

# Priory Wellbeing Centre - Birmingham







## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?	Good	
Are services well-led?	Good	

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

# Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

## Overall summary

### We rated Priory Wellbeing Centre as good because:

- The care environment was clean and well maintained. Staff carried out environmental assessments routinely to ensure the safety of the environment. Staff had access to panic alarms in every room.
  - The service had enough staff with the right skills to meet the needs of patients. Staff were trained and qualified to carry out their roles. Managers managed staff performance and ensured that staff received regular supervision and their annual appraisals.
  - Staff carried out mental health assessments of patients in timely manner following receipt of referrals. Staff assessed and reviewed patients' risks regularly, including assessing the safeguarding risks of children and vulnerable adults.
  - Staff offered a range of psychological therapies in line with the relevant National Institute for Health and Care Excellence guidance. Staff used a range of evidence-based assessment tools and outcome measures to support their practice. Patients received therapies tailored to their individual's needs, Patients were fully involved in choices regarding their care and treatment. Patients told us that staff treated them as individuals.
  - Staff worked well with both internal and external organisations to provide good handovers of care and treatment for patients. The service had streamlined its processes since our last inspection, and this had improved the transfer of patients between services.
- The service offered patients appointments quickly following referral, and did not have a waiting list. Patients told us they felt supported and the service offered a flexible approach to accessing treatment. The facilities met the needs of people who used the service and staff accessed interpreting and sign language support if required.
  - Staff learned from incidents and complaints within the service. The service carried out thorough investigations of incidents and complaints relating to the service. Patients gave feedback on the service they received.
  - Staff spoke highly of their working and their colleagues. Staff told us they felt supported in their role. The service manager was visible and accessible.
  - Staff held events with partner agencies and the public in the Midlands area to tackle myths and stigma around mental illness. The service was committed to working with the community and front line staff to raise awareness offer training, direct support and signposting.

However:

- In six of the eight records we reviewed, staff did not always provide sufficient detail of the management of each risk identified or the actions they took.
- The information recorded at initial assessment varied between clinicians.

# Summary of findings

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Good 

# Priory Wellbeing Centre - Birmingham

## Services we looked at

Community-based mental health services for adults, children and young people

# Summary of this inspection

## Background to Priory Wellbeing Centre - Birmingham

Priory Wellbeing Centre - Birmingham is part of Priory Group. It provides therapy and treatment for a wide range of mental health conditions from a location in Birmingham city centre. It offers a range of outpatient services designed to give patients help and support with mental health difficulties, including: anxiety, depression, obsessive compulsive disorder, eating disorders, bereavements, and relationship difficulties. The service is able to offer treatment to adults, children and adolescents.

The service has close links to the Woodbourne Priory Hospital Birmingham, and can therefore offer access to more specialist or intensive services if required. The service registered with the Care Quality Commission in 2015 and this was their second inspection. We inspected this service in February 2017 and they were rated good across all areas we inspect.

The service is registered to provide the following regulated activity:

- treatment of disease disorder and injury

## Our inspection team

The team that inspected the service comprised two CQC inspectors.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

## 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?

During the inspection visit, the inspection team:

- visited the location where patients are seen, looked at the quality of the environment and observed how staff were treating patients;

- spoke with three patients and one carer of a young person using the service;
- spoke with the registered manager and therapy business manager for the service;
- spoke with 12 other staff members; including doctors, therapists, a dietician and administration staff;
- reviewed feedback from seven patients using comment cards;
- Looked at eight care and treatment records of patients;
- looked at a range of policies, procedures and other documents relating to the running of the service.

# Summary of this inspection

## What people who use the service say

Patients and carers were very complimentary about the service they had received and the attitudes of staff. Patients told us that their mental health had improved as

a direct result of care and treatment through the service. They described their individual therapists and consultants as excellent. They said they received personalised care.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

#### We rated safe as good because:

- The service had enough staff with the right skills to provide a safe service.
- The environment where staff saw patients was clean and well kept.
- Staff were up-to-date with their training and had received a comprehensive induction to the service.
- Staff reported incidents and learned from incidents.

However:

- In six of the eight records we reviewed, staff had not always record sufficient detail for the management of each risk identified or the actions they took.

Good



### Are services effective?

#### We rated effective as good because:

- Staff completed an initial assessment with all patients following receipt of a referral to the service.
- Care plans were recovery orientated and addressed areas identified at assessment stage.
- The service increased their range of psychological therapies as recommended by the National Institute for Health and Care Excellence.
- Staff were highly skilled with a range of specialities.

However:

- The information recorded at initial assessment varied between clinicians.

Good



### Are services caring?

#### We rated caring as good because:

- Staff treated patients with kindness, dignity and respect.
- Staff supported patients to understand their care and treatment.
- Staff involved patients in care planning. Patients had personalised care plans that and covered their presenting needs.
- The service routinely sought feedback from patients and made changes as a result.

Good



# Summary of this inspection

## Are services responsive?

### We rated responsive as good because:

- Patients were offered appointments quickly following receipt of a referral and the service did not have a waiting list.
- Staff worked flexibly and responded to patients' individual needs.
- The service had a complaints policy and responded promptly to complainants.
- Patients accessed the service easily in a way and at a time that suited them.

Good



## Are services well-led?

### We rated well-led as good because:

- The service used a systematic approach to improve the quality of its services.
- The service was committed to continuous learning and quality improvement.
- The service manager was experienced and qualified to carry out their role.
- The service manager was visible and accessible within the service.
- Staff spoke positively about their work and the provider
- The service was committed to working with other services, including schools, and the public to tackle myths and stigma around mental illness.

Good





# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards






Staff were trained and experienced in the use and application of the Mental Capacity Act. At the time of our inspection, 100% of staff had received training in the Mental Capacity Act. Staff we spoke with understood the Mental Capacity Act and Gillick competence. Gillick competence is a principle used to help decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Young people aged 16 and over are presumed to have capacity and consent or refuse to treatment in their own right.

Staff had access to support and advice on the Mental Capacity Act from consultant psychiatrists in the service,

or from the Mental Health Act administrator based at Woodbourne Priory Hospital. Staff had access to the provider's policy on the use of the Mental Capacity Act, including guidance to staff on assessing Gillick competency.

The service provided treatment to people deemed to have capacity to consent at the point of the initial assessment conducted by a consultant psychiatrist or therapist. Staff recorded a patient's capacity to consent within care records. Staff assessed Gillick competency for young people where appropriate and recorded it within their care records.

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

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

## Are community-based mental health services for adults of working age safe?

Good 

### Safe and clean environment

The environment was visibly clean and fittings and furnishings were in good condition. An external contractor had the responsibility of cleaning and maintaining the premises, and staff monitored this through completion of weekly audits and environmental checks.

The environment was safe. Consulting rooms were fitted with alarms for staff to summon assistance if required. Staff tested the alarms regularly to ensure they were in working order. Staff completed audits of the fire alarm system and maintenance, fire risk assessments, health and safety risk assessments and ligature risk audits. Staff acted to resolve any issues arising from audits.

The service had a policy that set out its response to major incidents. The service manager had completed a service continuation contingency plan specific to the service location.

Staff had access to emergency equipment such as a defibrillator and a first aid kit that they stored in the reception area for quick access. Staff checked physical health monitoring equipment such as weighing scales and blood pressure monitoring equipment manufacturers' recommendations. There was a procedure in place to ensure staff carried this out routinely. The service had completed tests on portable appliances in March 2018.

Staff adhered to infection control principles. The service had sufficient handwashing facilities and each room held hand sanitiser gel.

### Safe staffing

The service had enough staff with the right skills to provide a safe service. The service had a registered manager who was not based at the service. The therapy business manager acted as service manager and worked on site for part of the week. The staff team was made up of a combination of substantive and sessional staff. The substantive staff included one therapist and four administration staff. At the time of our inspection, there were 35 sessional staff in post and no vacancies. The sessional staff comprised therapists, psychologists, consultant psychiatrists and a dietitian. All staff worked flexible shifts within the service dependent on the service's and patients' needs. There was good access to a consultant psychiatrist, if needed, both onsite and through Woodbourne Priory Hospital. Staff specialised in both adult and child mental health and a range of therapies.

Arrangements were in place to ensure patient safety in the event of staff sickness and staff leaving the service. The service reallocated individual patients or arranged support from staff who were identified as able to meet their specific needs. There were enough staff available to support this transition. In the 12 months before inspection, the staff sickness rate was 6% and the staff turnover rate was 60%. However, the staff turnover rate was based on the five substantive administrator posts only. Three staff had left within a 12-month period.

Staff received mandatory training. Substantive and sessional staff employed by the service accessed statutory and mandatory training provided by Priory. The training

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

available included emergency procedures awareness, data protection and confidentiality, infection control, managing challenging behaviour, Priory Prevent, and safeguarding vulnerable adults and children. At the time of our inspection, the service had a mandatory training compliance rate of 98%.

## Assessing and managing risks to patients and staff

### Assessment of patient risk

Staff completed a risk assessment for each patient using an appropriate risk screening tool. We reviewed eight records relating to the care and treatment of patients, seven of which contained up-to-date risk assessments. However, in six of the eight records, the quality of the recording of risk management strategies varied. Where staff recorded a risk to the patient, they did not always sufficiently detail the management of each risk identified or any actions they took. We discussed this with the service manager during our inspection. The manager showed us recent audits of care records that identified the same issues, and the service was in the process of addressing these with staff. Staff we spoke with had good knowledge of their patients' risks. Case discussions took place within the multidisciplinary team, and the service had an escalation process to effectively manage patients' risks. We saw examples of good crisis management plans in patients' care records.

### Management of risk

Staff acted when they identified a sudden deterioration in a patient's wellbeing or safety. We saw examples that showed that staff worked with other healthcare practitioners involved with the patient's care to ensure their wellbeing.

The service had good personal safety protocols and a lone working policy. Staff we spoke with knew the lone working procedure. All staff had an emergency contacts list in their personnel file.

## Safeguarding

Staff knew of their safeguarding responsibilities for children and vulnerable adults. Staff routinely completed safeguarding referrals when they identified a concern. Staff had access to a designated safeguarding lead within Woodbourne Priory Hospital and a process to review and escalate safeguarding concerns. The service manager ensured that staff followed the provider's procedures. Staff

had received training in safeguarding children and vulnerable adults. At the time of our inspection, 100% of staff had completed training in safeguarding children and vulnerable adults.

Staff had access to resource files available in each consulting room that contained copies of assessments, work to be carried out with patients, and safeguarding referral documentation. Staff had access to copies of the provider's procedures on safeguarding and incidents in each consulting room. Administration staff had a list of emergency contact numbers displayed in front of them at the reception desk.

## Staff access to essential information

Staff used an electronic patient record system. The system enabled staff to access information about the patient quickly and efficiently. Staff uploaded any information completed on paper, such as correspondence with external services, consent forms and assessments, onto the system. Patients care records had password protection. Staff stored paper records in locked cabinets.

## Medicines management

The service did not dispense medicines. Visiting consultants liaised with the patient's GP for any prescribing recommendations. The patient's GP held the responsibility for conducting baseline health checks and prescribing. In some cases, visiting consultants commenced prescribing for patients, which was then taken over by the patient's GP. Staff kept copies of prescriptions in patients' records. The service completed audits to ensure that prescribing followed the relevant National Institute for Health and Care Excellence guidance.

## Track record on safety

There had been one serious incident involving a patient in the six months before our inspection. Following this incident, staff received debriefs, and the service made changes to practice following a lessons learned review.

## Reporting incidents and learning when things go wrong

All staff knew what incidents to report and how to report them. Staff reported incidents appropriately and in a timely manner, in line with the provider's policy. Staff reported incidents to the service manager who logged them on the electronic incident reporting system. The service provided

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

all staff with service bulletins that included lessons learned from local incidents as well as those from the provider's other services. Staff gave us examples of changes made from lessons learned, for example, information sharing processes with external agencies were improved when a risk was identified.

The service had a governance procedure that helped managers share learning across the organisation. The service manager, registered manager and medical director attended the appropriate governance meetings. Managers shared lessons learned specific to the Priory Wellbeing Centre at team meetings.

## Are community-based mental health services for adults of working age effective?

(for example, treatment is effective)

Good 

### Assessment of needs and planning of care

Staff completed initial assessments with all patients following receipt of referrals to the service. All care records we reviewed contained an assessment. However, consistency in the information captured varied between clinicians. Some assessments had gaps. We discussed this with the service manager who advised that following a records audit, they were carrying out work to improve the consistency of recording across the service.

Patients' physical health was managed by their individual GPs. Staff routinely liaised with patients' GPs and wrote to them following consultant appointments or prescribing.

Patients had recovery orientated care plans were that addressed areas identified at assessment stage. We reviewed eight patients' records. Seven of the eight records we reviewed contained an up-to-date care plan that staff had developed with the patient.

Staff recorded patients' consent to treatment in their care records. Seven of the eight records we reviewed contained signed consent forms. Following acceptance to the service, patients completed forms documenting their consent to treatment and consent for the service to share information with their general practitioner.

### Best practice in care and treatment

The service provided a range of psychological therapies as recommended by the National Institute for Health and Care Excellence. Therapies available included cognitive behavioural therapy, dialectical behavioural therapy, counselling and eye movement desensitization and reprocessing therapy. Eye movement desensitization and reprocessing therapy is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma. Since our last inspection, the service had widened the range of therapies that patients could access and provided opportunities to attend therapy groups.

Staff used evidence-based practice and a range of screening tools and outcome measures to assess and monitor the effectiveness of each patient's treatment. Staff used a range of tools such as the Patient Health Questionnaire (PHQ-5), the Generalised Anxiety Disorder scale (GAD-7). Staff used a range of outcome measures such as the Health of the Nation Outcome Scales for Children and Adolescents, which is an assessment and outcome measurement tool used routinely to score the behaviour, impairments, symptoms and social functioning of children and young patients with mental health problems. A care record we reviewed showed a good example of age appropriate work carried out with a young child. The service manager completed clinical audits on care records monthly. Audits covered the completion of mental health assessments and risk assessments, and the standard of care plans and progress notes. Areas identified for improvement resulted in clear actions required to address the issues and dates for completion.

### Skilled staff to deliver care

The service had the range of skilled staff required to meet the needs of patients. The staff team comprised consultant psychiatric, therapists and psychologists. Staff specialised in adult or child and adolescent mental health. Staff were suitably skilled and qualified to carry out their roles, Staff records showed that the provider checked staff's registration and accreditation and completed Disclosure and Barring Service (known as DBS) checks.

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

Staff received regular supervision and annual appraisal in line with the provider's policy. Staff appraisal rates were 100% at the time of inspection. The provider required all sessional staff to ensure they had suitable professional supervision arrangements, and provide evidence of this.

Staff received a comprehensive induction to the service. Induction covered the Priory's working practices and policies as well as local procedures for the Wellbeing Centre.

The service manager identified and addressed any staff performance concerns that included developing plans to improve performance with actions required and time scales.

## Multidisciplinary and inter-agency teamwork

There were effective working relationships between staff within the service. We saw good written records of handovers from consultant psychiatrists to therapy staff. We found evidence of multidisciplinary working in the staff team despite staff working independently of each other at the centre. Staff worked collaboratively to ensure that patients had timely access to therapists whose skills best suited their individual needs. The service had close links with Woodbourne Priory Hospital. The registered manager, therapy business manager and medical director for the Wellbeing Centre were based at the hospital. This meant both Priory Wellbeing Centre and Woodbourne Priory Hospital benefited from access to a range of staff who could provide support with queries across sites if required.

The service manager and administrative staff completed daily handovers either face-to-face, using the telephone or via email. Administrative staff scheduled appointments, completed follow-up calls with patients, and processed referrals to the service.

Staff worked well with organisations external to the service. Staff kept GPs informed, where appropriate, of their patients' care. We saw good working practices with local authority safeguarding teams, schools, community mental health teams, and crisis teams.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

The Mental Health Act did not apply at this location. The service did not treat patients subject to the Mental Health Act. At the time of our inspection, 100% of staff had received training in the Mental Health Act.

## Good practice in applying the Mental Capacity Act

At the time of our inspection, 100% of staff had received training in the Mental Capacity Act. The staff we spoke with understood the Mental Capacity Act and Gillick competence. Gillick competence is a principle used to help decide whether a child (under 16 years of age) can consent to his or her own medical treatment, without the need for parental permission or knowledge. Young people aged 16 and over are presumed to have capacity to consent or refuse to treatment.

Staff had access to support and advice on the Mental Capacity Act from consultant psychiatrists in the service, or the Mental Health Act administrator based at Woodbourne Priory Hospital. Staff had access to the provider's policy on the use of the Mental Capacity Act, which included guidance to staff on assessing Gillick competency.

The service provided treatment to people deemed to have the capacity to consent at the point of the initial assessment conducted by a consultant psychiatrist or therapist. Staff recorded patients' capacity to consent in their care records. Staff assessed Gillick competency for young people and recorded the outcome in their care records.

## Are community-based mental health services for adults of working age caring?

Good 

## Kindness, dignity, respect and support

Staff treated patients with kindness, dignity and respect. We spoke with four patients and one carer of a young person who used the service, and reviewed feedback gathered by the service from patients. Patients and carers were very complimentary about the service they had received and the attitude of staff. We observed staff interactions with patients, which demonstrated kindness and a supportive manner. Patients told us that their mental health had improved as a direct result of care and treatment received from the service. Patients told us they received personalised care, and described their individual therapists and consultants as excellent.

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

Staff supported patients to understand their care and treatment. Staff offered patients information about their condition and where they could find further information if required. Staff routinely signposted patients to additional support services within their local area as required.

## The involvement of people in the care they receive

### Involvement of patients

Staff involved patients in assessment and care planning. Care plans were person-centred and covered each patient's presenting needs. Care plans showed patients' involvement clearly, for example, they used quotes from patients. Records showed that staff routinely offered patients a copy of their care plans.

The service routinely sought feedback from patients and made changes because of feedback. We saw numerous opportunities for patients to give feedback to the service that included individual sessions, surveys and comments cards.

Patients had access to advocacy services. We saw information leaflets displayed that described the role of advocacy services and gave contact details.

### Involvement of families and carers

Staff kept carers and families informed and involved them in the patients care where appropriate. Staff offered appropriate support to parents of children using the service and signposted parents and carers to other support services.

The results from patient surveys and comments from patients showed a trend of positive feedback about the service and staff.

**Are community-based mental health services for adults of working age responsive to people's needs?**  
(for example, to feedback?)

Good 

## Access and discharge

The service did not have a waiting list. Staff offered patients appointments quickly following referral and often saw new

patients for initial assessments within 24 hours. Patients reported that the service was very responsive to their needs. They told us their therapist or consultant was accessible when they needed support.

The service had a non-attendance at appointment policy and procedure in place. Administration staff had a structured follow-up process that helped prevent missed appointments. Administration staff made multiple attempts to contact patients by phone before proceeding to a letter or email. The service had a risk-based procedure that involved contact the patient's support network or primary care services, including their general practitioner if needed.

The service was flexible and responsive to patients' individual needs. The service opened 8:30am-8:30pm Monday to Friday and 9am-5pm on Saturdays. The service had introduced Saturday opening times since our last inspection to improve access for patients. The service rarely cancelled appointments and practitioners ran clinics on time.

Since our last inspection, the provider had implemented a new pathway for patients who required an inpatient stay. Patients received an assessment at the Wellbeing Centre, and if they required an inpatient stay, staff safely and efficiently transferred them to The Manor private inpatient ward at Woodbourne Priory Hospital.

**The facilities promote recovery, comfort, dignity and confidentiality** The service had range of consulting rooms available for the use of patients as well as access to a larger group room. The facility had a communal waiting area with access to complimentary refreshments, Wi-Fi facilities and reading material appropriate for the age range of patients who accessed the service. All areas were clean and bright, and furnished to a very high standard.

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

The service was accessible for patients with reduced mobility. The building had an alternative entrance suitable for people who required level flooring, and it had disabled access toilet facilities.

The service had a wide range of information leaflets for patients, which included details of local services. We saw information in age appropriate formats in the waiting area.



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

Staff had access to interpreting and sign language services if needed, and could order/request leaflets in languages other than English.

## Listening to and learning from complaints

The service had a complaints policy and responded promptly to complainants to acknowledge their concerns, offer an apology and outline the investigation process. In the case of a delay to the investigation of a complaint, staff maintained contact with the complainant, explained the reason for the delay and expected completion date. The service had received eight complaints in the 12 months before our inspection. The provider dealt with the complaints in line with its complaints policy and processed them through Woodbourne Priory Hospital's complaints investigation process. Where the service identified lessons learned, the provider shared these with staff.

The service had information leaflets for patients that included details of the provider's complaints process. There were separate complaints leaflets for children and young people that encouraged and them to express themselves.

## Are community-based mental health services for adults of working age well-led?

Good 

## Leadership

The service had an experienced manager qualified to carry out their role. The manager showed an excellent understanding of the service. We saw changes since our last inspection, which the service manager had implemented in collaboration with staff to improve the quality and delivery of care.

The service manager was visible and accessible within the service. Staff we spoke with spoke highly of the manager and described a positive working relationship. Staff said they had regular contact with the manager.

Staff knew who the senior managers were within the organisation and found them approachable. Staff said they had visited the service recently.

## Vision and values

Staff did their work in line with the provider's vision and values. Staff demonstrated how they applied the provider's values in their clinical practice. Patients we spoke with gave us examples of how staff had demonstrated the provider's values in the care they had received.

Staff had the opportunity to contribute to discussions about service development. Some of the staff we spoke with said they had made suggestions for improvements and changes to the service, and felt listened to.

## Culture

Staff we spoke with were overwhelmingly positive about working at the Priory Wellbeing Centre. All the staff we spoke with told us they enjoyed their work and described good working relationships with other staff. Many staff worked in other Priory services or had worked for the Priory Group for many years.

Staff felt able to raise concerns with their line managers or the provider without fear of retribution. Staff had access to a whistleblowing policy and procedure. Staff felt supported by their line managers and peers, and knew where to see additional support. Staff had access to an occupational health service.

## Good governance

The service had robust and effective governance arrangements that helped ensure high standards of clinical care. The service had a systematic approach to monitoring quality and performance. This ensured that premises were safe and clean; staff received their mandatory training, supervision and appraisal; staff reported incidents and shared any lessons learned; patients received a timely service that met their individual needs; the service managed referrals well and minimised waiting times; and staff treated patients and their relatives well.

The service had close links with Woodbourne Priory Hospital and shared a registered manager, a medical director, a therapy business manager and many of the sessional workers. The two services shared governance arrangements. The service manager attended regular governance meetings and quarterly medical advisory committee meetings. These meetings allowed the manager to share information, discuss and analyse incidents and complaints, escalate risks and issues, and obtain learning from incidents and complaints.

## Management of risk, issues and performance

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

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with unexpected events and business interruption. The service manager maintained the risk register and items matched concerns raised by staff.

## Information management

The service used secure electronic systems to store patients' records and manage appointments. The system's security safeguards helped maintain the confidentiality of patients' records.

The service manager received a dashboard for the service that gave information on service performance such as staff training, sickness, and clinical activity.

## Engagement

Staff and patients had access to up-to-date information about the service and the provider. Staff received information through the provider's intranet and email systems, or verbally from managers, colleagues and at team meetings. Patients received information through the internet, verbally from staff, or in leaflet format.

Patients and carers had the opportunity to feedback about the service, and staff listened and acted on the feedback. Patients and carers gave feedback in different ways, for example, online surveys, comments cards, or verbally to staff.

## Learning, continuous improvement and innovation

The service was committed to working with the community to raise awareness of mental health conditions. Staff within the service held events with partner agencies in the Midlands area to tackle myths and stigma around mental illness. These events were attended by the local community. Staff gave advice to people and signposted them to different services that could help them.

The service carried out initiatives with partner agencies that aimed to improve care for patients who accessed mental health services. For example, staff offered free training and support to schools, GPs, trainee doctors, nurses and frontline care staff. Services offered included educational seminars, mental health first aid training, access to online materials, direct support and signposting.



# Outstanding practice and areas for improvement

## Outstanding practice

The service was committed to working with the community to raise awareness of mental health conditions. Staff held events with partner agencies in the Midlands area to tackle myths and stigma around mental illness. These events were open to the public. Staff gave advice to people and signposted them to different services that could help them.

The service carried out initiatives with partner agencies that aimed to improve care for patients who accessed mental health services. For example, staff offered free training and support to schools, GPs, trainee doctors, nurses and front line care staff. Services offered included educational seminars, mental health first aid training, access to online materials, direct support and signposting.

## Areas for improvement

### **Action the provider SHOULD take to improve**

The provider should ensure care records, including risk assessments and mental health assessments, contain all relevant details and actions taken by the clinician are recorded clearly and consistently.