

ADHD Care Ltd

# ADHD Care Ltd

## 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	Good	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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# Summary of findings

## Overall summary

We inspected ADHD Care Ltd. The service is a community adult, child and adolescent mental health service. It is privately funded and primarily offers assessment and treatment for attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD).

We rated this service as good because:

- The service provided safe care and treatment. The premises where clients were seen was clean, well-maintained and fit for purpose. The premises could only be accessed by using an intercom and a member of staff let clients in. Staff followed good practice with respect to safeguarding.
- Staff conducted comprehensive assessments in collaboration with families and carers where required. They provided treatment that was informed by best-practice guidance and suitable to the needs of the adults, children and young people.
- The team included specialists required to meet the needs of clients. Where a specialist was not part of the team, staff were able to refer or signpost to other services to ensure people received holistic care and treatment.
- Staff treated all people with compassion and kindness and understood the individual needs of clients. They actively involved clients, families and carers where appropriate in care decisions.
- The service was easy to access. Staff assessed and treated clients in a timely manner and they did not wait too long to start treatment. The criteria for referral to the service did not exclude people who would have benefitted from care.

However:

- Staff did not routinely complete training in the Mental Capacity Act or learning disability.
- Staff did not always have access to clinical supervision that would support their professional development.
- The service did not have a lone-working procedure in place.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for adults of working age	Good 	

# Summary of findings

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# Summary of this inspection

## Background to ADHD Care Ltd

ADHD Care Ltd is a community adult, child and adolescent mental health service provided by ADHD Care Ltd. It is a private clinic for all ages. The service provides assessment and treatment for attention deficit hyperactivity disorder (ADHD), autistic spectrum disorder (ASD) as well other neurodevelopment and mental health disorders. The service accepts self-referrals and those from GPs.

The service registered with the Care Quality Commission in May 2019 and this is the service's first rated inspection.

The service is registered to provide the regulated activity of treatment of disease, disorder or injury.

There was a registered manager in post at the time of the inspection. The registered manager was also the lead nurse and a non-medical prescriber.

### What people who use the service say

We spoke with three adult clients and seven relatives of young people using the service. They all spoke positively of the clinic. People were generally very happy with the service, the speed of access and the quick, efficient sharing of information after meetings. One individual commented that the service had "completely changed their child's life" and another stated that the manager had "a big heart". Everyone said that all staff at the service are respectful, polite, caring and interested in their well-being.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

The team that inspected this service comprised one CQC mental health inspector, one specialist advisor, and one expert by experience (remotely). The expert by experience has lived experience of being a family carer of a relative who has a learning disability and high support/complex needs. The specialist advisor had professional experience of working in child and adolescent mental health services.

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

# Summary of this inspection

During the inspection visit, the inspection team:

- Undertook a tour of the premises
- Spoke with three adult clients and seven relatives of children and young people who were using the service
- Spoke with the registered manager
- Spoke with four staff members including one office manager, one psychologist, two administrators, one ADHD coach and one advanced pharmacist practitioner prescriber
- Attended and observed one assessment
- Looked at four client's care and treatment records and
- Reviewed a range of policies, procedures and other documents relating to the running of the service.

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

## Areas for improvement

Action a provider **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service **SHOULD** take to improve:**

- The service should ensure that staff receive training in Mental Capacity Act.
- The service should ensure that all staff complete training in learning disability and autism.
- The service should ensure that all registered staff receive appropriate clinical supervision.
- The service should consider instating a lone-working policy and protocol.
- The service should consider displaying hand-washing posters to ensure staff, clients and visitors follow correct hand-washing procedures.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Community-based mental health services for adults of working age

Good 

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

## Is the service safe?

Good 

We rated safe as good.

## Safe and clean environments

**The clinical premises where clients were seen were safe, clean, well furnished, well maintained and fit for purpose.**

All areas were clean, well maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. The premises were cleaned weekly by a contractor. Maintenance issues were reported and logged appropriately.

Staff appeared to follow infection control guidelines, including handwashing. Infection prevention and control was referenced within the health and safety policy. This meant that clients were protected from the risk of health acquired infections. However, there were no hand-washing posters displayed.

The service was located within a shared building of which staff had access to the second floor. Clients accessed the building by using a buzzer and staff met them at the office entrance to let them in. Clients were then guided to their appointment room or asked to wait in a waiting area.

There were appropriate policies in place in relation to health and safety, including fire.

## Safe staffing

Managers made sure all staff had completed appropriate recruitment checks, such as having a clear enhanced Disclosure and Barring Service (DBS) certificate, had indemnity insurance and were registered with the relevant professional body, such as the Nursing and Midwifery Council (NMC).

The service had enough staff to cover the current caseload of clients. The registered manager was in the process of recruiting additional staff to expand the service and take on a larger caseload. In the event of sickness or unexpected absences, clients would be seen by another member of staff or their appointment would be re-arranged for when their clinician returned to work.



# Community-based mental health services for adults of working age

Good 

## Mandatory training

All staff had completed mandatory training including conflict resolution, equality and diversity, resuscitation, safeguarding and mental health awareness. It was raised at the time of inspection that staff had not completed refresher courses in over a year. The office manager had kept a tracker of when each member of staff had completed training however the e-learning training package used had not specified when training courses were due for renewal. Following the inspection, the registered manager reviewed the e-learning training package and prompted staff to complete refresher courses as required.

## Assessing and managing risk to clients and staff

**Staff assessed and managed risks to clients. They responded promptly to sudden deterioration in peoples' mental health.**

### Assessment of client's risk

Staff assessed risk for each client as part of their initial assessment. These were then reviewed as needed, for example when risks changed, or additional information was provided at later appointments or review meetings.

Staff were able to identify if an individual's risk was too high to be managed by the clinic and referred or signposted them to more suitable services, including other private clinics or NHS services such as community child and adolescent mental health services (CAMHS). Clients who would not benefit from the service or were deemed too high risk were screened at referral stage or as part of the risk assessment process during the initial assessment.

### Management of client's risk

Staff responded promptly to any sudden deterioration in a client's health. For example, by contacting the patient's GP or signposting to more appropriate services.

Staff managed risk to themselves by ensuring visitors signed in and out, they did not arrange appointments in the evening or at client's homes. The last member of staff in the office was responsible to ensure the security of the premises by locking up. However, there was no formal lone-working protocol or policy.

## Safeguarding

**Staff understood how to protect client's from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up-to-date with their safeguarding training.

Staff could give clear examples of how to protect people from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The registered manager was knowledgeable in the notifications required to external organisations such as the Care Quality Commission.

# Community-based mental health services for adults of working age

Good 

## Staff access to essential information

**Staff kept detailed records of client's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

Client's records could be accessed easily by staff. Records were stored securely and staff could access records remotely if required. Medical records we viewed were found to be contemporaneous and reflected national guidance.

## Medicines management

**The service used systems and processes to safely prescribe medicines. Staff regularly reviewed the side effects of medications on client's mental and physical health.**

Staff followed systems and processes to prescribe medicines safely. The clinic did not hold medication on site and prescriptions were sent to local pharmacies for dispensing, posted to clients or prescriptions were picked up directly from the service.

Staff reviewed each client's medicines regularly and provided advice to clients and relatives, if appropriate, about their medicines.

Staff stored prescribing documents safely in a locked safe within the office. Only relevant staff had access to this safe.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The service followed National Institute for Health and Care Excellence (NICE) guidelines and medication was not routinely offered as a first-line treatment for Attention Deficit Hyperactivity Disorder (ADHD).

Staff reviewed the effects of each client's medicines on their physical health according to guidance.

## Reporting incidents and learning from when things go wrong

The service reported all incidents and accidents as required. There had been no significant incidents since the service registered.

Staff knew what incidents to report and how they would report them.

Incidents and accidents were recorded on a paper-based system and a log was kept reflecting any outcomes and learning. These were discussed as required during staff meetings and all incidents were reviewed to identify any potential themes or trends.

## Is the service effective?

Good 

We rated effective as good.

# Community-based mental health services for adults of working age

Good 

## Assessment of needs and planning of care

**Staff assessed the mental health needs of all clients. They worked with clients, families and carers as appropriate to develop individual care plans and updated them when needed. Care plans reflected the assessed needs.**

Staff completed a comprehensive assessment of each client. This included but was not restricted to use of screening tools, information provided by other professionals, such as the clients GP, reports from schools, and background information from the clients and parents, where applicable. This meant that staff had a range of relevant information available when deciding the next steps for client's care and treatment.

Staff made sure that client's had their physical health observations taken prior to medication being prescribed.

Staff developed a comprehensive care plan for each client that met their mental health needs. Care plans were developed with the patient input or something to that affect.

## Best practice in treatment and care

**Staff provided a suitable assessment, treatment, including interventions and medications, for clients based on national guidance and best practice. Staff used recognised rating scales to assess and record severity and outcomes.**

Staff provided assessment, treatment, including interventions and medications, suitable for the clients in the service. Where the service was unable to provide treatment a person would benefit from staff signposted or referred to other services. The service had good links with other local services, including private and NHS, and had contact details displayed for staff to signpost appropriately.

Staff delivered care in line with best practice and national guidance for treating ADHD and autism, such as offering behavioural therapy, psychoeducational workshops, and involving family where appropriate.

Staff made sure clients had support for their physical health needs, either from their GP or community services.

Staff used recognised rating scales to assess and record the severity of people's conditions and care and treatment outcomes. Such as the Conners rating scale for ADHD and the Autism Diagnostic Observation Schedule (ADOS) for autism.

Staff used technology to support clients. Such as providing appointments virtually, producing informational podcasts and sharing psychoeducational resources via the services website.

## Skilled staff to deliver care

**The service had a range of specialists required to meet the needs of clients under their care. The manager made sure that staff had the range of skills needed to provide high quality care. Staff had regular supervision, however not all staff were benefiting from supervision that supported their professional development.**

The service had a range of specialists to meet the needs of the clients. The service was made up of two non-medical prescribing nurses, one of which was the lead nurse and registered manager, , a psychologist, an ADHD coach, two pharmacists, an office manager and two administration staff.

# Community-based mental health services for adults of working age

Good 

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the clients in their care. However, not all staff had not completed training in learning disability. We raised this at the time of the inspection, and the registered manager added this to the training package for all staff and completed a course themselves.

Managers gave each new member of staff a full induction to the service before they started work.

Staff had regular supervision of their work. The manager received clinical supervision from a peer who also ran their own private clinic. All staff received supervision from the registered manager, however not all had access to clinical supervision from a professional in the same field. This was having an impact on one member of staff's professional development and had hindered them being professionally chartered.

At the time of the inspection, the manager and three other staff had their annual appraisal of their work. The rest of the staff team were still within their first year of taking up employment and therefore were not due for an appraisal.

Staff held monthly company team meetings, which the administration and clinical teams attended, to discuss workload, referrals, staffing, training, complaints, technology and marketing. Staff regularly spoke to the registered manager and the office manager regularly sent updates about the service via email.

## Multi-disciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. They had effective working relationships with relevant services outside the organisation.**

The service had good links with various GP services, where there were shared care arrangements in place to continue prescribing when required. There were also good links with local NHS and private services. Staff signposted to other services where appropriate.

Where a GP practice had not agreed to a shared care arrangement with the service, clients were informed in the initial stages of assessment by the manager what impact this would have on client's on-going prescribing needs and discussed with client's their options.

## Good practice in applying the Mental Capacity Act

**Staff supported clients to make decisions on their care for themselves. The majority of staff understood the Mental Capacity Act 2005 applied to adults and young people aged 16 and 17 and the principles of Gillick competence as they applied to people under 16.**

The majority of staff had a good understanding of mental capacity. There was evidence in records and documentation where capacity was considered, as well as consent to treatment. Staff did not complete training on the Mental Capacity Act however following the inspection the registered manager added this to the training package for all staff to complete.

## Is the service caring?

Good 

We rated caring as good

# Community-based mental health services for adults of working age

Good 

## Kindness, privacy, dignity, respect, compassion and support

**Staff treated clients with compassion and kindness. They understood the individual needs of clients.**

Staff were polite, respectful, supportive and responsive when caring for clients. Staff understood and respected the individual needs of each client.

Staff gave clients and their relatives help, emotional support and advice when they needed it, this included over the phone or email exchanges between appointments if required.

Staff directed clients to other services and supported them to access those services if they needed help.

Staff felt they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients. However, due to the small size of the service, there was no one above the registered manager staff could report to if the concerns related to the registered manager.

Staff followed policy to keep client's information confidential via a secure records system.

## Involvement in care

**Staff involved clients and their relatives where appropriate in care planning and risk assessment. Staff informed and involved families and carers appropriately.**

## Involvement of patient's

Staff involved clients and relatives where appropriate in their care planning. All relatives we spoke to were involved in their loved one's care and treatment where required. This was also clearly documented in care plans.

Staff made sure clients understood their care and treatment.

## Involvement of families and carers

Staff supported, informed and involved families or carers.

Families could give feedback on the service and their loved one's treatment. Some clients and family members told us they had been sent emails to request feedback and staff told us a survey had been sent out previously.

## Is the service responsive?

Good 

We rated responsive as good.

## Access and waiting times

**The service was easy to access. Referrals were assessed on an individual basis to ensure the service did not exclude clients who would have benefitted from care. The service did not hold a waiting list. Clients did not wait too long to have an initial assessment.**

# Community-based mental health services for adults of working age

Good 

All clients and relatives we spoke with said the service was easy to access and appointments were easy to book. Following their appointments, client's would typically receive their reports or letters between two to four weeks.

Staff followed up clients who missed appointments, however this was rare as the service was privately funded and appointments were charged.

If the service was at capacity and staff had full caseloads, new referrals would be paused or signposted elsewhere such as to other private clinics the service had link with. This avoided delays in someone accessing treatment. .

Clients had some flexibility and choice in the appointment times available. However, the service did not offer evening or weekend appointments.

No clients or relatives we spoke to had ever had an appointment cancelled.

## Facilities that promote comfort, dignity and privacy

The service was located in a shared office building and had access to one floor. There was a waiting room and several rooms available to clients during appointments.

The rooms had equipment needed to complete physical observations prior to prescribing medication. Clients were referred to their GP to have any relevant blood tests or ECGs completed.

Clients had privacy when having their appointments and if required, children or young people's parents or carers could wait in another room and vice versa if private conversations were needed. Clients also had access to online appointments if these preferred.

## Meeting the needs of all people who use the service

The premises could not support those with mobility issues due to not having a lift and the offices being on the second floor. However, those who required a lift or an appointment on the ground floor would be offered an appointment at another local service that the registered manager could book.

Staff offered clients leaflets and provided information to make sure they could access information on their treatment.

Managers knew how to get hold of interpreters, signers and how to get leaflets printed in different languages but had not needed to since opening the service. All clients and relatives we spoke with said they did not require interpreters or additional communication support.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.**

Of those we spoke to, all felt confident to raise a concern or complaint and knew how to do so.

The service clearly displayed information about how to raise a concern.

Staff knew how to acknowledge complaints and kept a log to ensure they were tracked and responded to. The service had received a small number of complaints since opening.

# Community-based mental health services for adults of working age

Good 

Managers investigated complaints and identified themes, which were discussed in team meetings to ensure learning was shared. There was a complaints, comments and compliments policy, which staff were aware of. The service shared information with clients on how to complain and steps they could take if they were unhappy with the outcome of their complaint, such as providing information for the ombudsman.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, following a complaint the standardised information contained in emails to clients were updated with clearer details on processes and expectations.

The service used compliments to learn, celebrate success and improve the quality of care.

## Is the service well-led?

Good 

We rated well-led as good.

### Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the service they managed and were visible in the service and approachable for clients and staff.**

Clients and staff spoke highly of the office manager and the registered manager, commenting that they worked well together to ensure the service ran smoothly. Feedback we received included that the team were efficient, supportive, and go above and beyond. The registered manager had worked in the NHS for many years prior to starting their own private clinic.

### Vision and strategy

**Staff knew and understood the provider's vision and values and how they applied to the work of their team.**

The registered manager had a clear vision of the service they were providing and the future plans for the service.

### Culture

**Staff felt respected, supported and valued. They could raise any concerns without fear.**

Staff we spoke with spoke highly of the registered manager and office manager and described them as being very approachable, accessible and professional. Team morale was high. Staff were confident they could raise a concern without repercussions.

### Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.**

# Community-based mental health services for adults of working age

Good 

The service held regular governance meetings including a quarterly meeting covering the Care Quality Commissions' key lines of enquiries, a weekly clinical meeting which including safeguarding cases and a monthly business meeting which included incidents, complaints, compliments, training and areas of good practice or areas for improvement. The agendas and minutes of these meetings demonstrated effective governance processes.

## Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

The registered manager was responsible for the management of risk, issues and performance. There was a policy in place for quality assurance and monitoring and reviewing the service provision, which outlined the governance process described above. The risk register included relevant items such as media and marketing provision, expanding the service provision and recruitment and estates issues such as lack of access for those with mobility restrictions.

The team had reviewed the recent panorama documentary on ADHD services to review any learning relevant to their service.

In September 2023, the service won a healthcare and pharmaceutical award for the best ADHD assessment and management company in South East England. The registered manager has been a speaker at several conferences, including representing the United Kingdom at an international conference.

## Engagement

**Managers engaged with other local health and social care providers to ensure clients did not have a gap in their treatment.**

Managers worked closely with other local healthcare services and organisations (schools, public health, local authority, voluntary and independent sector) to ensure that there was an integrated local system that met the needs of people living in the area. There were local protocols for joint working between agencies involved in the care of clients, such as shared care arrangements with GPs.