

Dr Esra Caglar's Clinic

Inspection report

The Summit
40 Highgate West Hill
London
N6 6LS
Tel: 07517358453
www.esracaglar.com

Date of inspection visit: 19 April 2022
Date of publication: 08/06/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Dr Esra Caglar's Clinic on 19 April 2022 as part of our inspection programme. This was the first inspection of the service. The service was registered by CQC in December 2019.

Dr Esra Caglar's Clinic provides a consultant led outpatient service to assess and treat children, adolescents and adults with mental health needs. This includes psychiatric reviews and assessments, psychological therapies for individuals and/or families, prescribed medication or referrals to other professionals. The age of patients ranged between young children and adults up to the age of 25.

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

We spoke with six people who provided feedback about the service. This included a range of young people and their parents/families. All feedback we received was positive. They described the service as caring, respectful and said staff were professional. People we spoke to said they were happy with the service and the care provided.

Our key findings were:

- The service provided safe care. The consultant had training in key skills, understood how to protect young people from abuse, and managed safety well. The consultant assessed risks to young people, acted on them and kept good care records.
- The consultant delivered a holistic, recovery-oriented service. The service provided a blended approach of psychological and pharmacological treatment options. These options were based on best-practice guidance and met patients' needs. The consultant evaluated and reflected on the quality of care provided to ensure it was delivered to a high standard.
- The consultant involved young people and/or parents/carers in decisions about care, provided written information about medicines and side effects and advised young people on how to lead healthier lives.
- Staff treated young people with compassion and kindness and respected their privacy and dignity. Young people and parents/carers told us the consultant was respectful and spoke highly about the care they received.
- The number of young people on the consultant psychiatrist's caseload was well managed. The consultant did not keep a waiting list.
- The consultant led the service well. There were effective governance processes which ensured that that procedures relating to the work of the service ran smoothly. The consultant was focused on the needs of young people receiving care and was committed to the continuous improvement of services.

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

- The consultant should ensure young people are always supervised in waiting areas when not accompanied by their parents/carers.

Jermima Burnage

Interim Deputy Chief Inspector Hospitals (Mental Health)

Our inspection team

Our inspection team was led by a CQC inspector with a CQC Inspection Manager completing the team.

Background to Dr Esra Caglar's Clinic

The service is provided by Esra Caglar Ltd. The service is run by an independent consultant child and adolescent psychiatrist who provides private services in London. The service is registered to provide treatment of disease, disorder or injury. The service is open Monday to Friday and runs flexibly to support evening and after school sessions. The provider's core hours are from 9 till 2.30pm. The consultant offers both face to face and remote online appointments and sessions.

At the time of our inspection, the consultant psychiatrist was the only employee. They were the registered manager and registered provider. Throughout the report, we will refer to the consultant psychiatrist as 'the consultant'. The consultant was in the process of recruiting an administrative member of staff.

The consultant provides treatments and assessments to children, adolescents and adults up to the age of 25 with a wide range of emotional, behavioural and neurodevelopment difficulties. The consultant also provides assessment for Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

Referrals are received from several sources including GPs, other consultant psychiatrists and psychologists. Young people and their families/parents can also self-refer. Young people or their parents/families are responsible for funding their treatment directly or through health insurance.

The link to the provider's website can be found here: <https://www.esracaglar.com/>

How we inspected this service

During our inspection, the inspection team:

- Checked the safety, maintenance and cleanliness of the premises
- Spoke with six people about their care, including young people and parents/families, via telephone
- Reviewed four care and treatment records
- Checked how prescription pads were managed and stored
- Reviewed the service policies and procedures
- Reviewed information and other documents relating to the running of the service.

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

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

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

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The consultant had systems to safeguard children and vulnerable adults from abuse. There were clear policies for safeguarding children and adults. The consultant knew how to make a safeguarding referral and could give examples of when they had done this. The consultant received up-to-date safeguarding and safety training appropriate for their role.
- The consultant conducted safety risk assessments. There were appropriate safety policies. Policies outlined clearly who to go to for further support including emergency contact details.
- The consultant worked with other agencies to support young people and protect them from neglect and abuse. Staff took steps to protect young people from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. For example, the consultant reported safeguarding concerns to the young person's local authority safeguarding team.
- The consultant had systems in place to assure that an adult accompanying a child had parental responsibility. Parents were involved in the assessment process prior to the young person receiving treatment.
- The consultant carried out appropriate staff checks at the time of recruitment. For example, Disclosure and Barring Service (DBS) checks. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We saw evidence of DBS checks carried out for a new employee.
- There was an effective system to manage infection prevention and control. The consultant 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. Young people and their parents were requested to complete a Covid-19 self-declaration screening form prior to face-to-face appointments to reduce the risk of Covid-19.

Risks to young people

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

- There were clear processes in place for the consultant to gather information about a child or young person, to decide whether they would be safely managed within the service and what their risks were. The consultant had clear acceptance criteria. Where referrals were accepted, a pre-booking assessment and social emotional development assessment was sent to parents to complete before an initial assessment took place. This meant the consultant had the information they needed to provide safe care, such as current and historic risks and behaviours, and current or previous medical information.
- The consultant received referrals from external services, including GPs, private services and colleagues. The consultant managed their caseload within their capacity. To manage the risk, the consultant told us their caseload never exceeded 30.
- The consultant had appropriate indemnity arrangements in place. Indemnity arrangements are insurance cover to cover the costs associated with something going wrong in the day-to-day undertaking of the consultant's activities.
- The building owner managed fire safety. There was regular fire alarm testing and fire exits were clearly marked.
- The consultant had a clear lone working policy and they followed personal safety protocols around lone working.

Information to deliver safe care and treatment

The consultant had the information they needed to deliver safe care and treatment to young people.

Are services safe?

- The four care records we reviewed contained the information needed to deliver safe care and treatment. This included up-to-date risk assessments, and plans for care.
- The consultant had systems for sharing information with GPs and other agencies involved in the young person's care to enable the delivery of safe care and treatment. For example, records included detailed communication about the young person's care with GPs, community mental health teams and schools.
- All care records were encrypted and only the registered provider had access. All information contained in electronic files was backed up and password protected. The consultant used secure email encryption software to protect and send data.

Safe and appropriate use of medicines

The consultant had reliable systems for appropriate and safe handling of medicines.

- Care records contained appropriate information on medicines prescribed for young people. The registered provider wrote to the young person's GP asking them to prescribe particular medicines or prescribed medicines for the young person using a secure online prescription service. The online prescription service held records of all prescriptions completed by the registered provider, which we were able to see.
- The consultant carried out a regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The results from the audit were used to improve care and treatment. For example, results from an attention-deficit/hyperactivity disorder (ADHD) audit in February 2022 showed height and weight monitoring needed to be improved. The audit was monitored against the pathway based on National Institute for Health and Care Excellence (NICE) guidelines. A repeat audit to monitor improvements was scheduled at six monthly intervals. The audit also showed what the provider was doing well, for example, the provider achieved a high score in obtaining young people's medical history.
- When the consultant asked a GP to prescribe medicines for a young person, the reasons for this, and the specific medicines, were made clear and recorded in a letter to the GP. The evidence base for the medicine and dose was documented, as well as any particular tests that needed to be completed before medicines were started.
- The consultant followed national guidance when prescribing medicines. The registered provider followed Royal College of Psychiatrist's guidance for prescribing for ADHD during the pandemic. The registered provider scanned copies of prescriptions for controlled drugs onto the individual young person's care records. Controlled drugs were used in the treatment of ADHD.
- The consultant was aware of their local Controlled Drugs Accountable Officer (CDAO) and the need to report to them. CDAO's are responsible for all aspects of controlled drugs management in a region. The consultant received regular newsletters from the CDAO, which included information on controlled drugs including new guidance and private prescribing.
- The consultant used an external online pharmacy service who sent prescribed medicines directly to the young person's home. A copy of all prescriptions were held online including patient information, for example, allergies. Medicines were sent via a tracked delivery service. The consultant told us young people and families preferred the delivery service as it an easy way to receive medicines. Information on medicines and side effects was provided to young people and their families. The consultant used online leaflets and NHS websites to provide young people with information on medicines.
- Care records showed that the consultant asked young people and their parents about any side-effects from medicines prescribed. When starting treatment for ADHD the consultant often prescribed a lower dose and short acting medication to monitor medication before implementing a higher dose.
- The consultant kept prescription stationery securely and monitored its use.
- There were effective protocols for verifying the identity of patients including children. Before treatment, the consultant asked for photographic identification checks for young people and parents. We saw evidence of this within patient records.

Are services safe?

Track record on safety and incidents

The consultant had a good safety record.

- In the last 12 months, the service had no serious incidents or near misses. The consultant had clear systems in place for recording and acting on significant events. The consultant's policy included information on steps to take in the event of an incident. For example, referral to other agencies where necessary, to be open and honest with the young people and parents and to maintain records of incidents.

Lessons learned and improvements made

The consultant learned and made improvements when things went wrong.

- The consultant understood their duty to raise concerns and report incidents and near misses. For example, due to the demand in mental health services, parents asked for young people to be put on a waiting list. However, due to the risk, the consultant did not hold a waiting list. The consultant was open and transparent with the parents and directed them to other services.
- There were adequate systems for reviewing and investigating when things went wrong. The consultant learned and shared lessons, identified themes and took action to improve safety in the service. For example, incidents and learning were discussed in peer group meetings and were a standard agenda item.
- The consultant was aware of and complied with the requirements of the duty of candour and had a policy in place. The consultant operated a culture of openness and honesty and gave young people and their families a full explanation if something went wrong.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The consultant 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.

- Care records showed that the consultant conducted a comprehensive, holistic assessment of the young person's physical and psychological needs and delivered treatment and care in line with relevant, current evidence-based guidance and standards, such as the National Institute for Health and Care Excellence (NICE) guidelines. The consultant used specialist assessment tools, such as the Conners Scale (for assessing attention deficit hyperactivity disorder) and the autism diagnostic observation schedule (a standardised diagnostic test for autism spectrum disorder), to make a diagnosis. In addition, the consultant used the QB test, a diagnostic screening tool, which provides objective information to aid the assessment of attention deficit hyperactivity disorder (ADHD).
- Care and treatment records were stored online and were encrypted files. Correspondence sent to GP services and schools was sent through an encrypted email platform to ensure information was kept secure and confidential.
- The consultant worked in partnership with young people's GPs, and other relevant services to ensure young people's physical health was assessed and monitored. Where young people needed diagnostic tests or blood tests, records showed that the consultant asked GPs to arrange the necessary tests. Records also showed that, where appropriate, the consultant referred young people to physical health specialists.
- The consultant could work with parents and young people virtually but preferred to offer therapy with young people face-to-face.
- The consultant was competent to deliver different therapeutic approaches such as cognitive behavioural therapy, dialectical behaviour therapy, mindfulness, family therapy and psychotherapy. They supported carers to develop parenting skills.

Monitoring care and treatment

The consultant was actively involved in quality improvement activity.

- The consultant monitored clinical outcomes for the young people at each treatment session using the children's global assessment scale, recording a score in their healthcare record. This enabled them to monitor the effectiveness of the treatment provided.
- The consultant used information about care and treatment to make improvements. The consultant made improvements through the use of completed audits such as the ADHD audit and health and safety audit. The health and safety audit monitored risks of Covid-19 and risk of accident to patients.
- The consultant was part of professional networks, with psychotherapists and psychologists, who met quarterly to discuss their practice and quality improvement. The groups were used as peer review meetings and included discussions around individual cases, incidents, safeguarding, training and complaints.
- The consultant was part of the Royal College of Psychiatrists who are the professional medical body responsible for supporting psychiatrists. This gave the consultant the opportunity to meet with other professionals. The Royal College of Psychiatrists collected information from the consultant's colleagues and patients through a multi-source feedback forum. The feedback was collated to generate a report. Results from the report showed the provider scored above average on all 15 questions answered by the young people. This included questions on if the consultant was easy to approach, respectful and friendly.

Effective staffing

Are services effective?

The consultant had the skills, knowledge and experience to carry out their role.

- The consultant was appropriately qualified to provide the care they did. Mandatory training included safeguarding children level one, equality diversity and human rights, information governance and lone working. The consultant had completed training in basic life support, clinical governance and safeguarding level three.
- The consultant was registered with the General Medical Council (GMC) and was up-to-date with revalidation. The consultant completed annual appraisals once a year through an independent body. The appraisal agenda included discussions of good medical practice in relation to the GMC. The consultant attended quarterly peer reviews with other professionals to reflect on their own practice.

Coordinating patient care and information sharing

The consultant worked well with other organisations, to deliver effective care and treatment.

- The consultant ensured that young people and their families received coordinated and person-centred care. The consultant referred to, and communicated effectively with, other services when appropriate, for example GPs, psychologists, schools, other clinicians and therapists.
- Before providing treatment, the consultant ensured they had adequate knowledge of the patient's health, any relevant test results and their medical history.
- Parents and young people were asked for consent to share details of their consultations and any medicines prescribed with their registered GP, on each occasion they used the service. Young people's records contained copies of completed consent forms and information sharing agreements. Where parents agreed to the sharing of information, records had evidence of letters sent to the GP. The registered person said they would not be able to treat a young person without consent to share information with their GP.
- The consultant worked well with other organisations and made referrals to external services depending on individual needs. For example, the consultant made referrals to paediatricians, psychologists and occupational therapists depending on the young person's needs.
- The consultant would refer to other professionals for a second opinion for a young person when required. The consultant was able to give examples of seeking a second opinion for a young person's diagnosis.

Supporting young people to live healthier lives

The consultant consistently and proactively empowered young people, and supported them to manage their own health and maximise their independence.

- Where appropriate, the consultant gave young people and their parents advice so they could live healthier lives, such as ways to improve sleep and healthy eating. The consultant recommended a wide range of resources and books to help young people deal with aspects of their life they found more difficult, such as dealing with their emotions, diet and exercise.
- The consultant directed young people to online resources including yoga and mindfulness exercises.
- Where young people's needs could not be met by the consultant, they redirected them to the appropriate service for their needs, for example, to NHS services.

Consent to care and treatment

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

- The consultant recorded parents and young people's consent to treatment in their care records.

Are services effective?

- The consultant understood the requirements of legislation and guidance when considering consent and decision making. The consultant asked parents and young people to complete a detailed consent form outlining information about assessment, treatment cancellation, confidentiality and consent. The form was signed by the patient and parent and included information sharing with a third party. For example, with GPs, schools and other relevant referrers.
- The consultant supported young people to make decisions. Where appropriate, they assessed and recorded patient's mental capacity to make a decision. The consultant understood Gillick Competence and Fraser Guidelines and supported young people to make decisions about their treatment.
- The consultant did not accept referrals from young people detained under the Mental Health Act and this was part of their exclusion criteria.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

The consultant treated young people with kindness, respect and compassion.

- Feedback from people who use the service and those close to them was consistently positive. We saw this reflected in external feedback the provider had sought. People described the consultant as 'warm' and 'understanding', 'easy to approach', 'respectful' and 'friendly'.
- The consultant valued feedback on the experience of young people accessing their care and gathered this by participating in a multi-source feedback forum. The most recent feedback was from 15 young people and their parents and 30 colleagues. Results from the report showed the provider scored above average on all 15 questions answered by the young people.
- Young people and parents we spoke with described the consultant as 'very patient centred' and told us their specific needs were taken into account. They said they could communicate their needs to the consultant without any judgement. Young people told us the consultant had taken their specific needs into account during the month of Ramadan.
- Appointments were scheduled at appropriate times and online to ensure young people did not have to overburden themselves with travel and could attend after school if needed.

Involvement in decisions about care and treatment

The consultant helped young people to be involved in decisions about care and treatment.

- The consultant was committed to working in partnership with people. Each person we spoke with said they felt involved in their treatment. Parents we spoke with felt involved in their child's care and told us the consultant maintained confidentiality. They told us they felt informed as the consultant liaised with their parents and schools to keep them updated.
- Patients' individual preferences and needs were reflected in how care was delivered. In the multi-source feedback report, young people scored the consultant above average when asked if they valued young people's opinions, included their opinions when making decisions, asked them their point of view and asked the opinions of family and/or carers, where appropriate.
- In line with good practice, the consultant included young people and their parents in correspondence sent to external services, for example GP services.
- The consultant tailored the needs specifically to young people to meet the needs of the patient group. Staff showed creativity in delivering care to young people through the use of multiple resources which were age specific to the client group. For example, the consultant used online resources and books related to young people's mental health.
- The consultant had access to interpreters. On the pre-booking form, young people and parents were asked their language preferences. The consultant was fluent in English and Turkish.

Privacy and Dignity

The consultant respected young people's privacy and dignity.

- Consideration of young people's privacy and dignity was embedded into care. For example, the consultation room was soundproofed. This meant people waiting in the reception area next to the consultation room would not be able to hear conversations between the young people and the consultant. Young people and parents said confidentiality was maintained between the young person and consultant, where this was appropriate for their age.

Are services caring?

- The service had access to a shared waiting room, which was not always supervised. The consultant told us a receptionist was usually present, but we did not see evidence of this on the inspection. This meant in the event young people attended the service without an adult, they could be unsupervised amongst other adults. The consultant told us young people usually attended appointments with their parents. However, there was no information to say young people should not be unaccompanied in the waiting area room.
- When delivering services online, the consultant had taken steps to ensure people's privacy was protected by using secure digital platforms.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The consultant organised and delivered services to meet young people's needs. They took account of patient needs and preferences.

- The consultant understood the needs of young people and supported them accordingly. The consultant was fluent in Turkish. The consultant also took into account religious holidays and tailored appointment times around them. For example, young people spoke about religious needs taken into account during the month of Ramadan. Appointments were scheduled at appropriate times and online to ensure young people did not have to overburden themselves through travel.
- The facilities and premises were appropriate for the services delivered. The premises were clean and areas were well lit. The service was located on the ground floor and there was easy access to waiting areas. Water was available for young people in the waiting area. The building owner maintained cleaning arrangements at the service. The consultant told us a receptionist was usually available in the waiting area.
- The young people and parents we spoke to told us they felt cared about and the consultant accommodated their specific needs. For example, people told us the provider provided information related to physical health including having a balanced diet. They told us the consultant had an integrated approach to both physical healthcare and mental health.
- The service was accessible to those using a wheelchair. The consultation room was located on the ground floor. However, access to the consultation room and washroom facilities had a single step. The consultant told us a ramp was used for young people and parents if required.
- The consultant had a website which was clear and easy to navigate. The website was not aimed at parents rather than young people.

Timely access to the service

Young people were able to access care and treatment from the consultant within an appropriate timescale for their needs.

- The service operated Monday to Friday. The consultant worked flexibly to meet the needs of young people and their parents.
- Waiting times, delays and cancellations were minimal and managed appropriately. Appointments were only cancelled when the consultant was unwell. The consultant emailed parents and young people when they needed to rearrange appointments.
- Appointments were monitored through an online diary system. The consultant monitored young people who did not attend appointments and contacted them and their parents via email.
- The consultant did not have a waiting list.
- The provider did not cover emergency appointments. However, if young people asked to be seen sooner than their appointment time, the consultant would attempt to schedule a closer appointment. If the young person could not be seen, they were referred to their GP.

Listening to and learning from concerns and complaints

The consultant took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services responsive to people's needs?

- Young people, parents and carers knew how to complain or raise concerns. Information about how to make a complaint or raise concerns was available and sent to children and parents as part of the assessment questionnaires prior to treatment. Information about complaints was also visible on the provider's website.
- Young people and parents we spoke to told us they felt comfortable in raising concerns directly with the consultant if they needed to.
- The consultant had not received any formal complaints in the last 12 months. However, the consultant gave examples of how to manage complaints to the service.
- The consultant had a complaint policy and procedures in place to investigate complaints. The consultant learned lessons from individual concerns, complaints and from analysis of trends. They discussed concerns or complaints in peer meetings with other professionals. For example, the consultant was transparent in telling us feedback from young people and families was difficult to obtain during the pandemic. Due to virtual appointments, feedback/suggestion boxes were out of use. The consultant then included feedback forms on the patient assessment to allow young people to feedback about the service.

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 a consultant. The consultant was also the registered manager and registered provider for the service.
- The consultant was knowledgeable about issues and priorities relating to the quality and future of service. They understood the challenges and addressed them appropriately.

Vision and strategy

The consultant had a clear vision and credible strategy to deliver high quality care and promote good outcomes for young people.

- The consultant had a clear vision of continuously improving the service and providing a holistic approach to young people.
- The consultant had a clear vision, aims and values. The aims included serving the mental health needs of the local population, providing outpatient mental health services including prescribing when necessary and providing appropriate and safe care. The consultant made changes to the service, where appropriate, to reflect the values. For example, during the pandemic, the provider moved towards providing a virtual delivery model to minimise disruption to their working environment and meet the needs of patients.

Culture

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

- The consultant was proud to provide the service.
- The consultant focused on the needs of young people.
- The consultant demonstrated openness, honesty and transparency when responding to incidents, concerns and complaints. The consultant was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The consultant had a whistle blowing policy, which meant any staff they employed in future could raise concerns without fear of retribution.
- The consultant ensured they remained up to date with their practice. This included taking part in an annual appraisal. The annual appraisal included discussion of continued professional development and personal development plans. The consultant was supported to meet the requirements of professional revalidation. The consultant had protected time for professional development and evaluation of their clinical work through appraisals and peer reviews.
- The consultant actively promoted equality and diversity and had a policy accessible to staff. The policy identified and addressed the causes of any workforce inequality. The new staff member had received equality and diversity training.

Governance arrangements

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

Are services well-led?

- The consultant attended regular containing professional development groups to discuss structures, processes and systems to support good governance. Governance was a standard agenda item and peers met to discuss these quarterly. The consultant told us they could discuss any issues immediately through their network, when required.
- The consultant was clear on their roles and accountabilities
- The consultant had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The consultant had developed a range of policies including medicines management, privacy and consent, medical or clinical emergency, quality management, clinical governance and clinical audits to support the safe and effective delivery of the service. Audits were reviewed annually.

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 consultant had a business continuity plan which had plans in place in case of unexpected issues within the service. For example, in the event a fire, the business continuity plan had clear protocols on the steps that should be taken to manage the premises safely. This included calling emergency services and evacuating the building.
- The consultant maintained a risk register which monitored risks within the service. The consultant was aware of the risks and ensured controls and mitigations of risk were included. For example, medicines management was regarded as a risk. These were mitigated through annual review of the medicines management policy. All prescriptions were saved in young people's clinical records and prescription pads were kept safe, to mitigate the risk.
- Clinical audits had a positive impact on quality of care and outcomes for young people. There was clear evidence of action to change services to improve quality.

Appropriate and accurate information

The consultant acted on appropriate and accurate information.

- The consultant 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 young people's identifiable data, records and data management systems. The consultant used encrypted systems to ensure data was kept confidential and secure.

Engagement with young peoples, the public, staff and external partners

The consultant involved young people, the public, staff and external partners to support high-quality sustainable services.

- The consultant encouraged and heard views and concerns from young people, parents/carers, colleagues and external partners and acted on them to shape services and culture. Young people and carers were given opportunities to feedback directly to the service. The consultant participated in a multi-source feedback forum which gathered feedback from colleagues and young people.
- The consultant could describe to us the systems in place to give feedback. The consultant had a feedback form which was sent to young people on assessment. Young people and parents could also email feedback directly to the consultant. The consultant responded to feedback. For example, after the pandemic, the consultant completed an audit of remote consultations. The feedback from the audit was that young people and parents regarded remote appointments as 'practical, convenient and helpful'. Only one patient said they were not aware of the contingency plan if there were technical problems. Therefore, the consultant continued to offer virtual appointments to young people who preferred this method.

Are services well-led?

- The consultant was transparent, collaborative and open with colleagues and support groups about performance.

Continuous improvement and innovation

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

- There were systems to support improvement and innovation work. The consultant was part of the Royal College of Psychiatrists network who are the professional medical body responsible for supporting psychiatrists. The consultant met with other professionals three times a year to discuss improvement and innovation.
- The consultant was part of the continued professional and development group where continuous incidents, complaints, learning and improvement was discussed. The learning was shared and used to make improvements.