ADHD360 Limited

ADHD 360 Head Office

Inspection report

Unit 5 and Brunel House, Deepdale Enterprise Park
Deepdale Lane, Nettleham
Lincoln
LN2 2LL
Tel: 07710919868
www.adhd-360.com

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

Ratings

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

Summary of findings

Overall summary

ADHD360 Head Office provides screening, assessment, diagnosis, and treatments for ADHD in adults and children.

We carried out an unannounced comprehensive inspection at ADHD360 Head office in response to concerns received from external stakeholders, people using the service and anonymous whistleblowers.

Our key findings were:

- The provider did not have safe processes and procedures to manage and monitor blank controlled drug prescriptions. We were told on the day of the inspection that several staff
  We were told on the day of the inspection that more than one person had access to the key safe to obtain keys to a variety of filing cabinets including those containing blank controlled prescriptions in the building. We were not able to determine if any prescriptions were missing.

- We were told following the inspection that staff who had access to the controlled prescriptions did not have the personal identity number of the prescriber. This was not an adequate control measure, if the scripts were stolen, they could be passed on to someone else externally who knows the personal number for other prescribers working for another service. Controlled drug prescriptions are not dispensed in a particular locality, so can and are transported to different areas of the country.

- Managers and the principal prescriber undertook audits into prescribing practice; however, we saw multiple examples where there were discrepancies about the dose, strength or formulation which did not detail the management actions with the prescriber. We also saw instances where prescriptions were not signed or dated, this is a legal requirement.

- We were told not all staff had access to the incident recording and management system, this meant there potentially a delay in putting measures in place to minimise the impact of the incident.

- Managers did not always ensure staff treated patients with dignity and respect. We saw an entry in meeting minutes whereby patients who had made more than one complaint cited as “repeat offenders.”

- Managers provided a monthly update of learning points from complaints and incidents.

- Managers did not always respect staff; we saw multiple examples whereby staff had been discussed in meeting minutes. Examples included “keeping an eye,” “not working well,” “procrastinates a lot” and “sending defensive and rude emails” all the staff were named.

- Managers did not have sufficient oversight or recognised the risks posed by the lack of systems to manage blank controlled drug prescriptions.

However

- We looked at 15 care and treatment records, the provider aimed to mirror the National Institute for Health and Care Excellence (NICE) best practice guidelines, with nurse specialism and internal training. The provider assessed needs

and delivered care in line with relevant and current evidence-based guidance and standards and patients' immediate and ongoing needs were assessed. Individual care plans recorded where clinicians had prescribed outside British National Formulary limits. The decisions were based on clinical judgements and the rationale was clearly recorded and approved only when reviewed by a senior clinician. We saw environmental modifications to reduce the impact of ADHD symptoms were discussed as well as specific clinical needs and mental and physical wellbeing.

- We saw multiple examples of additional training for staff including cardiovascular management in ADHD, assessment and treatment of children, teens and adults with ADHD and Asperger's Syndrome and attachment and trauma. We also saw that several staff had attended international conferences and events.

- Monthly drop-in sessions for staff looked at themes for detailed discussion for example, managing risk, physical health, and safeguarding.

- The provider understood the needs of their patients and improved services in response to those needs. The service had employed a patient enablement worker who provided coaching and family support for those with ADHD. Patients also had access to group support, access to work and benefit advice masterclasses.

- There were processes for providing all staff with the development they need. This included supervision and career development conversations. All staff received regular bi-annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff and admin staff were considered valued members of the team.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for adults of working age	Requires Improvement 	We carried out an unannounced comprehensive inspection at ADHD360 Head office in response to concerns received from external stakeholders, people using the service and anonymous whistleblowers. Our key findings were: • The provider did not have safe processes and procedures to manage and monitor blank controlled drug prescriptions. We were told that multiple staff had access to the key safe and therefore potentially to the prescriptions. We were not able to determine if any prescriptions were missing. • We were told following the inspection that staff who had access to the controlled prescriptions did not have the personal identity number of the prescriber. This was not an adequate control measure, if the scripts were stolen, they could be passed on to someone else externally who knows the personal number for other prescribers working for another service. Controlled drug prescriptions are not dispensed in a particular locality, so can and are transported to different areas of the country. • Managers and the principal prescriber undertook audits into prescribing practice; however, we saw multiple examples where there were discrepancies about the dose, strength or formulation which did not detail the management actions with the prescriber. We also saw instances where prescriptions were not signed or dated, this is a legal requirement.

Summary of findings

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- Managers did not always ensure staff treated patients with dignity and respect. We saw an entry in meeting minutes whereby patients who had made more than one complaint cited as “repeat offenders.”
- Managers provided a monthly update of learning points from complaints and incidents.
- Managers did not always respect staff; we saw multiple examples whereby staff had been discussed in meeting minutes. Examples included “keeping an eye,” “not working well,” “procrastinates a lot” and “sending defensive and rude emails” all the staff were named.
- Managers did not have sufficient oversight or recognised the risks posed by the lack of systems to manage blank controlled drug prescriptions.

However

- We looked at 15 care and treatment records, the provider aimed to mirror the National Institute for Health and Care Excellence (NICE) best practice guidelines, with nurse specialism and internal training. The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards and patients’ immediate and ongoing needs were assessed. Individual care plans recorded where clinicians had prescribed outside British National Formulary limits. The decisions were based on clinical judgements and the rationale was

Summary of findings

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- We saw multiple examples of additional training for staff including cardiovascular management in ADHD, assessment and treatment of children, teens and adults with ADHD and Asperger's Syndrome and attachment and trauma. We also saw that several staff had attended international conferences and events.
- Monthly drop-in sessions for staff looked at themes for detailed discussion for example, managing risk, physical health, and safeguarding.
- The provider understood the needs of their patients and improved services in response to those needs. The service had employed a patient enablement worker who provided coaching and family support for those with ADHD. Patients also had access to group support, access to work and benefit advice masterclasses.
- There were processes for providing all staff with the development they need. This included supervision and career development conversations. All staff received regular bi-annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff and admin staff were considered valued members of the team.

Summary of findings

Contents

Summary of this inspection

Background to ADHD 360 Head Office

Background to ADHD36 Head office

ADHD360 Head Office provides screening, assessment, diagnosis, and treatments for ADHD in adults and children. Services are provided for both NHS and private patients. ADHD360 Head Office is based in Lincolnshire however it also provides services in Sheffield, Salford, The Black Country, Greater Manchester, Buckinghamshire, Oxfordshire, and Berkshire.

ADHD360 Head Office is registered to provide the following regulated activity, treatment of disease, disorder, or injury.

Dr P Anderton is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was previously inspected in November 2020 and was given an overall rating of requires improvement. The service was in breach of the following regulations:

Regulation 12 Safe care and treatment

Regulation 17 Good governance

How we carried out this inspection

How we inspected this service

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included two support inspectors, a CQC national specialist advisor and a member of the CQC medicines team (remotely).

Before the inspection visit, we were made aware of concerns from a local integrated care board (ICB) in relation to clinical practice, prescribing and governance, we also reviewed information that we held about the location.

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?

Summary of this inspection

Is it well-led?

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

During the inspection visit, the inspection team

spoke with four patients who were using the service

spoke with three carers of patients currently receiving treatment

spoke with the clinical director, the registered manager and the patient enablement advisor

looked at looked at 5 staff files and 15 care records of patients who had received care and treatment from the service

held one focus group with clinical staff and another with admin staff

carried out a specific check of the management of controlled stationery

Looked at a range of policies, procedures and other documents relating to the running of the service.

Areas for improvement

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

- The provider must ensure patients are treated with dignity and respect. This was a breach of HSCA Regulation 10.
- The provider must ensure safe processes and procedures to manage and monitor blank controlled drug prescriptions. This was a breach of HSCA Regulation 12.
- The provider must ensure prescribing practice meets legal requirements. This was a breach of HSCA Regulation 12.
- The provider must ensure staff are treated with privacy and dignity. This was a breach of HSCA Regulation 17.
- The provider must ensure structures, processes, and systems to support good governance to identify and manage risks to patients. This was a breach of HSCA Regulation 17.

The areas where the provider should make improvements are:

- The provider should consider all staff have access to the incident reporting system.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

Community-based mental health services for adults of working age

Requires Improvement

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

Is the service safe?

Requires Improvement

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments; we saw environmental audits had been completed at all sites. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction, staff told us they had a very thorough induction which took place over 5 days. The service had systems to safeguard children and vulnerable adults from abuse and staff described how they would access support services.

- The service worked with other agencies to support patients and protect them from neglect and abuse. We saw evidence that staff had worked with safeguarding teams in localities across England. Staff described how they would protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

- We looked at 5 staff files, the provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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)
- All staff received up-to-date safeguarding and safety training appropriate to their role Safeguarding training compliance at the time of the inspection was 97%. They told us how they would identify and report concerns. The provider employed a safeguarding lead to support staff and to ensure safeguarding referrals were managed appropriately.

- The provider did not see patients face to face, however; they ensured that facilities and equipment were safe for staff and professional visitors. There was an effective system and policy to manage infection prevention and control which included adhering to COVID 19 government guidance.

Risks to patients

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

Community-based mental health services for adults of working age

Requires Improvement

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.

- There were appropriate indemnity arrangements in place and appropriate certificates were in date.

Information to deliver safe care and treatment .Staff had the information they needed to deliver safe care and treatment to patients.

- The provider used a bespoke, cloud based clinical system.
- We looked at 15 care and treatment records, all were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading and had a disaster recovery plan which described actions to be taken in that event.

Safe and appropriate use of prescriptions

The service did not have reliable systems for appropriate and safe handling of controlled drug prescriptions.

- ADHD360 Head office delivered a prescription only service there were no medicines, including vaccines, controlled drugs, and emergency medicines on site.
- NHS patients were given prescriptions from an NHS FP10 pad which was ordered and named to the prescribing clinician. Private patients were given prescriptions on a private FP10 prescription pad which was ordered and named to the prescribing clinician. The provider had a robust policy and procedure to manage both the NHS and private FP10 prescription pads.

- The provider prescribed both Schedule 2 and 3 controlled drugs, these are medicines that have the highest level of control due to their risk of misuse and dependence.

- The provider did not have safe processes and procedures to manage and monitor blank controlled drug prescriptions. The provider did not have safe processes and procedures to manage and monitor blank controlled drug prescriptions. We saw a significant amount blank FP10CD prescriptions located in two locked cupboard drawers. There were no records to indicate how many prescriptions there should have been. The provider had made several orders in the 12 months before this inspection, we did not see any records on site of how these had been monitored. The drawers containing the blank prescriptions were accessed by collecting the key from a key safe on the first floor of the building. We were told several staff had access to this key safe and therefore potentially to the prescriptions. We were not able to determine if any prescriptions were missing as there was no robust system in place that monitored the use of these prescriptions.

Community-based mental health services for adults of working age

Requires Improvement

- We were told following the inspection that staff who had access to the controlled prescriptions did not have the personal identity number of the prescriber. This was not an adequate control measure, if the scripts were stolen, they could be passed on to someone else externally who knows the personal number for other prescribers working for another service. Controlled drug prescriptions are not dispensed in a particular locality, so can and are transported to different areas of the country.

- We were also told that the primary dispenser checked personal numbers before dispensing a controlled drug, this is not always the case. Relying on a community pharmacy to pick up on this, rather than having their own systems in place is not appropriate or safe practice and could lead to misuse of prescriptions.

- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Managers undertook deep dives into prescribing practice; however, we saw several examples where there were discrepancies about the dose, strength or formulation which did not detail the management actions with the prescriber. We also saw instances where prescriptions were not signed or dated, this is a legal requirement.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- Managers monitored and reviewed activity we saw evidence of additional staffing and new roles to manage the patient need.

Lessons learned and improvements

The service did not always learn and make improvements when things went wrong.

- There was a system for recording and acting on incidents and significant events. We were told not all staff had access to the system, this meant there could potentially be a delay in putting measures in place to minimise the impact of the incident. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were adequate systems for reviewing and investigating when staff reported things that went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. Staff received a monthly e-mail with details of some of the learning from both incidents and complaints.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

- The service gave reasonable support, truthful information and a verbal and written apology when things went wrong.

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Community-based mental health services for adults of working age

Requires Improvement

Is the service effective?

Good

Effective needs assessment, care, and treatment

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

- We saw multiple examples of additional training for staff including cardiovascular management in ADHD, assessment and treatment of children, teens and adults with ADHD and Asperger's Syndrome and attachment and trauma. We also saw that several staff had attended international conferences and events to support their clinical practice.
- Monthly drop-in sessions for staff looked at themes for detailed discussion for example, managing risk, physical health, and safeguarding.

- We looked at 15 care and treatment records, the provider aimed to mirror the National Institute for Health and Care Excellence (NICE) best practice guidelines, with nurse specialism and internal training. The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards and patients' immediate and ongoing needs were assessed. Individual care plans recorded where clinicians had prescribed outside British National Formulary limits. The decisions were based on clinical judgements and the rationale was clearly recorded and approved only when reviewed by a senior clinician. We saw environmental modifications to reduce the impact of ADHD symptoms were discussed as well as specific clinical needs and mental and physical wellbeing.

- The provider used technology to improve treatment and to support patients' independence. Webinars and seminars for patients were advertised on the ADHD360 website along with tools and tips for patients to manage their condition. There was also a live chat function for patients to contact the provider who responded in a timely manner.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- We saw managers had implemented some improvements as an outcome of audits. Managers completed a timetable of audits over a 12-month period, these included complaints, incidents, and data security.

- We saw staff had developed a standardised letter template and a secondary setting evidence check to improve the patient experience. However, the provider and primary dispenser completed regular audits of prescription errors which included multiple examples of discrepancies where there was no evidence of timely actions with the prescriber. The primary dispenser provided a weekly report to the provider summising prescription errors.

Effective staffing

Staff had the skills, knowledge, and experience to carry out their roles.

Community-based mental health services for adults of working age

Requires Improvement

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with their revalidation requirements to continue practising as a clinican.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop their knowledge and skills.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services such as schools and colleges.
- Before providing treatment, clinicians ensured they had adequate knowledge of the patient's health, any relevant test results, and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. However, on the day of the inspection we saw one example where a patient had withdrawn their consent and the clinician shared information with a third party anyway.

- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

- Patient information was shared appropriately for example, child and adolescent mental health services, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

- Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.
- Where appropriate, staff gave people advice so they could self-care. Webinars were available free of charge on nutrition, menopause, and support with social isolation.

- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs. We were told and saw that 75% of enquiries to the service were redirected as not being appropriate for assessment and diagnosis.

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 in relation to their care and treatment plan.

Community-based mental health services for adults of working age

Requires Improvement

- The service monitored the process for seeking consent appropriately.

Is the service caring?

Good

Kindness, respect, and compassion

Staff treated patients with kindness, respect, and compassion.

- The service sought feedback on the quality of clinical care patients received, we spoke with 4 adults and 3 parents of children using the service. Feedback from them was positive about the way staff treated people, however we received several comments via the Care Quality Commission website raising concerns regarding communication, management of complaints and medication issues.

- Staff understood patients' personal, cultural, social, and religious needs. They displayed an understanding and non-judgmental attitude to most patients. However, we saw patients referred to as repeat offenders and could be clearer in describing their complaint. This appeared to blame the patient for not providing enough information.

- The service gave patients timely support and information via the live chat function of their website.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff we spoke with described how they treated individuals with respect and dignity.

Is the service responsive?

Good

Responding to and meeting people's needs

Community-based mental health services for adults of working age

Requires Improvement

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The service had employed a patient enablement worker who provided free coaching and family support for those with ADHD. Patients also had access to group support, access to work and benefit advice masterclasses.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis, and treatment, they were able to book their own initial and follow up appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service did not always take complaints and concerns seriously and did not always respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available on the service website.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place.
- Managers provided a monthly update of learning points from complaints and incidents.

Is the service well-led?

Requires Improvement

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Clinicians and leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges for example the time taken by the team to answer phone calls and were addressing them.

Community-based mental health services for adults of working age

Requires Improvement

- We were told managers were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality care.

- The service focused on the needs of patients.

- Leaders and managers acted on staff behaviour and performance inconsistent with the providers vision and values. Whilst there was an emphasis on the safety and well-being of all staff, managers did not always respect staff . We saw multiple examples whereby staff had been discussed in managers meeting minutes. Examples included “keeping an eye,” “not working well”, “procrastinates a lot” and “sending defensive and rude emails” all the staff were named. However, during focus groups staff told us they were proud to work at ADHD360.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they could raise concerns and were encouraged to do so.

- There were processes for providing all staff with the development they needed. This included supervision and career development conversations. All staff received regular bi-annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff and admin staff were considered valued members of the team.

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

- We were told there were positive relationships between staff and teams.

Governance arrangements

Community-based mental health services for adults of working age

Requires Improvement

There were some systems of accountability in place to support good governance and management.

- Structures, processes, and systems to support good governance and management had been recently reviewed. Managers had identified the need for dedicated staff to oversee complaints and quality and had recruited to these posts. We were unable to access the effectiveness of these posts as staff were not fully embedded into the team.
- Managers did not have sufficient oversight or recognised the risks posed by the lack of robust systems to manage blank controlled drug prescriptions.
- Managers did not always act upon outcomes of audits. We saw the primary dispenser had raised concerns of an increase in prescribing errors in May 2023, however we saw multiple occasions from March to May where significant errors had been recorded with no evidence of robust action taking place. Examples of errors included, discrepancies of doses, incorrect date of birth and spelling of names, controlled drug prescriptions not dated, signed, or written in full including the prescribers address which are a legal requirement.
- The management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.

Managing risks, issues, and performance

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

- Leaders did not have sufficient oversight of incidents, as we were told not all staff had access to the reporting system.
- Clinical audit had some positive impacts on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service did not always act on information.

- Quality and operational information was sometimes used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information, which was reported and monitored, and management and staff were held to account
- There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.

Community-based mental health services for adults of working age

Requires Improvement

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records, and data management systems.

Engagement with patients, the public, staff, and external partners

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

- The service encouraged and heard views and concerns from the patients, staff, and external partners.
- Staff could describe to us the systems in place to give feedback. We saw some evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative, and open with stakeholders about performance.

Continuous improvement and innovation

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

- The service made use of internal of incidents and complaints. Managers emailed staff monthly to share where some learning had taken place.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes, and performance.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not have safe processes and procedures to manage and monitor blank controlled drug prescriptions. This was a breach of Regulation 12 (1) HSCA Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not ensure staff were treated with respect. The provider did not ensure structures, processes, and systems were in place to support good governance to identify and manage risks to patients. This was a breach of Regulation 17 HSCA Regulations 2014 Good governance (1)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The provider did not ensure patients were treated with dignity and respect.

This section is primarily information for the provider

Requirement notices

This was a breach of HSCA Regulation 10 HSCA Regulations Dignity and respect (1)