Red and Yellow Memory Services Limited

Quality Report

The Old Town hall
4 Queens Road
Wimbledon
SW198YB
Tel: 02037000163
Website: www.redandyellowcare.com

Date of inspection visit: 22nd & 23rd March 2017
Date of publication: 26/07/2017

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

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.

Overall summary

We do not currently rate independent health community based mental health services for older adults.

We found the following areas of good practice:

- Patients and carers gave positive feedback about the service. They said that it was supportive of their needs. When giving feedback, eighty one percent of clients or their families who had completed a feedback survey rated the service as either nine or ten out of ten. Professionals fed back that both they and their clients were pleased with the service that had been received.
- The service was person centred. Staff provided appointments at the patient's home or in a convenient location. Staff wrote assessment letters following initial patient appointments. These were detailed and holistic. The service gave a personal approach to patients, which addressed their individual needs. Staff we spoke with felt that the service was developing and provided a good level of care.
- The service had set target times for patients to be seen following an initial referral. These were target of 24 hours for an urgent referral and seven days for a

Summary of findings

non-urgent referral. Following an assessment the service had a target time of seven days for staff to send the assessment letter to the referrer. The service was meeting these targets.

- The service regularly audited the patient files to ensure that the assessment letter contained a risk assessment, mental capacity assessment and a physical health care assessment. Learning from these audits was fed back to all staff via email and through the weekly multidisciplinary meetings by the medical director.
- The service had been through significant changes throughout the last year. Despite these changes the morale of both the permanent staff and contracted staff was positive.

However:

- Whilst the provider had appropriate systems in place to monitor whether sessional staff had completed the necessary appraisals and training, for a couple of staff these documents were not in their staff record.
- The service had not ensured that all non-clinical staff who had contact with patients and carers had access to regular formal supervision.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for older people		

Summary of findings

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Red and Yellow Memory Services Limited

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Summary of this inspection

Background to Red and Yellow Memory Services Limited

Red and Yellow Care is an independent healthcare service, which provides assessment, diagnosis, treatment and ongoing care for older adults in the community who are experiencing mental illness and other long term conditions. The service generally sees people who are over 50 but they will see people younger than this where they feel that they have the necessary skill set within the clinician team. The majority of the patients they see have dementia, depression or anxiety. Red and Yellow Care will see people for one off diagnostic appointments or capacity assessments as well as providing a long term service where needed.

Red and Yellow Care has undergone major changes within the last year, separating from its parent company to become a stand-alone service. At the time of the inspection there were four managers of the company, these included: the chief executive officer, the registered manager who was the operations director, the medical director and an operations manager. These were the only permanent staff members of the service.

Most of the assessments and treatment are carried out by senior clinicians who are recruited to Red and Yellow Care on a contractual basis. These clinicians consist of experienced psychiatrists, neurologists, geriatricians, a neuro psychologist, psychologists, nurses, occupational therapists and a physio therapist. They have a contract to work for the company on a sessional basis depending on need. These contracted staff are expected to obtain supervision and appraisals outside of Red and Yellow Care and provide evidence of this to Red and Yellow Care. However, if requested they can obtain their supervision and appraisal from Red and Yellow Care. The service was developing private practices across the country; a private practice was a local network of clinicians led by a consultant. At the time of inspection there were private practices in London and Surrey with clinicians available in other parts of the country.

The service registered with the Care Quality Commission in March 2013 and has not been inspected previously. The service is registered toprovide diagnostic and screening procedures and for the treatment of disease, disorder or injury.

Our inspection team

The team that inspected Red and Yellow Care services consisted of one inspector and one specialist advisor. The specialist advisor was a consultant psychiatrist with a background in older people's services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

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?

Summary of this inspection

- Is it well-led?

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

During the inspection visit, the inspection team:

- visited the office where the service operates from
- spoke with one patient who was using the service and two carers of patients using the service
- spoke with the registered manager who was the operations director of the company
- spoke with the medical director, the chief executive officer and the operations manager
- spoke with six other contracted staff members; including consultants, a nurse and a psychologist
- looked at 12 care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service
- looked at records for the four permanent staff and for four of the contracted staff records

What people who use the service say

Carers and one patient told us they were happy with the service that they received, that it was professional and relevant to their needs. They informed us that they found there was an immediate response when a referral was made and that they found the service responsive and convenient. One carer informed us that the doctor had managed to achieve a positive outcome for their relative.

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?

We do not currently rate independent health community based mental health services for older adults.

We found the following areas of good practice:

- There were sufficient and flexible staffing numbers to ensure that urgent new referrals or urgent requests for appointments from existing patients were seen within 24 hours.
- There was a clear incident procedure in place so that staff knew how to report incidents. There had been no incidents within the 12 months prior to our inspection

Are services effective?

We do not currently rate independent health community based mental health services for older adults.

We found the following areas which needed improvement:

- The service had not ensured that permanent staff members, who were not clinically trained, but who were taking referrals and having regular telephone conversations with patients and carers, had received regular formal supervision or an appraisal.
- Whilst the provider had appropriate systems in place to monitor whether sessional staff had completed the necessary appraisals and training, for a couple of staff these documents were not in their staff record.

However:

- Care records were accurate, comprehensive and up to date. Contracted staff reported that the electronic recording system was easy to use and could be accessed remotely.
- Clinicians wrote thorough and detailed assessment letters.
- The provider carried out regular clinical audits to assess the quality of the service. These audits monitored risk assessments, mental capacity assessments and assessments of physical health.

Are services caring?

We do not currently rate independent health community based mental health services for older adults.

We found the following areas of good practice:

Summary of this inspection

- Patients and carers gave good feedback regarding the service that they had received.
- The service undertook a personalised approach to patients which addressed their individual needs.
- The service offered support to family and carers if needed.
- During our inspection we observed staff interacting positively with carers on the telephone.

Are services responsive?

We do not currently rate independent health community based mental health services for older adults.

We found the following areas of good practice:

- The service had clear target times for responding to referrals and sending out the assessment letter after the initial assessment. These response times were regularly audited.Audits showed that the target times were generally being met.
- The service had a clear complaints process. There had only been one complaint within the last year. Staff had responded to the complaint quickly and thoroughly. There was a clear audit trail to show what actions staff had taken.
- Consultations were held in a convenient location for the patient.

Are services well-led?

We do not currently rate independent health community based mental health services for older adults.

We found the following areas of good practice:

- The service had gone through a great deal of change over the last year; however staff morale was good. All staff felt supported within their role.
- The service had a good structure in place to ensure that learning took place throughout the service as a result of both audits and complaints.
- The service was looking at trialling a new outcomes measuring tool which had been developed in partnership with the Institute of Psychiatry.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All permanent staff members had completed training in the Mental Capacity Act. The provider told us contracted staff were expected to have completed Mental Capacity Act training as part of their continuing professional development.

The service's clinical operational policy clearly stated that staff should make an assessment of a patient's mental capacity in relation to decision making about a proposed investigation or course of treatment if there was a reason to doubt the mental capacity of the patient. Case notes showed that staff put this policy into practice. Staff had clearly documented changes in patients' mental capacity.

The medical director regularly audited assessment letters to ensure that staff had assessed mental capacity when this was appropriate. The medical director fed back learning from these audits to staff through email and multi-disciplinary meetings.

Community-based mental health services for older people

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community-based mental health services for older people safe?

Safe and clean environment

- The service was located in a small office. The office accommodated the four permanent members of staff. The office was clean; there was a contract in place with the company that owned the building to ensure that regular cleaning was carried out. The company that owned the building also ensured compliance with fire safety.
- No patients were seen at the office. The service made home visits to patients or saw them in rented consulting rooms in convenient locations for patients to attend.
- The services clinical operations policy outlined standard infection control procedures that staff were expected to adhere to before seeing a patient.

Safe staffing

- The service had four permanent members of staff who managed the business and clinical operations of the service. The chief executive officer oversaw the daily business operations of the service. There was a full time registered manager and a part time operations manager. The medical director worked one day a week as a permanent member of staff to complete tasks such as auditing, chairing the multi-disciplinary team meeting and staff recruitment and one day as a contracted psychiatrist.
- The assessment and treatment of patients was contracted out to specialist staff. These staff members consisted of 13 consultant psychiatrists, one consultant physician and geriatrician, two consultant neurologists, three nurses, two consultant clinical neuropsychologists, two clinical psychologists, two occupational therapists, and one physiotherapist. These staff members were contracted to work on a sessional basis depending on referrals and the services needed by individual patients.
- The service had a target to see urgent referrals within 24 hours; there were sufficient staff available to meet this target. When there was an emergency situation with an existing patient the service aimed to respond that day through phone calls and an arrangement to visit as soon as mutually possible. The service gave an example of a patient who called in very distressed and was seen by a consultant psychiatrist on the same day.
- There was a list of mandatory training that staff needed to complete. The four permanent members of staff were up to date with their mandatory training. The contracted staff were requested to send in their continuous professional development records to show they had completed their training. We reviewed the records of three contracted staff and found gaps in evidence of mandatory training. The service said it regularly requested evidence of training and continuing professional development from contracted staff and did not use staff who could not demonstrate they had completed training.

Assessing and managing risk to patients and staff

- On referral to the service, the registered manager or operations manager gathered background information about the patient. Staff would approach other professionals involved such as GP's if further information was needed. They would refer to the medical director if there was a clinical decision to be made, there was uncertainty regarding risk or to decide the most appropriate clinician for the patient to see.
- The registered manager or operations manager assessed risk on referral of a patient to the service. Any history of risk was identified within the referral

information and was recorded on an initial patient enquiry form. This information was then put onto the electronic recording system for the allocated staff member to see prior to the appointment. We found that the patient enquiry form did not ask for detailed information regarding risk. There was a prompt to ask for behavioural background but it did not ask for details regarding risk to others or themselves including self-neglect. This could lead to the relevant information not being gathered. However, since the inspection the service had updated the initial enquiry form and included questions regarding patients risk to themselves or others.

- Staff carried out a more detailed risk assessment at the first consultation with the patient. This was recorded within the clinical letter that was written following this assessment. Patient risk was then updated within correspondence following further appointments. The medical director audited the clinical letters every three months to ensure that risk assessments were being carried out and were of the required standard. The latest audit showed that these requirements were being met in 85% of the letters written by staff.
- Staff we spoke with knew how to make a safeguarding alert. The permanent members of staff had received safeguarding training for adults. Contracted staff members were expected to complete mandatory training within their permanent places of work. Red and Yellow Care asked contracted staff to send evidence of this.
- The service had a policy in place for children. Safeguarding children was not mandatory training for staff. However since the inspection the provider has added children's safeguarding to the mandatory training. Non clinical staff have now received children's safeguarding training.
- The service had a lone working policy, which was disseminated to all contracted staff. Staff often worked alone, visiting patients in their own homes. This risk to staff was mitigated by ensuring that they were mindful of existing risk concerns relating to the patient before visiting them. If staff were aware of a known risk then the appointment would be made at a clinic or a joint visit was made to the patient's home. Where there was a known risk staff also needed to ensure that their location was known and that they let the office staff know when the visit had ended.
- The service did not store, transport or administer medication.

Track record on safety

- There had been no serious incidents in the service within the past 12 months.

Reporting incidents and learning from when things go wrong

- The service had a clear incident reporting structure in place, which was outlined in the services clinical operational policy. If incidents occurred, the service had a process to ensure that any learning from incidents was discussed at the weekly multi-disciplinary team meeting and the monthly management meeting.
- The clinical governance committee met four times a year and lessons learnt from incidents was a standard agenda item, which would be discussed if there had been any incidents reported.

Duty of candour

- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff were aware of the need to be open and transparent when things went wrong.

Are community-based mental health services for older people effective?
(for example, treatment is effective)

Assessment of needs and planning of care

- We looked at 11 care records during the inspection. We found that staff maintained accurate and up to date records.
- Care records were stored electronically. These records were available remotely to all staff. Staff we spoke with reported that the system was easy to access and to use.

Community-based mental health services for older people

- The service aimed to see all patients within seven days of referral unless it was an emergency or not convenient for the patient. The service aimed to ensure that the assessment letter was sent within seven days of the appointment occurring. Audits carried out by the medical director showed that these targets were generally being met.
- Staff recorded their assessment of a patient's needs and planning of care in an assessment letter, which was completed following the initial appointment. The assessment letters were thorough and contained all the relevant information. This included mental capacity, psychiatric and medical history, social situation and current concerns, alcohol and substance misuse, activities of daily living, physical examination, risk assessment, diagnosis and recommendations. The assessment letter was sent to the patient, significant others and the patient's general practitioner within seven days. The letters reflected the patient's views, were holistic and included evidence of physical health care checks.

Best practice in treatment and care

- The clinical practice reflected guidelines including those from National Institute for Health and Care Excellence (NICE) when providing assessment and treatment. The service's operational policy referred clinicians to the NICE guidelines to consider in all areas of their work. Clinicians were expected to discuss any deviation away from the guidelines within the multidisciplinary team meeting and to document decisions on the electronic database. The service rarely prescribed medicines. Clinicians most commonly recommended a treatment to the GP following their assessment. When clinicians prescribed medicines this was usually to start a treatment, which was then monitored by the GP. The service did not have any patients who were using repeat prescriptions prescribed by the service. Staff were expected to discuss any prescribing within the weekly multi-disciplinary meeting.
- There were psychologists within the multi-disciplinary team who could see patients where it was felt appropriate. The psychologists also worked with the patient's family and carers if required.
- The service referred patients and carers to the local authority or housing agencies where there were identified concerns regarding housing.
- As part of the initial assessment of all patients, clinicians assessed patients' physical health. Records showed this was taking place. The medical director carried out an audit of the initial assessment letters to clients, carers and GP's every three months. The most recent audit showed that physical health assessments were only included in 66% of the sample. The provider was aiming to improve this, through raising the issue with all clinicians in the multi-disciplinary team meeting and emailing all clinicians to remind them of the need to report this in correspondence. The provider was planning to re-audit in three months to see whether the compliance rate had improved.
- Staff often made recommendations for further physical health care investigations following the initial appointment. Red and Yellow Care ensured that these were arranged and followed up.
- The medical director ensured that regular three monthly clinical audits were carried out. These audits monitored the inclusion of the risk assessment, capacity assessment and physical healthcare check within the initial assessment letter. Audits also took place on the response times from referral to the first appointment and the length of time the initial assessment letter was sent out from the first appointment. The audits showed that the service was meeting its response times. The results of the audits were fed back to the staff through an email from the medical director and discussed at the clinical governance committee meetings.
- The service was in the process of developing a tool to measure outcomes for people using the service. This was being developed in partnership with the Institute of Psychiatry. Once developed the service would look at initially piloting it for a small number of patients before introducing it to the whole service.

Skilled staff to deliver care

- The multi-disciplinary team consisted of contracted staff. These included consultant psychiatrists, a consultant physician and geriatrician and consultant neurologists. There were also nurses, psychologists, occupational therapists and a physiotherapist. One consultant fed back that they felt that it would be

beneficial if there were more nurses within the MDT as there were only three. Initial appointments were usually undertaken by consultant doctors and if appropriate they referred the person to the other disciplines.

- New staff were given an induction by the registered manager and medical director. This included a discussion of the expectations of the service and an induction into the computer system that was used to store patient information. At the beginning of employment all staff were sent the service's clinical operational policy, which clearly outlined the purpose, principles, commitments, policies and procedures of Red and Yellow Care.
- The medical director had received supervision and had been appraised in his work outside of Red and Yellow Care. This included discussion on any clinical matters regarding their work at Red and Yellow Care. Permanent staff members did not receive formal supervision but supported each other informally. The registered manager and operations manager who were non clinical staff received referrals and phone calls from patients and their relatives but did not provide care and treatment. Phone calls could be demanding and lead to difficult conversations. The service often received referrals by phone which involved making decisions regarding the patient's pathway within the service. The staff received informal support from each other but there was no structure for formal supervision for these staff, either internally or externally. Staff may have benefitted from a more formal system of support and supervision.
- The provider's policy and procedure clearly stated that contracted staff would receive clinical supervision through the weekly multi-disciplinary team meeting. All contracted staff that were seeing patients were expected to phone in for this meeting. If they required one to one supervision this could be provided on request. The contracted staff members that we spoke with were happy with this arrangement. They knew who they should contact if they had any queries or concerns. Staff further commented that there was good communication between staff, where discussions regarding patient care took place outside of MDT meetings. Discussions were recorded in the individual patient record which all staff could access.
- All contracted staff were required to undertake appraisals privately or with other employers. If requested they could receive their appraisal through Red and Yellow Care. Contracted staff were required to submit a record of their appraisal to Red and Yellow Care to show that they were up to date with their continuing professional development. However when we looked at contracted staff records two out of the four that we looked at did not contain evidence that showed that their continued professional development had included all the required mandatory training.
- There had been no staff performance issues in the last year.

Multi-disciplinary and inter-agency team work

- The service had a weekly multi-disciplinary team meeting for the team to dial into. At present these were for the London team as this was the largest team. However, team members from other areas were asked to dial into this if they were seeing clients. The provider recognised that this was important to ensure clinical standards, provide supervision and to prevent the isolation of practitioners. Staff members that we spoke with informed us that these meetings were very thorough and supportive.
- Communication regarding patients within the service was good. Staff had good access to clinical notes through a remote information technology system. Recommendations from appointments were followed up quickly by the registered manager and the operations manager. Outcomes were communicated effectively to the consultant who had made the referral and were uploaded onto the computer system so that relevant staff could see them.
- Where other services were involved with a patient, such as GPs or care agencies,we saw that staff copied them into correspondence or contacted them directly to discuss on going support.

Good practice in applying the Mental Capacity Act

- All the permanent staff members had completed training in the Mental Capacity Act (MCA). The contracted staff were expected to have MCA training as part of their continuing professional development.
- The service's clinical operational policy clearly stated that an assessment of mental capacity was required for

a proposed investigation or course of treatment if there was a reason to doubt capacity. We saw evidence of this in the case notes that we looked at. Where a patient did not have capacity on their first visit but had regained capacity to consent to treatment on their second, this was clearly documented in the case notes.

- If patients did not have the mental capacity to make decisions staff stated this in their assessment letter. Staff recommended in the letter what the possible next stages could be depending on a best interest decision being made. The medical director ensured that clinical assessments included mental capacity assessments by regularly auditing the clinical notes. Learning was fed back from these audits to staff through email and multi-disciplinary meetings.

Are community-based mental health services for older people caring?

Kindness, dignity, respect and support

- Patients and carers gave us positive feedback about the service stating that staff were helpful and considerate. We heard staff speaking on the telephone with patients and carers in a caring and respectful way. The service undertook a personalised approach, which was clearly based on people's choices and preferences in relation to their care and treatment.
- Clinicians addressed patients' individual needs within their assessment letters making them personalised and holistic. Ongoing care and support given through Red and Yellow Care was assessed according to need.

The involvement of people in the care they receive

- Patients and carers were encouraged to give feedback about their care and treatment. They were regularly asked if they would recommend the service to friends and family on a scale of one to ten. The feedback received was positive. Eighty one percent of clients or their families who had completed a feedback survey rated the service as either nine or ten out of ten. The service ensured they learnt from this feedback by discussing it in the monthly management team meeting, the quarterly board of directors meeting and the clinical governance meeting.
- Patient involvement was evident within the case notes that we looked at. The assessment letters were based around the patient's needs and how they wished to proceed with their treatment, care and support. The letter was addressed to the person with significant others being copied in where the person agreed for this. The service did not have patient representatives for functions such as recruitment and board meetings at present. The director informed us that they wanted to develop this as the service grew and expanded.
- The service could offer support to families and carers where requested. We saw evidence on case notes where a psychologist had been working with a carer around her husband's diagnosis.

Are community-based mental health services for older people responsive to people's needs?

(for example, to feedback?)

Access and discharge

- The service had clear target times for responding to referrals. Once a referral had been accepted and they had agreed to proceed, the service had a target of seeing people within 24 hours in an emergency and seven days for a routine appointment. The medical director audited the actual response times every three months. These audits showed that the service had met these target times consistently across the last year.
- The service was able to respond quickly to deterioration in patient's health. The service aimed to see urgent referrals or urgent requests for an appointment within 24 hours.
- The service sent out the assessment letter within seven days of seeing the patient unless there were specific physical health checks such as blood tests or scans that they had requested and were waiting for.
- The service responded quickly and appropriately when a patient or carer phoned in. We saw evidence of this during our inspection through hearing phone calls and looking at case notes. This was also evident in feedback from patients and family members.

Community-based mental health services for older people

- The clinical operational policy clearly stated that they would provide clinical services to older people who had illnesses that could be treated within the skill set of their clinicians. This included conditions such as dementia, depression and anxiety.
- The service had no waiting list at the time of inspection.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients were not seen at the main offices of Red and Yellow Care. They were usually seen in their own homes. If it was not suitable for staff to see them at home they made arrangements were made to see them in rented clinic rooms in convenient locations for the patient.

Meeting the needs of all people who use the service

- Red and Yellow Care's clinical operational policy stated that it was an inclusive service irrespective of a patient's culture, ethnicity, race, language and gender identity. The service had some doctors who spoke other languages who they could use for appointments where possible. The service would offer an interpreter including sign language if required by patients.
- Assessment letters were very detailed. They were written to the person and significant others were copied in. The service ensured that when patients first language was not English letters were written in the appropriate language.

Listening to and learning from concerns and complaints

- Patients were given information regarding how to make a complaint in the information they were given on acceptance to the service.
- There was a clear process for managing complaints. The medical director was informed of complaints by staff within 24 hours. The medical director reviewed these within one working day. Complaints were reviewed at the clinical governance meeting and discussed at all team meetings to ensure that lessons were learnt.
- The service had had one complaint within the 12 months prior to our inspection. We saw that the complaint had been investigated thoroughly and an apology given to the people affected.

Are community-based mental health services for older people well-led?

Vision and values

- Red and Yellow care outlined their core principles and commitments clearly in the operational policy, which was sent out to all clinical staff.
- All staff was aware of the managers of the organisation as they were all part of the day to day running of the service.

Good governance

- The service had a clear governance structure in place to ensure there was a cohesive and structured system for communicating and discussing information. There was a clinical governance meeting, which met four times a year and reported to the board of directors, who also met four times a year. The four managers of the company attended a monthly management team meeting .These meetings included ensuring that all information such as the results of audits, learning from incidents, safeguarding alerts and risks were discussed and reviewed. These meetings were all linked and fed into each other to ensure openness and transparency throughout the service.
- The service had systems in place such as audits to gain assurance that the service was operating as planned and patient needs were being met.
- The service had a good structure in place to ensure that learning from feedback and incidents took place. We saw that where there had been a complaint this was thoroughly investigated and outcomes were discussed with the staff involved and within the clinical governance committee and board meetings to ensure that learning occurred.
- Managers had sufficient administrative support. They were recruiting a new member of staff to provide support in the office due to the growth of the service.

Leadership, morale and staff engagement

- There were the four permanent members of staff. They all informed the inspection team that the service had been through a difficult time over the last year due to changes in structure and financial backing. However,

they now felt that the service was well established and that as the leadership team they were very positive about the service and moving forward to ensure its growth and development. Morale of the contracted staff was good, they felt well supported by the management team and that the service being provided was of a high quality. Staff were given opportunities to meet with the management team and discuss the service and its development.

- Team days were organised during the year. There had been a recent evening organised for the doctors where they had had a meal and discussed the development of the service.
- The service was open and transparent. Where there had been a complaint an apology had been given to the family and there was clear documentation and audit trail regarding the concerns raised.

Commitment to quality improvement and innovation

- The service was developing an outcome measuring tool in partnership with the Institute of Psychiatry. This would look at measuring outcomes for patients in a more person specific format. This was in the process of being developed before it was piloted within the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that the staff records for sessional staff include evidence of an up to date appraisal and completion of mandatory training.
- The provider should ensure that non-clinical staff that have contact with patients and carers can access more formal supervision and support.