

# Re:Cognition Health Limited

## Inspection report

77 Wimpole Street  
London  
W1G 9RU  
Tel:

Date of inspection visit: 8 November 2021  
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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	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?	Good	

# Overall summary

## **This service is rated as Good overall.**

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? – Good

We carried out an announced comprehensive inspection at Re:Cognition Health Limited on 8 November 2021 as part of our inspection programme. This was the first inspection of this service.

Re:Cognition Health provides a consultant-led outpatient service to assess and, if necessary, treat adults and children aged three and above for a range of neurological conditions. The service provides neurology, psychology and psychiatry assessments and treatment. This 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. Re:Cognition Health also provides medicolegal services and runs clinical trials which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

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

We reviewed seven feedback forms and spoke with seven patients.

## **Our key findings were:**

The service provided safe care. The service had clear systems to keep people safe and safeguarded from abuse. Staff appropriately 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 the 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 to provide the right care and treatment.

Staff developed holistic 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

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They actively involved patients in all care decisions.

The service was easy to access. Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly. The provider had a clear vision for improving the service and promoting good patient outcomes.

However, for two patients the healthcare professional had not uploaded the clinical record to the organisation's electronic record system.

The audit programme for the service was not robust, whilst some audits had been completed, such as health and safety and infection prevention and control, the service had not carried out audits on prescribing, clinical records, consultations and referral decisions. The service was aware of this issue and action plans were in place to make improvements.

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

- The service should ensure that all patient records are available on the organisation's electronic record system in line with the organisation's record keeping policy and procedures.
- The provider should ensure they have access to, and oversight of, the cleaning records of their sub-contractor.
- Leaders should ensure they have assurance and oversight of the performance of their service. Regular audits of prescribing, clinical records, consultations and referral decisions should be embedded within the service.

## **Jemima Burnage**

Interim Deputy Chief Inspector Hospitals (Mental Health)

## Our inspection team

The inspection team was led by a CQC inspector. The team included two CQC inspection managers and a CQC inspector. The team had access to advice from an inspector within the CQC medicines optimisation team.

## Background to Re:Cognition Health Limited

The service is provided by Re:Cognition Health Limited.

Re:Cognition Health is registered at:

77 Wimpole Street

London

W1G 9RU

There is a website: [www.recognitionhealth.com](http://www.recognitionhealth.com)

Re:Cognition Health is registered with CQC to provide the following regulated activities:

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

Re:Cognition Health provides a consultant led outpatient service to assess, diagnose and, if necessary, treat adults and children aged three and above for a range of neurological conditions such as autism, Alzheimer's disease, Parkinson's, psychiatric conditions and traumatic brain injury, particularly those which impact adversely on cognition. The service provides neurology, psychology and psychiatry assessments and treatment. The service was founded in 2011 and operates three service lines: private practice, clinical trials and medicolegal services. This report covers the private practice service line.

The provider contracts with:

1 older age psychiatrist

1 psychiatrist

3 child psychiatrists

1 paediatrician

1 autism practitioner

1 child psychologist

1 neuropsychiatrist

4 neurologists

1 neuropsychologist

1 neuroradiologist

1 clinical psychologist

1 physiotherapist

1 speech and language therapist

The service also has a clinical services lead, quality assurance lead and two administrative staff. The clinic is open five days a week, Monday – Friday from 8.30am to 5.30pm and sees patients face to face and 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 interim methodology for monitoring services during the COVID-19 pandemic including on site and remote interactions.

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

- checked the safety, maintenance and cleanliness of the premises
- spoke with seven patients who were using the service
- reviewed seven feedback forms from other patients who were using the service
- spoke with the registered manager, the clinical services director, compliance manager, receptionist and six clinicians
- reviewed seven patient care and treatment records
- checked how prescription pads were managed and stored
- reviewed four staff 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](http://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.

- 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. Appropriate fire safety arrangements were in place, fire equipment was serviced regularly and a building fire risk assessment had been completed.
- The provider had appropriate safety policies in place which included a safeguarding policy and procedures, risk register and policies for infection, prevention and control. These 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 training.
- The provider ensured that facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing clinical waste.
- 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 consultant paediatrician.
- 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. 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.
- There was an effective system to manage infection prevention and control. Staff used personal protective equipment (PPE) to protect patients, themselves and others from infection. The provider employed a sub-contractor to clean the building so records to confirm regular cleaning were not available at the inspection. However, staff kept equipment and their work area visibly clean. The infection prevention and control policy detailed the plans in place to manage COVID-19 and ensure patient safety. All patients were screened for COVID-19 before they attended the clinic. Hand gel, face masks and disinfectant wipes were readily available for staff and visitors.
- Regular legionella testing took place and all water outlets were flushed weekly.

### 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 employed staff tailored to their role. All staff had access to an employee handbook, which provided staff with key information about working for the service. All contracted doctors had access to a doctor's handbook.
- Staff understood their responsibilities for managing emergencies and knew how to recognise those in need of urgent medical attention. The medical receptionist and administrator were trained in first aid. The service had emergency equipment on site. This included oxygen, suction, an automated external defibrillator and emergency medicines. Records showed that staff conducted monthly checks on the emergency equipment to ensure the equipment and medicines were in date. The defibrillator had been calibrated and the defibrillator pads, including the paediatric pads, were in date.
- There were appropriate indemnity arrangements in place. Each clinician provided details of their current indemnity arrangements annually. The provider checked that clinicians practicing at the service had maintained their professional registration and were fit to practice.
- Patients' risks were assessed at point of referral and at each appointment. If patients presented with risks that were beyond the scope of practice, the relevant clinician would signpost or refer them to other services based on their individual needs. Individual patient risk was reviewed at each session. Clinicians obtained information on each patient's presenting condition and medical history. This included gathering information from individual GPs, other healthcare providers and case managers.

## 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. However, two out of the seven records we reviewed had not been uploaded to the electronic patient record system. We were not able to see the content of the assessment, consultation and recommended treatment plan. When we raised this with the provider they immediately followed up with the clinician.
- In the other five records consultants wrote detailed reports on the outcome of assessments and any treatment recommended or prescribed. These were sent to the patient's GP and the patient.
- The service had migrated to a new electronic patient record system in August 2021. Access permissions were granted appropriate to roles within the service. The compliance manager had identified that audit arrangements were not currently in place for clinical records. Plans were in place for a records audit to be undertaken.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, one record included very detailed recommendations to share with the child's school to enable school staff to support the child effectively in the classroom.
- Staff made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The service was in the process of developing clear patient pathways for when patients moved from private practice to clinical trials.

## Safe and appropriate use of medicines

# Are services safe?

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

- The provider only kept emergency medicines on the premises.
- Staff told us and we saw that FP10 prescription pads for two consultants were kept within a locked box in a locked cabinet. The key was kept securely in the administration office and only two staff members had access to the key. Doctors who kept FP10s with them were advised to keep them in a locked briefcase when not in use.
- Staff confirmed that the provider had not conducted any audits of doctors' prescribing or prescriptions. The provider had recognised that this was a gap in the oversight of the service. Consultants had been asked to submit copies of prescriptions in July 2021. Staff planned to scan copies of the prescriptions on to the patients' records. We saw a list of prescriptions submitted by one doctor dating back to January 2021. There was a plan in place to conduct an audit of all prescriptions submitted in mid-November 2021. The audit would cover how the prescription was completed, the prescriber number and GMC number of the doctor, and the accuracy of the patient details, including their date of birth. The medical director was planning to review the prescription in respect of the type of medicine prescribed and dose.
- Records we viewed showed that where GPs were asked to prescribe medicines to the patient, the reasons for this, and the specific medicines, were made clear, the evidence base for the medicines and dose was outlined, as well as any particular tests that needed to be completed before medicines were started.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues. For example, the service had a risk register detailing the service's current potential risks and the 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 improvements 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, for example, staff had reported an incident where a clinic letter had been sent to the wrong patient. This was investigated by the registered manager and an apology given to the patient.
- The service learned from these events, shared lessons, identified themes and took action to improve safety in the service. For example, additional support had been provided to a clinician to improve medical report turnaround times.
- The registered manager contacted other clinicians working at the service, where appropriate, to discuss any learning from incidents. Individual clinicians could discuss and review any incidents that they had been involved with as part of their individual staff appraisal. All incidents were discussed at clinical governance meetings.



# Are services safe?

- 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 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 received alerts and updates on medicines via the Medicines and Healthcare products Regulatory Agency (MHRA). The service had an effective system in place to share alerts with clinicians. The service kept a log which detailed any alerts that required action. The log was reviewed weekly to ensure that information had been shared and any required actions taken.

# 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, standards and guidance.**

- Staff assessed patients' immediate and ongoing needs and delivered treatment and 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. They used specialist assessment tools, such as the Conners scale and Wender Utah questionnaire, for assessing attention deficit and hyperactivity disorder.
- Holistic person-centred assessments were carried out and included patients' clinical needs and their mental and physical wellbeing. Clinicians had enough information to make or confirm a diagnosis. Patients told us that the care they received was person-centred.
- 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 external advanced diagnostics and nuclear medicine departments.
- The provider had been offering a remote service during the COVID-19 pandemic. Patients were offered online video appointments.
- 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.

## **Monitoring care and treatment**

**The service was actively 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. However, clinical audits had not been carried out since 2020. The clinical operations director reported that the audit schedule and associated activity had been impacted by the COVID-19 pandemic. However, the service had an improvement plan in place to address delays in audits, such as those for clinical records, prescriptions and prescribing and clinical outcomes. Whilst we found no impact on patient care and treatment, audits should be completed to ensure that issues are identified and addressed in a timely manner. One of the neurologists was involved in the Standards and Services Committee of Neurologists. They were trying to identify and describe the best way to measure and record patient outcomes. When published, the provider intended to adopt these methods.

## **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. Relevant professionals were registered with the General Medical Council (GMC) or Health and Care Professionals Council (HCPC) and were up to date with revalidation. Clinicians had extensive experience in their specialty or sub-specialty.
- The registered manager ensured that doctors and other healthcare staff working at the practice remained clinically effective. All doctors and other healthcare professionals completed an annual appraisal, either with an appropriate third-party or through their work within the NHS. Doctors followed GMC guidance on revalidation. Up to date records of skills, qualifications and training were maintained on a spreadsheet by the compliance manager. Staff were encouraged and given opportunities to develop. Individual doctors held a variety of teaching and clinical research posts. They attended educational events, seminars, webinars and peer group reviews with other clinical professionals within their specialty.

## 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 GPs, psychologists, other clinicians and therapists.
- 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 that they would not provide care and treatment where this information was not available. The patient would be signposted to more suitable sources of treatment.
- 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 service monitored the process for seeking consent appropriately. The service had developed a consent form specifically for online consultations. This included information on copyright and not recording sessions.

## 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, such as goals to improve sleep, exercise and healthy eating. Where appropriate parents were provided with coaching on managing aspects of neurodevelopmental delay. A parent reported that they received regular phone calls to check on progress and the consultant was pro-active, provided information and signposted them to the relevant agencies.

# Are services effective?

- Risk factors were identified, discussed with 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 certain medicines being prescribed.
- When 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.

# 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 that patients received through electronic patient experience surveys using patient feedback collection platforms. This feedback data was analysed and results were reported at the monthly clinical governance meeting. When virtual consultations were introduced in response to the COVID-19 pandemic, the service created and implemented a patient survey to receive feedback on the revised service.
- Feedback from all seven of the patients we spoke with was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed a non-judgmental attitude to all patients.
- The service gave patients timely support and information. Patients reported that the service was flexible and they could book appointments with ease.

## **Involvement in decisions about care and treatment**

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

- Interpretation and translation services could be obtained for patients who did not have English as a first language. If a patient spoke another language, they were also told about other multi-lingual services which may be able to support them more effectively.
- Patients told us through our 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 complex care needs the named clinician worked closely with the referring case worker from the NHS. Staff liaised with other professionals, for example, for one patient we saw that very detailed recommendations had been prepared to share with the child's school to enable school staff to support the child effectively in the classroom.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect. Patients told us that they were treated with dignity, respect and kindness.
- Staff knew that if patients attended in person and wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. Where patients were being seen virtually the clinician 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 took steps to respond to those needs. For example, during the pandemic staff had made adaptations so that some tests could be undertaken in a virtual setting, such as memory tests. Where appropriate, patients were sent material in advance to support the virtual tests.
- The facilities and premises were appropriate for the services delivered. If patients had mobility issues and were not able to use the lift, the service was able to book ground floor rooms within the building.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. At the point of referral to the service and when patients completed the patient registration form, patients were asked to detail any specific requirements they may have so that any adjustments could be made by staff on site. This information was also flagged on the electronic record so that the information was shared with relevant staff. The site had been fitted with step-free access and ramps. A lift and disabled toilet facilities were available. All rooms were fitted with an emergency alarm.

## **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 assessments, test results, diagnosis and treatment. The service did not offer walk-in appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately. Maximum waiting times were three weeks for some specialties, such as neuropsychiatry.
- Staff worked as a team to ensure a quick response to any requests for appointments.
- Patients reported that the appointment system was easy to use. Appointments were made through the administration team via email, online booking, a telephone call or in person.
- Referrals to other services were undertaken in a timely way. The service had a clear scope of practice and only accepted referrals for patients whose needs it could meet safely.

## **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.**

# Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. All patients knew to contact the service to raise their concern via an email or telephone call. Staff treated patients who made complaints compassionately.
- 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 a complaints policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted on the information gathered to improve the quality of care.
- The service maintained a log for all compliments they received. These were shared with staff via the staff newsletter.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability**

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

- The registered manager was knowledgeable about issues and priorities relating to the quality and safety of services. They understood the challenges and were addressing them.
- The registered manager was aware of internal and external factors that might impact on quality and safety in future. There was evidence of horizon-scanning.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. All staff we spoke with reported that the registered manager was accessible.

## **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 their priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored its progress against delivery of the strategy. The service held a strategy day in September 2021. This focused on developing the service further and broadening the number of clinical conditions treated.

## **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.
- The service focused on the needs of patients.
- The registered manager acted on behaviour and performance inconsistent with the service's vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of the duty of candour and had systems in place to ensure compliance with it.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.



# Are services well-led?

- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year, either through an appropriate third-party or through their work with in the NHS. 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 development and evaluation of their clinical work.
- There was a strong emphasis on the safety and wellbeing of all staff. The clinical services director, compliance manager and registered manager met weekly to review the service. Staff had access to support for their own physical and emotional health needs. The organisation provided an external employee assistance programme which staff had access to. Staff also accessed the provider's occupational health provider when needed.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff members. Staff spoke of being able to seek second opinions and reviewing diagnostic information with other clinicians working at the service.

## Governance arrangements

### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The service had various committees that met throughout the year and monitored and improved the performance of the service. These included the clinical governance and risk management committee, medical advisory committee (MAC) and integrated governance committee (IGC) meetings.
- The governance and 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 within the service.
- The service had established proper policies, procedures and activities to ensure safety and to assure the provider that they were operating as intended.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective 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. However, there was no evidence of recent audits looking at clinicians' consultations, prescribing and referral decisions. This can impact on a service's ability to monitor its performance. The service had recognised this as an area of improvement and had plans to work on it.

# Are services well-led?

- Performance issues were escalated to the appropriate committees and the board through clear structures and processes.
- The service had a business continuity plan in place. As a specific response to the COVID-19 pandemic the service put into effect their emergency action plan.

## **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 feedback from patients to provide a holistic picture of how the service was doing.
- The service used performance information, which was reported and monitored, and management and staff were held to account for any shortfalls.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in place, in line with data security standards, governing 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, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and listened to the views and concerns of patients and staff and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. The service carried out a staff survey every quarter. Results were shared with the team through the monthly newsletter and via email. Staff reported that any potential issues were raised with their line manager or the registered manager.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement. The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. There was an improvement plan in place which was reviewed at the weekly compliance meeting. The service tracked all actions required to improve the service.
- There were systems to support improvement and innovation work, for example, the service had developed a new academic collaboration working closely with a NHS hospital looking at traumatic brain injury.

## Are services well-led?

- Specialists from the service wrote, and featured in, local and international articles which aimed to educate the public and professionals about brain and mind health.
- The service had won numerous awards such as the 2021 cognitive health expert of the year in England. The service had a strong record of sharing work locally, nationally and internationally. The registered manager and other clinicians were involved in national and international clinical trials outside the scope of registration.