

Dementech

Inspection report

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Date of inspection visit: 25 January 2022
Date of publication: 16/03/2022

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Overall summary

This service is rated as Good overall. (Previously inspected but not rated before)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Dementech Limited on 25 January 2022 as part of our inspection programme. This provider was last inspected, but not rated, on 3 September 2018.

Dementech provides a consultant-led outpatient service to assess and, if necessary, treat patients for a range of neurological conditions. The service provides neurology and psychiatry assessments and treatment. The service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. Dementech also provides medicolegal services and runs clinical trials, which are not within CQC scope of registration. Therefore, we did not inspect or report on those services.

The practice manager 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.

We reviewed feedback forms and spoke with three patients and one carer.

Our key findings were:

The service provided safe care. The service had clear systems to keep people safe and safeguarded from abuse. Staff assessed and managed risks to patient safety.

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and premises visibly clean.

The service had enough staff with the right qualifications, skills, knowledge, training and experience to keep patients safe from avoidable harm and provide the right care and treatment.

Staff developed individualised care and treatment plans informed by a comprehensive assessment in collaboration with patients. Care and treatment were planned and delivered in line with current legislation and best practice guidance produced by the National Institute for Health and Care Excellence (NICE) and suitable to the needs of the patients.

Leaders ensured that staff received training and appraisals. Staff worked well together.

Overall summary

However, systems and processes to assess and monitor the safety and quality of the service were not robust. Gaps in oversight and assurance increased the potential risk of poor quality or unsafe care being delivered to patients.

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

- The provider **MUST** implement systems and processes to ensure effective oversight of clinicians they contract with and the delivery of safe, high quality care (Regulation 17(1)(2)(a))
- The provider **MUST** ensure there is a system of regular audits in place and that this includes regular audits of prescriptions (Regulation 17(1)(2)(a))

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

- The provider **SHOULD** ensure there are systems in place to check equipment regularly to ensure it is fit for purpose
- The provider **SHOULD** implement systems to make sure no out of date medicines are stored on the premises

Jemima Burnage

Interim Deputy Chief Inspector of Hospitals (Mental Health)

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC inspection manager. The team had access to advice from an inspector within the CQC medicines optimisation team.

Background to Dementech

The service is provided by Dementech Limited.

Dementech is registered at:

Lister House

11-12 Wimpole Street

London

W1G 9ST

There is a website: www.dementech.com

Dementech is registered with CQC to provide the following regulated activities:

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

Dementech is a private medical clinic operating in the Harley Street area of London. The service is aimed at patients diagnosed with neurological conditions and patients experiencing mental health problems.

The service offers consultations with specialist neurologists and psychiatrists. The service was founded in 2016 and operated three service lines: private practice, clinical trials and medicolegal services. This report covers the private practice service line.

The provider contracts with:

- Four neurologists including a paediatric neurologist
- One psychiatrist

The service also has a practice manager and two administrative staff. The clinic is open five days a week, Monday – Sunday 8 am to 8 pm and sees patients face to face or remotely via online appointments and sessions.

In our report we use the term ‘staff’ to refer to people working within the service whether directly employed or contracted.

How we inspected this service

We used CQC’s methodology for monitoring services during the COVID-19 pandemic including onsite and remote interactions.

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

- toured the premises
- checked the safety, maintenance and cleanliness of the premises
- spoke with three patients and one carer who were using the service
- reviewed five feedback forms from other patients who were using the service
- spoke with the registered manager, two administrative staff, four clinicians and the medical director (by email)
- reviewed eight patient care and treatment records
- reviewed seven staff employment records
- reviewed information and documents relating to the operation and management of the service.

You can find further information about how we carry out our inspections on our website: www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

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

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- Staff carried out regular checks to ensure the environment was safe. The monthly workplace inspection checklist showed regular oversight of environmental risks. The provider and the provider's landlord completed appropriate safety risk assessments. Action was taken to follow up on and address any issues identified through the assessments.
- The service had appropriate fire safety arrangements in place. Fire extinguishers were checked annually by an external company. The building landlord carried out weekly fire alarm testing and regular fire drills.
- Equipment was maintained safely. Electrical appliances and sockets underwent portable appliance testing annually and were labelled accordingly. Medical devices were serviced and calibrated in line with the manufacturers' guidance.
- The service had an infection prevention and control policy. The policy was due for review in June 2022.
- The service used external cleaners to clean the service three times a week. The cleaners followed a manual, which explained the areas they needed to clean. Staff cleaned consultation rooms after each consultation. Staff recorded regular checks on the cleanliness of the consultation rooms. The premises were visibly clean and well maintained. Staff cleaned medical devices every week and after use. The weekly cleaning log showed that staff cleaned medical devices, such as pulse oximeter and blood pressure machine regularly.
- All patients were screened for COVID-19 before they attended the service. Staff telephoned patients and went through the screening tool before their appointment.
- Staff had access to and used appropriate personal protective equipment, such as face masks, gloves and aprons. Hand sanitising gel was available for staff and patients, on entry to the service and in consultation rooms.
- Staff disposed of clinical and non-clinical waste appropriately.
- The registered manager conducted regular hand hygiene audits although the outcome of these was not clearly recorded.
- The service had a spillage kit designed to safely contain and mop up spillages or leaks, but this was past the expiry date.
- The provider carried out checks on staff before they were given a contract/consultancy agreement, to ensure they were suitable for the role. These included checks with the disclosure and barring service (DBS). 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. The provider also checked the prospective employee's employment history and two appropriate references. We reviewed the employment records of seven current staff, which showed the necessary checks had been completed.
- The service had systems to safeguard children and vulnerable adults from abuse. Staff had undertaken safeguarding training appropriate for their role. They knew how to identify and report concerns and were able to discuss concerns with the organisation's safeguarding lead who was the registered manager or one of the doctors.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The administration team booked appointments for individual clinicians.

Are services safe?

- There was an effective induction system for agency staff tailored to their role. All staff had access to an induction checklist, which included orientation to the building, health and safety, key policies and introductions to other staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The service had an emergency bag containing equipment that may be needed in an emergency. Although a sample of items we checked were in date, there was no list of contents so it was not clear whether everything that should have been in the bag was present. The registered manager confirmed that no checks were made on the bag or its contents. They said the bag would only be used by a medical doctor in an emergency. However, there was a risk that staff would not be able to find what they needed in an emergency. The registered manager said they would assess whether having the equipment was necessary as the risks in the service were low and staff would always call 999 in an emergency.
- The service kept an automated external defibrillator, for use in an emergency, in the main office. However, the defibrillator pads kept with the device had expired in July 2021. We fed this back to the registered manager who said they would make sure they were replaced. Similarly, the first aid kit kept in the service had expired in 2020.
- Each clinician offering consultations in the service had appropriate indemnity insurance arrangements in place. The provider checked that clinicians practising at the service had maintained their professional registration.
- Patient risks were assessed at the point of referral. If patients presented with concerns that were not within the scope of the service they were referred to a more appropriate service.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Individual care records showed that appropriate information about patients was easily accessible to relevant staff as it was stored on an electronic patient record system accessible to all clinicians and administrative staff. Access permissions were granted appropriate to roles within the service.
- Consultants wrote detailed letters outlining the outcomes of assessments and any treatment or further referrals or tests needed. These were shared with the patient and their GP. Patient consent to share information was recorded in the eight records we reviewed.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The registered manager told us that the service did not keep medicines on site. However, we found several expired vials of a drug mainly used for cosmetic procedures and a local anaesthetic stored in a drugs fridge. When we pointed this out the registered manager removed the vials for safe disposal. They confirmed that cosmetic procedures were not offered by the service.
- Clinicians prescribed medicines or asked a patient's GP to prescribe specific medicines for them. The registered manager kept prescription pads in a locked draw and kept the key to the drawer safely with them at all times.
- The service had a plan to conduct an audit of prescription and controlled drug stationery and medicines management for the month following our inspection.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

Are services safe?

- There were effective protocols for verifying the identity of patients including children. This was done by the administrative staff at the point of referral and at the start of each consultation by the doctor by confirming the name and date of birth of each patient with the patient themselves or their next of kin.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues. For example, the service had a risk register detailing the service's current potential risks and action plans in place to mitigate them.
- The service monitored and reviewed safety and incident activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made when things went wrong.

- There was a system for recording and acting on significant events. 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 things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, the provider had service level agreements (SLA) in place with other providers to undertake scans and blood tests.
- The provider was aware of, and complied with, the requirements of the duty of candour. When a patient's scan results were not flagged up by email to the service, the registered manager followed this up immediately with the relevant company to ensure that this did not happen again. They were also open with the patient about what had occurred and apologised for it. The provider encouraged a culture of openness and honesty. The service had systems in place for reporting notifiable safety incidents and to ensure oversight of these.

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 including sessional and agency staff. The registered manager held monthly meetings with staff which were minuted. They also held regular informal meetings with staff to ensure information was shared effectively.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

- **The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, relevant standards and guidance.**
- Staff assessed patients' immediate and ongoing needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines, for example in the treatment of Parkinson's Disease.
- Patient needs assessments were holistic and patient centred. Patient care records demonstrated that consultants conducted thorough and detailed assessments of patients before determining a diagnosis or making recommendations for treatment or for further tests or specialist referrals. Clinicians involved relatives in assessments especially where the patient was a child or was not clear about the history of their symptoms. Specialist assessments were very detailed. For example, a specialist had conducted a Wechsler Intelligence Scale for Children (WISC) for one child and made a recommendation for a specialist assessment for autism following this. The outcome of the assessment was explained clearly for the child's parents.
- Clinicians had enough information to make or confirm a diagnosis. The service worked in partnership with patients' GPs, NHS and other relevant specialists to ensure patients' physical health was assessed and monitored. Where patients required diagnostic tests, these were arranged with other service providers. The service had access to scanning and blood testing through service level agreements with other private providers located near to the provider's premises. Costs were explained clearly to patients who opted for these services.
- We saw no evidence of discrimination when making care and treatment decisions. Patients with protected characteristics outlined in the Equality Act 2010 were treated fairly.
- Arrangements were in place to deal with repeat patients. For example, patients were offered follow up appointments with shorter time slots at a reduced cost to discuss medicines adjustments.
- The service was flexible in offering appointments. Patients were seen face to face or could be seen virtually.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service had systems in place for clinical audit to help ensure quality was maintained and areas for improvement could be identified. Clinical audits had stopped in 2020 and the registered manager reported that the audit schedule and associated activity had been impacted by the COVID-19 pandemic. The service had an audit plan in place which included a schedule of weekly and monthly audits. Although some of the audits planned had been undertaken, others had not. For example, it listed monthly 'medical audits' which had not happened. Although we found no impact on patient care and treatment, failure to conduct regular audits meant issues and concerns may not have been identified in a timely manner.
- One of the neurologists had assessed the dementia pathway and adapted the approach to make it more patient-centred and less standardised. Administrative staff asked specific questions during the referral process making it easier to identify what additional investigations might be needed ahead of the consultation. This meant the actual consultation was more focussed and produced better patient feedback.

Effective staffing

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

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- All clinicians were appropriately qualified. Relevant professionals were registered with the General Medical Council and were up to date with revalidation. All medical staff were highly trained and were consultants in their field. They were involved in research, teaching and had published many articles in peer-reviewed journals.
- All consultants received regular appraisals of their performance. Where appraisals took place as part of the consultant's substantive NHS post, a copy of the appraisal was kept by the service. All consultants had undergone a recent appraisal and the dates for the next review were recorded.
- 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. For example, one member of staff started as an administrative assistant and had progressed to assistant practice manager. The chief executive officer (CEO) had committed to supporting them financially to undertake the CQC registered managers course.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, one consultant told us he communicated with patients' schools and NHS paediatricians.
- Patient care records showed that consultants made referrals to other specialists when needed. The service could arrange for recommended additional tests, such as blood tests or scans. The patient or parent was able to arrange these themselves or ask Dementech to arrange the tests for them. The service used specialists to complete detailed assessments. Consultants reviewed test results in order to formulate a diagnosis or recommend treatment and fed this back to the patient or their representative/parent. Consultants sometimes coordinated patient care with the person's GP.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Staff told us they would not provide treatment where this information was not available.
- 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.
- 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 (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.
- The provider had a system for gaining consent from patients to share information with others, such as the patient's GP. Patients or parents completed a confidentiality and consent form prior to attending the first consultation. This was completed electronically or on paper and signed by the patient or parent.

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.

- Consultants gave patients advice on how to live healthier lives when appropriate.

Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, tests such as an electrocardiogram (ECG) were carried out prior to prescribing certain medicines.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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 as required by the Mental Capacity Act 2005.
- Staff ensured that they obtained the consent of patients for the consultation and when initiating any treatment. Patient care records showed that clinicians explained test results, treatments and treatment recommendations to patients or their representative/parent so that they could give their informed consent.

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 through patient experience surveys. This feedback data was analysed and changes made as a result. For example, the provider had recently reduced the price of the initial consultant as a result of patient feedback.
- Feedback from patients was positive about the way staff treat people. All patients and carers that we spoke to were overwhelmingly positive about their experience. They told us the consultants had given them time and space to discuss their care and treatment properly. Patients also told us that administrative staff treated them with kindness and respect and that they made significant efforts to make sure they felt safe and comfortable.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. For example, one member of staff told us that when an older patient came in with their son they directed them to wait in the quiet patient area as the person appeared to be very anxious. Another autistic child was able to wait in the same area to minimise noise and distress.
- The service gave patients timely support and information. Patients reported that the service was flexible and they could book appointments easily and quickly.

Involvement in decisions about care and treatment

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

- Interpreting services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them more effectively.
- Patients told us through telephone interviews, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family or carers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Patients told us they were treated with dignity, respect and kindness.

Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The clinic had a dedicated quiet room that could be used for this purpose. Where patients were being seen virtually the consultant undertaking the appointment would check that no one other than the patient was in the room. Where children were being seen they were accompanied by their parent/carer.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the dementia pathway had been changed to make it easier for patients to have their consultation and any tests necessary on the same day.
- The facilities and premises were appropriate for the services delivered. Although consultation rooms were not fitted with alarms, each had a telephone and staff could call reception in an emergency.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service was on the ground floor and able to easily accommodate a person using a wheelchair. Consultation rooms were large. Staff used a ramp to enable people to access the service from the street level, if needed. An accessible toilet was available.

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.
- The service was able to offer patients an appointment within a few days of contacting the service. Additional tests or scans could be arranged on the same day or shortly after.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately. Information on how to make a complaint about the service was on display in the patient waiting area. The complaint procedure was available in languages other than English when needed. Patient feedback forms and a suggestions and feedback box was also located in the waiting area.

The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted to improve the quality of care. For example, when a patient complained about how a staff member spoke to them on the phone this was taken seriously and an apology immediately offered. The staff member was spoken to and additional training was offered to address the issue.

Are services well-led?

We rated well-led as Requires improvement because:

Although leaders had the capacity and skills to deliver high-quality, sustainable care, systems and processes were not sufficient to support good governance and management.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood most challenges and were addressing them.
- The registered manager was visible and approachable. They worked closely with staff and others. Staff we spoke to said they felt supported at work. However, the medical lead was rarely present at the service. They did not take an active role in the service and relied on the registered manager to alert them to any concerns.
- The provider had processes to develop leadership capacity and skills, including planning for the future leadership of the service. This included supporting a member of administrative staff complete the CQC registered manager course.

Vision and strategy

The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients, although systems and processes to ensure this happened were not well developed.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff we spoke to understood the providers values and were proud of the clinical trials they were part of.

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. Staff told us leaders cared about their wellbeing at work.
- The service focused on the needs of patients.
- The manager acted on behaviour and performance inconsistent with the vision and values. For example, making sure staff spoke to patients with kindness and respect.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. For example, additional administrative staff had been employed in response to increased work demands.
- There were processes for providing all staff with the development they needed. This included appraisals and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The registered manager met with all staff on a regular basis both formally and informally. Staff told us they felt their emotional health needs were supported.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. The registered manager had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

Governance arrangements

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

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective. For example, the provider had not done any medicines audits during the last 18 months prior to our visit. Although the registered manager could contact the medical director if needed, they did so on an adhoc basis and lacked structure and purpose.
- The service had not established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. For example, we were told the clinical director was rarely present in the clinic and the registered manager was expected to have oversight of any performance issues related to the clinicians. However, as they did not have a clinical background this meant there was a potential for issues to be missed completely.
- The emergency bag was not routinely checked and had no list of contents. The automated external defibrillator pads and first aid kit were out of date as there was no routine checks undertaken and regular audits did not identify this. Similarly, the fridge contained medicines the service did not use and that were out of date which the registered manager was not aware of.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- The service did not have processes to manage current and future performance. There was a lack of oversight of the performance of clinical staff. The service relied upon patients making complaints about a service as a measure of safety and quality. There had been no audits of consultations, quality of record keeping, prescribing or referral decisions for the previous 18 months prior to our inspection visit. There was no system in place to evaluate the quality of care provided or the outcomes. Therefore the provider could not be assured that safe, high quality care and treatment had been provided.
- There was some evidence of clinical audit which had a positive impact on quality of care and outcomes for patients and of action to change services to improve quality. For example, an audit of patient satisfaction surveys resulted in a reduction in the initial consultation fee. Although there was an audit schedule in place some had not been done as listed. For example, the monthly audit of the first aid box had failed to pick up that it had expired in 2020. Some audits that were listed were unclear as to what they were. For example 'monthly medical audits'.
- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had a business continuity plan in place and had trained staff for major incidents. This included a COVID-19 risk assessment which included patient and staff safety and communications and staff training.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients to provide a holistic picture of how the service was performing. For example, the dementia pathway had been audited and reviewed. Changes were made to the referral and appointment system to make sure tests needed were completed before the consultation so fewer appointments were required.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. For example, staff had regular team meetings with the registered manager and chief executive officer to give feedback or they could discuss any issues with the registered manager more informally. Staff told us they felt supported to raise any concerns and that these would be taken seriously.

Continuous improvement and innovation

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

- There was a focus on learning and improvement. The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements. For example, following a patient complaint about the attitude of member of staff they were offered training on customer service and learning from the complaint was shared with the wider team.

There were systems to support improvement and innovation work. For example, the provider was committed to taking part in clinical trials and was currently piloting a device that Parkinson's patients could wear on their wrist which would produce real time data which could then be analysed by a neurologist to inform care and treatment planning.

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 Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes to assess, monitor and improve the quality and safety of the service were not fully established. There was a lack oversight and assurance in relation to the performance of clinicians in the service. Not all relevant audits had been completed. (Regulation 17(1)(2)(a))