10 Harley Street

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

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at CD Practice Limited on 12 July 2022 as part of our inspection programme. This was the first inspection of this service.

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

CD Practice Limited provides a consultant-led outpatients service to assess, diagnose and, if necessary, treat adults and children aged sixteen and above for a range of psychiatric conditions

We reviewed collated results from patient feedback forms and spoke with eight patients. All feedback we received from patients was overwhelmingly and consistently positive. Patients said care and support they received had exceeded their expectations and many described the service as 'outstanding'. All patients commended the person-centred approach of the registered manager and consultant psychiatrist. All patients told us that they were partners in their care.

Our key findings were:

Patients reported that the care provided was outstanding and exceeded their expectations.

The service provided safe care. The service had clear systems to keep people safe and safeguarded from abuse. Staff appropriately assessed and managed risks to patient safety. The service maintained comprehensive patient records and carried out regular controlled drug prescription audits.

Staff developed holistic care and treatment plans informed by a comprehensive assessment in collaboration with patients. Care and treatment were planned and delivered in line with current legislation and best practice guidance produced by the National Institute for Health and Care Excellence (NICE) and suitable to the needs of the patients. The service evaluated and reflected on the quality of care provided to ensure it was delivered to a high standard.

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

Overall summary

The consultant psychiatrist involved patients in decisions about care and provided written information about medicines and side effects. They advised patients on how to lead healthier lives.

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

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

However, some of the policies we viewed did not have an issue date, so it was not clear when these policies were due for review/renewal.

We saw the following outstanding practice:

The service demonstrated a highly person-centred approach. Consideration of people's individual and needs, privacy and dignity was embedded into everything the service did. There was a truly holistic approach and care and treatment was tailored to meet the unique needs of each person.

Many of the patients described the service as 'life changing' and 'outstanding'. We heard of examples where the registered manager and consultant had gone above and beyond to provide emotional care and support, this included maintaining regular contact outside of working hours and at the weekend. Patients described the service as very responsive.

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

- The provider should ensure that all policies have an issue date and are reviewed within an appropriate timescale.

Jemima Burnage

Interim Director of Mental Health

Our inspection team

Our inspection team was led by a CQC inspector with another CQC Inspector completing the team. The team had access to advice from an inspector within the CQC medicines optimisation team.

Background to 10 Harley Street

The service is provided by CD Practice Limited.

CD Practice Limited is registered at:

10 Harley Street

London

There is a website: https://www.christosdimitriou.co.uk

CD Practice Limited provides a consultant-led outpatients service to assess, diagnose and, if necessary, treat adults and children aged sixteen and above for a range of psychiatric conditions such as anxiety, depression, addiction and Attention Deficit Hyperactivity Disorder (ADHD). It meet patients' needs by providing appropriate prescriptions, psychological therapies or referrals to other professionals.

The age of patients ranged from children aged 16 and above to adults up to the age of 65.

Referrals are received from several sources including GPs, other consultant psychiatrists and psychologists, and patients can self-refer. Patients are responsible for funding their treatment either directly or through health insurance.

At the time of our inspection, the consultant psychiatrist and the practice manager were the only staff employed. The consultant psychiatrist was the nominated individual and the practice manager was the registered manager.

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

The service is open five days a week, Monday – Friday from 09.00am to 6.00pm. Patients are seen face to face and remotely via online appointments and sessions. The provider also holds clinics at locations in Golders Hill Health Centre and The Broadgate Clinic.

How we inspected this service

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

• checked the safety, maintenance and cleanliness of the premises

• spoke with eight patients who were using the service; our last telephone interview was on 22 July 2022

• reviewed seven feedback forms from patients who were using the service

• spoke with the registered manager and the consultant psychiatrist

• reviewed four patient care and treatment records

• checked how prescription pads were managed and stored

• reviewed information and documents relating to the operation and management of the service

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

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

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

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

Good

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments for each clinical setting. There were appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance.
- The provider's landlord completed appropriate risk assessments for the premises. Appropriate fire safety arrangements were in place, fire equipment was serviced regularly, and a building fire risk assessment had been completed. Fire exits were clearly marked. The landlord ensured that equipment was maintained according to manufacturers' instructions. An automated external defibrillator (AED) was available in the main reception area in the event of an emergency.
- The premises where patients were seen were safe and clean. This main reception area, waiting rooms and consultant psychiatrist's room were well maintained, well-furnished and fit for purpose. There were no clinic rooms onsite, the consultant psychiatrist ensured physical health examinations were conducted by patients' GPs when needed.
- Identification checks were carried out before any assessments took place. There were effective protocols for verifying the identity of patients including young people. Before treatment, the service asked for photographic identification for young people and parents. We saw evidence of this within patient records.
- 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. Disclosure and Barring Service (DBS) checks were undertaken where required. 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The provider and registered manager had both undertaken level three safeguarding training for children and adults.
- There was an effective system to manage infection prevention and control. Staff used equipment and control measures to protect patients, themselves and others from infection. There was an effective system to manage infection prevention and control. The service had an infection control and Covid-19 policy in place. The building had hand sanitisers at the reception desk and within the clinician's room. Masks for were available for young people and adults.

Risks to patients

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

- Staff assessed and managed risks to patients and themselves well. When necessary, staff worked with patients and their families and carers to develop crisis plans.
- There were clear processes in place for the consultant psychiatrist to gather information about a young person or adult, to decide whether they could be safely managed within the service and what their risks were. The service had clear acceptance criteria.
- Where referrals were accepted, the registered manager carried out an introductory call to obtain pre-booking information.

Good

Are services safe?

- Patients' risks were assessed at the point of referral and at each appointment. If patients presented with risks that were outside the scope of practice to deal with, the consultant psychiatrist would signpost or refer them to other services based on their individual needs. The consultant psychiatrist obtained information on patients' presenting condition, medical history, current and historic risks, behaviours and, where appropriate, information from individual GPs and other healthcare providers. The provider carried out a detailed mental health assessment.
- Care and treatment records detailed any risk discussions that the consultant psychiatrist had with individual patients.
- The number of patients on the consultant psychiatrist's caseload was well managed to allow enough time to treat each patient. The consultant psychiatrist had access to operational and administrative support from the practice manager who was also the registered manager.
- The consultant psychiatrist referred into other services and asked for second opinions when needed. For example, a patient had been sign posted to an eating disorder service as the provider did not specialise in this area.
- There were appropriate indemnity arrangements in place. Indemnity arrangements are insurance to cover the costs associated with something going wrong in the day-to-day undertaking of a professional's activities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Patient records were stored securely in an online electronic system. Patient information sent to individual patients and GPs was encrypted with a password.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, patients could agree to share the full assessment record or a summary version with their GP.

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 controlled drugs, minimised risks.
- Care records contained appropriate information on medicines prescribed for individual patients. This included the length of supply. The consultant psychiatrist used a secure electronic prescribing system. Prescriptions were sent to one of two pharmacies who then dispensed and delivered medicines to individual patients. All patients said that they could raise any concerns about medicines and side-effects with the registered manager and consultant psychiatrist.
- The service also offered cannabis-based medicinal products (CBMPs) for medicinal use. This was for patients who experienced anxiety and sleep issues. At the time of our inspection only two patients were receiving these products. These medicines were prescribed and supplied in line with the Medicines and Healthcare Products Regulatory Agency (MHRA) guidance for the prescribing and supply of unlicensed medicines.
- No medicines were stored on the premises. The service kept prescription stationery securely and monitored its use. Staff uploaded copies of all prescriptions to the patient record, this included controlled drug prescriptions. However, the medicine prescribing policy did not reference how prescription pads should be stored.
- The registered manager carried out a regular medicines audit to ensure prescribing and prescriptions were in line with best practice guidelines for safe prescribing. The serial numbers of all prescription pads were recorded and audited.

Good

Are services safe?

- Information on medicines and side effects was provided to all patients where medicines had been prescribed in line with legal requirements and current national guidance. Clinic letters detailed links to online leaflets and NHS websites to provide patients with information on medicines. Patients confirmed they were given clear information when their medicine was being titrated. The consultant psychiatrist provided specific advice to patients about their medicines in a way they could understand. Patients said they had been informed about potential side-effects.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments and management plans in place to address any potential safety issues.
- The service had a good track record on safety. In the last 12 months, the service had no serious incidents or near misses. The service had clear systems in place for recording and acting on significant events.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, the registered manager monitored patients on the waiting list through regular telephone calls.

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.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety. For example, there had been dispensing errors by one of the pharmacists which the provider was addressing through regular engagement. Incidents and learning were discussed in monthly external peer group meetings that the consultant psychiatrist attended.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider had adopted a culture of openness and honesty. A patient reported that the service had offered an apology when there had been an error with their booking. Patients felt that openness and honesty was demonstrated by the registered manager and consultant psychiatrist.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service received alerts and updates on medication via the Medicines and Healthcare Products Regulatory Agency (MHRA). They also received updates on guidance through the National Institute for Health and Care Excellence (NICE).

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice. We saw evidence that the consultant assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.

- Staff assessed patients' immediate and ongoing needs and delivered treatment and care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, they used specialist assessment tools, such as adult self-report scale (ASRS), interview with the patient, family and school reports to assess attention deficit and hyperactivity disorder.
- Patients' immediate and ongoing needs were fully assessed. The consultant psychiatrist completed a comprehensive, holistic and person-centred clinical, psychosocial and mental health assessment with each patient. All patients confirmed that the psychiatrist took time to understand their individual needs over several sessions before offering a diagnosis and a plan of treatment. Patients told us that the care they received was person-centred.
- The service worked in partnership with patients' GPs, NHS and other relevant specialists to ensure patients' physical health was assessed and monitored. Where patients required diagnostic tests, these were arranged through individual GPs. For example, a patient reported that their GP was asked to carry out a blood test and electrocardiogram (ECG) before the psychiatrist prescribed medicines.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service had systems in place for clinical audit so that improvements could be made. Prescribing and patient record audits took place. Plans were in place to develop a physical health monitoring audit. Where audits identified any concerns, the registered manager logged the action taken to address any shortfalls.
- The consultant psychiatrist monitored clinical outcomes for each patient at each treatment session and recorded the progress of the patient. This enabled them to monitor the effectiveness of the treatment provided, for example, the service used the *Self-Rating Depression Scale (SDS).*

Effective staffing

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

- The consultant psychiatrist took steps to ensure they continued to be clinically effective. They completed an annual appraisal through an independent body every year and followed guidance on revalidation set out by the General Medical Council (GMC). They also attended a two monthly clinical peer review meeting with other clinical professionals to reflect on their own practice.
- In addition, the consultant psychiatrist also attended a cannabis multi-disciplinary meeting which provided discussion and advice for cannabis prescribing. The consultant psychiatrist was a member of the Medical Cannabis Clinicians Society, through this membership they were able to access training and seek advice on various cannabis products and latest developments in this new field.
- The registered manager and consultant psychiatrist had both completed and were up to date with their mandatory training. Mandatory training covered basic life support, safeguarding and equality and diversity.

Good

Are services effective?

- Staff had used technology to support patients effectively. This enabled them to move to remote delivery during the COVID-19 pandemic to ensure patients could still access the care and support they needed. At the time of inspection, the provider could offer both face to face and remote appointments.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate, for example GPs, psychologists, other clinicians and therapists.
- Before providing treatment, the consultant psychiatrist ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. The psychiatrist told us that they would not provide care and treatment if this information was not available. The patient would be signposted to more suitable sources of treatment in these circumstances.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Where patients did not consent to their GP being contacted by the service, the consultant psychiatrist explained the potential risks associated with not sharing information and considered whether the service could offer safe care and treatment in these circumstances.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. For example, one patient reported that they had consented for their information to be shared with their therapist.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care, such as information about sleep hygiene, exercise, anxiety reducing techniques and nutritional advice. Some patients were offered the use of a mood diary to record their mood between consultations. The psychiatrist supported patients recognise individual warning signs that their mental health was deteriorating.
- Risk factors were identified and highlighted to patients. For example, patients told us the consultant psychiatrist discussed the possible side effects of medicines with them.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The service recorded consent to share information clearly in individual patients' records. Patients reported that consent was sought at each consultation.

Good

Are services effective?

- The service monitored the process for seeking consent appropriately. The registered manager carried out consent audits.

Outstanding ☆

Are services caring?

We rated caring as Outstanding because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff treated patients with compassion, kindness and valued them as partners in their care. Feedback from people who use the service was overwhelmingly positive about the way staff treat people. Patients told us that the staff went the extra mile and above and beyond what they expected of them. Patients we spoke with described the service as 'outstanding' and told us that the care and support they received had exceeded their expectations. Patients reported that the service had gone the extra mile to support them. For example, providing support out of hours, arranging emergency prescriptions and regular contact when in a crisis.
- Patients received high quality care and support from a staff team that worked within a strong person-centred culture. There was an extraordinary caring ethos throughout the service. Staff talked about valuing people, respecting their right to make decisions, being inclusive and respecting people's diverse needs. All patients confirmed that their care and treatment was tailored to their individual needs and circumstances. For example, two patients told us that changes were made to their medicines to better accommodate their menstrual cycle. Three patients told us 'the care and treatment has changed my life', another said 'I wish they could share their model, it's simple, easy and life changing. My whole family has been impacted by the improvement in my mental health'.
- The staff demonstrated real compassion and empathy when speaking about the patients.
- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account. They spent time getting to know them and to understand their needs and preferences.
- Patients reported that they were treated with care, compassion and kindness. They also told us that the psychiatrist and registered manager displayed an understanding, compassionate and non-judgmental attitude towards them.
- The service gave patients timely support and information. Patients reported that the service was flexible and they could book appointments with ease. Where there had been delays in getting appointments during the Covid-19 pandemic, the registered manager kept patients updated about any cancellations and checked in on individuals.

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.
- Staff were fully committed to working in partnership with patients and making this a reality for each person. Staff empowered patients who used the service to have a voice and make decisions in conjunction with the psychiatrist.
- Patients reported that they were empowered to be full partners in planning their care and risk management. Patients said that the consultant psychiatrist used their knowledge and experience to explain care and treatment in a way they understood and responded to their individual queries and questions promptly.
- Patients told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients gave us numerous examples of where the psychiatrist had offered various treatment options, discussed the benefits of each option and signposted patients to additional information.
- The service welcomed the involvement of families and carers, where appropriate, and adapted the level of their involvement based on each patient's own preferences. For example, a patient told us that their partner had been involved in discussions about the medicines that the psychiatrist had prescribed.

Privacy and Dignity

Outstanding ☆

Are services caring?

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect and this was embedded throughout care and treatment. All consultations were held in private. When online sessions took place, the psychiatrist checked with the patient that there were no other persons in the room. All patients told us that they were treated with dignity, respect and kindness.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and supported them accordingly. The service did not offer walk in appointments and did not operate on a 24-hour basis. The registered manager responded promptly to any requests for appointments. Patients were made aware that the service did not offer emergency or crisis support and were provided with information about which services to access for immediate support if needed.
- Patients told us that the practice manager provided information about who to contact out of hours, this was also available on the provider's website. When the service was closed for annual leave patients were signposted to contact another provider in the event of an emergency.
- The service had a clear scope of practice and only accepted referrals for patients whose needs it could meet safely.
- The facilities and premises were appropriate for the services delivered. All areas were visibly clean, had spacious waiting areas and a receptionist. If patients had mobility issues and were not able to use the lift the service was able to book ground floor rooms within the building.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. At the point of referral to the service patients were asked to detail any specific requirements they may have so that any adjustments could be made by staff on site.

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.
- Patients told us waiting times, delays and cancellations were minimal and managed appropriately. The service had a waiting list. The registered manager maintained regular contact with patients who were waiting to be seen. New patients waited approximately four months for their first appointment. If patients were waiting for an ADHD assessment, they were advised to complete the Adult Self Report *Scale* (*ASRS*) for *ADHD*. This was a self-assessment completed by the patient prior to their appointment.
- Patients reported that the appointment system was easy to use. Patients could make appointments either by calling the practice or sending an email. Patients could usually arrange appointments for when it suited them. All patients confirmed the practice manager provided information about the costs of initial consultations and further treatments.
- Referrals and transfers to other services were undertaken in a timely way, for example, the consultant psychiatrist could easily refer patients to a nearby private mental health hospital if necessary.

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.

- Patients told us they were given information about how to make a complaint or raise concerns. Patients told us they felt comfortable and confident in raising concerns and complaints directly with the practice manager or consultant psychiatrist if they needed to. Staff treated patients who made complaints compassionately.

Good

Are services responsive to people's needs?

- The service had not received any formal complaints in the last 12 months.
- The service's standard complaint response informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service was in a position to learn lessons from individual concerns, complaints and from analysis of trends. They could discuss concerns or complaints in peer meetings with other professionals and at the weekly practice team meeting.

Good

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability.

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

- The service was led by the consultant psychiatrist. The consultant was the nominated individual and registered provider for the service. The practice manager was the registered manager and responsible for the operational aspects of the service. Both worked closely together to ensure that patients received a high quality, responsive and efficient service.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and addressed them appropriately.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values which emphasised providing a high quality outpatient mental health service that was responsive, holistic and person-centred. There was a strong focus on collaborative working with individual patients.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy. Both staff demonstrated enthusiasm and passion to improve the service and to provide the best service possible.

Culture

The service had a culture of high-quality sustainable care.

- The registered manager and the consultant psychiatrist were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to the minor incidents and concerns to date. The provider was aware of, and had systems in place, to ensure compliance with the requirements of the duty of candour.
- The consultant psychiatrist ensured they remained up to date with best practice. This included taking part in an annual appraisal. The annual appraisal included discussion of continued professional development and personal development plans. The consultant psychiatrist was supported to meet the requirements of professional revalidation and they had protected time for professional development and evaluation of their clinical work through appraisals and peer reviews. The registered manager ensured they were up to date with their mandatory training and kept updated on latest research into psychiatric conditions treated at the service.
- The consultant psychiatrist was very aware of the risk of professional isolation due to the small size of the service, so they sought regular support from their professional networks and peer support group to mitigate this risk.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. The service worked closely with the local Jewish community in North London, this included meeting with the Rabbi and understanding some of the stigma the community attached to mental illness.

Governance arrangements

Good

Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The service held quarterly clinical governance meetings and fortnightly team meetings.
- 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.

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 risk register for the service was kept up-to-date and reviewed at clinical governance meetings. The service had a business continuity plan in place in case of unexpected issues within the service. For example, the service had introduced online consultation in response to the pandemic.
- The service had policies, procedures and activities to ensure safety and to check they were operating as intended. However, some policies did not include an issue date. It was not clear when they were due for review.
- Performance of the consultant psychiatrist could be demonstrated through audits of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, and the minor incidents and concerns to date. These were discussed at the fortnightly team meeting.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change the service to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- 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 people's identifiable data, records and data management systems. The service used encrypted systems to ensure data was kept confidential and secure. All clinic letters were password protected when they were sent to the patient.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The consultant psychiatrist encouraged the views and concerns of patients, colleagues and external partners and acted on them to shape the service and culture.
- The consultant psychiatrist had various pre-prepared information that, when relevant, was sent to patients during their treatment. Patients we spoke with told us this was helpful and aided them to understand their condition. The consultant psychiatrist had plans to undertake a a multi-source feedback exercise before their next appraisal.
- Patients could feedback on their experience of the service by completing an electronic feedback form. This was sent to them via an email link. We viewed the collated results which were overwhelmingly positive.

Good

Are services well-led?

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There were systems to support improvement and innovation work within the service.
- The consultant psychiatrist was part of a Royal College of Psychiatrists' network alongside peers. The consultant psychiatrist took part in the network's continuing professional development programme. This included attending seminars in person and webinars.