poster in the waiting room and a comments box with comments forms for families and carers to complete.

The service followed the principles of Ask, Listen, Do in relation to feedback, concerns and complaints. Patients and families, we spoke to were confident about giving feedback and told us staff listened to them and they felt able to approach them.

Are outpatients services responsive?

Requires improvement

Access and discharge

The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care.

The service had clear criteria to describe which patients they would offer services to and offered patients a place on a waiting list. The Statement of Purpose and Patient Guide 2019 explained the aims and objectives of the service. Referrals mostly came from GPs and community mental health teams. The service also accepted private referrals.

The service had a target of contacting new referrals within 5 weeks from the date of referral to advise they had received the referral and to send questionnaires for patients to complete as part of the assessment process, prior to their first appointment with the service. The registered manager met with commissioners to report progress in relation to service activity. We reviewed the quarter four report for January to March 2019 and found the autism service had received 70 new referrals in that time and 87 patients already on the waiting had had their first appointment with the LANCuk autism service within that time. The attention deficit hyperactivity disorder service had received 67 new referrals in that time and 79 patients already on the waiting list had had their first appointment with the attention deficit hyperactivity disorder service within that time. We also reviewed the quarter one report for April to June 2019 and found the autism service had received 99 new referrals in that time and 123 patients already on the waiting list had had their first appointment with the LANCuk autism service within that time. The attention deficit hyperactivity disorder service had received 46 new referrals in that time and 74 patients already on the waiting list had had their first appointment with the attention deficit hyperactivity disorder service within that time.

We spoke to commissioners about the contract and the length of time patients had to wait. Three commissioners told us that LANCuk were meeting all contract targets, key performance indicators and waiting times as part of the contract but that further funding had recently been made available to provide more sessions.

We reviewed the waiting list for the service and found that the patients having first assessment appointments were referred in May 2018. This was a wait of over a year. There were 122 people on the referral waiting list. The registered manager confirmed the commissioners had increased their contract to enable more clinicians to be recruited to reduce the waiting times. At the time of the inspection, interviews were underway.

Appointments included evening and weekend appointments. Appointment availability was dependant on the clinician's availability.

We observed administrative staff responding promptly to patient telephone calls and seeking advice and information from clinicians regarding the service offer, prior to responding.

If patients did not attend appointments, administrative staff wrote to them, explaining the process to opt in within two weeks to plan another appointment. There was a cancellations book in place. If patients cancelled, the administration staff rang round to fill the appointments.

If staff cancelled appointments, patients were offered an alternative appointment close to the original date. We saw examples of patients being offered appointments for the day before the original appointment. The letter apologised to patients for any inconvenience caused.

Requires improvement

Outpatients

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of treatment rooms supported patients' treatment, privacy and dignity.

The service had three interview rooms which were on the ground floor and included the necessary equipment for the sessions including physical health measuring equipment and resources regarding autism and attention deficit hyperactivity disorder. The rooms were minimally decorated to avoid over stimulation. Patients we spoke with appreciated the minimalist environment.

Since the last inspection, the service had added signs to the corridor asking people to be quiet as counselling was in progress. Although no change had been made to the interview rooms in relation to sound proofing, you could tell conversations were taking place in rooms but could not hear the content of the conversations, to protect privacy and confidentiality.

Patients' engagement with the wider community

For patients referred by their GP, clinicians sent a copy of their appointment summary to patients' GPs so that they were aware of the service provided and the outcome of the assessments and interventions.

Coaching sessions focused on aims and aspirations of patients and challenges they faced in everyday life and how to overcome these. This included liaising with employers, spending time with friends and managing social settings. The coach agreed realistic goals and aims with patients and suggested aids to achieve these including planners. These were reviewed at the following coach sessions.

Family were welcome to attend the appointments if the patient agreed. Patients and their partners told us the coaching sessions had had a positive impact on their relationship and how to interact with each other.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic.

Staff had the skills, or access to people with the skills, to communicate in the way that suited the patient.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. There was a ramp into the building and LANCuk was based on the ground floor. Staff had access to board maker symbols to assist with communication for people with autism. If needed staff could assess interpreters too.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. Leaflets were available within the interview rooms, regarding conditions and activities patients may be interested in pursuing. Information on how to complain was displayed in the waiting area.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

At the last inspection, patients were not informed of how to complain or give feedback about the service. At this inspection, there was a poster on display in the waiting room, advising patients of how to complain. The Patient Guide and Statement of Purpose 2019 advised how to complain and explained the complaints process, including if the complaint was regarding the registered manager.

Patient we spoke with knew how to complain or raise concerns and told us they felt staff were approachable to discuss any concerns with them.

The complaints policy had been reviewed on 19 March 2019. The timescale of responding to complaints was within the policy which included two days to acknowledge the complaint and 20 days to share the written response and findings of the investigation.

The registered manager had a complaint log in place. We reviewed this and found there has been six complaints between 8 August 2018 and the date of the inspection. The log included the complainant's name, date of complaint, date of response, outcome and CCG. The registered manager reported on complaints in their contract monitoring meeting with commissioners.

We reviewed two complaints and found the investigations were completed within the timescale of the

policy. However, one of the complaints did not have all the responses and correspondence relating to the complaint stored in the patient file. The registered manager could locate this but not the outcome response.

Staff understood the policy on complaints and knew how to handle them. Staff were aware of where information regarding complaints was stored.

The service received a low number of complaints reflecting that patients were satisfied with their care.

Minutes confirmed the review of the complaints policy was discussed within the senior management meeting.

Are outpatients services well-led?

Good

Leadership

The registered manager had made significant improvements to systems and processes to manage and lead the service since the last inspection. They held regular meetings with commissioners to discuss performance and report on contract requirements.

The registered manager had met the requirements of the last inspection in relation to complaints, governance and safety of the equipment and staff safety. However, there was not a formalised risk screen in place and of the 10 records we reviewed, only four included a consideration of risk.

The registered manager visited the base in Heywood on average on a weekly basis. However, they were contactable by email and phone at other times. When the questionnaires went out to new referrals, the registered manager allocated time in their diary to support patients to complete the questionnaires if they found the process difficult.

The registered manager provided records to meet the fit and proper persons requirement for directors.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The ethos of LANCuk was "to consider that it has a responsibility in increasing factual professional and public awareness of neurobiological conditions such as AD/HD as part of the overall spectrum of mental health difficulties. It considers that it is important to emphasise the reality and real life difficulties experienced by people with such untreated conditions and their impact on society generally." Staff were passionate about raising awareness of autism and attention deficit hyperactivity disorder, the challenges of living with the condition and how people have developed strategies to live with the condition.

We observed administrative staff having a good understanding of the service and how to access it, and the assessment process. They were able to explain this to new referrals over the phone.

Staff were involved in the review of policies and plans and visions for the future within the regular meetings that took place including administration, multidisciplinary and senior management meetings.

The registered manager explained how they negotiated with commissioners that due to the high number of referrals, their target for initial contact would be to send the letter and questionnaires out within 5 weeks of receipt of the referral and how the negotiations with the commissioners had resulted in an increase in funding for this financial year, enabling further clinicians to be recruited to offer more clinics.

Culture

Staff felt respected, supported and valued. They could raise concerns without fear.

We observed, and staff told us that leaders were approachable and supportive.

Staff working on a consultancy basis enjoyed their opportunity to develop and focus their skills on neurodevelopmental conditions.

For staff working solely at LANCuk, the registered manager completed their appraisal which included discussions about their role and aims and aspirations for the future.

Governance

There had been progress made since the last inspection in relation to governance although some systems and

processes still needed to be embedded. The registered manager had reviewed the policies and procedures and ensured they reflected the service delivered and the statement of purpose met the Registration Regulations 2009. The registered manager had introduced spreadsheets for each member of staff, with their recruitment checks, training completed and appraisal and supervision evidence, these were used to highlight gaps and follow up with staff. We saw that all recruitment checks were in place for staff, with high levels of staff attendance at mandatory training. However, supervision was not taking place as directed in the policy. The registered manager was aware of this and had plans to arrange supervision with all staff.

Following the last inspection progress had been made in all required areas except the risk screening for each patient, with reference to risk in four out of the 10 records reviewed and contemporaneous records, with gaps in two out of the 10 records reviewed.

Although regular meetings took place with a variety of staff, there was no structure to ensure learning identified from audits was shared within all forums, and feedback from complaints was not shared in the meetings.

Management of risk, issues and performance

Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. Clinical staff contributed to decision-making on service changes.

Since the last inspection, there was a newly developed risk register in place with risks that represented the service. The service also had a safeguarding audit tool in place. This was developed and reviewed in conjunction with the commissioners.

Due to the high number of referrals, the commissioners had increased their funding to allow for more clinicians to be recruited and then offer more clinics and see more referrals.

Information management

Staff could access the electronic care records and the shared drives from any computer, including staff working remotely. The telephone system could be tailored to reflect the number of staff available to answer the phones.

Handwritten notes were being scanned in following the appointments, to ensure there was a record of the content of the session prior to the assessment letter being typed.

The lead nurse for attention deficit hyperactivity disorder service had planned in more administrative time and records confirmed assessments and summaries of appointments were completed in a timely manner.

Staff had individual log ins for the electronic care records and to access their computers and the shared information, ensuring information was confidential. During the assessment process for autism, the autism lead kept their paper notes for patients in a locked filing cabinet.

The registered manager sampled the care records to complete audits of the service. A process was in place to record and monitor complaints and safeguarding concerns, this was in a spreadsheet and supporting information was stored in patient records. Records confirmed appropriate action was taken and notification submitted to CQC where required.

Engagement

The service engaged well with patients, staff and the public.

The service had an up to date website which included the link to the CQC rating and most recent inspection report.

Patients were encouraged to give feedback wither by the comments box in reception or following the complaints policy. There was an opportunity to give feedback within their one to one sessions with clinicians and the coach. Patients told us they felt staff were approachable and they felt able to give feedback.

Staff were encouraged to give feedback in the variety of meetings that took place. Minutes showed discussions involving staff present of service design and plans.

Learning, continuous improvement and innovation

Since the last inspection, there had been one further research meeting in June 2019, where discussions explored possible areas of research and actions of those present.

Requires improvement

Outpatients

The director of LANCuk was trained to provide Neurofeedback as an intervention for private referrals with the aim of teaching self-regulation of brain function.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure there is a risk screen completed for all patients and evidenced within care records.
- The provider must ensure they follow their supervision policy and staff receive one to one supervision to ensure practice is up to date and is of a high quality.

Action the provider SHOULD take to improve

- The provider should liaise with commissioners to reduce the waiting time for patients.
- The provider should review their policies to reference the requirement to submit notifications to CQC including the safeguarding policy.
- The provider should ensure that there is a record of the content of all appointments with patients.
- The provider should ensure they follow the complaints policy of storing all correspondence relating to the complaint within the patient file.
- The provider should review the agendas for the meetings to ensure learning from the complaints and audits is shared with staff.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff were not receiving one to one supervision. The Supervision Policy dated 30 November 2018 states there should be one to one meetings annually with the director and individual staff. We reviewed six staff records during the inspection and found they did not include evidence of one to ones. Following the inspection, the registered manager sent 17 staff matrices across and none of them included evidence of one to one staff supervision. This was a breach of regulation 18 (2) (a)

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: We reviewed 10 care records and there was no risk screen or consideration of risk in six care records. This was a breach of regulation 12 (2) (a)