RICE - The Research Institute for the Care of Older People

Inspection report

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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Overall summary

This service is rated as Outstanding overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at the Research Institute for the Care of Older People (RICE) on 9 November 2021. This was part of our inspection programme and the first inspection of this service.

The Research Institute for the Care of Older People (RICE) is the registered provider. RICE has two main functions: conducting clinical research into dementia and related conditions and providing Memory Clinic

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. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. RICE is a research centre conducting a wide range of studies which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The Nominated Individual is the current Chair of the Trustees, whilst the Registered Manager is the lead clinician and Director of the Charity. 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.

Four people who used the service provided feedback about the service during the inspection. We also reviewed documentation demonstrating RICE engaged with people using the service, their carers and other stakeholders.

Our key findings were:

- The service had clear systems and processes which protected people from abuse and avoidable harm. All staff had received safeguarding training, demonstrated understanding and had escalated concerns. The service assessed patients over 18 years and was reviewing the training provided for clinical staff in line with national guidance.
- Patients experienced an effective holistic and evidence-based needs assessment, care and treatment at the clinic resulting from leading research carried out there.
- The service led quality improvement initiatives at national and international levels with the aim of enhancing the lives of people living with dementia and providing support to their carers.
- Staff were recognised experts in the field of dementia diagnosis, care and treatment.
- RICE initiated and took part in global research studies (commercial and non-commercial) to develop effective treatments for dementia and related conditions including Alzheimer's disease and Parkinson's disease.

Overall summary

- The service involved and treated people with compassion, kindness, dignity and respect. We saw they are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- RICE provides an innovative service tailored to meet the needs of individual people that is delivered in a way to ensure flexibility, choice and continuity of care.
- The leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

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

- Implement the Adult and Child safeguarding training provided for clinical staff as appropriate to their role in line with RCGP Intercollegiate Guidelines.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to RICE - The Research Institute for the Care of Older People

RICE - The Research Institute for the Care of Older People is the registered provider. The provider runs the NHS memory clinic for Bath and North East Somerset on behalf of the local Clinical Commissioning Group and Local authority through a sub-contract with Virgin Care.

The clinic is situated at 8, The RICE Centre, Royal United Hospital Bath, Combe Park, Bath BA1 3NG.

This is a limited company incorporated at Companies House. It is also a registered charity founded in 1985 with a Board of Trustees. The Trustees include a geriatrician, a psycho geriatrician, a retired GP, a dementia research professor, a solicitor and a finance expert. The Trustees are also the Directors of the company.

The RICE clinic undertakes clinical research into dementia and provides a Memory Clinic to enable diagnosis of dementia and to identify or supplement treatment options. Referral pathways are for people with milder dementia symptoms and adults 18 years and older. Referrals to RICE are made by the patients GP or by self-referral.

The RICE clinic is registered as the only location with this provider for the following regulated activities:

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

The clinic is situated in a three storey building, which is owned by the charity, within the grounds of the Royal United Hospital Bath. It has its own car park and level access. There is a passenger lift to all floors, although consultation rooms for patients are mainly on the ground floor and occasionally on the first floor.

The staff team at the RICE clinic consists of a consists of a Consultant Geriatrician, Academic Geriatrician, and Memory Clinic physicians and nurses, a senior psychologist and a number of other psychologists, administrative staff and domestic staff.

The opening hours are 8.30am to 5pm Monday to Friday with appointments between 9am and 4pm.

How we inspected this service

We gathered and reviewed information from a range of sources, including information held by the Care Quality Commission.

We used several methods for the inspection, for example talking to people using the service, their relatives or friends, interviewing staff, observations and review of documents.

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.

Good

Are services safe?

We rated safe as Good because:

- Clear safeguarding systems and processes were in place to identify patients who may be at risk of abuse and avoidable harm. All staff had received safeguarding training, but this was not at the nationally recognised level for clinical staff.
- Systems ensured risks to patient safety were effectively assessed, monitored and managed.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The service had reliable systems for appropriate and safe handling of medicines.
- The service had a good safety record.
- Lessons were learned and improvements made to improve the quality of the service.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. For example, at the outset of the COVID-19 pandemic a comprehensive risk assessment was undertaken and measures put in place to protect patients, carers and staff whilst in the building. The policies outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The provider's policy required Disclosure and Barring Service (DBS) checks to be undertaken for all staff and volunteers. (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). We sampled two staff files and found appropriate checks were undertaken.
- All staff received up-to-date safeguarding and safety training. The service linked its safeguarding procedure with that of the secondary care NHS Trust on site and accessed expertise from the safeguarding lead at the Trust and Clinical Commissioning Group. The provider was actively seeking clarification about the Royal College of General Practitioners (RCGP) intercollegiate guidance on safeguarding. This was specifically in regard to determining the most appropriate safeguarding training levels for nurses and mental health staff. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We saw evidence of measures aimed at reducing the risk of cross infection, for example recorded testing and checks of the water supplies to reduce the risk of legionella (Legionella bacteria can cause a serious type of lung infection called Legionnaires' disease.)
- The provider ensured facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The service had service level agreements with the NHS Trust, which shared the same site, to carry out facilities, equipment and healthcare waste management.
- 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. There was a high ratio of staff to patients, which enabled assessments to be completed at the pace of the patient and their carer.

Good

Are services safe?

- There was an effective induction system for new staff tailored to their role. Due to this being a specialist service, the provider did not use locum or other temporary staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They did not routinely see unwell patients, but knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff, the service assessed and monitored the impact on safety. For example, the provider had reviewed all aspects of the service at the outset of the COVID-19 pandemic. National guidance had been followed, including social distancing, use of personal protective equipment throughout patient consultations and whilst staff worked in the building.
- There were appropriate indemnity arrangements in place, for example the provider held evidence of valid indemnity insurance for all clinicians and had arranged public liability insurance for the clinic.
- Research into newly developed treatments was being carried out with patients of the memory clinic and other participants. The effects were unknown and could present a greater risk of anaphylaxis (severe reaction). There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The equipment was in line with current national guidelines. Daily checks of the equipment took place as research with patient participants was also carried out on site.

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 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. For example, post-consultation letters were sent to both the patient, their carer (with consent from the patient) and the patient's GP. Third sector agencies such as the Alzheimer's Society provided additional support post-diagnosis; the provider linked the patient and their carer to those services with their consent.
- The service had a system in place to retain medical records in line with the Department of Health and Social Care (DHSC) guidance, in the event that they ceased trading. Paper based records were stored securely on site. Electronic records were held on the IT system, with back-up systems in place and managed by Bath University for the service. The provider was registered with the Information Commissioner's Office.
- 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 reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Clinicians prescribed some medicines for patients, for example approved early treatments to slow the progression of dementia and/or as part of research trials. They also made recommendations to the patients GP about other medicines that might be helpful, which the GP then prescribed.

Good

Are services safe?

- Processes were in place for checking medicines, used in research and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Examples seen included reviewing systems in line with National Institute for Health and Care Excellence (NICE) to ensure that patients had the requisite blood tests prior to assessment and that these had been followed up by the person's GP.
- The service monitored and reviewed activity. For example, the fire risk assessment highlighted actions including monthly premises checks to reduce the risk of fire. We saw records demonstrating this was completed every month as assurance for the provider. 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. The service learned and shared lessons identified. Managers and the Board of Trustees adhered to embedded governance arrangements to monitor events, incidents and identify any potential themes and actioned these improve safety in the service. For example, the governance committee regularly reviewed the list of patients waiting to be assessed. During the COVID-19 pandemic there had been delays due to brain imaging appointments. This was outside of the control of the clinic, but waiting times had reduced since April 2021.
- 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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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.

Good

Are services effective?

We rated effective as Good because:

- Patients experienced an effective holistic and evidence-based needs assessment, care and treatment at the clinic resulting from leading research carried out within the service.
- The service led quality improvement initiatives at national and international levels with the aim of enhancing the lives of people living with dementia and providing support to their carers.
- Staff were recognised experts in the field of dementia diagnosis, care and treatment.
- The clinic initiated and took part in global research studies (Commercial and Non-Commercial). Leading research was being carried out to find better treatments for people with dementia and other neurological disorders. Patients were enabled to decide whether they wished to participate in and benefit from these new treatments.
- The clinic collaborated with third sector and NHS services to deliver effective care, treatment and support for people living with dementia.
- Patients were empowered and supported to maintain maximum independence through access to treatments and therapies which research had shown slowed mental decline.

Effective needs assessment, care and treatment

The provider was actively involved in development of current national evidence-based practice. Clinicians assessed and delivered safe and effective care and treatment using new evidence-based treatments, techniques and technologies.

- The Research Institute for the Care of Older People (RICE) had developed assessments for people with dementia such as the Bath Assessment of Subjective Quality of Life In Dementia (BASQID, The Gerontologist 2007, 47, pp 789-797) and published other aspects of assessment for people with dementia. This had been developed with the wider national and international healthcare communities to influence high quality assessment and experience for patients and their carers. For example, the benefits of using the National Adult Reading Test (NART) to improve accuracy of dementia screening (Presented at the European Geriatric Medicine Society in 2019). This was used during all patient assessments to provide assurance of accuracy and results of the dementia screening being undertaken.
- The clinical lead had been an external Professional Adviser and member of the original National Institute for Health and Care Excellence (NICE) Guideline Development Group and is currently a member of the NICE Expert Advisers Panel. This group produced current best practice treatment guidelines which were accessed nationally by healthcare providers who delivered care in line with those guidelines. Patients attending the clinic benefitted from having access to the latest treatments to slow the progress of their dementia, retain independence and enjoy a good quality of life for as long as possible.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' needs where appropriate. For example, identification of possible undetected pain or discomfort.

Monitoring care and treatment

Opportunities to participate in benchmarking and peer review were proactively pursued, including participation in approved research and accreditation schemes.

Good

Are services effective?

Outcomes for people who used services were positive, consistently evaluated and improved through the clinical research activities at the clinic. All patients attending the clinic were able to benefit from early access to new treatments to slow the decline of their memory loss. These included:

- Clinical trials: EVOKE and EVOKE+ studies - for patients with mild Alzheimer's disease and Mild Cognitive Impairment (MCI). These trials were testing the drug semaglutide, already approved to treat Type 2 diabetes to assess whether this could also slow cognitive decline. Janssen AUTONOMY study investigating a novel drug known as 'JNJ-63733657', to assess the ability of the investigational medication in slowing the cognitive decline in participants with early Alzheimer's disease, as well as its safety and tolerability.

- Techniques: active involvement in the PrAISED (Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment) research, led by the University of Nottingham looking at promoting activity and independence amongst patients receiving a therapy programme. Participation in a trial of an online application programme called PRIDE. People attending the clinic with all types of dementia were being recruited by the clinic to take part in online virtual meet-ups, with an assigned Dementia Facilitator, supporting and helping them to set goals and look at what different resources might be available to help them.

- RICE worked closely with other organisations on research projects. For example, they were recruiting patients with mild cognitive impairment for the 'FASTBALL MCI' study led by the University of Bath. The study purpose was to assess a new technique for the early detection of dementia that measures patterns of brain wave activity using a portable electroencephalography (EEG) machine and relates this to how well people remember things they had seen before.

The provider undertook projects, including those placing patients as 'Experts' of their condition, for example for:

- The Inside Alzheimer's Disease video project - people who had been diagnosed with either Alzheimer's disease or Mild Cognitive Impairment within the past 12 months, were encouraged to record their thoughts, concerns, frustrations as part of a video diary. This would be accessible for people (carers, health and social care professionals and other stakeholders) to view online. Once completed this would provide insight into what living with dementia felt like and peoples experience of support and services to stimulate better development of co-ordinated services across the country.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. RICE had a rolling programme of audit covering many areas of care risks, prescribing and practice for example:

- Fracture risk was recognised as under reported in memory clinics when patients attended. This project was an audit that assessed whether patients in the memory clinic had had their fracture risk acted upon according to national guidelines. The report was published in a clinical journal in 2019 and was being used as the basis for further study to improve the care of patients living with dementia. The Academic consultant in the team presented learning and recommendations (Fractured Minds) to facilitate improved management of falls and fracture risk at a European Geriatric Medicine Society conference. During assessment of every patient, clinicians were mindful of potential falls risks when prescribing or reviewing current medicines prescribed by the patient's GP. This helped to reduce the risk of falls for all the patients seen at the clinic.

- Dementia Drug audit – 2016, 2017. These were regular audits of compliance with NICE guidance on the use of memory enhancing drugs for the memory clinic patients. The audit in 2016 identified that memory medication information

sheets were not always provided. A RICE specific information sheet was introduced 'RICE Medication Information' and re-audited in 2017. This showed some improvement in providing these to patients at the start of any new medicines being prescribed. In further audits 2019-2020, the provider demonstrated that information was now consistently provided, and we observed this during the inspection.

- King's Fund 'Enhancing the Healing Environment'. The provider's environmental assessment demonstrated compliance with the King's Fund dementia friendly standards in regard to signage, fittings and furniture. Patients and carers were involved in the assessment of the building against the Kings Fund Standards. The initial audit highlighted some areas that could be improved, an action plan was drawn up and implemented. A further audit had identified improvement, for example in signage to orientate patients attending the clinic and information provided. There were prompts on doors, toilets and waiting areas to help orientate patients whilst attending for an appointment.

Effective staffing

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

Staff were recognised experts in the field of dementia diagnosis, care and treatment. Clinicians undertook considerable research (peer reviewed) and widely published this to influence better assessment, care and treatment of people living with dementia nationally and internationally. Examples seen were:

- The registered manager who was the Director and Consultant Geriatrician held a number of appointments including being an Honorary Professor, Department for Health, University of Bath (2004- 2020). They had published 37 original papers since 2010, for example as co-author of 'Factors associated with self - and informant ratings of quality of life, well-being and life satisfaction in people with mild-to-moderate dementia: results from the Improving the experience of Dementia and Enhancing Active Life programme. Age and Ageing 2020; 49: 446-52'. The study found although ratings differed, they displayed similar results when focusing on factors associated with quality of life, life satisfaction and well-being and offered a reasonable source of information about people with dementia in terms of understanding associated factors.
- The Academic Consultant clinician had published 18 papers since 2014. They were invited and lectured on a wide area of topics about assessment, diagnosis, treatment and improving the quality of life for people with dementia. This included a European Symposium 'To treat or not to treat: drug- versus disease-related fall risk' specifically about antihypertensive medication (used to treat high blood pressure) and falls.
- 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), Nursing and Midwifery Council and were up to date with revalidation
- During the COVID-19 pandemic, some aspects of the service were paused to reduce footfall and protect both patients and staff. Staff had been furloughed until April 2021 which meant some training updates were overdue. We saw records demonstrating this was being managed when we inspected. 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.

Coordinating patient care and information sharing

Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services.

Good

Are services effective?

- GPs were employed as specialty doctors within the clinic to enhance their skills in diagnosis and ongoing support of people with dementia. For example, when we inspected there were two GPs working part-time at the clinic and continued to work in their practice. This facilitated opportunities to increase and share knowledge about the latest screening techniques, support and treatments available when seeing patients within their general practice.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, a patient had been referred for a hearing assessment and the clinic planned to expedite this by contacting the hearing clinic for the patient to improve their quality of life.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where appropriate to ensure safe care and treatment.
- All patients were always 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 and shared the knowledge with other professionals supporting the patient. They had identified medicines that were not suitable for prescribing, for example due to increased falls risk. Patient views were respected, and with their agreement information was shared with agencies supporting them, for example we saw evidence of letters sent to their registered GP in line with GMC guidance. If a patient was reluctant for this to be done, the provider worked with them to understand their reasoning and provided reassurance of better outcomes when care and treatment was well co-ordinated, and information shared.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. The lead clinician had an established focus on driving risks, having been the sole author of a chapter (Chapter 10, 87-94) of 'Safety, Legal issues and driving. In: Alzheimer's Disease, Waldemar G and Burns A (eds), (Oxford University Press). 2009' . Driving risks and the legal requirements to notify the Driver and Vehicle Licensing Agency (DVLA) and insurance company used by the patient were discussed. Patients were advised that their GP was duty bound to inform the DVLA who would write to RICE for confirmation of the patient's diagnosis. Patients were advised the DVLA actions could result in them having to take a test or their licence to drive revoked. Information leaflets were given to the patient and their carer to take away and read.
- The service monitored the process for seeking consent appropriately.

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 evidence based advice and engaged them in post assessment activities so they could self-care for as long as possible. For example, clinical therapy groups, signposting to healthy eating information.
- 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.

Good

Are services effective?

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Outstanding ☆

Are services caring?

We rated caring as Outstanding because:

- The service provides support services to help reduce distress, agitation, disorientation and anxiety for patients with dementia and to support their families and carers. Feedback from patients and their carers, obtained every year since 2009, was consistently rated as high for compassionate care.
- Staff empowered patients, families and carers providing a rolling programme of support groups to understand their condition, make decisions about their care, treatment and support they needed.
- Staff were exceptional in enabling patients to retain their independence providing courses to improve quality of living with dementia, for example ways to stimulate memory and function.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service had embedded systems in place since 2009 and sought feedback on the quality of clinical care patients received.
- Feedback from patients was consistently positive about the way staff treated people. In the last survey in March 2021, the service achieved 100% compliance resulting from patients and carers responses about how they were treated by staff.
- Patients and their carers consented for us to join them during their assessment appointment during the inspection. We saw staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. An evidence based cognitive assessment was used that ensured questions were framed and checked with the patient so that they were enabled to give their best response. This reduced the risk of bias, such as the positive or negative impact a person's education could have on the assessment outcome.
- The service gave patients timely support and information, for example during the COVID-19 pandemic when changes had to be made to protect patients and staff by reducing footfall in the clinic. Whilst the majority of patients responding in a survey in March 2021 had attended a face to face appointment and were satisfied with the service, nine patients who had telephone appointments also gave positive feedback. These patients highlighted how the process of telephone appointments was handled. Patients and their carers knew they could contact the clinic at any time and were confident they could get support if they needed it.
- Discussions with staff and documentation we reviewed demonstrated they had gone the 'extra mile' supporting patients and their carers during the COVID-19 pandemic. Staff were mindful to protect themselves, their patients and carers, and their families but realised that patients and their families could be more vulnerable due to isolation during this time. Home visits were carried out and additional telephone calls made to provide support and offer timely interventions when needed. Staff had identified 300 patients who could be at risk and telephoned them to check in with them and offer support. This then led to clinic staff referring 55 patients for additional support, including specialist support from the mental health team to reduce the risk of a mental health crisis occurring.
- Evidence based therapies and support demonstrated staff went above and beyond for patients using the service: RICE had run its own four-week carers course twice a year since 1989 providing advice and strategies for coping with financial issues, stress and isolation (approximately 1,600 carers had attended these courses). Since 2010, patients with mild to moderate cognitive impairment had access to a seven-week programme of cognitive stimulation therapy providing activities and strategies to help their memory (approximately 110 patients had benefitted from this course). Newly diagnosed patients were able to join a ten-week 'Living Well with Dementia' course that had been running since 2016 (approximately 40 patients had benefitted from this). A two-weekly 'Music for Memory' had been running since 2018; attendees feedback was reported to be positive in increasing their well-being and mood. Facilitators of these groups also reported they observed attendees were more relaxed and cheerful at the end of these sessions.

Outstanding ☆

Are services caring?

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. We saw notices in the reception and waiting area, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The service had recently updated its website, facilitating patient and carer access to information about leading research being done at the clinic to find better treatments and other improvements for people with dementia. This provided people with the opportunity to take part and benefit from new treatments and approaches and was also discussed with them during their appointment.
- The service empowered patients and their carers to be involved in decisions about developments in the delivery of care, treatment and ongoing support in its annual survey carried out every year since 1987.

We joined patients and their carers attending for appointments during the inspection and observed their experiences at the clinic:

- They told us they felt listened to and supported by staff. Staff ensured there was sufficient time during consultations for the patient and their carer to make an informed decision about the choice of treatment available to them.
- Staff saw patients privately without their carer when discussing the assessment findings and diagnosis with them. They were compassionate and gave patients space and time to express their feelings and encouraged them to ask any questions in private without carers or family present.
- Carers and family members attending with the patient, were also given space and time to absorb the diagnosis being made and to ask any questions or raise any concerns.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff were committed to reducing any communication barriers that patients might have, and communicated with people in a way that they could understand, for example, communication aids and easy read materials were available and used. RICE offered patients opportunities to join a number of cognitive based therapy groups run by the clinic, for example learning about activities to maintain memory and quality of life. The clinic, through its research was actively involved in reviewing and signposting patients to aids and equipment to help retain their independence. Examples included using assistive technology such as picture phones when a person might not be able to remember the telephone number of their relative.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Patients were enabled to talk in private with staff and to decide whether they wanted their carer and/or relative to be informed of their diagnosis and treatment.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

- The Research Institute for the Care of Older People (RICE) had a truly holistic approach to organising and delivering services**.** RICE had a long history of delivering memory clinic services and ongoing support of its patients and their carers. Developed in 1987, its Memory Clinic is one of the oldest in the country.
- Patients were able to continuously access care and support from the service in a timely way that met their needs.
- The wider healthcare community were able to access training and education from the service to improve the quality of lives of the people they supported.
- The provider used all forms of feedback, learning and research to improve the quality of the service.

Responding to and meeting people's needs

The service had a truly holistic approach to organising and delivering services to meet patients' needs. It took account of patient needs and preferences.

The service continually planned and delivered the service, across the BANES Clinical Commissioning Group area, in a way which reflected people's needs. The provider understood the needs of their patients, the health and social needs of older people and the healthcare community and improved services in response to those needs. We saw many examples of this, including:

- RICE recognised people living with the dementias often did so with multiple long-term health conditions, which were usually managed in one condition specific services. The clinic provided assessment, diagnosis, treatment and ongoing support for both the patient and their carers with benefits of reduced number of appointments.
- The clinic facilities and premises were situated within the grounds of the Royal United Hospital Bath and were appropriate for the services delivered. There was a dedicated car park which patients and their carers could use to gain level access into the building.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. All consultation rooms were on the ground floor with level access. The décor and signage provided orientation for patients living with dementia and allowed them to maintain their independence whilst visiting the clinic.

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. For example, a carer accompanying their relative told us it had taken a month from initial discussion with the GP to appointment at the clinic. During this period a Magnetic resonance imaging (MRI) appointment had been made ahead of the clinic attendance so the results could be reviewed and diagnosis made on the same day.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised as every referral was triaged as part of the assessment of the person.
- Patients reported that the appointment system was easy to use. Staff demonstrated adherence to procedures, checking patients had appropriate appointments and blood screening completed before being sent an appointment for the clinic.
- Referrals and transfers to other services were undertaken in a timely way. For example, we saw staff referred a patient to a hearing assessment clinic to determine what additional aids might be necessary to improve their quality of life.

Good

Are services responsive to people's needs?

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 in the waiting areas and on the service website. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action which was available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service had used feedback and learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.
- Whilst no formal complaints had been received for the memory clinic in the previous three years we reviewed a complaint received in 2018. We saw the provider had sent a written response to the complainant and had a comprehensive record of the investigation, review and learning identified: Staff were reminded to introduce themselves, staff were reminded that no discussions should take place in areas where privacy could not be achieved and to accept carers advice as to the best approach to communicating with their relative during an appointment.

Outstanding ☆

Are services well-led?

We rated well-led as Outstanding because:

- Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable.
- Leaders had an inspiring shared purpose, and strived to deliver and motivate staff to succeed and deliver high quality care, treatment and knowledge for patients and their carers.
- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes for people with dementia.
- There were consistently high levels of constructive engagement with staff and people who used and commissioned services. All were treated as equal partners in the development of services at RICE.
- There was evidence of systems and processes for shared learning, continuous improvement and innovation at local, national and international levels.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care at local, national and international levels.

RICE was a founder member of the European Alzheimer's Disease Consortium. The service's registered manager with CQC is a member of the Alzheimer's Association International Society to Advance Alzheimer's Research (ISTAART) and also a number of the Society's Professional Interest Areas. The Academic Consultant was the deputy chair of the British Geriatric Society Dementia Specialist interest group and a member of the European Geriatric Medicine Society Dementia Specialist Interest group.

- The lead clinicians were acknowledged specialists at consultant level in the field of dementia care and treatment, demonstrated by their widely published and peer reviewed research papers, invitations to lecture and being fully conversant with the issues and priorities relating to the quality and future of services.
- They understood the challenges, for example the increasing older population with associated care needs due to higher risk of conditions such as dementia and were addressing them. Many examples were seen, as highlighted in the Effective domain, based on active research into the impact of early treatments on cognitive decline to slow the progression of disease and maintain quality of life for patients. Patients attending the clinic were invited to participate in this research.

Vision and strategy

The strategy was stretching, challenging and innovative to deliver high quality care and promote good outcomes for patients.

- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, there was a succession plan for the service which was underway due to the retirement of the founding clinician and registered manager. The Academic Consultant was transitioning into the role as senior leader and registering with the Care Quality Commission as the manager.

Outstanding ☆

Are services well-led?

- There was a shared and embedded vision and set of values, which all of the staff and Board of Trustees were proud of and had contributed to. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service was committed to system wide collaboration in development of its vision, values and strategy and did so jointly with patients, staff and external partners including the Clinical Commissioning Group, Royal United Hospital Bath, Virgin Care, Bath and Bristol Universities (and other academic facilities) the Department of Health and third sector agencies such as the Alzheimer's Society.
- The service continuously monitored progress against delivery of the strategy. For example, the Board of Trustees regularly reviewed reports from operational staff against key targets every year.

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 and spoke highly of the culture, focus and drive to improve the quality of life for people with dementia.
- The service focused on the needs of patients and their carers who were at the centre of the services delivered.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, they shared learning from feedback about communication skills with staff to improve these when assessing and interacting with patients.
- Openness, honesty and transparency were demonstrated when responding to feedback, incidents and complaints. For example, RICE had improved its management of sharing information in response to feedback received from a carer. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- We interviewed six staff and received 12 responses in a CQC survey as part of the inspection. All of the staff responding told us they knew how to raise concerns, were encouraged to do so and had confidence that these would be addressed if they had any. All of the responses were strongly positive, highlighting: a consistently pro-active approach to quality improvement; putting patients and their carers first; being listened to and valued; being proud of what was being achieved at the clinic and more widely nationally and internationally for people living with dementia.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received their annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a consistently strong emphasis on the safety and well-being of all staff. For example, staff who needed to shield during the COVID-19 pandemic were enabled to work remotely to protect their health.
- 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.
- There were positive relationships between staff, teams and the wider health and social care community both nationally and internationally. This was demonstrated in the continued collaborative work being done and highlighted under the Effective domain.

Governance arrangements

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

Outstanding ☆

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. 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.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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.

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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear 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 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

There were consistently high levels of engagement with patients, the public, staff and external partners to support high-quality sustainable services.

- RICE routinely encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. In March 2021, the service had asked patients and their carers for feedback about the quality of their appointments, this included obtaining their views about their safety in terms of infection prevention and control measures being following during the COVID-19 pandemic.
- Staff described the systems in place to give feedback and demonstrated this in the consultation assessments and the weekly multidisciplinary team discussion we observed. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

Outstanding ☆

Are services well-led?

- An internal fortnightly bulletin provided updates, including on staff changes within RICE and pertinent information relating to each discipline (clinical trials, management, policies, memory clinic, administration)
- Collaboration with third sector agencies to deliver long-term support for patients and their carers. The clinic ran educational courses about the types of dementia, beneficial activities and therapies which carers and support workers from these agencies could utilise in supporting people with dementia.
- The service was transparent, collaborative and open with stakeholders about performance. Examples seen were: RICE produced and published a newsletter twice every year which was sent to all patients and their carers, funders and supporters summarising developments and plans. The Board of Trustees produced an annual report and financial statements every year, which it published on the service website as well as sharing it with other stakeholders to meet, for example, its accountability to the Charities Commission.

Continuous improvement and innovation

There was strong evidence of systems and processes for shared learning, continuous improvement and innovation at local, national and international levels.

RICE provided leadership by sharing its clinical and research expertise locally, nationally and internationally. In its annual report the Board of Trustees highlighted that in the 35 years since the clinic was set up it had made a significant contribution to global research into Alzheimer's disease and related conditions. More than 50 potential treatments for Alzheimer's disease had been evaluated by RICE including all 4 of the currently licensed drug treatments available in the UK. Many other examples were seen:

- The clinic had been involved in other ground-breaking research, as one of four world research centres carrying out the first study of immunisation against a protein which accumulates in the brain in Alzheimer's disease.
- A multidisciplinary meeting to discuss patients who had been assessed that day was held. This meeting was educational and a forum for obtaining additional clinical expert input into diagnosis of patients and after care plans and treatment. We observed the team discussing the complex multiple conditions of a patient seen and the flexibility with which their individual treatment and support plan was reviewed and ramped up to address their needs.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. For example, RICE was establishing an increased working relationship with the Royal United Hospital Bath (RUH) NHS Trust and broadening its Older Adults' research interests. A member of staff had recently finished a two-day secondment at the RUH supporting a Parkinson's disease study.
- RICE and its senior medical team were active members of a number of national and international bodies. This gave RICE and RICE patients a fast track to any emerging trends or treatments and strategy at a national and international level.
- The service made use of internal reviews of incidents and complaints. Clinical staff held many significant positions, for example providing feedback from research about the safety and efficacy of proposed treatments to slow the decline of cognitive impairment for people with dementia. Learning was shared within the clinic and used to make improvements as well as influencing more widely across the healthcare sector.
- RICE provided teaching to local GPs and hospital clinicians (through combined meetings with the Older Person's Unit at the Royal United Bath Hospitals), pharmacists (via the University of Bath) and medical students (University of Bristol) on dementia and its management, and healthcare problems associated with those who have dementia.

The registered manager with CQC held a number of national roles, and was at the forefront of developments in the care and treatment of people diagnosed with dementia. Patients benefitted from having early access to treatments. These were as follows:

Outstanding ☆

Are services well-led?

- An external Professional Adviser to NICE (National Institute for Health and Care Excellence) for their previous reviews of drug treatments for Alzheimer's disease and was also an invited member for the Guideline Development Group that produced the first NICE Dementia Guideline (Dementia: supporting people with dementia and their carers in health and social care).
- The founder Clinical Lead (from 2006) and then Dementia Research Director for the NHS South West Dementias and Neurodegenerative Diseases Local Research Network (SW DeNDRoN).
  • From 2006-2019 they held the Dementia Specialty Lead role for the NHS National Institute for Health Research (NIHR) West of England Clinical Research Network.
- From 2006-2019 they held the Dementia Specialty Lead role for the NHS National Institute for Health Research (NIHR) West of England Clinical Research Network.
- A member of the NIHR Dementia Portfolio Development Group.

The Academic Consultant, held national and international roles as:

- The deputy chair of the British Geriatric Society Dementia Specialist interest group
- A member of the European Geriatric Medicine Society Dementia Specialist Interest group.

RICE demonstrated a long track record in enabling patients to continuously benefit from early access to new and emerging treatments, therapies and support as a result of staffs commitment to the sharing of scientific knowledge about dementia and healthy ageing.