

Dr Woolfson's Practice

Inspection report

3 The Mount
London
NW3 6SZ
Tel: 02079353400
www.geraldwoolfson.co.uk

Date of inspection visit: 21 April and 26 May 2022
Date of publication: 18/07/2022

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Overall summary

This service is rated as Inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out a short notice announced comprehensive inspection at Dr. Woolfson's Practice as part of our inspection programme. Dr. Woolfson's Practice provides a consultant-led outpatient service that assesses, diagnoses and treats adults aged 18 and above who are experiencing a range of mental health problems. The service also provides medico-legal service which are not within the scope of registration, therefore we did not inspect or report on this.

The service is led by one consultant psychiatrist who 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 reviewed the provider's feedback folder that included several patient comments ranging from 2020 to 2022. Comments and feedback were positive and described the doctor who led the service as being professional, kind and understanding.

Our key findings were:

- The provider had not ensured that medicines were prescribed and managed safely in accordance with the British National Formulary (BNF) and National Institute for Health and Care Excellence (NICE) guidance. For example, four patients had not received any physical health checks prior to the initiation of treatment, despite the doctor prescribing medicines that could cause physical health complications. The doctor had not always used the correct form when prescribing a Controlled Drug and did not have a robust system in place to send Controlled Drug prescriptions to patients.
- The service lacked an effective governance system to identify, monitor and address current and future risks including risks to patient safety. The doctor had not considered the associated risks of non-compliance with national prescribing guidelines and was not aware of the key organisations involved in ensuring medicines are prescribed and managed safely in the UK, such as the Controlled Drugs Accountable Officer (CDAO) and the Medicines & Healthcare products Regulatory Agency (MHRA). The lack of a system to review national guidance put patients at risk of preventable harm.
- The doctor who led the service had not been trained in vulnerable adults safeguarding training. At the time of our inspection, we raised this to the doctor to address immediately.
- The provider did not have a system in place to ensure that Disclosure and Barring Service (DBS) checks had been completed prior to employment commencing.

However,

Overall summary

- Staff treated patients with kindness, respect and compassion. The feedback from patients that used the service was positive. Patients were satisfied with the care and treatment received and felt the doctor listened to them.
- Patients could access care and treatment from the service within an appropriate timescale for their needs. The service was clear about what they could offer, and if they were unable to support a patient they would signpost to another service.

As a result of the concerns we identified we issued the provider with a Warning Notice under Section 29 of the Health and Social Care Act 2008. The provider had failed to comply with the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We require the provider to make the necessary improvements and be compliant with the regulation by 1 July 2022. You can see full details of the regulations not being met at the end of this report.

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

- The provider must ensure that medicines are prescribed and managed safely in accordance with the British National Formulary (BNF) and The National Institute for Health and Care Excellence (NICE) guidance.
- The provider must ensure that clinical staff receive the correct level of vulnerable adults safeguarding training.

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

- The provider should ensure that Disclosure and Barring Service (DBS) checks are completed prior to employment commencing.

Jemima Burnage

Deputy Chief Inspector of Hospitals (Mental Health)

Our inspection team

Our inspection team consisted of two CQC inspectors, a CQC inspection manager and a member of the CQC medicines team. The lead inspector did have access to advice from a specialist advisor when required.

Background to Dr Woolfson's Practice

The service is provided by Dr Gerald Woolfson.

Dr Gerald Woolfson is registered to provide a service (Dr. Woolfson's Practice) from the registered location address below:

3 The Mount

London

NW3 6SZ

The service website is: www.geraldwoolfson.co.uk

Dr. Woolfson's Practice is registered to provide:

- Treatment of disease, disorder or injury

Dr. Woolfson's Practice provides clinical psychiatric assessment, diagnosis and treatment for people who are experiencing a range of mental health problems. Dr. Woolfson provides second opinions for patients who require further assessments and diagnosis. The service offers different types of therapies such as psychotherapy and cognitive behavioural therapy.

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

Dr. Woolfson's Practice was registered with the CQC in November 2021 and has not been inspected before. The service employed a consultant psychiatrist and a practice secretary. The consultant for this service was a sole practitioner. This meant they did not have a team of colleagues to provide support and oversight of their work. To mitigate the risks this could present, the consultant attended annual appraisals that included a review of their clinical practice.

Dr. Woolfson's Practice was open three days per week and online consultations were planned in advance for those days. Opening days and times were not set.

How we inspected this service

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

- reviewed feedback from 18 separate patients
- spoke with the registered manager and the practice secretary
- reviewed five treatment records
- reviewed seven prescriptions and checked where prescription pads were stored and managed
- reviewed two staff employment records

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 Inadequate because:

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The service was delivered from a private property. Staff did not see any patients on the premises. The owner of the premises was responsible to maintain the environment and ensure any staff working within the premises was safe. The provider had public and employer's liability insurance in place dated from April 2022. Staff received safety information from the service as part of their induction.
- Whilst the provider understood how to report a safeguarding concern to the local authority, the doctor had not completed a formal safeguarding vulnerable adults training course. The doctor had not followed the provider's own safeguarding policy which stated that 'all staff will be appropriately trained in safeguarding training which will normally be to level 2, and clinical staff normally to Level 3'. The lack of formal safeguarding training increased the risk of the doctor not being up to date with relevant safeguarding guidance, therefore being unable to protect patients who are at risk. At the time of the inspection we raised this to the doctor who told us that they would ensure they completed the necessary training promptly.
- Whilst the provider had carried out most of the required staff pre-employment checks, they had not ensured the Disclosure and Barring Service (DBS) check had been completed for one member of staff prior to their employment starting in January 2022. The DBS check had been applied for in April 2022. 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. This was not in accordance with the provider's own recruitment policy which includes 'criminal record and barring checks' as one of the seven pre-employment checks to be carried out prior to employment. Although the staff member did not have face to face contact with patients, the staff member did have access to patient information. The provider could not be assured that the staff member was suitable to the role without knowing if they had a criminal background.
- The provider did not access a clinical area to carry out patient assessments. The doctor assessed patients by online video calling. Due to the COVID-19 pandemic, the provider had moved from face to face to online consultations. The provider did not have any immediate plans to return to face to face appointments.

Risks to patients

There were not systems to assess, monitor and manage risks to patient safety.

- All new referrals were screened by the doctor before a decision was made as to whether the service could support them. If the doctor was unable to support the patient, the service would ensure that patient was signposted to another provider.
- The lead doctor assessed patient risk during the initial assessment and at subsequent consultations. We reviewed the assessment outcome letters of five patients and found that a risk summary had been included. The records indicated that patients presented with varying levels of risk and risk histories. The doctor ensured that patients who had been referred for further specialist care were supported by the service until the referral was complete.
- The service had a system in place to monitor the waiting list and ensure patients were seen if their risk level had increased. At the time of our inspection, the service had a waiting list of four weeks. The practice secretary kept a log of all of the patients awaiting assessment and ensured the doctor had sight of this on a regular basis. The practice secretary was able to escalate individual patients to the doctor if they required immediate support. All patients were informed of the current waiting time when they enquired about the service.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. For example, patients who required more intensive support were referred or signposted to community mental health teams or inpatient services.
- At the time of our inspection, the service did not see patients face to face therefore did not hold suitable medicines and equipment to deal with medical emergencies.
- When there were changes to services, the service assessed and monitored the impact on safety. For example, the provider moved from offering face to face appointments to virtual online appointments due to the COVID-19 pandemic.
- There were appropriate indemnity arrangements in place that covered possible liabilities.

Information to deliver safe care and treatment

Staff had most of 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, although some physical health checks were not recorded. The service ensured that they gathered information about a patient prior to their assessment and treatment. The five patient records we reviewed showed that information was available to relevant staff in an accessible way. The service was in the process of transferring from paper to electronic records. The provider had begun to use a type of technology that would allow dictation to be converted into text.
- At the time of our initial inspection in April 2022, patient records were being safely stored within boxes in a locked office. The provider informed the inspection team that new lockable filing cabinets had been ordered to store patient records in. At our follow up inspection in May 2022, we found that the provider had transferred the clinical records into lockable filing cabinets.
- The service had systems in place for sharing information with other agencies such as individual patient GPs to enable them to deliver safe care and treatment. The doctor could only do this when the patient had given consent to sharing their information. In three out of five records reviewed, the patients had given consent for their personal information to be shared. The doctor had shared information about the medication that had been prescribed, the level of patient risk and summary of assessment completed. In the other two records that we reviewed the patients had declined to give consent to share information. Both patients were assessed by the doctor only and were not prescribed any medication that would require their GP to be notified.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including Controlled Drugs, did not minimise associated risks. In four out of seven prescription records reviewed, we found that the doctor had not ensured that the patients had received the required physical health checks despite the doctor prescribing medicines to them that increased their risk of physical health complications. For example, in April 2022 the doctor had prescribed a patient a Controlled Drug called Dexamphetamine. British National Formulary (BNF) and The National Institute for Health and Care Excellence (NICE) guidance states that people prescribed this medicine should receive a physical health check that includes a blood pressure check, pulse check as well as a height and weight check. The physical health checks should take place at the initiation of treatment, following adjustment of dosage and at least every six months thereafter. During our inspection, the doctor told us that they had asked the patient to complete their own blood pressure and pulse check. However, the doctor was unable to provide evidence that the necessary physical health checks had taken place.

In three of the seven records, the doctor had prescribed a medicine called Lithium Carbonate, but had not ensured that the necessary checks had been recorded. Due to the effects this medicine can have on a person's blood levels, patients

Are services safe?

are required to have regular blood monitoring tests prior to treatment and at regular intervals thereafter. However, during the inspection the doctor was unable to provide us with evidence that demonstrated all three patients had received a routine blood test within the last three months. The lack of physical health monitoring put patients at risk because the doctor could not be assured that the patients were physically well and would be able to tolerate the prescribed medicines without causing preventable harm prior to prescribing.

- Whilst the service stored prescription stationery securely, the doctor had not ensured that they followed national prescribing guidelines. We found that a patient had been prescribed a Controlled Drug, however, the doctor had not written the prescription on the official 'FP10PCD' form. This is a form that private prescribers use to prescribe a Controlled Drug. The doctor had also failed to write the dosage amount in words. This is against The Misuse of Drugs Act (1971) and the subsequent Misuse of Drugs Regulations (2001). We had also identified that the doctor had prescribed more than 30 days of Schedule 2 and 3 Controlled Drugs to three separate patients. NICE guidance states that there is a 'strong recommendation that the maximum quantity of Schedule 2, 3 or 4 Controlled Drugs prescribed should not exceed 30 days. Prescribing more than 30 days of medication at one time increases the risk of the Controlled Drugs being diverted or misused due to their high street value.
- The service had not implemented a safe system for delivering Controlled Drug prescriptions to patients. Staff told us that the service sent Controlled Drug prescriptions to patients via standard method of post and relied on a patient to inform them if they did not receive it. This was not a safe method of delivery for Controlled Drug prescriptions as there is a risk of the prescription being intercepted and misused.
- The provider was not aware of the key organisations involved in ensuring medicines are prescribed and managed safely in the UK. The doctor was not aware of the role of the Controlled Drugs Accountable Officer (CDAO) and the Medicines & Healthcare products Regulatory Agency (MHRA), who issue medicine safety alerts in the UK. During our inspection, we identified that the doctor had not engaged with the local CDAO, despite the doctor prescribing Controlled Drugs. The lack of awareness of both organisations increased the risk of the doctor missing vital opportunities to share and learn about medicines including Controlled Drugs.

Track record on safety and incidents

The service had a good safety record.

- The service had not reported any serious incidents since the service opened.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service had a management of incident and reporting policy in place that provided guidance in how to report an incident. Staff understood their duty to raise concerns and report incidents and near misses. The doctor told us that if an incident was to occur it would be recorded within the patient notes.
- The provider was aware of the requirements of the Duty of Candour. Providers of healthcare services must be open and honest with patients and other 'relevant persons' (people acting lawfully on behalf of patients) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. The doctor told us how the service had handled an informal verbal complaint and that the service had apologised to the patient. Since our initial on-site inspection in April 2022, the service had put in place a duty of candour policy. The policy set out the provider's responsibilities.

Are services effective?

We rated effective as Requires improvement because:

Effective needs assessment, care and treatment

Whilst we saw evidence that clinicians assessed patients, the provider did not have systems to keep clinicians up to date with current evidence-based practice. Care and treatment were not always delivered in line with current legislation, standards and guidance.

- The provider did not always ensure that they prescribed medicines 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. For example, we identified that the doctor had issued more than 30 days of schedule two and three Controlled Drugs to three separate patients. National guidance strongly recommends that Controlled Drugs are not to be prescribed for more than 30 days at one time. Prescribing Controlled Drugs in this way increased the risk of controlled medicines being diverted or misused due to their high street value.
- Patients received an initial assessment. We reviewed five patient records and found that all patients had received an initial assessment at the beginning of treatment that explored all aspects of a person's everyday life including an assessment of their mental wellbeing, medical history, relationships and a comprehensive mental capacity assessment when required.
- The doctor used their extensive experience and assessment of a patient to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used technology to support patients. At the time of inspection, the service was offering a remote service. Patients could access their appointment's via video link.

Effective staffing

Staff had not completed all the training required to carry out their roles.

- Staff received in-house training to ensure they understood their role and responsibilities, although some of the courses had not been completed at the time of the inspection. The service employed one consultant psychiatrist and one practice secretary. The practice secretary had been recruited in January 2022 who had a working background in administration and secretarial duties.
- The doctor had not completed the appropriate level of vulnerable adults safeguarding training. The doctor had not considered the importance of this training and the requirement to have completed vulnerable adults safeguarding training when working with vulnerable patients.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation. We reviewed the GMC's register and found that the doctor, who was the sole doctor in the service, was registered and had a license to practice.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the doctor referred a client to their local community mental health team for more specialist community support. Whilst awaiting the referral to be accepted, the service continued to offer the patient weekly support and monitored the patient for any medication side effects.
- All patients were asked for their consent to share details of their consultation and any medicines prescribed with their registered GP. Some patients declined for information to be shared.

Are services effective?

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. The service had not made any safeguarding referrals to the local authority since the service opened but the lead doctor understood how to if required. Since our initial on-site inspection in April 2022, the service had updated their safeguarding policy. The policy included details of the local safeguarding team, the different categories of abuse and a flow chart to guide staff if a safeguarding concern was to arise.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where patients' needs could not be met by the service, the doctor redirected them to the appropriate service for their needs such as patients' own GP, inpatient services, and community mental health teams.
- Where appropriate, the doctor gave people advice so they could self-care.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. We found detailed mental capacity assessments had been completed when required.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Prior to our initial on-site inspection in April 2022, the provider did not routinely seek feedback from patients about their experience. If a patient wanted to leave a review, then there was an online review website where they could do this. Following our on-site inspection, the provider had gathered more patient reviews and shared them with us. Feedback from patients was consistently positive. Patients were satisfied with the care and treatment received.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. We saw in one record that the patient and the doctor had discussed the patient's religious beliefs as part of the consultation.
- The service gave patients timely support and information. The practice secretary ensured that the doctor was made aware of any patients who contacted the service in distress or in crisis. The doctor accepted phone calls from patients outside of core working hours when they needed one-to-one support.

Involvement in decisions about care and treatment

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

- Patients were able to share their experience with the service via an online website. Overall, patients felt listened to and that they had sufficient time during consultations to understand any information and were able to make an informed decision. One patient reported that the doctor gave a clear diagnosis of their condition and spent time with them and their family in order to ensure they were supported. Carer and family views were included in assessments when the patient gave consent.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- During the COVID-19 pandemic, the service moved to remote working and saw patients via online video calling. The doctor delivered care and treatment to patients from a private office within the premises.

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 provided services in response to those needs. The doctor was qualified to deliver different types of therapies such as psychotherapy, hypnotherapy and cognitive behavioural therapy. When required the doctor was able to offer therapies as part of a treatment plan.
- The service was flexible in their approach to booking consultations.

Timely access to the service

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

- Patients had timely access to initial assessment, diagnosis and treatment. Patients with the most urgent needs had their care and treatment prioritised. As the service was small and employed one doctor, the service did not have a formal target for scheduling initial assessments. The practice secretary ensured that patients who were distressed or at risk were seen promptly by the doctor. At the time of our inspection, there were 10 patients waiting for an initial assessment. The assessments had been booked for the end of June 2022. This was due to the doctor being on leave.
- Referrals and transfers to other services were undertaken in a timely way. The service was clear about what they could offer, and if they were unable to support a patient they would signpost to another service.

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.

- Patients were given an information sheet at the beginning of treatment that included information on how to make a complaint or raise concerns. The service had not received any formal complaints. The doctor acknowledged the importance of communication with patients and ensuring they feel listened to.
- The service had a complaint policy in place. The service aimed to respond to a complaint within three working days and aimed to resolve any issues within 24 hours.

Are services well-led?

We rated well-led as Inadequate because:

Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- The doctor who led the service had not identified that some medicines had not been prescribed in accordance with NICE prescribing guidelines. For example, the doctor had failed to ensure four patients had received physical health monitoring checks despite prescribing them medicines that could cause physical health complications. The lack of awareness increased the risk of harm to patients.
- The doctor who led the service was approachable and worked closely with the practice secretary to monitor patients waiting for an assessment and prioritised those who were in distress and required support.

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. The doctor aimed to provide a good quality outpatient service and ensure patients were correctly diagnosed and treated.
- Staff were aware of and understood the vision and values and their role in achieving them. Staff understood the aim of the service and the importance of maintaining patient confidentiality.

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.
- Whilst the doctor had not always adhered to national prescribing guidelines, the doctor carried out comprehensive psychological assessments. We reviewed five patient records and found that the assessment outcome letters were detailed and clear.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. The lead doctor requested staff to sign a confidentiality agreement which set out their responsibility to ensure information is kept securely and not discussed outside of the service.
- The service had policies in place to ensure that openness and honesty were demonstrated when responding to incidents and complaints. At the time of the inspection, the service had not recorded any formal complaints or incidents.
- There were processes for providing all staff with the development they need. The lead doctor provided the practice secretary with all of the necessary training to carry out their role effectively. The practice secretary had introduced new systems and processes to ensure the recording of information was organised and accessible.
- There was a strong emphasis on the safety and well-being of all staff. The service had plans to hold a weekly meeting as an opportunity to discuss clinical work and service priorities. The practice secretary told us that the meeting would have a set agenda that included a review of the diary, safeguarding, complaints and compliments as well as healthy and safety.
- The service promoted equality and diversity. The service planned for staff to receive equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

The service lacked an effective governance system that enabled the provider to identify, understand, monitor and address current and future risks including risks to patient safety. During the inspection, we identified the following concerns, which had not been identified by the service:

- A lack of systems in place to ensure all patients had received the required physical health monitoring checks prior to the prescribing of medicines that could cause physical health implications.
- The doctor had failed to follow BNF prescribing guidelines and had prescribed more than 30 days of Controlled Drugs at one time. On two separate occasions the doctor had prescribed Controlled Drugs without using the official Controlled Drugs prescription form.
- The doctor lacked awareness of the key organisations involved in ensuring medicines are prescribed and managed safely in the UK. The doctor was not aware of the Controlled Drugs Accountable Officer (CDAO) or the Medicines & Healthcare products Regulatory Agency (MHRA). This meant that the doctor was not receiving medicine safety alerts or information about Controlled Drugs in the region.
- There was no process in place to ensure prescriptions for Controlled Drugs were sent securely to patients. At the time of inspection, the service was sending Controlled Drug prescriptions to patients via standard method of post.
- Staff were clear on their roles and accountabilities. The provider had developed relevant key policies and procedures that guided staff in how to operate the service. For example, a safeguarding policy, an incident management policy and a complaints procedure.

Managing risks, issues and performance

There were no processes in place for managing risks, issues and performance.

- Whilst the doctor who led the service was sighted on some of the key risks to the service, the doctor was not sighted on the level of risk associated with the non-adherence to national prescribing guidelines. At the time of the inspection, the doctor had not considered that some of the prescribing practices taking place was against national policies and guidance. This put patients at risk of preventable harm.
- The service had arrangements in place in the event that a service could not be provided at short notice. In the event that the service had to close, the doctor had contingency plans in place with other doctors. The doctors would be able to take over the care and treatment for patients.
- The quality of clinical care provided by the service was monitored on an annual basis during the lead doctor's annual appraisal. The doctor attended an annual appraisal with their supervisor who is also known as the responsible officer (RO). The doctor was required to share four complex cases with the RO for feedback.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The service relied on patient feedback to judge whether the service being delivered was of good quality. The doctor also used their annual appraisal as an opportunity to receive feedback about their clinical practice.
- The service submitted notifications to external organisations as required. Since the service registered with the Care Quality Commission, we had not received any statutory notifications from the provider. The provider told us that there had been no incidents or safeguarding referrals that would warrant a notification.

Engagement with patients, the public, staff and external partners

Are services well-led?

The service did not involve patients, the public, staff and external partners to support high-quality sustainable services.

- Whilst the service engaged with patients about their experience, the service had not engaged with external partners about the safe prescribing and management of medicines. The doctor who led the service was not aware of the Controlled Drugs Accountable Officer (CDAO) or the Medicines & Healthcare products Regulatory Agency (MHRA). Both organisations are key in providing safety alerts and medicines information. The lack of awareness meant that the prescribing doctor may have missed opportunities to learn about medicine safety information, therefore putting patients at risk of harm.

Continuous improvement and innovation

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

- The provider was sighted on the need to upgrade the patient recording systems used within the service. The doctor told us that the service aimed to go paperless in 2022 and was in the processing of transferring records onto the new electronic system. The service had also begun to use a type of technology that would allow dictation to be converted into text. This would decrease the amount of time required to convert written notes into text.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider had not ensured that clinical staff had received the appropriate level of vulnerable adults safeguarding training.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that medicines were prescribed and managed safely in accordance with the British National Formulary (BNF) and The National Institute for Health and Care Excellence (NICE) guidance. The provider lacked awareness of key organisations that are involved in the safe prescribing and management of medicines in the UK.</p> <p>The enforcement action we took:</p> <p>We served the provider with a Warning Notice. We expect the provider to be compliant with the regulation by 1 July 2022.</p>